

News

Primary Care LARC Delivery in England

Thank you to all who completed last month's online survey collecting information about primary care contraception and sexual health services. The response has been fantastic. We are in the process of putting this information into a useful format to share with you and with other relevant stakeholders.

We continue to encourage any primary care clinician who currently delivers LARC services to ask their local Public Health sexual health commissioners about their future plans for these services; to ensure that local services delivered by a choice of provider remains an option for all women.

PCWHF Annual Conference

Registration: [Last Chance to Register for the PCWHF Annual Conference](#). We have over **140 delegates** registered so far for what promises to be an excellent day.

The focus at our annual conference will be on **'Keeping Women's Healthcare on the agenda'** and boasts an impressive line-up of key note speakers and a powerful agenda, which should prove both thought-provoking and beneficial for all those attending. The agenda has been designed to be relevant for healthcare professionals working in a primary care setting. It is now your last chance to book onto this years annual conference so if you wish to attend [please register now](#) to avoid disappointment.

The conference will be held at The Cavendish Conference Centre, London on Thursday 10th October 2013.

Delegates will be eligible to gain up to 5 hours of CPD and reflective learning.

To view the agenda and to book your tickets, please [Click Here](#)

Sexual History Taking Guideline

This guideline outlines best practice in consultations requiring history taking by any healthcare professional. It is primarily intended to use in GUM/Sexual Health clinic settings but can be adapted for use in any clinic where sexually transmitted assessments are undertaken, including in primary care.

Please find attached the recently updated guidance by BASHH on sexual history taking.



Oral Contraception Study

A meta-analysis of different combined oral contraceptives and the risk of venous thrombosis has been published in the BMJ. *Reference (Stegeman et al BMJ 2013; 347; f5298).*

This meta-analysis of studies (excluding EURAS) demonstrates an increased VTE risk for women using combined oral contraception compared with non-users. The lowest risk was observed for 20mcg or 30mcg EE with levonorgestrel and for 20mcg EE with gestodene.

The findings are consistent with previously known results and should not change advice given to UK prescribers. We need to ensure we are only prescribing combined hormonal contraception to women who fulfil the criteria recommended in the UKMEC. Those women opting to use the COCs with higher risks of VTE because of the potential non-contraceptive benefits and better side effect profile should be alerted to the increased risk of VTE over non-users and women using LNG containing pills or 20mcg EE and gestodene. For more information please [Click Here](#)

Urinary Incontinence in women; the management of urinary incontinence in women (Clinical Guideline 1 71)

The review of the urinary incontinence in women guideline makes a few recommendations. The main ones for those of us working in primary care are:

For women presenting with predominantly stress incontinence we should discuss the benefits of conservative management, including overactive bladder drug treatment, before considering surgery.

Before starting drug therapy for overactive bladder we should discuss the adverse effects of treatment, counsel that benefits may not be seen for 4 weeks, prescribe the lowest dose of a drug initially and continue a preparation and dose that is working.

We should avoid oxybutynin immediate release in the elderly but otherwise we are advised to use:

- Oxybutynin immediate release
- Tolterodine immediate release
- Darifenacin (once daily)

If the first drug is not well tolerated or ineffective we can try a second drug with a low acquisition cost or a transdermal preparation if oral is not tolerated. Following a failed trial with a second drug we should refer for specialist management for earlier diagnostics and consideration of BOTOX treatment.

To view the clinical guidelines please [Click Here](#)

NICE HMB quality standard 47

The quality statements include:

Statement 1 - Women presenting with symptoms of HMB have a detailed history and full blood count taken.

Statement 2 - Women with HMB in whom a structural or histological abnormality is suspected have a physical examination before referral for further investigations.

Statement 3 - Women with HMB without suspected structural or histological abnormalities are offered drug treatment at the initial assessment.

Statement 4 - Women with HMB who are undergoing further investigations or awaiting definitive treatment are offered tranexamic acid or NSAIDs at initial assessment.

Statement 5 - Women with HMB and a normal uterus or small uterine fibroids who choose surgical intervention have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

Statement 6 - Women with HMB related to large uterine fibroids who choose surgical or radiological intervention have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

For more information please [Click Here](#)

Warning of codeine use in children

Some children are rapid metabolisers of codeine and have had serious adverse events or have died following use for pain relief. This recommendation by the European Medicines Agency's Pharmacovigilance Risk Assessment Committee warns against use of codeine containing products in children aged less than 12 and in breast feeding mothers.



GP Hot Topics

These workshops will assist GPs to resolve specific patient issues by using case studies on a variety of patient types in a particular therapy area. Five hours of CPD are available from this day. Courses are limited to 30 delegates on each course, to maximise interactive learning opportunities, [please register now](#) to secure your place. Feedback from the last event included:

- "All the sessions had practical "take home" messages"
- "All sessions were informative; this was an excellent day, very enjoyable and interactive"
- "Very informative, good coverage of the relevant subjects"
- "What's new in Women's Health was very valuable and well presented"
- "Dr Connolly is fantastic! Course was relevant to general practice with all

lectures designed to answer questions for GPs

For more information please [Click Here](#)

Women's Health

- Wednesday 16th October, London
- Wednesday 27th November, Manchester



Wear White Again



The information campaign by Hologic UK aims to inform women about the treatment options for heavy menstrual bleeding. This is a useful counselling resource for clinicians and women.

For more information please [Click Here](#)

Tip of the Month

Save hours of time in menopausal consultations by advising our women to consult the website Menopause Matters so that they can make informed choices about their management options www.menopausematters.co.uk

Primary Care Women's Health Forum

If anyone has any interesting papers to share, interesting cases they have seen and managed or any learning points to share with the Forum members please email enquiries@pcwhf.co.uk We have an excellent opportunity to share best practice and improve the care we are giving to our women via this e-letter which is currently circulated to more than 11,000 primary care practitioners.

We have over 4000 members of the forum already and it is growing rapidly with over 100 new members each month. Registration is free to join. Please visit the Primary Care Women's Health Forum at www.pcwhf.co.uk



Please visit our [website](#), where new members can also [join the forum for free.](#)

[Unsubscribe from this newsletter](#)