BULLETIN BOARD

NEWS ROUNDUP

HIV risk taking
A study using computer-assisted self-interviews looked at HIV risk-taking in sexual health behaviour amongst 257 urban young women.1 Unsurprisingly this showed that pressure to satisfy a male partner was associated with taking sexual risks, as was imbalance of power with sexual coercion. Lack of trust between partners was also associated with risk-taking. Sensation seeking was associated with taking risks of HIV infection. The author suggested incorporating thrill and excitement in health promotion activities – but this seems unlikely to appeal in routine practice in situations where the missing IUD fragment is not found on diagnostic hysteroscopy or laparoscopy. Due to lack of conclusive data, currently, the risks of extensive surgery certainly outweigh the theoretical risk of intestinal perforation in the situations outlined above. However, each case should be assessed individually and involve full discussion of the merits of conservative management against surgical exploration. The wishes of the woman involved should also be considered in the consultation.

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References

Cerazette for premenstrual tension
Madam
I have used Cerazette® to manage a patient who was not sexually active but suffered from severe premenstrual tension that had not responded to lifestyle and dietary measures and various alternative therapies and fluoxetine. She had classical premenstrual syndrome (PMS) with psychological (irritability, anger, depression) and physical symptoms (breast enlargement/tenderness and bloating). All symptoms responded within the first 3 days of treatment with Cerazette. The patient had an initial 3-day bleed followed by amenorrhoea. She remains amenorrhoeic 1 year later with total clearance of her PMS. I would be interested in readers’ experience of the use of Cerazette for PMS and whether a therapeutic role has been observed in women who continue to menstruate.

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Vaginal rings for contraception
Vaginal rings are made of soft, flexible, silicone rubber and release hormones that slowly disseminate and are absorbed from the vagina. Depending on the type of ring used, prolonged hormone release may occur from 3 weeks to 1 year. The advantages of the vaginal ring method are that it is user-controlled, does not interfere with intercourse, does not require daily intake of a pill, and allows continuous delivery of a low dose of steroids. The Population Council has developed a progestosterone-releasing ring, which is currently on the market in Chile and Peru for contraception in breastfeeding women. Trials of a contraceptive ring releasing very low doses of the potent progestogen, Norestosterone®, for 6 to 12 months are also under way. Other ring formulations, however, contain hormone combinations that provide excellent contraceptive efficacy with low side effects and good control of menstrual bleeding. The Food and Drug Administration in the USA has recently approved a monthly ring releasing etonogestrel and ethinylestradiol. The Population Council is developing a 1-year contraceptive ring releasing low doses of Norestosterone and ethinylestradiol. Combination rings are associated with very low pregnancy rates and side effects consistent with those of combined oral contraceptives.

References

The final cut
One in five women in Britain uses sterilisation as their method of contraception. A survey of 12 000 women in Britain, France, Germany, Italy and Spain indicated that the average for the five nations was one in 10, and in Italy less than one in 100 used sterilisation as a form of birth control. The study also found that the average age of sterilisation in Britain was 32 years, 2–3 years younger than women in other countries. Out of the 2500 British women interviewed, 6/10 of them felt that they had not been adequately informed of alternative and reversible forms of contraception such as the pill, coil or condoms. A take-home message for all who refer for, or perform, sterilisation. Further information is available at h t t p : / / i p p t e t . i s p . o r g / p u b / I P P F _ N e w s / N e w s _ D e t a i l s _ A s p x ? I D = 3 5 7 2 .

Calls for resources for GUM
The publication Protection Agency has produced the most recent figures for sexually transmitted infections (STIs) in July.1 The report pointed out that new cases of STIs continue to rise and unsafe sexual practices contributed to this. More people coming forward for testing contributed to the increases in numbers identified but this puts an enormous pressure on genitourinary medicine (GUM) clinics. Some successes such as falls in the numbers of people with gonorrhoea, genital warts and herpes were recorded. Both the chairman of the British Medical Association2 and the president of the British Association of Sexual Health and HIV (BASHH)3 called for better resources to provide prompt testing and treatment. The present long waiting lists at GUM clinics increases the risks of infections being spread while people wait for testing. Attempts to transfer any of this burden to primary care and community clinics are doomed to failure unless additional resources, trained health professionals and time are available.

References
1 http://www.bmu.org.uk.
2 http://www.bma.org.uk.

Sterilisation techniques
EngenderHealth has produced two new guides on sterilisation for women and vasectomy for men. Minilaparotomy, which is performed as an outpatient procedure, is a safe, effective and accessible female sterilisation method. ‘Minilaparotomy for Female Sterilisation’ is an illustrated, step-by-step guide to the procedure. In addition to guidelines for recommended surgical techniques (both suprapubic and subumbilical minilaparotomy), the guide provides information on counselling, appropriate preoperative client assessment, infection prevention, pain management and proposed sedation regimes, and prevention and management of surgical emergencies. ‘No-Scalpel Vasectomy’ is a step-by-step guide for surgeons who perform this male sterilisation method. No-scalpel vasectomy (NSV) performed without a knife, the surgeon makes only a small puncture in the skin, significantly decreasing pain and recovery time. EngenderHealth first has trained doctors in 40 countries in the technique, and the NSV illustrated guide, which was first published in 1992, is one of the agency’s most successful and widely used publications. This third edition

Gel protection against STIs
Tests of a new gel show it may work against a wide range of diseases, including chlamydia, herpes, hepatitis B and HIV. The International Planned Parenthood News site (http://ippp.net/ppf.org/pub/IPPF_News/News_Details.asp?ID=3530) reports that the first clinical trial is about to be completed and is expected to show good protection against HIV transmission. Animal studies also showed good protection against other STIs. Other vaginal preparations are also under trial.