

Depo-Provera Users Prone to Cervical Infections

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Use of Depo-Provera was significantly associated with the development of cervical infections in a study of 819 women, said Charles S. Morrison, Ph.D.

Even after adjustment for sexual behavior and demographic traits including condom use and multiple sex partners, women who used Depo-Provera (medroxyprogesterone) were more likely to develop gonorrhea or chlamydia within a year, compared with both women who used oral contraceptives and controls, said Dr. Morrison of Family Health International, a research organization in Research Triangle Park, N.C.

The use of oral contraceptives was not associated with increased risk or development of infections.

Probiotic No Help Against Yeast Infection

Lactobacillus taken after a course of antibiotics for a nongynecologic infection does not prevent vaginal yeast infections, reported Marie Pirota, M.B., and her colleagues at the University of Melbourne (Australia).

The benefits of probiotics such as lactobacillus have long been promoted for overall health and for vaginal problems specifically. A previous study conducted by Dr. Pirota and her associates found that 40% of 751 women with a history of vulvovaginitis had eaten yogurt or administered lactobacillus orally or vaginally to prevent vulvovaginitis after they had taken antibiotics.

In their subsequent 14-day double-blind study, 235 women were randomized to one of four treatment groups: oral plus vaginal lactobacillus, oral lactobacillus plus vaginal placebo, oral placebo plus vaginal lactobacillus, and oral and vaginal placebo (BMJ 2004;329:548).

Overall, 55 women developed postantibiotic vulvovaginitis, ranging from 17% to 29% of the women in each of the four groups. Compared with placebo, the odds ratio for developing vulvovaginitis was 1.06 with oral lactobacillus and 1.38 with vaginal lactobacillus.

"Our results should prompt health professionals to inform women that lactobacillus is unlikely to prevent postantibiotic vulvovaginitis and that they should consider using proven antifungal treatment if symptoms develop," the investigators said.

—Jeff Evans

After a mean follow-up of 337 days, 45 women in the prospective cohort study had developed at least one cervical infection. Most of the women were single (77%) and nulliparous (75%). They ranged in age from 15 to 45 years, with a median age of 22 years (Sex. Transm. Dis. 2004;31:561-7).

The researchers calculated risk based on how many women became infected within a year (woman-years) and found a rate of 13.7 infections/100 woman-years in

the Depo-Provera group, significantly higher than women in the oral contraceptive group (3.9 infections/100 woman-years) and the control group (6/100 woman-years).

More research is needed to determine whether Depo-Provera itself creates a susceptibility to infection. Meanwhile, women taking Depo-Provera can reduce their risk of infection by using additional protection if they are in nonmonogamous relationships.

"All of the labeling and educational material for Depo-Provera includes information about how it doesn't protect women from sexually transmitted diseases," said Rebecca Hamm, a spokesperson for Pfizer Inc., which markets Depo-Provera. The study seems to reinforce the need for women using hormonal contraception to receive not only those materials, but also additional reminders from their physicians about the need to protect themselves if they are at increased risk for STDs, she said. ■

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