abortions, the relative risk of breast cancer was 0.93 (95% CI 0.89–0.96), compared with women who had never had an induced abortion. The corresponding relative risk for spontaneous abortion was 0.98 (95% CI 0.92–1.08).

In contrast to the findings of many retrospective studies, the prospective studies suggest that induced or spontaneous abortions do not increase a woman’s risk of breast cancer.

Reviewed by Louise Melvin, MRCHG Clinical Research Fellow, Royal Infirmary of Edinburgh, Edinburgh, UK


This study was one of two parallel, randomised, double-blind, placebo-controlled trials designed to test the effects of this type of hormone replacement therapy (HRT) on chronic disease. The National Heart, Lung and Blood Institute in the USA set the study up 13 years ago. The oestrogen plus progestogen arm of the trial was halted in July 2002 due to increased risk of coronary heart disease, thromboembolic disease and breast cancer. This arm of the trial compared use of oestrogen only HRT (conjugated equine oestrogen) with placebo in nearly 11 000 women aged 50–79 years. The study was stopped a year before its scheduled conclusion, even though no predefined boundaries had been crossed. There was also a high degree of non-compliance: 50% by the seventh year. The study provides important information on some important outcomes. The treatment group had a 39% increased risk of stroke compared to the non-treatment group (44 vs 32 per 10 000 person-years). Contributing factors may have been the small but persistent increase in blood pressure and the known effect of oestrogen on increasing the risk of thrombosis. There was a reduction in low-density lipoproteins (LDLs) and an increase in high-density lipoproteins (HDLs) but no impact on coronary heart disease incidence. Oestrogen reduced the risk of fractures by 30% to 39% (11 vs 17 per 10 000 person-years) in the treatment group. They reported a lower rate of breast cancer in the treatment group compared to placebo. This particular result is contrary to the oestrogen plus progestogen arm of the Women’s Health Initiative (WHI) trial and clearly needs further investigation. The small numbers may have confounded the results. Two components of the WHI on the effects of a low-fat eating pattern, and the effects of calcium and vitamin D supplements are still awaiting publication. For the present time, this study contributes further weight to the advice that HRT should be used for short-term relief of vasomotor symptoms only.

Reviewed by Laura Patterson, MRCHG, FFDP GP Non-Principal and Associate Specialist in Family Planning, Swindon, UK


This is a community intervention study designed to determine whether offering advanced supplies of emergency contraception (EC) to large numbers of women influenced the abortion rates. In one area of Scotland women between 16 and 29 years were targeted through health services to keep for when needed. There were 85 000 women in the target age group of whom 17 800 took a supply of EC home. Some 45% of this group took a course of the EC provided. The authors ask even more of us in the consultation. They state: ‘Many men have … unrealistic expectations of their sexual performance’. There was no suggestion that this had always been the case.

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The book is divided into two halves. The first deals with the effects of drugs on the causation of sexual problems and the second addresses drug treatment for sexual problems. The introduction to the treatment of premature ejaculation says: ‘None of the mentioned agents has been approved by the FDA for the treatment of PE’. It seems unusual to devote a whole chapter on treatment to unlicensed drugs.

Although passing reference is made to the ‘psychosexual context’, it would be easy reading this book to feel that the answers to sexual problems lie only in pharmacology. The authors state that: ‘Many men have… unrealistic expectations of their sexual performance’. This is an unachievable goal. We know that doctors are not yet very good at talking with their patients about sex. Furthermore, the time constraints within which we all work mean that this issue will not always have sufficient priority to merit a share of the consultation.

Having felt cause to argue in particular with the way things are said in this book, I do think it has some use in presenting pharmacological information about sexual function. Perhaps that is what we all work mean that this issue will not always have sufficient priority to merit a share of the consultation.

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Advanced provision of emergency contraception does not reduce abortion rates

Judy Murty

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