
Objectives and methodology: The purpose of this study was to assess the incidence and severity of premenstrual syndrome (PMS)-type symptoms in patients converted from a 21/7 combined oral contraceptive (COC) regimen to an extended regimen (24 weeks). This was a single-centre prospective observational study in 114 women using a locally devised single-item premenstrual symptom questionnaire, the Scott and White (S&W) Mood Scale, and the more generally accepted and validated Penn State Daily (S&W) Mood Scale, and the more generally prospective observational study in 114 women of premenstrual syndrome (PMS)-type symptoms for COCs and that these symptoms reached peak intensity during the pill-free interval. A statistically significant decrease in DSR 17 scores was noted when switching from a 19-nortestosterone progestogen containing COC to the drospirenone COC. This may be a reflection of the anti-mineralocorticoid and anti-androgenic effects of this progestogen but as this was not a randomised controlled trial, we would like to see this result replicated in a head-to-head trial before we can recommend that this should be the focus of a lot of research, and the topic of sex education in schools, is at least as much impassioned emotional debate as scientific rigour (see rapid responses to the BMJ editorial accompanying this article). The SHARE programme was developed in the early 1990s to be delivered by teachers in secondary schools to pupils aged 13–15 years, with the primary aim of reducing unwanted pregnancies. It was compared, in a cluster randomised trial, with existing sex education programmes in schools. Interim evaluations were encouraging, with teachers and pupils evaluating the SHARE programme more positively than the control programmes, and some improvement in knowledge and reductions in rates of regretted sexual intercourse but no overall change in sexual behaviour including condom and contraceptive use. This final analysis examines conceptions and terminations up to age 20 years, for the whole cohort. The trial had been powered to detect a 33% decrease in the cumulative termination rate in pupils attending intervention schools. At randomisation at age 14 years, the pupils in intervention and control schools were representative of Scottish young people with respect to socioeconomic status and family structure.

There were differences in rates of conceptions and terminations between individual schools, with the expected inverse proportion between conception rates and termination rates. However, there was no significant difference in conception or termination rates between control and intervention schools. This was not a trial of intervention versus no sex education; existing programmes may have some behavioural effect, although evidence for this from controlled trials is weak. The authors conclude that the potential for whole class sex education to influence behaviour in this area may have been reached. It may also be that these interventions were not far reaching enough, for example, that they should be combined with primary school interventions, peer-led programmes, and parental involvement programmes, as well as interventions that aim to improve general educational opportunities.

Unintended pregnancy and use of emergency contraception among a large cohort of women attending for antenatal care or abortion in Scotland. Lakha F, Glaser A. Lancet 2006; 368: 1782–1787

Unintended pregnancy is common and can significantly affect the life of the women concerned regardless of the outcome of the pregnancy. During the 8-month study period, 3815/5630 (68%) eligible women attending abortion services (n = 907), miscarriage clinic (n = 615) or antenatal clinic (n = 2293) in a large hospital in Scotland completed a self-administered questionnaire. Uptake was between 55% in the antenatal clinic and 75% in the antenatal clinic. Patients were asked about their pregnancy intention using a validated intendedness instrument and about use of emergency contraception during the conception cycle. Unsurprisingly, 65.7% of women in the antenatal clinic had a high intendedness score whereas 89.7% of those attending the abortion clinic had a high unintendedness score. Interestingly, 26.6% of women attending antenatal, 22.8% of women attending miscarriage and 21.0% of women attending abortion clinic were ambivalent about their pregnancy intention. Moreover, 7.7% of women in the antenatal clinic and 11.9% in the miscarriage clinic had a high unintendedness score. Younger age was associated with unintended pregnancy in the antenatal and miscarriage clinic but not in the abortion clinic. Emergency contraception (EC) was used by 11.8% of women seeking abortion and 1.0% attending antenatal care and correlated strongly with intendedness score. Again, young age was associated with EC use in those attending antenatal care but not in those seeking abortion. Overall 50% of women used EC after each episode of unprotected sex in the conception cycle. With high levels of unintended and ambivalent conceptions and low uptake of EC there is clearly an urgent need to better understand the risk (of pregnancy) perception and patterns of contraceptive behaviour of women in the UK.

Letters to the Editor

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