Letters to the editor/News roundup

the end of the stopper ring and since then I never failed. Many colleagues have tried this method and they have had success with it also.

I had correspondence from the French company that unless the article were to be endorsed by a professor or senior consultant/colleague in family planning then they were not prepared to change the design. The Ortho Gynae T 380® was discontinued, however it has been adopted for use by other manufacturers, hence the change. However, I am afraid the inherent problem is still present. One has tried to make loading easier but still the problem doesn’t disappear completely.

My proposal was very simple: no matter how you load the introducer rod in the tube it should come out outside the top opening and then one can be absolutely sure that the IUD is released totally and completely and that there is no chance of the IUD being pulled down.

For those colleagues who would like to try my technique they should do the following. Put the IUD on sterile paper. Pull the IUD out further up so that one does not cut the thread. Line the rod against the tube with the rod just a few millimetres (say 4–5 mm) higher than the opening and then the lower end of the tube should be cut and it should rest at the end of the rod where there is a ring. Subsequent fitting should now be easier.

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References

Increase in IUD expulsions

I write as the UK distributor for the TT 380 Slimline® intrauterine device (IUD), following the publication of the letter from Drs Hawkins and Callander in the October 2006 issue of the Journal concerning IUD expulsions.

Neither Durbin PLC nor the French manufacturer (7-MED Industrie), can explain what has happened, although the clinical skills of the two doctors are beyond reproach. Since 2005 approximately 205 000 TT 380 Slimline devices have been fitted in France alone, with only three reported expulsions.

There is a European Standard for the ‘resilience’ of the horizontal arms which the TT 380 Slimline meets, and the manufacturer does not accept that the way the arms regain their shape after compression is connected to the reported expulsions.

I would refer the Journal’s readers to the poster presentation by Dr Paul O’Brien (Westminster PCT, London, UK) at the 8th Congress of the European Society of Contraception held in Edinburgh, UK in June 2004. (NB. Copies of the poster are available from me on request.) This poster reviewed published studies on the T380 ‘A’ version (where the copper sleeves on the horizontal arms stand proud of the plastic) and the T380 ‘Slimline’ version (where the copper on the arms is flush with the plastic and closer to the ends), which may cast some light on the topic.

Dr O’Brien’s review revealed an increase in expulsions in the first year with the ‘Slimline’ version compared to the ‘A’ version. By Years 4 and 5 the expulsion rates with both types were similar.

The T-Safe 380 A changed to the ‘Slimline’ format in June 2005. The results of Dr Hawkins and Callander refer to T-Safe usage up to Autumn 2005. Allowing for the stock holding in the distribution chain, it is probable that most of the T-Safe devices fitted in the period referred to were of the original ‘A’ style. (NB. It is interesting to note that although all the T-Safe devices now available are of the ‘Slimline’ type, the product is still described as ‘380 A’ on its packaging.)

Notwithstanding all of the above remarks, the manufacture of the TT 380 Slimline device, in view of the volume now used in the UK, has proposed some design changes purely for the UK market. These changes, which will be on stock produced from January 2007, will result in an increase in the resistance to expulsion.

Any readers requiring further information, evaluation samples, and so on, are invited to contact me directly.

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References

Ancient condoms

Further to the article in the October 2006 issue of the Journal on the history of condoms,1 readers may be interested to know that amongst the finds in Tutankhamen’s tomb was a linen condom with long strings to attach. The condom is now on show in the Cairo Museum alongside the more famous artefacts, which goes to show that one can’t be too careful – even in the afterlife!

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References
News roundup

Missed pills and different oral contraceptive regimens

At the recent XVIII FIGO World Congress of Obstetrics and Gynaecology in Kuala Lumpur, Malaysia evidence was presented showing a decrease in ovarian activity in women taking a 20 µg ethinylestradiol/3 mg drospirenone oral contraceptive containing 8/4-4 rather than a 7/7 hormone-free interval. Fifty-two healthy women who had ovulated or shown a follicle-like structure ≥15 mm during the pretreatment cycle were admitted into this double-blind randomised study. Suppression of ovarian activity, using the Hoogland score, was more pronounced with the 20 µg ethinylestradiol/3 mg drospirenone 24/4 regime compared to the 21/7 regime.

Furthermore, 104 women aged 18–35 years were randomly allocated to taking these two pill regimes and asked to miss the first three active pills of cycle three. Hence for this cycle one group would have the equivalent of a 7-day hormone-free interval, and the second a 10-day interval. For cycles one and two no one ovulated in the 24/4 group but there was one ovulation in cycle two for the 21/7 pill regime. In cycle three, when the first three active pills had been missed at the beginning of the cycle, one ovulation occurred in the 24/4 regime and four ovulations in women taking the 21/7 regime. These data, yet again, emphasised the importance of correct and consistent pill taking and questions the safety of recently published ‘missed pill guidance’.

Reference
1 Schultman LP. Discover YAZ: the only drospirenone containing oral contraceptive with proven premenstrual dysphoric disorder benefits. Presentation at the XVIII FIGO World Congress of Obstetrics and Gynaecology, Kuala Lumpur, Malaysia, 5–10 November 2006

Reported by Diana Mansour, FRCoG, FFPP Consultant in Community Gynaecology and Reproductive Health Care, Newcastle
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Support on sexual health for boys and young men

The number of boys and young men contacting Brook, the sexual health charity for young people, for advice on sexual health issues such as contraception and STIs has more than tripled in the last 10 years. However, too many boys and young men still feel there is a stigma attached to asking for help, and sexual health services across the country tend to be biased towards the needs of women, said Simon Blake, Chief Executive of Brook. Almost 20 000 boys and young men under the age of 25 years visited one of Brook’s 17 centres for confidential sexual health services and advice in 1995–2006, accounting for 19% of the total number of Brook clients. This represents an increase of 14% on the previous year’s figures, continuing the upward trend in the number of male Brook clients under 25, which has increased by 215% over the last 10 years. Since the start of the Teenage Pregnancy Strategy, the proportion of boys and young men using contraceptive clinics and GPs has increased from 9% to 29%, but the proportion remains considerably lower than for girls.

For further information contact Brook. Tel: 0800 0185 023. www.brook.org.uk

Reference

Reported by Gill Wakley, MD, FFPP Writer, ex-GP and retired Professor in Primary Care Development, Abergavenny, UK

First HIV and AIDS resource for the English curriculum

AWARE! The Crusaid Media Kit will be sent to 1500 schools across London during 2007. The kit features the UK’s original AIDS awareness TV advertisement from the 1980s and encourages students to devise their own AIDS awareness campaign aimed at teenagers. It is the first time a teaching module on HIV has been created for the mainstream English curriculum.

For further information visit http://www.awareuk.info/ and www.crusaid.org.uk.

Reported by Henrietta Hughes, MRCGP, FFPP GP, London, UK

Lancet series on sexual and reproductive health

The Lancet has published a series on sexual and reproductive health online. The series highlights the global burden of ill health in a variety of key areas including STIs, contraception, unintended pregnancies and unsafe abortions. In addition to the series articles (detailed below) the collection includes comments and original research.

Reported by Henrietta Hughes, MRCGP, FFPP GP, London, UK

The Twelve STIs of Christmas

An animated reminder of the wide range of STIs, this website also has links to www.playingsafely.com, which has more information about signs and symptoms of STIs.

Source: http://mclewin.com/files/uploaded/12-STIs.swf

Reported by Henrietta Hughes, MRCGP, FFPP GP, London, UK

Assessment toolkit for managing STIs within primary care

A best practice toolkit has been developed to assess the range of competencies in skills, knowledge and attitudes required to deliver more specialised sexual health services within primary care. The toolkit has been developed by the Department of Health, British Association for Sexual Health and HIV (BASHH), Royal College of General Practitioners’ Sex, Drugs and HIV Task Group, Faculty of Family Planning and Reproductive Health Care, Royal College of Obstetricians and Gynaecologists, Royal College of Nursing, and the National Association of Nurses for Contraception and Sexual Health. The toolkit is transferable to any primary care setting and supports improving quality in managing STIs.

For more information contact Teresa Battison/Kate Henderson-Nichol, National Programme Delivery, Tel: +44 (0)20 7972 1527.

Reported by Henrietta Hughes, MRCGP, FFPP GP, London, UK

VOLUNTEERS NEEDED TO REVIEW BOOKS FOR THE JOURNAL

The Journal regularly receives books for review and for this it relies on the services of a small team of expert reviewers. Whilst no payment is offered in respect of this role, reviewers do get to keep the books they review thus offering an opportunity to build up reviewer’s own or their departmental book collection.

For further information please contact the Journal’s Book Review Editor, Dr Kate Weaver via e-mail (kate.weaver@pct.scot.nhs.uk). Please provide your contact details (mail and e-mail addresses), together with a note of any special interests and/or expertise.