

Abortion decriminalised in Northern Ireland

Until 22 October 2019, the Offences Against the Person Act 1861 was the only legislation concerning abortion in Northern Ireland and rendered it effectively banned. However, this legislation has been repealed and now leaves Northern Ireland with one of the most liberal positions on abortion legislation in Europe. This editorial effectively summarises the journey to this point and proposes how services may be best devised to remove barriers to access that continue to affect other women in the UK.

BMJ 2019; <https://doi.org/10.1136/bmj.l6330>

Further drug label development needed for OTC mifepristone and misoprostol

A non-randomised pilot study of 100 South African women sought to evaluate the clarity of a prototype drug label for an over-the-counter (OTC) combination pack of mifepristone and misoprostol for early medical abortion (EMA). Comprehension of key concepts conveyed by the label was significantly affected by the literacy level of the women. No key concepts scored greater than 80% for comprehension, the threshold set by the US Food and Drug Administration for development of drug labels. However, other concepts conveyed by the label, such as when to seek medical attention, scored highly regardless of literacy level. With abortion decriminalised in Northern Ireland, OTC EMA may be an important part of service provision in this region where abortion was previously criminalised.

Contraception 2019; <https://doi.org/10.1016/j.contraception.2019.09.009>

Structured contraceptive counselling improves patient experience but does not change contraceptive behaviour

Clinicians and researchers have been searching for years for ways to improve uptake of effective contraceptive methods. There has been mixed evidence for the impact of structured contraceptive counselling. A cluster randomised controlled trial involving 10 centres in the southeast United States compared standard practice with staff training to provide structured contraceptive counselling. Participants in the intervention arm reported greater satisfaction with the contraceptive counselling they experienced

and were more likely to select a higher effectiveness method at that visit. However, at 3 months' follow-up, the intervention group had a higher level of method discontinuation and there was no sustained difference in behaviour between groups. Perhaps the improved uptake of high effectiveness methods immediately after counselling and subsequent discontinuation reflects patient desire to please the clinician rather than desire for more effective contraception.

Contraception 2019; <https://doi.org/10.1016/j.contraception.2019.10.003>

Regular exercise may reduce intensity of menstrual pain

Menstrual pain can contribute to significant patient distress and non-attendance at work or school. Regular exercise has been suggested as a possible strategy for managing menstrual pain. A Cochrane systematic review identified 12 studies that randomised women to receive exercise versus no exercise or non-steroidal anti-inflammatory drugs (NSAIDs) (one study). They found clinically significant improvement of pain in the exercise groups compared with no exercise but were unable to comment on the comparison with NSAIDs. Overall the quality of the evidence assessed was low and further research is needed to confirm the utility of regular exercise as a treatment for menstrual pain.

Cochrane Database Syst Rev 2019; <https://doi.org/10.1002/14651858.CD004142.pub4>

Sex workers may use different methods of contraception with commercial and non-commercial partners

Clinicians do not usually discuss using different contraceptive methods dependent on the patient's partner. However, a mixed methods study with sex workers who contacted clients online has found that many sex workers delineate pregnancy prevention with commercial versus non-commercial partners. In general, condom use with commercial partners was high, primarily to prevent sexually transmitted infections (STIs), but also to prevent pregnancy. Conversely, with non-commercial partners, condom use was less frequent and pregnancy prevention was more varied. The combined oral contraceptive pill was a commonly used secondary method, with a prized feature of this method being the predictability of

periods, which is seen as important for scheduling work. Because of this, continuous or flexible extended regimens of combined hormonal contraceptives may be attractive to sex workers and should be offered when counselled.

Eur J Contracep Reprod Health Care 2019; <https://doi.org/10.1080/13625187.2019.1675624>

Type and duration of HRT in menopausal women affects breast cancer risk

Since the turn of the century there have been concerns about the possible impact of hormone replacement therapy (HRT) on risk of breast cancer in menopausal women. A large epidemiological study drawing on prospectively collected observational data from more than 100 000 women has shown an increase of breast cancer in users of HRT that is greater with continuous combined preparations than with cyclical progestogen and estrogen-only regimens. As always with concerns over breast cancer for HRT users, the risk has to be taken in the context of the adverse physical and mental health that women can suffer during the menopause and which can be alleviated by HRT. These risks should be discussed with patients during shared decision-making for HRT.

Lancet 2019; [http://dx.doi.org/10.1016/S0140-6736\(19\)31709-X](http://dx.doi.org/10.1016/S0140-6736(19)31709-X)

Lottery-style incentives for safer sex may be attractive to MSM who have high-risk attitudes and behaviours

An elusive component of STI prevention is effective and sustained sexual behaviour change. An unusual strategy that has been explored by researchers in China is the use of a lottery-based incentive, where a test result that was negative for syphilis would enter the patient into a lottery for a small amount of money. This survey of just under 700 men who have sex with men (MSM) in China correlated general risk behaviour, sexual risk taking and willingness to enter a lottery if testing negative for syphilis. They found that in men who took higher levels of risk in general and engaged in higher-risk sex were willing to take part in the lottery-based incentive. This approach requires further study but may act as a 'nudge' towards safer sexual behaviours.

Sex Transm Infect 2019; <http://dx.doi.org/10.1136/sextrans-2019-054072>