

POLICY & PRACTICE

Study Challenges Teen Oral Sex Myth

The belief that teens engage in oral sex so that they can be sexually active while remaining “virgins” is not supported by teen behavior, according to a study from the Guttmacher Institute. The analysis found that 55% of male and female adolescents aged 15-19 years have engaged in heterosexual oral sex, compared with 50% who have engaged in vaginal sex. But teens were nearly four times more likely to have had oral sex if they had engaged in vaginal sex, the study found. For example, 87% of adolescents who had ever had vaginal sex had also had oral sex, compared with only 23% of adolescents who had not had vaginal sex. “Our research shows that this supposed substitution of oral sex for vaginal sex is largely a myth. There is no good evidence that teens who have not had intercourse engage in oral sex with a series of partners,” study author Laura Lindberg, Ph.D., of the Guttmacher Institute, said in a statement. The findings are based on data from the 2002 National Survey of Family Growth, which measured the prevalence of oral and anal sex among men and women. The survey includes responses from 1,505 females and 1,121 males aged 15-19 years. The study is available on the Journal of Adolescent Health’s Web site (<http://journals.elsevierhealth.com/periodicals/jah>).

Initial Breast-Feeding Increases

The percentage of infants who have ever been breast-fed reached 77% for children born in 2005-2006, exceeding a public health target of 75%, according to an analysis by the National Center for Health Statistics, a division of the Centers for Disease Control and Prevention. The percentage of infants who have ever been breast-fed has been on the rise since 1993-1994, when initial rates of breast-feeding were around 60%. However, there has been no significant change in the percentage of women who continued to breast-feed at 6 months of age. The analysis also found that breast-feeding continues to vary by race/ethnicity. For example, the percentage of infants who were ever breast-fed was 79% among non-Hispanic white infants, compared with 65% among non-Hispanic black infants.

International Study Launched

Researchers recently launched a multinational osteoporosis trial of nearly 60,000 postmenopausal women that aims to provide a real-world look at how patients at risk for osteoporotic fractures are treated. The Global Longitudinal Registry of Osteoporosis in Women is an observational study that has enrolled women aged over 55 years who visited their primary care physicians during the 2 years prior to study enrollment; enrollment is not linked to an osteoporosis diagnosis. Participants were recruited through primary care physicians at 17 sites in North America, Europe, and Australia. Researchers will collect information on osteoporosis risk factors, treatments, patient and physician behavior, and fracture outcomes over a 5-year period. The study is being conducted by researchers at the Center for Outcomes Research at the University of Massachusetts, Worcester, and is supported by an unrestricted research grant from the Alliance

for Better Bone Health, funded by Sanofi Aventis U.S. and Procter & Gamble Pharmaceuticals. More information is available at www.outcomes.org/glow.

FDA Pushes for Adverse Event Reports

Doctors who use Epocrates products have received a message on their personal digital assistants explaining how adverse event reporting works, as part of a Food and Drug Administration effort to increase the number of adverse event reports from doctors. “Physicians are on the front line when it comes to patient care, and work-

ing with Epocrates helps us remind them of safety and error reporting directly at the point of patient contact,” said Dr. Norman Marks, medical director of the FDA’s Med-Watch program.

Half of Insured Americans on Rx Drugs

Medco Health Solutions has determined that 51% of insured Americans—children and adults—were taking prescription medications for at least one chronic condition in 2007. The pharmacy benefit management company analyzed a representative sample of 2.5 million people from its database. A surprise: Forty-eight percent of women aged 20-44 years are being treat-

ed for a chronic condition, compared with 33% of men their age. Antidepressants were the most common prescription for this age group, while the top therapies overall were antihypertensives and cholesterol-cutters. Hormone therapy use by women aged 45-64 years declined from 30% in 2001 to 15% in 2007. The data “paint a pretty unhealthy picture of America,” Dr. Robert Epstein, Medco’s chief medical officer, said in a statement. “But there is a silver lining: It does show that people are receiving treatment which can prevent more serious health problems down the road.”

—Mary Ellen Schneider

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Reference: 1. Rioux JE, Devlin MC, Gelfand MM, Steinberg WM, Hepburn DS. 17β-Estradiol vaginal tablet versus conjugated equine estrogen vaginal cream to relieve menopausal atrophic vaginitis. *Menopause*. 2000;7:156-161.

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Vagifem® is indicated for the treatment of atrophic vaginitis.

IMPORTANT SAFETY INFORMATION

ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA.

Three independent, case-controlled studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year. This risk was independent of the other known risk factors for endometrial cancer. These studies are further supported by the finding that incident rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer-reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade.

The three case-controlled studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than in nonusers. The risk appears to depend on both duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be reassessed, on at least a semiannual basis, to determine the need for continued therapy.

Close clinical surveillance of all women taking estrogens is important. In all cases of undiagnosed persistent or reoccurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy. There is no evidence at present that “natural” estrogens are more or less hazardous than “synthetic” estrogens at equi-estrogenic doses.

Other warnings include: induction of malignant neoplasms, gallbladder disease, effects similar to those caused by estrogen-progestogen oral contraceptives (such as thromboembolic disease, hepatic adenoma, elevated blood pressure, worsening of glucose tolerance), hypercalcemia, and rarely, trauma induced by the Vagifem® applicator.

In a placebo-controlled clinical trial, the most commonly reported adverse events included: headache (9%), abdominal pain (7%), upper respiratory tract infection (5%), genital moniliasis (5%), and back pain (7%).

The use of Vagifem® is contraindicated in women who exhibit one or more of the following: known or suspected breast carcinoma, known or suspected estrogen-dependent neoplasia, e.g., endometrial carcinoma, abnormal genital bleeding of unknown etiology, known or suspected pregnancy, porphyria, hypersensitivity to any Vagifem® constituents, active thrombophlebitis or thromboembolic disorders, or a past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast malignancy).