Letters to the Editor

Clearer guidelines

I propose a Campaign for Clearer Guidelines.

I was pleased to see the title for the most recent Clinical Effectiveness Unit (CEU) for managing vaginal discharge. This will be really useful in general practices and contraception clinics, I thought. But I was so disappointed with how difficult it was to understand. I am afraid most people will look at the title, start to read it and then put it unread into a drawer to ‘tackle it when I have time’, rather than actively using it in their clinical practice.

Have the writers of the Guideline decided who the target audience is? The information seems poorly focused on the actual clinical setting in which it should be useful and contains large amounts of information irrelevant to health professionals working in general practice and contraception clinics, I thought. But I was considered this guidance to be ‘wordy’ and generally unhelpful. It is always difficult, of course, to achieve the right balance of brevity and unnecessary text.

The vocabulary used is a mixture of medical and non-medical terms. For example, in the list of symptoms that might be identified are ‘itch’, ‘dysuria’ and ‘superficial dyspareunia’. A professional term would be pruritus vulvae or vulval itching – otherwise this might mean itching anywhere (is it scabies?).

Contrast this Guideline with the one from the British Association for Sexual Health and HIV (BASHH) on bacterial vaginosis. The BASHH Guideline gives the full explanation of the meaningless section in Table 31 where information has been compressed and says: Nongardnerellalower criteria:

- Gardnerella and/or Mobiluncus morphotypes predominant
- Score ≥6.

Table 3 does not give the full criteria, nor explain to what the score refers. By contrast, the example from the BASHH Guideline is perfectly full and clear. However, as this is a bacteriological diagnosis made in the laboratory, why is the information supplied at all? Similarly, on page 38, why do we need to know: “Culture in Sabouraud’s medium can be used to detect candida if microscopy is inconclusive…”? Readers will find other examples of superfluous and unnecessary information. The whole point of guidelines is to encourage reviewing our own insertion pathways. This particular Guideline has been endorsed by both the FPFPRHC and by BASHH. It has also been endorsed by the Sexual Health UK. E-mail: lesley.bacon@lewishampct.nhs.uk

References
1 Faculty of Family Planning and Reproductive Health Care (FPFPRHC) and BASHH Guidance (January 2006). The management of women of reproductive age attending non-gynaecological medicine settings complaining of vaginal discharge. J Fam Plan Reprod Health Care 2006; 32: 33–42.

Reply

Thank you for the opportunity to respond to the letter from Prof. Gill Wakley about the joint FPFPRHC/BASHH Guidance on “The management of women of reproductive age attending non-gynaecological medical settings complaining of vaginal discharge”. As ever, the CEU welcomes constructive criticism from users of our various forms of Guidance. Prof. Wakley considered this guidance to be ‘wordy’ and generally unhelpful. It is always difficult, of course, to achieve the right balance of brevity and provision of adequate information to support our recommendations. In CEU Guidance, we highlight our explicit recommendations within coloured text boxes; this enables users who favour brevity to read the boxed text alone, without the supporting paragraphs.

This particular Guidance has been endorsed by both the FPFPRHC and by BASHH. It has also been endorsed by the Department of Health and NHS Quality Improvement Scotland to the extent that these organisations are funding wide distribution. Table 3 from this Guidance, in printed leaflet form, to general practices and other primary care settings. It is therefore clear that many individuals and organisations would not agree with Prof. Wakley’s opinion of the document.

Prof. Wakley kindly provides suggestions on sources of training in writing skills that might be accessed by the CEU team. While accepting her criticisms, I might say that final editing of this Guidance was undertaken by myself in my capacity as Honorary Director of the CEU. I have over 120 peer-review publications and have been actively involved in national guideline development since 1992. CEU Guidance is reviewed by an editorial board (comprised of up to 20 professionals), the FPFPRHC Clinical Effectiveness Committee and the FPFPRHC Officers prior to publication. Because of this extensive peer-review mechanism, our Guidance is not subject to the same editorial process as other submissions to the Journal. Prof. Wakley can perhaps understand that it is often our efforts to accommodate the views of so many stakeholders that result in Guidance documents being longer than we would like.

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Reference
1 Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FPFPRHC and BASHH Guidance (January 2006). The management of women of reproductive age attending non-gynaecological medicine settings complaining of vaginal discharge. J Fam Plan Reprod Health Care 2006; 32: 33–42.

Removing deep Implanon® implants

I would like to thank Martyn Walling for his very helpful paper on removing deep Implanon®, which will enable other services to develop care pathways.

However, it is necessarily true, as stated in the last paragraph, that deep implants are evidently poorly inserted! This statement could cause a great deal of confusion and panic. The situation seems to me to be analogous to perforated intrauterine devices, which may be the result of poor technique but are normally defended as a recognised complication providing that proper counselling has been documented. Unless the Faculty offers support when there are problems after proper training it will be very difficult to encourage the use of implants, especially in general practice.

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Reference

Reply

I do not think there is a medico-legal problem as there is a training programme in place with Implanon®. The major message with this article is to encourage reviewing our own insertion technique. If the skin is tented properly so that the outline end of the needle can be seen there should be no problems with removal. Impalpable Implanons are now a recognised complication but if these occur I advise contacting Organon for advice.

Martyn Walling, FRCOG, FFPRHC
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Reference

HIV and contraception

I would like the thank the authors for their interesting and timely article on contraception and HIV.

In the section on hormonal contraception they make no comment upon a possible increase in cervical shedding of HIV in women using these methods, which has been mentioned in previous reviews. Is it now considered that cervical shedding is not increased and thus hormonal contraceptives have no increased risk of transmission of the virus?

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References
Reply

Martyn Walling

*J Fam Plann Reprod Health Care* 2006 32: 133
doi: 10.1783/147118906776276314

Updated information and services can be found at:
http://jfprhc.bmj.com/content/32/2/133.4.citation

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