Obstetrics and gynaecology

Pelvic floor exercises may be helpful for vaginal prolapse

Women with mild prolapse reported that pelvic floor muscle training (PFMT) helped to alleviate symptoms, in a study in primary care.

Overall, 287 women, aged 55 or over, with symptomatic uterovaginal prolapse to, but not beyond, the hymenal remnants were recruited to the study from 15 general practices in Groningen, the Netherlands. Symptoms included vaginal bulging, a feeling of heaviness or urinary difficulties or incontinence.

Baseline investigations included pelvic examination and ultrasound examination.

Around half the women, 145, were randomised to an intense course of PFMT with a specialist physiotherapist, offered on a weekly basis, supplemented with a programme of home exercises. Eight per cent did not attend any sessions and 13% discontinued prematurely. An average of seven treatment sessions were attended over a median period of 3.6 months. The remaining 142 women were allocated to a period of watchful waiting.

All participants completed the 20-item Pelvic Floor Distress Inventory questionnaire (PFDI-20). Further questionnaires enquiring about quality of life, sexual function and perception of change in symptoms since the start of the study were also collected.

Women allocated to active PFMT showed a significantly greater statistical improvement in PFDI-20 score, 9.1 points (95% CI:2.8-15.4; P = 0.005) more than those in the watchful waiting group. However, the threshold score for clinical significance is 15 points. The domain with greatest improvement was urinary distress.

When asked whether they felt worse, the same or better, the women who received PFMT were more likely to respond favourably. Overall, 57% in the PFMT group compared with 13% in the watchful waiting group felt better (P < 0.001).

Female genital prolapse includes vaginal wall laxity (cystocoele, rectocoele, enterocoele) and uterine descent. Prolapse is common and often asymptomatic.

Intensive and expert PFMT does seem to make women with mild symptomatic genital prolapse feel subjectively better, at least by the end of the course, despite the fact that no clinically significant objective measures of improvement were observed.

The authors conclude that: 'Pelvic floor muscle training might be considered for the treatment of women with bothersome symptomatic mild prolapse who do not qualify for pessary treatment or surgical correction.

'Further research might identify factors related to the success of pelvic floor muscle training. Additionally, more research on long term follow-up is needed to investigate whether the effects of pelvic floor muscle training are sustained in the long term and to establish whether pelvic floor muscle training can prevent symptomatic mild prolapse from getting worse.'

DR CHRIS BARCLAY

● **Wiegersma M, Panman CMCR, Kollen BJ et al. Effect of pelvic floor muscle training compared with watchful waiting in older women with symptomatic mild pelvic organ prolapse: randomised controlled trial in primary care. *BMJ* 2014;349:g7378**

Sexual health

Hormonal contraceptive prescribing in teenagers rises

Use of hormonal contraceptives by adolescents has increased over the past decade, a national retrospective cohort study has found.

Data were obtained from the IMS Disease Analyzer (IMS DA) database, on girls aged 12-18 years who had had at least one prescription for a contraceptive drug between 1 January 2002 and 31 December 2011. IMS DA contains anonymised information, including drug prescriptions, diagnoses and demographics, recorded by GPs in the UK.

Annual prevalence of contraceptive prescribing was calculated for two age bands: 12-15 years and 16-18 years.

A total of 44,532 girls aged 12-18 years were identified in 2002 from the database compared with 34,676 in 2011.

- The annual prevalence of contraceptive prescribing to those aged 12-15 years increased from 3.3% (95% CI:3.1-3.6%) in 2002 to 5.2% (95% CI:4.9-5.5%) in 2011.
- For the 16-18 age group, this rose from 25.7% (95% CI:25.0-26.3%) in 2002 to 34.6% (95% CI:33.7-35.5%) in 2011.

Contraceptive prescribing was consistently higher in the 16-18 years age group compared with the 12-15 age group from 2002 to 2011.

The most frequent indication for hormonal contraceptive prescriptions for both age groups was 'contraceptive management', followed by 'excessive, frequent and irregular menstruation'.

The most common form of contraception for both groups of adolescents was the combined oral

contraceptive pill; the formulation of ethinylestradiol/levonorgestrel accounted for more than 50% of all contraceptive prescriptions for both groups from 2002 to 2011.

Etonorgestrel implant use increased significantly for both groups: from 0.3% in 2002 to 9.4% in 2011 in the 12-15 age group; and from 0.4% in 2002 to 6.8% in 2011 in the 16-18 age group. In the 12-15 age group use of the depot progestogen-only contraceptive increased from 4.7% in 2002 to 5.9% in 2011 but in the 16-18 age group, the proportion dropped from 9.3% in 2002 to 8.4% in 2011.

The authors suggested that the general increase in prevalence of prescribing hormonal contraceptives by GPs to girls aged 12-18 might have partly explained the decrease in conception rate in those under 18 as contraception was the main indication for prescribing hormonal contraceptives.

In 1998, the UK had the highest teenage birth rate (30.8 per 1,000 in the 15-19 age group) in Western Europe. The Government's ten-year national Teenage Pregnancy Strategy in 1999 was followed by a 34% reduction in the conception rate by 2011. However, despite this reduction, the UK ranking in Western Europe has not changed.

There is still a need to improve teenage access to contraception.

DR RICHARD MA

● **Rashed AN, Hsia Y, Wilton L et al. Trends and patterns of hormonal contraceptive prescribing for adolescents in primary care in the UK. *J Fam Plann Reprod Health Care* doi:10.1136/jfprhc-2013-100724 online first**

Gay men who use GSN apps to find partners at greater risk of STIs

Men who have sex with men (MSM) who use geosocial networking applications (GSN apps) to find partners may have a higher risk of chlamydia and gonorrhoea infection, findings from a US study suggest.

MSM, who identified themselves as HIV negative, were recruited from two STI testing and treatment sites in Los Angeles from August 2011 to January 2013.

Data for behaviour risk assessments were collected electronically in face-to-face interviews by STI/HIV testing counsellors. This included demographic information, drug use, types of social networking used to meet partners such as in person at venues, websites and GSN apps.

Three social networking strata were condensed from this information: MSM who exclusively networked in person to meet sexual partners; MSM who networked with partners via the internet alone or also in person; and MSM who reported at least one GSN app, regardless of whether they also networked in person or through internet sites to meet partners. Participants were tested for *Neisseria gonorrhoea*, *Chlamydia trachomatis*, syphilis and HIV.

There were 7,184 men in the analysis. Of these, 34% met partners only through social networking in person; 30% met partners using the internet alone or in combination with social networking in person; and 36% met partners using GSN apps alone or in combination with other methods.

Those who were under 40, described themselves as Caucasian, Asian or mixed race, or had higher education were more likely to use apps to meet sexual partners than those who were African-American or Hispanic, or were not graduates. App users also reported more drug use than those who met partners through the internet or in person.

After controlling for demographics and drug use, those who used GSN apps to meet sexual partners were at higher risk of gonorrhoea infection compared with those who only used social networking in person; adjusted odds ratio (OR) 1.25 (95% CI:1.06-1.48) and individuals who used internet or social networking in person OR 1.42 (95% CI:1.19-1.70).

MSM under 30 had substantially greater risk of gonorrhoea infection compared with those who were older. MSM who had used methamphetamine in the past year had a greater risk of gonorrhoea infection compared with non-users OR 1.84 (95% CI:1.45-2.34).

MSM who used GSN apps were also more likely to test positive for chlamydia infection compared with those who only used social networking in person OR 1.37 (95% CI:1.13-1.65). Younger MSM were more likely to test positive for chlamydia infection than older MSM. Those who used methamphetamine and/or cocaine in the past year had greater odds of chlamydia infection.

Social networking method was not a predictor of either syphilis or HIV prevalence.

GSN apps are increasingly being used by MSMs to meet anonymous partners. These applications enable men to use their smart phone's global positioning system to locate and network with men who are nearby.

The results of the study suggest that MSM who use GSN apps may be at greater risk of chlamydia and gonorrhoea infections. Technological advances which improve the efficiency of meeting anonymous sexual partners may have the unintended effect of creating networks of individuals where users may be more likely to have STIs than other relatively less efficient social networking methods.

I believe the results are just as generalisable to the UK MSM population, especially in urban areas where there are high concentrations of MSM, many of whom already use GSN apps, and a high prevalence of STIs.

The authors suggest that technology is redefining sex on demand and prevention programmes must learn how to exploit the same technology to keep pace.

DR RICHARD MA

● **Beymer MR, Weiss RE, Bolan RK et al. Sex on demand: geosocial networking phone apps and risk of sexually transmitted infections among a cross-sectional sample of men who have sex with men in Los Angeles county. *Sex Transm Infect* 2014;90:567-572**

We welcome your feedback

If you would like to comment on any of the clinical reviews write to: **editor@thepractitioner.co.uk**