Venous thromboembolism and COCs: an ongoing saga
This ongoing controversy has recently resulted in the decision of the French authorities to withdraw the combined oral contraceptive (COC) containing ethinylestradiol (EE) and cyproterone acetate (i.e. Diane 35®) from the market. This consensus statement from 26 international experts in contraception concludes that “Both epidemiological data and clinical trials must be taken into account when best practice is defined. Regulatory restrictions of previously registered methods should only be made after careful assessment of all the available evidence”. See page 156

Correlates of unprotected sex in drug-injecting women
This study demonstrates that despite the high risk for HIV acquisition or transmission and unintended pregnancy, condom use among women who inject illicit drugs or who have sexual partners who inject drugs in St Petersburg in Russia is low. Programmes to investigate and improve contraceptive use, including condoms, among this vulnerable group of women are needed and might benefit from addressing alcohol misuse. See page 179

Contraception in a university environment
This is a very simple real-life observational study of a cohort of young, nulliparous women in a university-based general practice choosing and continuing with long-acting reversible contraceptive methods (LARCs) as their first line method of contraception. This article urges the health professional reader to consider offering this ‘fit and forget’ method of contraceptive to our younger population as a matter of routine. See page 186

Impact of UKMEC on CHC prescribing
Briggs et al. have assessed the effect of the UKMEC on prescribing of combined hormonal contraceptives (CHCs). Sadly, although there has been a small decrease in the proportion of higher-risk women being prescribed CHCs, their results suggest that in 2010 7.3% of CHC users had UKMEC Category 3 or 4 risk factors, particularly BMI ≥35 kg/m². The authors point out that it is likely many of these women were being placed at an unnecessarily high risk of cardiovascular events, given the availability of lower-risk alternatives. See page 190

Financial cost to patients of a suspected ectopic pregnancy
In this article, Unger and colleagues in Edinburgh report on their assessment of an area of patient experience that is not often considered when assessing medical interventions. The financial impact on patients’ lives of the need to seek medical attention can be considerable and may become more significant as economic hardship increases. This article describes a well-conducted questionnaire study on the costs that patients themselves incurred in attending their general practitioners and a hospital clinic with a suspected ectopic pregnancy. The authors argue that such costs need to be factored into decisions regarding the cost-effectiveness of medical procedures. See page 197

Emergency contraception algorithm based on risk assessment
Introduction of a standardised protocol for the provision of emergency contraception (EC) has significantly increased the proportion of women offered an intrauterine device (IUD) as postcoital contraception, particularly in women at high risk of conception. Introduction of ulipristal acetate as an alternative method of EC has resulted in a reduction in the uptake of the emergency IUD. McKay and Gilbert state that this is cause for concern, and further investigation into the reasons behind this decrease in IUD uptake is needed. See page 201

No need for water torture
Cameron and colleagues set out to answer a simple question, namely does a full bladder assist insertion of intrauterine contraception? In the world of assisted conception a full bladder had been shown to aid intrauterine catheter insertion for embryo transfer, but could this knowledge be transferred useful-ly to the world of contraception? This simple question was answered in a simple and elegant way with a properly constructed and conducted randomised trial, which showed that we needn’t ask our clients requesting IUD/IUS insertion to arrive bursting – a fact for which both they and clinic staff will be duly grateful. See page 207

New monophasic natural estradiol COC
Lee Shulman reviews a new monophasic natural estradiol COC, Zoely®. This COC benefits from the progestogen nomegestrol acetate (NOMAC), which appears to result in good cycle control, with a 24/4 regimen. Since it is monophasic, it also has potential for extended cycle use. The great hope is that natural estradiol COCs will have a lower risk of venous thromboembolism (VTE) than EE-containing pills, but it should be stressed that there is currently no actual evidence for this. Studies are ongoing, but at present these COCs should be treated just like any other from the point of view of VTE. See page 211

Brook/FPA UK Sexual Health Awards 2013
The Journal’s Consumer Correspondent writes about the recently awarded Brook/FPA UK Sexual Health Awards, and opines that awards of this type are a good thing for the SRH profession generally and so rightly should be regarded as a highlight of the sexual health year. See page 219