been reported. Extrusion through the anterior abdominal wall is also known. These migration events have been reported from 10 months to 13 years following application.

Another example is Clamelle® (azithromycin), now the first oral antibiotic in the UK to be available without a prescription to asymptomatic individuals with a positive chlamydia test and their partners.

This year the Committee of Advertising Practice (CAP), which is concerned with regulating advertising in the UK, carried out a review of its code that concerned advertising of medicinal products.

- It increases consumer awareness
- It motivates consumers to seek additional information from health professionals and other sources
- It aids patient-doctor discussions
- It even motivates the pursuance of lifestyle changes in place of POMs.

In addition, a systematic review of the impact of DTCA from the consumer's perspective concluded that:

- DTCA can facilitate the compliance process with older consumers (in this case, it will be compliance with a contraceptive method)
- It appears to increase the demand for treatments and medicines (hopefully long-acting reversible contraception, in this case).

This evidence suggests that raising awareness through advertising has the potential to be successful and could help combat the country's teenage pregnancy and sexually transmitted infection rates.

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References
7 Singleton Hospital, Swansea, UK Department of Obstetrics and Gynaecology, Consultant Obstetrician and Gynaecologist, Madhuchanda Dey

Advertising sexual health products
In the UK, the Independent Advisory Group on Sexual Health and HIV advised improvement in public knowledge of contraception and prevention of sexually transmitted infections (STIs) with media coverage. However, the UK’s Medicines Act of 1968 prohibits the advertisement of prescription-only medicines (POMs); any advertisements that may lead to the use of a POM; and any advertisements that refer to products that may be used to procure a termination of pregnancy. Condoms and chlamydia testing can be advertised as these do not now constitute POMs. Unfortunately, sexual health ‘products’ like contraception are POMs, and cannot be advertised.

The Medicines and Healthcare products Regulatory Agency (MHRA) is the government body responsible for the safety and efficacy of medicines in the UK. It ensures that the advertisement of medicinal products is compliant with both European Commission (EC) and UK law. The MHRA is also behind the reclassification of medicines (Ps) with both European Commission (EC) and UK law.

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What’s in a name?
In the January 2004 issue of this journal, Toni Belfield criticised the continuing use of the term ‘coil’ for intrauterine devices (IUDs). Six years later, as one of the largest distributors of intrauterine contraception in the UK, I share her concern.

Toni made the point that much of our language has changed over time (e.g. ‘automobile’ to ‘car’) and therefore the change from ‘coil’ to ‘IUD’ should not be difficult. Unfortunately, I feel she missed one crucial point and that is that we are all intrinsically, linguistically lazy. In fact, all the examples Toni gave of changing terminology proved this, in that all the newer terms had fewer syllables than those they were replacing (e.g. ‘long-playing record’ to ‘CD’ or ‘album’). In contrast, ‘coil’ has only one syllable, but ‘IUD’ has three and that, I believe, is why the majority of us still use ‘coil’ in preference.

‘Coil’ is a hard, cold, slightly sinister term, reminiscent of reptilian features. My suggested alternative, on the other hand, is monosyllabic, soft, warm and friendly and may even endow the humble IUD with a flirtatious overture. I would suggest that we should call IUDs ‘Tees’ (or ‘Tease’?). The intrauterine system (IUS), of course, would be ‘Hormonal Tease’. (Come to think of it, I went out looking for a ‘Tease’ once).

After a few years of colloquial use, I anticipate male pulses racing when they hear the phrase “Tee’s ready” but perhaps experiencing slight anxiety at the cautionary “Hurry up, Tee’s getting cold”. ‘Tee’ dances’ would take on a whole new lease of life, not to mention ‘Tee parties’ and ‘Tee for two’.

So that is my New Year Resolution – I shall not use the term ‘coil’ ever again. It’s ‘Tee’ for me, and I hope all readers of this journal will follow suit.

Anyway, anyone for Tee?
Colin G Parker
Manager, Clinic Services, Darwins PLC, South Harrow, UK. E-mail: c.parker@darwins.co.uk

Reference
Parker T. What we say and how we say it… J Fam Plann Reprod Health Care 2004; 30: 11.

Reply
This truly is a no-brainer. I recoil at the term “coil” and I definitely wince at the term “Tees”! Why do we have such a problem with using correct and accessible sexual health language? Contraceptive methods have evolved hugely over time; we now have safer, more effective methods, but our language around contraception remains archaic, unclear and confusing. Colin Parker suggests we use the acronym “IUD”, as women can and do have today. Talk about intrauterine contraception; we have all shapes and sizes of intrauterine devices (IUDs): rings, spirals, sponge, implants, patches and the levonorgestrel IUD as the hormonal coil? Such terminology bears no resemblance to the IUDs we have today, which include T shapes but also monosyllabic, soft, warm and friendly and may even endow the humble IUD with a flirtatious overture. I would suggest that we should call IUDs ‘Tees’ (or ‘Tease’?). The intrauterine system (IUS), of course, would be ‘Hormonal Tease’. (Come to think of it, I went out looking for a ‘Tease’ once).

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