News Roundup

Mobile phone technology to the rescue?

The youth of today spend large amounts of time texting each other on their mobile phones. Brook have utilised the fashion and the technology to give young people access to information about sexual health. The new service gives young people instant access to information on a range of topics, including sexually transmitted infections, contraception and sexual health, as well as details of their nearest Brook Centre or young people’s clinic, all via their mobile phones. Brook introduce this service to compensate for the postcode lottery that affects the amount of information that young people can access. By texting BROOK HELP to 81222, users will receive a menu of options, giving them access to automated information on key sexual health topics or details of their nearest young people’s sexual health service. This is in addition to their comprehensive website at http://www.brook.org.uk.  

Depo-Provera and bone density again

Sure in case anyone did not see the information from the Committee for Safety of Medicines,1 their current advice on Depo-Provera® is as follows:  

● Adolescents, Depo-Provera may be used as first-line contraception but only after other methods have been discussed with the patient and considered to be unsuitable or unacceptable.  

● In women of all ages, careful re-evaluation of the risks and benefits of treatment should be carried out in those who wish to continue use for more than 2 years.  

● In women with significant lifestyle and/or medical risk factors for osteoporosis, other methods of contraception should be considered.  

It has gradually become clear that, for some women, bone loss occurs during the time they are using Depo-Provera and recovers by a variable amount after stopping the method. This is particularly undesirable in adolescents who have yet to attain their peak bone mass. The highest risk for low bone mass is in those (young) women who smoke, eat a poor diet and do not exercise. Unfortunately, this group of (young) women is also most likely to find combined oral contraceptives difficult to manage in a reliable way.  

Depo-Provera gives very reliable contraception with few risks to health. It can give valuable breathing space for a disorganised young woman, not ready for a pregnancy, but not yet in control of her life sufficiently to take oral contraceptives regularly or contemplate a longer-acting method like an implant. Discuss all the methods of contraception and help the woman to choose the method that has the least risks for her at that phase of her life. It would be a pity if fear of low bone mass resulted in unwanted pregnancy.  

Using Depo-Provera long-term has always been a majority choice in the UK. We need to ensure that women have all the facts and can make an informed choice about their continuing contraception. You might like to refresh your mind with all the discussion points from the Faculty of Family Planning and Reproductive Health Care2 and a review of the recent papers discussing this topic will appear in a future issue of the Journal.  

References

Keep taking the medicine

Bandolier examines compliance with medication in an interesting article that includes looking at compliance with contraception.3 An analysis of perfect and imperfect use of a patch and oral combined contraception had pregnancy as an outcome.4 Perfect use was defined as 21 consecutive days of either the patch or taking the oral contraceptive. Information was obtained from diary cards on an ongoing basis. I was amazed at the number of ‘perfect’ cycles — but then this was a clinical trial, not real life. Imperfect use increased the pregnancy rate by between five and ten times, although the total number of pregnancies was small in each group. This reminds us that contraception which is not dependent on human activity or memory works better every time.  

References

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References