

Contraception: Worth Talking About

A new campaign to help young people to make informed choices about contraception, look after their sexual health and avoid unintended pregnancies was launched in November 2009 by the Department of Health (DH) and the Department for Children, Schools and Families, together with the National Chlamydia Screening Programme. Anne Quesney from the sexual health agency, Marie Stopes International, commented: "We hope that the first phase of the Government's campaign, 'Contraception. Worth Talking About', will encourage younger people to talk more openly about their contraceptive options, and find a method to best suit their individual needs and circumstances, enabling them to practise safer sex.

The Government has made progress in improving the sexual health of teenagers over recent years, with the 2008 abortion statistics from the DH showing a drop in the under-18 abortion rate from 2007, and with a recent move to make sex and relationships education a compulsory part of the national curriculum. Parents also have a vital role to play in educating their children about fulfilling relationships and safe sex practices before they become sexually active. Many adults find it difficult to talk to their children about sex, but the new Government campaign may assist parents and help them to feel more comfortable in promoting an open attitude towards sex-related conversations, to ensure their children approach them for advice if needed.

Prevention is better than cure, and the evidence is clear that when men and women of all ages are able to talk about sex, and are provided with information and access to a variety of contraceptive methods, real reductions in sexually transmitted infection rates, and unintended pregnancy (and consequently abortion) rates, can be achieved."

Source: <http://www.nhs.uk/worthtalkingabout>

NHS Contraception Services England 2008/2009

The National Health Service (NHS) Information Centre has published a report on "NHS Contraceptive Services in England 2008/2009", which looks at information on NHS community clinics and Brook services (but not services provided in GP practices).

The report highlights include:

- Oral contraception was the primary contraceptive method of 44% of women who attended NHS community contraceptive clinics, and it remains the most common primary method. This percentage has remained stable since 2003/2004.
- Increasing use of long-acting reversible contraceptive methods (LARCs) (up from 23% to 24%), particularly in women over the age of 35 years (37%).
- There were 2.5 million attendances at NHS community contraceptive clinics made by 1.3 million individuals. This is an increase of 3% on the number of attendances in 2007/2008 and of 7% on the number of individuals in 2007/2008.
- 140 000 men attended NHS community contraceptive clinics, an increase of 13% on 2007/0808 and the third consecutive annual increase.
- Among women who attended NHS community contraceptive clinics, the 16–19-year-old age group had the highest number of attendances per 100 population.
- An estimated 21% of women in this age group visited a clinic during the year, while the equivalent

proportion for those aged 15 years and under was 8%.

- There were 142 000 occasions on which emergency hormonal contraception was dispensed at community contraceptive clinics, an increase of 5% on 2007/2008 but a decrease of 28% on 2001/2002.

Source: www.ic.nhs.uk

HPV vaccination rate

Some 70% of eligible 12–13-year-old girls were fully immunised against human papillomavirus (HPV) – the virus that can lead to most cervical cancers – during 2008–2009, states a report from the NHS Information Centre in September 2009. Emily James, the international spokesperson for Marie Stopes International, made the following statement: "We are pleased that such a high percentage of young women received the vaccination against the two strains of HPV (16 and 18) that cause cervical cancer in over 70% of women. HPV is a common virus passed through genital sexual contact. In many people, HPV will cause no health problems and will go away by itself. However, HPV can infect a woman's cervix and lead to cervical cancer after a number of years. Jade Goody's case has shown that cervical cancer, whilst extremely rare among young women, does nevertheless represent a potential threat to their lives and well-being; the vaccination programme is therefore extremely valuable.

However, although the vaccine is a great leap forward in the prevention of cervical cancer, it is important to remember that it is not a cure-all and will only protect against certain strains of HPV. Because the HPV vaccine does not protect against all cervical cancers, it is vital to encourage girls to start thinking about their cervical health as early as possible. Early detection and treatment can prevent around 75% of cervical cancers developing in women, so it is important to develop a cervical screening culture among women of all ages."

Sources: www.ic.nhs.uk, www.mariestopes.org.uk

Boots to offer HPV vaccine

Boots UK is launching a cervical cancer vaccination service, aimed at women in England and Wales who fall outside the Government's human papillomavirus (HPV) vaccination programme. Following a pilot in London, the service is being extended to 134 stores across the country enabling women aged 18–54 years to reduce their risk of cervical cancer, the company said.

Source: <http://www.boots.com/en/Pharmacy-Health/Health-Services/Cervical-Cancer-Vaccination-Service/Cervical-Cancer-The-Key-Facts/>

New safer sex alert as syphilis cases rise

Sexually transmitted infections (STIs) are on the rise in Scotland, with cases of syphilis hitting their highest level in almost 60 years, according to recent figures. The study, produced by Health Protection Scotland and the NHS Information Services Division, showed a rise of 6% and the highest annual total recorded in Scotland since 1952. The figures also showed that the overall infection rates for STIs in Scotland had increased by 1.78% during 2008, a rise described as "concerning" by politicians, who warned that more needed to be done to encourage better sexual health.

Dr Lesley Wallace of Health Protection Scotland, one of the report's authors, said syphilis was concentrated within a particular risk group, namely men who have sex with men. Scottish

health minister, Shona Robison, said she shared concerns about the rise in STIs. "We are working closely with NHS boards and their partners to take forward a range of work to promote safer sex and drive down rates of STIs", she said.

Source: *The Scotsman*, 25 November 2009

Chlamydia screening

The National Audit Office (NAO) review of the National Chlamydia Screening Programme (NCSP) has highlighted cases across the country where expenditure on chlamydia screening was over and above the recommended £33 per head. Following the release of the report, the Government published its review of the NCSP, which was conducted by Dr Ruth Hussey in December 2008. Amyas Morse, head of the NAO, commented: "To have a significant impact on chlamydia requires overall testing levels of 26% or above. Only half of primary care trusts reached this level in 2008–09, 6 years after the Programme's launch. Combined with the local inefficiencies and duplications, this shows that the delivery of the Programme to date has not demonstrated value for money". Brook responded to the negative media coverage stating its full support of the NCSP and congratulating the achievements that have already been made.

Source: www.nao.org.uk

'Test and text' tackles chlamydia

Sexual health workers in Tyneside are using a door-to-door 'test and text' approach in a bid to tackle the number of people transmitting chlamydia. They are visiting student homes to offer free screening and those who accept are sent the results by text. The approach is thought to be one of the first of its kind in the UK. Those wanting to have the free test are left with a screening kit to provide a urine sample, and documentation to complete and a pack of information regarding sexually transmitted infections, contraception and condoms. The completed tests are picked up by the health workers some hours later to be analysed. Results can be given by phone, text or letter, at least 2–3 working days later. Those individuals who test positive are offered an appointment with a health advisor for treatment. Primary care trusts across the area have been set a target to screen 25% of the 15–24-year-old population this year, which equates to approximately 50 000 tests across Northumberland, Tyne and Wear.

Source: <http://news.bbc.co.uk/1/hi/england/tyne/8367819.stm>

Flibanserin: a potential treatment for HSDD?

Data from pooled Phase III clinical trials were presented at the European Society of Sexual Medicine in Lyon, France in November 2009. The results show that flibanserin 100 mg taken once daily at bedtime significantly increased the number of satisfying sexual events (SSEs) and sexual desire while significantly decreasing the distress associated with hypoactive sexual desire disorder (HSDD). HSDD is a medical condition characterised by a decrease in sexual desire associated with marked distress and/or interpersonal difficulties. Women with HSDD often feel a loss of intimacy and closeness that they previously used to enjoy.

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ERRATUM

Unscheduled bleeding in combined oral contraceptive users: focus on extended-cycle and continuous-use regimens, Martha Hickey and Sweta Agarwal, *J Fam Plann Reprod Health Care* 2009; 35(4): 245–248

The authors of the above mentioned article have asked that journal readers be made aware of the fact that due to an oversight in funding disclosure the following acknowledgment was omitted from the print version of the article [but has been incorporated into the online version of the article available via IngentaConnect (www.ingentaconnect.com)]:

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