Emergency contraception and STI testing

The University of Manchester is aiming to screen 3400 women aged less than 25 years in the Greater Manchester area over the coming months. Any young person requesting emergency contraception from the pharmacist, family planning clinics and the Brook Advisory Clinic will be given a chlamydia testing kit. They will receive their results within 3 days and given appropriate follow-up. This is excellent for the pharmacists involved who can offer immediate and direct guidance.

Source: www.manchester.ac.uk

Reported by Laura Patterson, MRCGP, DFFP

GP, Cirencester, UK

National Chlamydia Screening Programme

The English National Chlamydia Screening Programme is now in its third year. The programme offers opportunistic screening to asymptomatic sexually active men and women under 25 years of age in a variety of health and non-health care settings outside of genitourinary medicine (GUM) clinics. Over 100,000 chlamydia screening tests have been performed: 48% in community contraceptive clinics, 19% in young people’s services and 12% in general practice. About 10% of tests are positive, highlighting the high burden in those who would otherwise have been untested and therefore unaware of their infection. Currently 25% of all primary care trusts (PCTs) are covered by the programme but the aim is full national coverage by March 2007.

From July 2007/2008 PCTs will be required by the Department of Health to monitor the uptake of the programme and to ensure that every eligible young person will have access to screening in an equitable way. To achieve the targets it is vital to offer chlamydia screening at every opportunity and to integrate this test into every contraceptive or sexual health consultation. The programme is keen to hear any innovative thoughts on how to achieve this and for ideas that have already been implemented.

For further information contact: Lynsey Emmett, E-mail: Lynsey Emmett@hpa.org.uk.

Reported by Henrietta Hughes, MRCGP, DFFP

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Partner notification of chlamydia in general practice

A randomised control trial conducted in 27 practices in the Bristol and Birmingham area looked at partner notification immediately after diagnosis of chlamydia.1 Follow-up was initiated by a trained practice nurse followed by a health adviser or referral to a specialist genitourinary medicine (GUM) clinic. The results showed that 65.3% of those treated in practice had at least one partner treated compared to 52.9% in a GUM clinic setting. Indeed 31% referred to the specialist clinic did not attend. It seems that practice-based notification is at least as effective as referral to a specialist GUM clinic, and the cost per index case was virtually the same.

Reference


Reported by Laura Patterson, MRCGP, DFFP

GP, Cirencester, UK

Vaginal contraceptive ring

The vaginal contraceptive ring is currently being developed as a contraceptive method. Recently a Phase I clinical trial has taken place to ascertain whether it could provide a useful method of emergency contraception (EC).1 In a small study of 48 women the ring was left in the vagina for 7 days. The study measured the growth of the leading follicle and plasma levels of oestradiol, progesterone, luteinising hormone and follicle-stimulating hormone. Ovulation was disrupted in 87.5% of the women, suggesting a potential use as EC in the future.

Reference


Reported by Laura Patterson, MRCGP, DFFP

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Journal Review

Hormone therapy and cardiovascular disease: a systematic review and meta-analysis


Although not quite the ‘boom and bust’ of Norplant® in the 1990s, the number of prescriptions for hormone replacement therapy (HRT) issued in many regions of the UK has more than halved over the last 5 years. Probably due to the first randomised trials looking at HRT and cardiovascular disease did not show the anticipated benefits and indeed suggested a degree of harm. Although previously, large observational studies had suggested significant reduction in cardiovascular disease in long-term HRT users, the opposite now appeared to be the case and scientific experimentation had apparently trumped observation.

This paper now attempts quite simply to put the HRT and cardiovascular debate into perspective. Using seven randomised placebo-controlled trials of high-quality methodology (and endless acronyms!) the authors have collated the data on all-cause mortality, coronary heart disease, heart failure, non-fatal myocardial infarction and all stroke. Use of HRT had no effect on all these outcomes, except stroke of which the summary risk was 1.29 (95% CI 1.13–1.48). When the results were stratified for age (mean age at commencing HRT below or greater than 75%) or 100% of sexual acts. The study measured the growth of the leading follicle and plasma levels of oestradiol, progesterone, luteinising hormone and follicle-stimulating hormone. Ovulation was disrupted in 87.5% of the women, suggesting a potential use as EC in the future.

Reference


Reported by Laura Patterson, MRCGP, DFFP

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Partner notification of chlamydia in primary care: randomised controlled trial and analysis of resource use


The control of sexually transmitted infections relies on partner notification. A chlamydia screening expands and the demands on genitourinary medicine (GUM) clinics increases, new strategies are required for the management of chlamydia infection.

The Chlamydia Screening Studies (CLASS) Project Group has reported the findings of the first randomised trial to evaluate primary care-based partner notification in a developed country. Low and co-workers recruited 140 men and women from 27 primary care practices. When subjects attended for diagnosis and treatment of chlamydia they were randomised to immediate partner notification by a trained practice nurse or referral to a health adviser at a GUM clinic. The proportion of index cases with at least one treated sexual partner was 65.3% in the practice nurse-led partner notification arm and 52.9% in the GUM health adviser arm. The two interventions were calculated to be virtually equivalent in terms of costs per index patient.

The study provides evidence that partner notification of chlamydia infection can be managed at least as effectively in primary care as in specialist clinics. The authors propose that practice nurse-led partner notification should be incorporated into the English National Chlamydia Screening Programme.

Reviewed by Louise Melvin, MRCGP, DFFP

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Reference


Reported by Laura Patterson, MRCGP, DFFP

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