Quality of life and acceptability of medical versus surgical management of early pregnancy failure. Harwood B, Nansel T; 115 34 93% completed each of the study instruments.

Methods A total of 652 patients were randomised in a ratio of 3:1 between misoprostol and surgical treatment. For this secondary analysis the sample size provided 80% power to detect a 2.9-3.5 point difference in each of the Short Form 36 Health Survey Revised (SF-36R) QOL scales. Randomisation occurred on the day of medical treatment or within 24 hours of surgical treatment. Participants completed a diary prospectively for symptoms experienced for the 2 weeks after treatment. A questionnaire was administered on visit study day 15 (2 weeks after treatment) including QOL, depression, stress and treatment acceptability. The QOL questionnaire was the SF-36R (good validity and US norms complete treatment by the end of the 2 weeks. It the fury or desolation felt by the young women

We hope that journal readers enjoyed reading Christine Falls, and also discovering whether their opinion of the book matched that of our guest reviewer. In the January 2009 issue, the fiction book under scrutiny will be The Outcast by Sadie Jones (448 pages, Vintage Books, 2008, ISBN-13: 978-0-099-51342-1). We want to remind journal readers that if they would like to offer an alternate fiction title of their own choosing then they should contact the Journal Editorial Office by e-mail (journal@fsrh.org) in the first instance with details of their nominated title.


Backgrond Traditionally, evacuation of retained products of conception (ERPC) was the only management available for early pregnancy failure. Today, women can be offered a choice of expectant, medical or surgical treatment. As the efficacy and safety of medical management improves, it is likely to become more widely offered by clinicians and chosen by women. This study looked at the Quality of Life (QOL) and treatment acceptability of women randomised to misoprostol versus vacuum aspiration for primary treatment of early pregnancy failure (EPF). It was a planned secondary analysis from a multicentre randomised clinical trial of misoprostol versus surgical treatment of early pregnancy failure conducted at four urban universities in the USA (Columbia, Miami, Pennsylvania and Pittsburgh).

Results There was a good response rate for this analysis: 93% completed each of the study instruments for this analysis, 96% completed symptom diaries, 94% completed QOL and well-being questionnaires and 93% completed questionnaires on acceptability and recovery.

Limitations Expectant management was not a treatment arm: this is something that is offered more often in the UK. There was a single measurement period 2 weeks after treatment; no long-term data are available. This may not be particularly relevant, as most women would have been expected to complete treatment by the end of the 2 weeks. It would have been interesting to note the occurrence of complications thereafter and their impact on QOL. This study may not be representative of non-urban population (the
women tended to be more educated and 70% had a high school diploma. The women were recruited from four different geographical regions and included large Hispanic and black populations. Some selection bias is also likely because of the less diverse and the educational level varied significantly depending upon the area a particular hospital serves. This could have a greater impact on the women’s understanding of treatment choices and subsequent side effects likely to occur, thus affecting QOL.

Conclusions
This study aims to inform us about the focus of counselling prior to patients undergoing the procedure and helps women to better understand the differences in experiences, expected adverse effects, and efficacy between the two methods as well as the similarities in recovery and QOL measures. It is unlikely to change the actual points we use when counselling women about different treatment options for EP, but gives the clinician more confidence in assuring women about changes in QOL following their treatment choice.

Reviewed by Neelima Deshpande, MBChB, DFSRH

Staff Grade Doctor in Sexual and Reproductive Healthcare, Heart of Birmingham Teaching PCT, Birmingham, UK.

Crocus sativus L. (saffron) in the treatment of pre-menstrual syndrome: a double blind, randomised and placebo controlled trial

Saffron is the world’s most expensive spice, which has been traditionally advocated for stomach, digestive problems and mood disorders. It produces 8% of the world’s supply so it is not surprising that the first trial of saffron in premenstrual syndrome should come from the University of Tehran, Iran. This group have previously published on the use of saffron in depression.

The paper reports a double-blind placebo controlled study to investigate whether saffron could relieve symptoms of premenstrual syndrome. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.

The authors are to be congratulated in that they recruited 78 women of whom 50 enrolled for the trial which has been traditionally advocated for sexual dysfunctions. I would suggest that it is probably a pilot study since only 50 women were recruited of whom 47 completed. This should not detract from the study, which appears to have been very well designed and performed.
Quality of life and acceptability of medical versus surgical management of early pregnancy failure
Neelima Deshpande

J Fam Plann Reprod Health Care 2008 34: 271-272
doi: 10.1783/147118908786000532

Updated information and services can be found at:
http://jfprhc.bmj.com/content/34/4/271.2.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/