Final programme and book of abstracts

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11th Seminar of the European Society of Contraception and Reproductive Health

Clinical aspects of contraception

23-24 September 2011
Park Inn Hotel, Kaunas, Lithuania

www.escrh.eu/esc-events

Park Inn Kaunas
Seminar venue

Laisves avenue

General information

Kaunas

The hearth of Lithuanian culture, tradition and history is just waiting to be discovered. You can experience the real taste of Lithuania strolling through the cobbled streets separating the beautiful 16th century buildings scattered along Vilnius street and around Town Hall square, by following in the footsteps of ancient pagans in one of our many parks, and enjoying the mix of modern and traditional shops, cafes and bars on Laisves avenue.

Language

All plenary sessions, free communication sessions and sponsored symposia are in English. Simultaneous translation from English into Lithuanian and Russian is scheduled. Please do not forget to leave your head phone and receiver when leaving the room!

Free communications and poster presentations

We would like to invite you to watch the poster presentations on the screens in the exhibit area. For the authors: We would like to invite you to attend the closing session as a best poster award and a best free communication award will be awarded during the closing session (24 September, 15:00 - 16:30).

Seminar Dinner (23 September)

If you have ordered a Seminar Dinner, you will find your ticket on the back of your badge. Please remember to take this ticket with you! The seminar dinner will take place at Club Combo (Raudondvario pl. 107, Kaunas). The buses will leave from the entrance of Park Inn Kaunas (Seminar Venue) at 19:30 for Club Combo (Raudondvario pl. 107, Kaunas). Return transfers will be arranged to the Seminar venue and hotels in Kaunas from 23:00 onwards.

Evaluation

The Seminar Organiser would be very grateful if you would take a few minutes to complete the evaluation form inserted in your personal envelope. Thank you for dropping your completed evaluation form at the registration desk at the end of the Seminar.

Do not hesitate to contact the information and registration desk should you have any other question.

Wishing you a pleasant stay in Kaunas!

Dr. Virginija Vanagiene & Dr. Birute Zilaitiene

Lithuanian University of Health Sciences
Seminar Organisers

Scientific Programme

Friday, 23 September 2011

09:30 - 11:15 Lobby Registrations - exhibition and poster viewing

Room Alfa

11:15-12:00 Opening session
Chair: D. Apter (Finland) - R. Nadisauskiene (Lithuania)

11:15 Welcome address by the ESC President
J. Bitzer (Switzerland)
11:20 ESC Medal Ceremony - D. Cibula (Czech. Republic)
Introduction, J. Bitzer (Switzerland)
11:30 Welcome address by the Rector of the Lithuanian University of Health Sciences
R. Zaliunas (Lithuania)
11:35 Welcome address by the past president of Lithuanian Society of Contraception
V. Sadauskas (Lithuania)
11:40 Socio-demographic aspects of family planning in the Baltic States (Incl. abortion)
R. Nadisauskiene (Lithuania)

12:00-13:15 Plenary session 1: Clinical aspects of contraception
Chair : S. Randall (UK) - V. Vanagiene (Lithuania)

12:00 WHO Medical Eligibility Criteria
G. Lazdane (WHO)
12:20 Are there any real contraindications for the use of hormonal contraception?
J.-J. Amy (Belgium)
12:35 Clinical and metabolic aspects of hormonal contraception
S. Skouby (Denmark)
12:50 The role of gynaecologists in the promotion of modern contraception
D. Apter (Finland)
13:05 Discussion

13:15-14:00 Sponsored symposium MSD
Chair: J. Zakareviciene (Lithuania)

A monophasic nomegestrol acetate/estradiol contraceptive pill with a profile that addresses women's needs
S. Skouby (Denmark)

14:00-15:00 Lunch and poster viewing

15:00-16:00 Plenary session 2: Contraceptive practice in Lithuania
Chair: D. Seidman (Israel) - B. Zilaitiene (Lithuania)

Attitude of Lithuanian women to hormonal contraception: results from four studies
V. Vanagiene (Lithuania)
Knowledge of adolescents about contraception
G. Kemekliene (Lithuania)
Some clinical aspects of progestin use
R. Cepuliene (Lithuania)
Hormonal contraception for men; new evidence
B. Zilaitiene (Lithuania)
The influence of age, BMI, lifestyle and prior contraceptive use on time to pregnancy
M. Dirzauskas (Lithuania)

16:10-17:10 Four parallel workshops

Alfa — Workshop 1: Management of side effects of contraceptives
I. Viberga (Latvia) - K. Sedlecky (Serbia) - S. Randall (UK)

Beta — Workshop 2: Contraception for adolescents
Z. Bumbuliene (Lithuania) - V. Vasjanova (Lithuania) - P. Patroclou (Cyprus)

Zeta — Workshop 3: Contraceptive counselling
(incl. counseling about contraception after abortion)
B. Frey Tirri (Switzerland) - D. Baumane (Latvia) - S. Bariliene (Lithuania)

Delta — Workshop 4: Sex and contraception
K. Haldre (Estonia) - J. Bitzer (Switzerland) - G. Jonusiene (Lithuania)

20:00 Seminar dinner (optional)

Saturday, 24 September 2011

Room Alfa

09:00-10:20 Plenary session 3: updates in modern contraception
Chair: D. Lazaris (Greece) - R. Aniuliene (Lithuania)

09:00 Update on Emergency Contraception
K. Gemzell (Sweden)
09:20 Long acting reversible hormonal contraception
A. Webb (UK)
09:40 Non-hormonal intrauterine contraception - state of the art
I. Batar (Hungary)
10:00 New developments in chemical / barrier contraception
M. Lech (Poland)

10:20-10:50 Break and poster viewing

10:50-11:50 Sponsored symposium Gedeon Richter
Interactive session
Chair: K. Haldre (Estonia)

10:50 Adolescent contraception – what has it to do with sex
D. Apter (Finland)
11:10 Q & A
11:20 How to tailor contraception to the individual woman - case presentations (studies)
J. Bitzer (Switzerland)
11:40 Q & A

12:00-13:00 Three parallel workshops

Beta Workshop 5: Family planning, the Baltic countries experience
E. Barcaite (Lithuania) - I. Kelle (Latvia) - K. Part (Estonia)

Alfa Workshop 6: Non contraceptive use of hormonal contraception
D. Seidman (Israel) - B. Zilaitiene (Lithuania) - E. Tvarijonaviciene (Lithuania)

Delta Workshop 7: Guidelines in family planning
G. Lazdane (WHO) - V. Klimas (Lithuania) - A. Webb (UK)

13:00 -13:45 Lunch

13:45-15:00 Free communication session
Chair: M. Minkauskiene (Lithuania) - V. Yaglov (Russia)

13:45 Recurrent unintended pregnancy: are there differences in contraception?
A. Goncalves (Portugal)

13:54 Trends in sexual and contraceptive behavior in the Czech Republic:
Results of four national surveys
P. Weiss (Czech Republic)

14:03 Risk factors for unwanted pregnancy that results in legal abortion in
age group 16 – 25 years in Latvia
L. Lidaka (Latvia)

14:12 The effectiveness of educational programme on reproductive health protection
for 15-16 year old adolescents (operative research).
O. Leshchenko (Russia)

14:21 Sexual functioning of Lithuanian post-menopausal women and relation with
couple functioning and partners' health
G. Jonusiene (Lithuania)

14:30 Myth and truth about family planning and contraception among
Lithuanian teenagers
L. Oboleviciute (Lithuania)

14:39 Perceptions and consultation practice on contraceptive methods among
medical professionals in Latvia
A. Spridzane (Latvia)

14:48 Evaluation of practices on medication abortion among gynecologists in Latvia
N. Mosna (Latvia)

15:00-16:30 Closing session
Chair: J. Bitzer (Switzerland) - V. Vanagiene (Lithuania)

15:00 Summary of workshop 1 - I. Viberga (Latvia)
15:10 Summary of workshop 2 - Z. Bumbuliene (Lithuania)
15:20 Summary of workshop 3 - B. Frey Tirri (Switzerland)
15:30 Summary of workshop 4 - K. Haldre (Estonia)
15:40 Summary of workshop 5 - I. Kelle (Latvia)
15:50 Summary of workshop 6 - D. Seidman (Israel)
16:00 Summary of workshop 7 - A. Webb (United Kingdom)

16:10 Best Poster / Free Communication Award

16:20 Closing remarks
J. Bitzer (Switzerland) - V. Vanagiene (Lithuania)

Abstracts

Plenary session 1: Clinical aspects of contraception

WHO Medical Eligibility Criteria
G. Lazdane (WHO)
Abstract not available at the time of printing

Are there any real contraindications for the use of hormonal contraception?
J.-J. Amy (Belgium)
Abstract not available at the time of printing

Clinical and metabolic aspects of hormonal contraception
S. Skouby (Denmark)
Abstract not available at the time of printing

The role of gynaecologists in the promotion of modern contraception
Dan Apter, The Sexual Health Clinic, Väestöliitto, Helsinki, Finland, dan.apter@vaestoliitto.fi

Sexuality and contraception are surrounded by many myths, which are harmful for sexual health. Contraceptive use is highly culturally dependent. The gynecologists are to a large extent opinion leaders. Colleagues listen to their advice, and media use them as well, so they need to be well informed. The educational capacity of gynecologists is often used, so also this side need to be developed.

WHO has produced good guidelines about medical eligebility criteria and contraceptive methods. The UK Faculty of Family Planning and Reproductive Health Care has produced further evidence based guidelines of e.g. what is needed before first presscription of combined oral contraception and counseling to be provided. ESC has reviewed several national contraceptive guidelines, has worked within WHO Europe working group establishing sexuality education guidelines throghout childhood and youth, and has produced a net site with sexuality education material and references.

As resources are limited, they must be optinally used. The practitioner need to know, what is useful, and what is not. History taking and appropriate examinations allow assessment for hormonal contraception. According to the guidelines cited above, breast examination, pelvic and genital examination, cervical cytology screening and routine laboratory tests do not contribute substantially to safety of combined hormonal contraception and are therefore not recommended routinely before starting hormonal contraception and can even be harmful. Particularly, fear for the pelvic examination might reduce the likelihood of young adolescents seeking services.

Good counselling is most essential, and it will affect whether the method is properly used. With good counselling, the client will use a method that best suits her contraceptive needs. Services need to respect the need of individual clients. Confidentiality is highly important. Contraceptive strategies need to include prevention of both sexually transmitted infections and pregnancies. The first option is condoms backed-up by emergency contraception. According to the WHO guidelines, hormonal contraception can be safely used from the age of menarche onwards. No intervals are needed in the use of hormonal contraception. An IUD is also possible

for nulliparous women. If IUD has been in use, the old can be removed and new inserted at the same visit.

The prevention of unintended pregnancies requires four elements: a desire to use protection, a good contraceptive method, ability to obtain the contraceptive method, and ability to use it. When sexuality is not condemned but sexuality education, counselling and sexual health services are provided, it is possible to profoundly improve sexual health with comparatively small costs.

Plenary session 2: Contraceptive practice in Lithuania

Attitude of Lithuanian women to hormonal contraception: results from four studies

Virginija Vanagiene, Medical Academy, Lithuanian University of Health Sciences, Kaunas, Lithuania, vanagienevirginija@hotmail.com

Numerous contraception related studies were performed in Lithuania during the last seven (2004 – 2010) years. The objective of this article was to summarize results of the studies published both in Lithuanian and foreign medical press and announced in medical conferencess and based on that draw conclusions on contraception usage trends in Lithuania during the mentioned period. The period was chosen for the fact that in year 2004 contraceptive patch, contraceptive ring and pills containing drosperinone arrived to Lithuanian market providing health care providers and contraception users maximal choice opportunities. A literature search according to key words was performed in Lithuanian and foreign medical magazines and internet. It is a pitty to admitt, that data found were cross-sectional studies with descriptive anglysis. Data found on internet with no source statement were not included. Total of 15 sources bade basis for this article. Based on the data of publications it can be stated that despite a wide choice possibilities a lot of Lithuanian women still do not use any contraceptive (13.68 – 20.6 %), contraception use is started later that the time of the sexual relationship.[1,2] It was noticed that popularity of non-daily contraceptive methods was increasing fast and in 2009 these methods were used by more than 40 % of hormonal contraception users. Non-daily methods were accepted as best fit for women need: contraceptive ring and skin patch were mainly selected for frequency of use (72.9 % and 51.2 %, respectively), convenience (48.5 % and 71 %, respectively) and lower non-compliance probability (48.7 % and 63.5 %, respectively). One more trial revealed that even using highly effective contraceptive methods women reported frequent non-compliance with the highest rate (72,1 %) in pill users group and lowest in the ring users group (19,6 %). Analysing continuation of method it was noticed that women satisfaction palyed a crucial role. As analised studies show exaustive consultation by a professional is also an important factor affecting contraception choice.

Knowledge of adolescents about contraception

G. Kemekliene (Lithuania), gintarke@gmail.com

Objectives: to determine Lithuania‘s schoolchildren needs on information about family planning and contraception and their sexual life habits.

Methods: Lithuanian schoolchildren (n=896) of either sex, entering grade 11 or 12 at an urban or provincial secondary school during the 2008-2009 school year participated in a confidential questionnaire survey. Schools-participators were selected from the Lithuanian Schools Rank List 2008. The questionnaire consisted of 14 multiple choice questions to identify determinants of sexual behaviour, knowledge and attitude towards family planning and contraception.

Results: Median age of the participants was 17.6 years (SD ± 0.6). Most of the students are interested in family planning and contraception (64,7 %). 44,3 % are sexually active. Among these, the mean age at first intercourse was 16,3 (±1,58). Boys are more sexually active than girls (53% vs. 37,5%, $p<0,001$), 12th grades – more sexually active than 11th ones (51,5% vs. 38,1%, $p<0,001$). Best known contraceptive devices are preservatives (96,8%) and hormonal contraceptive pills

(91,3%). The main source of information on family planning and contraception is Internet (77,1%), but the most desired source would be health care specialists (66,5%). Before choosing a contraceptive method, 60,1% of students would first consult their partner, 38,9% - a gynaecologist. 54,5% of girls and 42,8% of boys think, that most of their contemporaries are already sexually active ($p<0,001$). 79,8% of sexually active students used a condom during their first intercourse. More girls than boys are using contraceptive devices during each intercourse (64,4% vs. 51,2%, $p=0,04$).

Conclusions: 1. Lithuania‘s schoolchildren are interested in contraception and family planning, their main source of information is Internet, but students would rather receive knowledge from health care specialists. 2. The most popular ways of contraception among students are not sufficiently reliable, concerning sexually transmitted diseases and pregnancy. 3. Boys are more sexually active than girls, but their sexual habits are more threatening.

Some clinical aspects of progestin use

Ramona Cepuliene (Lithuania), ramona.cepuliene@gmail.com

There is a wide range of synthetic progestins used for contraception as progestogen only contraception methods. A wide range of pharmaceutical forms including oral, injectable, implantable and intrauterine are available as well as new progestogen only options are under development. Popularity of progestogen only contraception varies greately in different countries. Availability of progestogen only contraception in Lithuania is limited and it‘s popularity is low, progestogen only methods making in Lithuania less than 3 % of total hormonal contraceptives market.

WHO guidelines classify progestogen-only contraceptives more favorably versus combined methods for many different women: heavy smokers over 35 years, having risk factors for venous thrombosis, with hypertension, obesity, diabetic vascular disease, hyperlipidemia, headaches and migraine, breastfeeding. Some other situations can be noted when progestogen only contraception would have an advantage, for example, women on anticonvulsive therapy with lamotrigine, suffering from sickle cell disease are among such.

Some progestogen only methods available in Lithuania deserve to be mentioned separately. This is a 75 mcg desogestrel pill. Prior so called “traditional POPs” available in the market did not reliably suppress ovulation whilst desogestrel containing progestogen only pill (POP) does and is as effective as a combined oral contraceptive (COC).

Another progestogen method worth separate mentioning is LNG-IUS. The gynecological conditions for wich the evidence of beneficial effect with LNG-IUS treatment is strongest are heavy menstrual bleeding and endometrial hyperplasia. There is a wide range of other gynaecological pathologies which may be amenable to primary or secondary prevention by inntrauterine delivery of progestogens, in some cases beeing very promissing.

The most important aspect limiting progestagen only methods usage could be a cahnged bleedign pattern. There is a limited evidence on mangement of this situation by the help og prgestogen or dose change or NSAIDs administration. Counseling in case of irregular bleeding on progestagen only method is extremely important.

Emergency contraception containing progestogen dose as high as monthly dose in a pill or released by LNG-IUS is the most popular progestogen only method in Lithuania. Despite availability of information on contraception and wide choice of reliable contraceptive methods, usage of emergency contraception in Lithuania remains stabile for years, reflecting further need of contraceptive education.

When making decision on contraception an individualized choice based on woman’s contraceptive needs, medical situation, risk/benefit assessment should be made. Progestogen only methods should be equally presented during a counseling process.

In order to reflect progestogen only method usage in Lithuania Softdent data were analyzed. In order to summarize evidence on progestogen only methods a PubMed search for systematic reviews on progestogen only contraceptives in English for 2001 – 2011 March period was performed. Serch in reference lists of identified articles for additional citations of interest was performed. The literature search revealed that the most investigated progestogen only method is DMPA, followed by implants. Despite numerous publications, evidence on progestogen only methods in case of diabetes, smoking, effects on haemostatic parameters could be called limited as well as non contraceptive benefits are worth to investigate more in detail.

Hormonal contraception for men; new evidence

Birute Zilaitiene, Institute of Endocrinology, Medical Academy, Lithuanian University of Health Sciences, Kaunas, Lithuania, zilaitiene@gmail.com

The invention of the contraceptive pill for women was undoubtedly one of the most significant medical, social and cultural events of the 20th century. An equivalent pharmacological male method is not yet available. Men enjoy the pleasures of sex, but can do little to contribute to the tasks of family planning.

Traditional male methods of contraception such as periodic abstinence or coitus interruptus are associated with a relatively high rate of unwanted pregnancy and also cause a disturbance in sexual activity. When using condoms, conception rates are relatively high, with 12 out of 100 couples conceiving during the first year of use (Pearl index = 12). Vasectomy is a safe and relatively simple surgical method for male contraception. The rate of unwanted pregnancies after vasectomy is less than 1%. The drawback to vasectomy is that it is not easily reversible. Only about 50% of these men will become fathers in the end.

Prerequisites for an ideal male contraceptive are: be applied independently of the sexual act, be acceptable for both partners, not interfere with libido, potency, or sexual activity, have neither short- or long-term side effects, have no impact on eventual offspring, be rapidly effective and fully reversible, be as effective as comparable female methods. Hormonal methods come closest to fulfilling these criteria.

Principle of hormonal male contraception is based on suppression of LH and FSH, depletion of intratesticular testosterone and atrophy of spermatogenesis, and substitution of peripheral testosterone to maintain androgenicity.

The main regimens tested were testosterone alone, androgens combined with GnRH analogues and androgens plus progestins. Recent data available suggest that androgen–progestin contraceptive regimens are most promising and can be widely applied to many men of differing age and other baseline characteristics. Only very few untoward side effects were reported, including mild acne and moderate weight gain as a more frequent symptom, the latter due to the anabolic effect of testosterone. Androgen–progestin contraceptive regimen is superior to androgens administered alone and time of onset of contraceptive action compares favorably with vasectomy. It allows spermatogenesis to fully recover to levels consistent with normal male fertility in all men following cessation of contraception. Further studies developing, optimizing and conducting trials of a candidate androgen–progestin combination are needed.

The other approach to male hormonal contraception is posttesticular. Although some of these approaches appear quite promising, none has yet reached the stage or clinical testing or had to be stopped because of toxicity.

Research and further development of modern male contraception came to a halt recently because of lack of interest from pharmaceutical companies, doubts in acceptability of these methods and insufficient efficacy of some formulations. However, recently, public interest in male contraceptive methods has notably grown. It is expected that men share with their partners the risks of family planning. So, male contraception remains an elusive goal in contraception area which can only be reached by intensified research and new ideas.

The influence of age, BMI, lifestyle and prior contraceptive use on time to pregnancy

Marius Dirzauskas, Lithuanian University of Health Sciences, Kaunas, Lithuania, maraitis@yahoo.com

Numerous studies have demonstrated that biological and social factors, along with sexual behaviour, affect fertility by declining time to conception. In this study, we aimed to establish the influence of these factors on female fertility, which was expressed as time to pregnancy (TTP). This parameter was defined as the number of contraceptive-free cycles needed to conceive.

Methods: Data were gathered from 1,813 women who delivered babies between January 2007 and April 2008 at the Klaipeda University Hospital. These women completed a questionnaire assessing factors associated with conception and included 157 questions. Multivariate statistical analyses were used to determine which factors had the greatest impact on TTP.

Results: The mean TTP was 3.88 months (Standard deviation (SD) = 9.0). Advanced age at conception was associated with an increase in TTP, especially in the age group between 30 and 35 ($p<0.0001$). Women with a TTP>12 months were more frequently obese. Women who had achieved higher levels of education had longer TTPs ($p=0.049$), as did women who had irregular menstrual cycles ($p<0.0001$), who lived in big cities and who did not use contraceptives prior to conceiving ($p=0.01$). Financial and marital status did not affect fecundity, nor did contraceptive method.

Conclusions: Female biological factors are the most important predictors of TTP, although social factors and sexual behaviour seem to be important as well.

Plenary session 3: updates in modern contraception

Update on Emergency Contraception

Kristina Gemzell Danielsson, Dept. of Women´s and Children´s Health, Division of Obstetrics & Gynecology, Karolinska University Hospital/ Karolinska Institutet, Stockholm, Sweden, Kristina.Gemzell@ki.se

Emergency contraception (EC) is defined as the use of any drug or device, used after an unprotected intercourse to prevent an unwanted pregnancy. EC offers a second chance to prevent pregnancy when contraception has failed or no method has been used. The hormonal methods are usually considered as more convenient than the insertion of a copper IUD which is otherwise the most effective method. In the late 1970s Yuzpe introduced a regimen consisting of 0.1 mg ethinylestradiol and 0.5 mg LNG, given within 72 h of the intercourse and repeated after 12 h . The Yuzpe regimen remained the standard hormonal EC method until the introduction of treatment with levonorgestrel (LNG) only, or mifepristone, which were shown to be associated with less side-effects and higher efficacy than the Yuzpe regimen. Mifepristone is currently only used clinically for EC in China and Russia. Recently, a new hormonal method of EC has become available, which is a progesterone receptor modulator known as ulipristal acetate (UPA).

A single dose of 30mg UPA has been approved for emergency contraception (EC) up to 120 hours after unprotected intercourse. A meta -analysis of clinical trials comparing UPA with a single dose of 1.5 mg levonorgestrel (LNG) for EC demonstrated that UPA has higher efficacy. Both treatments have similar side effects. However, the mechanism(s) of action of these methods when used for EC remains a matter of concern. We therefore evaluated the effect of doses effective for EC on ovulation as well as endometrial development and function. Treatment with 1.5 mg LNG in the late follicular phase inhibited or postponed the LH surge in all subjects. No effect on endometrial development could be found either following preovulatory or postovulatory LNG treatment. LNG was shown to have no effect on endometrial progesterone receptor expression or other suggested markers of endometrial receptivity which remained essentially unchanged. The effect of LNG was further studied in an in vitro implantation model. Taken together available data suggest that the mechanism of action of both LNG and UPA for EC is delaying or inhibiting ovulation but does not prevent fertilization or implantation. However, UPA appears to have a direct inhibitory effect on follicular rupture that allows it to be

effective even when administered shortly before ovulation, a time period when LNG is no longer effective.

Further acts of unprotected intercourse after EC use should be avoided to prevent the risk of pregnancy at the time of the delayed ovulation.

Long acting reversible hormonal contraception

Anne Webb, Abacus Clinics, Liverpool, United Kingdom, anne102@btinternet.com

Long acting reversible hormonal contraceptives are excellent contraceptive choices for most women. They provide very effective and cost effective contraception and there are very few medical conditions which affect their use. There are however some myths surrounding their use which limit their acceptability to clinicians and women alike. The WHO Medical Eligibility Criteria are evidence based lists of medical conditions where each method is assessed with regards to its safety of use. By applying them in practice it transpires that many of the perceived barriers to these methods are not supported by the evidence. For example there are no age limits to the injectable DMPA, the contraceptive implant or the Intrauterine System (IUS). Nulliparity is also not a valid reason to deny women access to these very effective and acceptable methods. As the evidence accumulates to show that in the real world the failure rates of methods that require action either daily or with each act of sexual intercourse are much higher than in strictly controlled research studies, clinicians need to adjust their advice accordingly. All women need to be aware of all methods available and not be restricted by archaic ideas. Although some of these methods are more expensive initially they are cost effective due to their greater protection against unplanned pregnancy with all its physical, emotional and financial costs. This short review will hopefully encourage all clinicians to enhance women's choices in contraception.

Non-hormonal intrauterine contraception - state of the art

István Batár, Debrecen, Hungary, istvan.batar@gmail.com

In the last fifty years, non-hormonal intrauterine devices (IUDs) have become the most widely used of all reversible contraceptives. At present, the estimated number of women employing the method is around 175 million worldwide. The world prevalence of use is 15.5% with the highest figure (19.6%) for Asia and the lowest (1.5%) for Oceania. Within Asia, South-east Asia leads with 49.7%. In Europe IUD is represented by 14.1%, and similar to the most of the Asian regions, it is the leading method in Eastern Europe (21.1%) with the highest rate of 29.7% in Russia.
Pregnancy rates of copper (Cu) IUDs range from approximately 0.5 to 1.5/100 users in the first year with somewhat lower annual pregnancy rates thereafter, cumulating to about 3/100 at the end of the fifth year of use. Studies provide evidence that Cu IUDs work primarily by preventing fertilisation and not by destruction of fertilised, developing ova.

Advantages of the method (effectiveness, safety, long life span, cost effectiveness) overweight disadvantages (dependence on qualified health providers, expulsion of the device, bleeding/pain problems, uterine perforation).

Growing clinical experiences and research in the last decades highlighted some important topics. Among the special concerns the question of bleeding/pain is still the main cause of discontinuation, and despite several ways of trials, it remained an unsolved problem. Studies, however, demonstrated that rates of pelvic infections did not differ from rates of sexually active non IUD users; Cu IUDs do not adversely affect subsequent fertility rates or pregnancy outcomes; and there was no difference in ectopic pregnancy rates between IUD users and non-users of contraception.

The new findings induced modifications in earlier guidance and recommendations for non-hormonal IUDs. A meta-analysis found a strong protective effect of non-hormonal IUDs against endometrial cancer; however, the exact mechanism is unclear. Copper IUDs proved to be successful for emergency contraception (EC), and are more effective than hormonal methods for EC. According to a Cohrane review, insertion of an IUD im-

mediately after abortion is both safe and practical. Early and delayed postpartum insertion does not increase complication risk; however, modifications in the IUD design did not solve expulsion. Dogmatic but common medical barriers have significantly loosened, and by now recent guidelines permit IUD use for nulliparae and nulligravidae. Women with sexually transmitted infections also may use an IUD, and the method may be appropriate even if the woman is at high risk of HIV infection, is HIV seropositive, or has AIDS (provided she is receiving proper therapy and is clinically well).

Research on developing new devices has centred on enhanced copper release or improved designs: employing metal alloyed wires, uterine-shaped Cu devices with or without medication to control bleeding, and utilizing nanotechnology are the products of the most recent decades.

In summary, the current copper IUDs are highly effective, extreme long lasting, devoid systemic side effects, make no demands on either partner before or during intercourse, and are the most cost-effective reversible method. All these characteristics guarantee their future as a widely accepted contraceptive modality.

New developments in chemical / barrier contraception

Medard Lech, Fertility and Sterility Research Center, Warsaw, Poland, medardlech@poczta.onet.pl

Non-hormonal contraception has a variety of modalities from “coitus interruptus” to sterilization and IUDs. The use of spermicides is one of the non-hormonal methods of contraception. And is necessary to underline, that this is one of most ancient method used for birth spacing worldwide.
The definition: Sperimicides are the chemical contraceptives that operate by forming a mechanical barrier to delay sperm movement, and biochemically, by immobilizing or destroying sperm.
Usage: The frequency of use spermicides vary among the age groups but do not exceed 1- 2% population of sexually active women in developed countries.
Preparations: the “chemical contraceptives” consists two components, the bases which acts as a physical barrier and negatively influence sperm movement in female genital tract and the active component which, in the recent decades, has the detergent propriety. The primary action of the active component is to break down the sperm wall.
Since the HIV/AIDS epidemic has begun there were several attempts to design and introduce the preparations with dual activity (spermicide and microbicide properties). First trials of HIV transmission blockade with typical (Nonoxynol-9 as the active component) spermicidies were not successful. Newly invented vaginal gel containing 1% tenofovir seems to provide reasonable protection against HIV. On the top of all, this medication is effective in protection against HSV-2.
The new method of distribution of spermicides (special vaginal applicator forming something like “invisible condom”) is also giving new perspectives for these contraceptives.
Designers of the new sperimicides have tried to use several substations as the active component; there were also several reports of using substances not labeled for contraception. There is even rather anecdotic report of using Coca Cola douches as the method of chemical contraception.
The spermicides is treated as the good self-controlled by woman method of contraception, and this is one of advantages of this method used in settings with high prevalence of STI and violence against women.
Conclusion: Spermicides are one of the oldest types of contraception and in spite of broad spectrum of very effective hormonal contraceptives, there still is a room for the use and development of new formulations delaying sperm movement, immobilizing and destroying sperm and other microorganisms present in the female reproductive tract.
Key words: Non-hormonal contraception, spermicides, HIV, STI

Free communication session

FC-01

Recurrent unintended pregnancy: are there differences in contraception?

Ana Gonçalves, Sara Rocha, Catarina Marques, Mafalda Simões, Filipa Ribeiro, Mª José Alves, Ana Campos,
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Objective: Recurrent unintended pregnancies (UP) may alter clinical decisions in what concerns contraception. This study aims to evaluate differences in the follow-up of recurrent UP comparing with a first episode.
Design & Methods: Retrospective study of women with recurrent UP followed between November 2010 and May 2011 in our institution. Women with more than two UP or those whose first abortion was not followed in our institution were excluded. Demographic variables were studied and we compared contraception and methods of abortion in the first and second episode.
Results: Of a total of 134 women, 91 women fullfield the criteria to be studied. The prevalence of UP was 9.16%. 68,1% of the women were Portuguese, 78% single and 51,7% have not finished compulsory education. Mean time between abortions was 19,8 months [3-44], and 9 women (9,9%) had a child between the two episodes.
Comparing the method of contraception used before UP we found that, in the first episode, most women were not using any contraceptive method (39,6%), followed by use of oral contraceptives (OC) (26.4%), condom (23.1%) and natural methods (4.4%). In the second episode most were using OC (52,7%), 27.5% were not using any contraceptive method and 15.4% used the condom as sole contraceptive method.
In both groups OC were the most frequent method done after the abortion, with a higher prevalence after the first episode (75,8% vs 47,3%); the number of subcutaneous implants inserted was higher after the second abortion (30,8% vs 9,9%).
In both episodes most women started a new contraceptive method after the abortion (76,9%; 74,7%).Comparing the method used after the first abortion with that used before the second one we realized that between the two episodes 48 women (52,7%) changed their contraception.
In the first unintended pregnancy there were 87,9% (n=80) of medical abortions and the remaining 12,1% (n=11) were surgical. In the second episode surgical abortions had a higher prevalence (n=59; 64,8%).
Conclusion: Past history of abortion changes the clinical management of UP in what concerns abortion methods and contraceptive choice. More effective and durable contraception, as well as surgical abortion are far more common choices in recurrent unintended pregnancy.

FC-02

Trends in sexual and contraceptive behavior in the Czech Republic: Results of four national surveys

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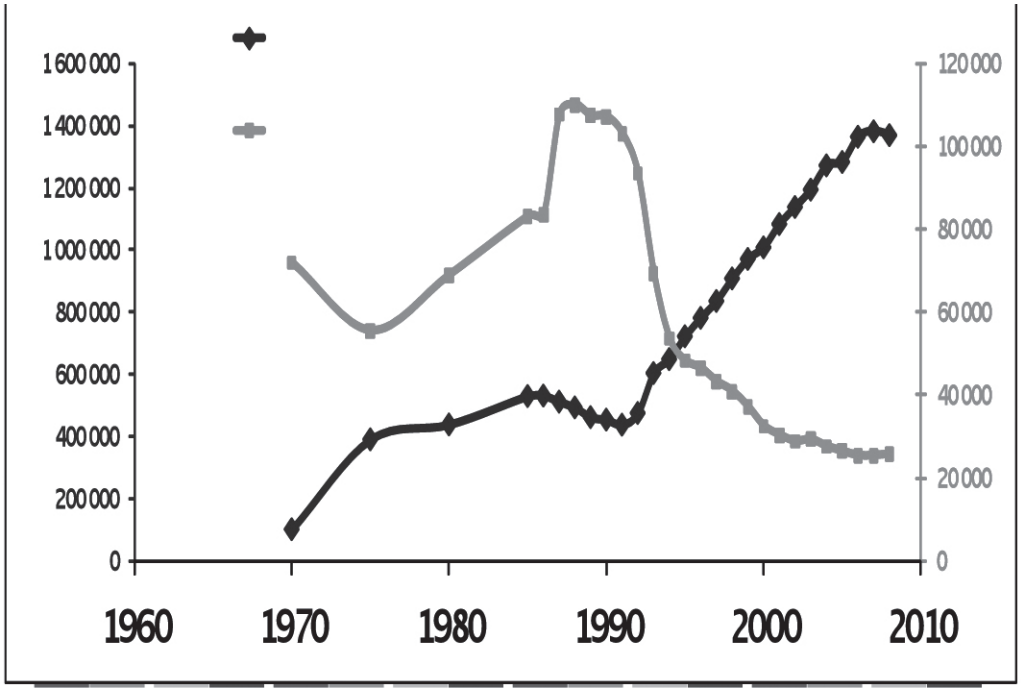
Objective. To examine the main characteristics of the sexual behavior and sexual attitudes and their changes in the Czech Republic from 1993 to 2008 with special attention to the contraceptive use.
Methods. Representative samples of the Czech population (aged 15-96) were surveyed by an anonymous questionnaire in 1993, 1998, 2003 and 2008 (total N = 7720). Respondents provided information on lifetime number of sex partners, age of the first intercourse, use of contraception, and histories of other relevant sexual behaviors.
Results. In the sexual lifestyles of Czechs we found a stable trend towards the more responsible behavior: the average age of the first intercourse is stable (about 18 years in both sexes), as well as the number of sexual partners (9,4 in men, 5,2 in women). In the area of contraception we found the dramatic increase of the number of couples using the reliable methods, above all hormonal contraception (from 22% in 1993 up to 52% in 2008). The attitudes towards contraception are traditionally very liberal: against any contraception are only 5% of men and 6% of women, 72% of men and 73% of women think it is necessary.
Conclusions. The more responsible sexual behavior and very liberal attitudes towards contraception de-

creased the number of abortions in the Czech Republic after Velvet Revolution in 1989 more than four times (see the graph).



FC-03

Risk factors for unwanted pregnancy that results in legal abortion in age group 16 – 25 years in Latvia

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Background: Latvia is a member of European Union (EU) since 2005. Although abortion rate is decreasing steadily, still abortion rate per 1000 live births in Latvia is fifth highest among EU countries. 32-35% abortions are performed for women in age group 15 – 24 years. Insufficient knowledge about sexual and reproductive health (SRH) issues, lack of regular use of contraception and widely spread myths about possibilities of conception are known risk factors for unwanted pregnancy.
Aim: Aim of this study is to determinate risk factors for unwanted pregnancy in age group 16 – 25 years in Latvia.
Methodology: This is Prospective case control study. 16 – 25 years old, sexually active women who don't want to get pregnant from all regions of Latvia (proportionally to female inhabitants in these districts) were included in study. CASES: 111 women who attended medical institutions for first pregnancy termination.
CONTROLS: 255 nulliparous women from medical and educational institutions.
Data obtained by using semi-structured anonymous questionnaires. (Piloted in three levels, n=53). Questions were asked about: education, sexual life habits, contraceptive practice, multi-choice test was developed in order to assess knowledge about contraception related issues (Cronbach alfa score = 0.652)
Programs SPPS 16.0 and Excel2010 were used to process and analyze data. Level of statistical significance was chosen p=0.05. National level data is presented.
Results: Cases are less educated than controls. There are more life time sexual partners for cases, but no differences are found in other sexual life indicators. Cases significantly often haven't used any contraception during last 6 months, in opposite – controls more often have used condoms.
Cases more often don't know why they use the particular method and more often choose the cheapest method, while controls choose method that is safe enough and is easy to use.
Cases show significantly lower knowledge about contraception in multi choice test than controls.
No strong correlation between knowledge and real contraceptive practice is observed nor in case group, nor

in control group. (r = 0.29)
Logistic regression analysis was performed in order to understand main risk factors for unwanted pregnancy. Significant factors, that enhances risk of unwanted pregnancy are no opinion why particular method of contraception is used and number of life time partners (OR 3.14 and 1.58, respectively).
Factors, that significantly reduces risk of unwanted pregnancy are higher level of formal education, discussing contraception issues with partner and using safer contraceptive methods. Knowledge plays only minor role in reducing the risk (OR 0.95).
One open ended question was included in order to understand women's own believes why unwanted pregnancy had occurred. Four groups of opinions were revealed:

- Not using contraception
- Partners responsibility
- Problems with contraceptive methods
- Women's conviction that she is infertile

Conclusions: Risks factors for unwanted pregnancy include both – educational and behavioral factors.
The major role of deliberate decisions in preventing unwanted pregnancy is showed in this study. As behavioral factors can be influenced only through practice-orientated training and improving youngsters skills related to decision making about preventive measures, more emphasis should be put on transforming knowledge into real practice.

FC-04
The effectiveness of educational programme on reproductive health protection for 15-16 year old adolescents (operative research).

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Programme problem: the main resources of sexual education for most adolescents in Russian Federation are their peers-friends and mass media. The school-based education does not provide competent knowledge of reproductive health protection matters for 15-16 year old adolescents (Kulakov V.I., Dolzhenko I.S., 2005; Bekhalo V.A. et al.; Volkova O.I., 2007)
Hypothesis: the implementation of reproductive health protection educational school-based programme for 15-16 year old adolescents allows to improve their awareness which will consequently lead to morbidity and abortion rate decrease.
Research objective: to study the efficiency of educational programme focused on improving reproductive health protection skills and adolescents knowledge of reproductive health protection.
Design&methods: operative, non-experimental research among students of secondary school senior classes. The educational programme was implemented in experimental group (24 adolescents, aged 15,6±0,6). The group of comparison (without education) was consists of 28 adolescents, aged 15,6±0,6. Independed variable: the educational programme implementation among adolescents. Depended variable: adolescent awareness on reproductive health protection issues.
The educational programme included 2 hour lessons (lectures, role games, case studies and discussions) conducted once a week within a period of 3 months. The curriculum combined a short course of human reproductive system anatomy and physiology; menstrual cycle, pregnancy, fetus development; family planning, responsible parenthood, abortion and its complications, contraception (methods and individual approaches); STD prophylaxis; healthy lifestyle and others. The education was provided by gynecologist and psychologist. Pre-test in experimental and comparison groups was performed to estimate basic knowledge levels. Post-test in experimental group was carried out after 3 months of education. Post-test in a comparison group was done in 3 months after pre-test. The number of adolescents with sufficient knowledge were estimated by the number of correct answers in the questionnaire. The data obtained was analyzed by McNemar's test.
Results: the results of pre-test demonstrated similar lack of knowledge on reproductive health protection issues both in experimental and comparison groups of adolescents. The analysis of questionnaires showed that the education had improved knowledge concerning reproductive health and family planning matters: number of adolescents with sufficient knowledge on anatomy and physiology of reproductive system had increased from 13% to 92%; about STD - from 25% to 91%; on contraception – from 21% to 96% (all

p≤0,01); in group of comparison changes were not significant: 11-14%, 29-32% and 14-18%, respectively (all p≥0,05).
Conclusion: the implemented educational programme leads to increasing 15-16 year old adolescents' awareness on reproductive health protection matters. Generally, in perspective, It may influence the frequency of unwanted pregnancies, abortions and sexually transmitted infections, and the improvement of adolescence reproductive health.

FC-05

Sexual functioning of Lithuanian post-menopausal women and relation with couple functioning and partners' health

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The aim of the study was to explore the relations of female sexual functioning in the post- menopause to their emotional status, estrogen and androgen concentration and social factors like relationships in the couple, partners somatic and sexual functioning.
Methods and participants. 246 post-menopausal women who fulfilled inclusion criteria were asked to fill in 5 questionnaires - Female Sexual Functioning Index (FSFI), Dyadic Adjustment Scale (DAS), Greene Climacteric Scale (GCS), Hospital Anxiety and Depression scale (HADS), authors' questionnaire, including questions about partners sexual and somatic health. A blood sample from all participants was assayed for LH, FSH, estradiol, testosterone, SHBG, DHEA-s.
Results. 151 (61,4%) participants partners had any somatic disease and 95 (38,6%) hadn't any of them.
The sexual functioning were better according to all FSFI domains scores including FSFI total scores in women whose partners hadn't any somatic disease then those with somatic disease: FSFI total score mean (SD)- 25,1 (6,28) vs 21,04 (6,4), p<0,001.
106 (43,1%) participans partners hadn't reported any sexual dysfunction during the past year and 140 (56,9%) of participants partners had any sexual dysfunction such as hypoactive or hyperactive sexual desire, erectile dysfunction, disturbances in ejaculation and satisfaction during the past year.
Also women whose partners hadn't reported any sexual dysfunction during the past year had significantly higher mean FSFI total scores than women whose partners had any sexual dysfunction during the past year –25,4 (5,53) vs 20,48 (6,64), p<0,001.
Female sexual functioning in post- menopause closely related to the couples' relationship.
Sexual functioning is better in female with improved expression of feelings in the couple. The correlation is strong and positive between FSFI total scores and DAS- affection scores (r=0,6 p<0,001). Sexual functioning is better in female with stretchy cohesion in the couple showed by the strong positive correlation of FSFI total scores and DAS- cohesion scores (r=0,35, p<0,001) and higher satisfaction with relationship showed by the strong positive correlation of FSFI total scores and DAS- satisfaction scores (r=0,36, p<0,001), when it is more consensus in couples' opinion showed by the strong positive correlation of FSFI total scores and DAS- consensus scores (r=0,18, p<0,005).
Conclusion. This is the first study on sexual functioning of Lithuanian post-menopausal women. Significant relationships of these parameters to partners' somatic and sexual health, couple's relationships were determined. The financial support for sex hormones measurement forthcoming from Lithuanian State Science and Studies Foundation.

FC-06
Myth and truth about family planning and contraception among Lithuanian teenagers

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Objective: To determine the level of knowledge of family planning and contraception among Lithuanian adolescents and to investigate how this knowledge is related to the adolescents‘ gender, sexual behaviour, place of living and school rank.

Design & methods: 896 Lithuanian students of either sex, entering grade 11 or 12 at an urban or provincial secondary school during the 2008-2009 school year participated in a confidential questionnaire survey. Schools-participators were selected from the Lithuanian Schools Rank List 2008 Every of 8 schools was of different rank position, 4 of them were secondary schools and 4 gymnasiums, 5 were urban (n=441) and 3 provincial (n=455) schools. The questionnaire consisted of 14 multiple choice questions to identify determinants of sexual activity prevalence, age at first sexual debut and family planning use and 12 propositions-myths to reveal students‘ knowledge.

Results Knowledge of family planning and contraception was evaluated by correctly answered statements-myths average (CAMA), that was 9.1 (±1.7) in general out of 12 possible. The urban students showed better results than the provincial ones (CAMA 9.28 (±1.7) vs. 8.98 (±1.7); p=0.008). CAMA of female students was significantly higher than of the males (9.42 (±1.6) vs. 8.78 (±1.8); p<0.001). The awareness of urban girls was more accurate than of provincial ones (CAMA 9.65 (±1.4) vs. 9.21 (±1.7); p=0.002), whereas boys did not show a significant difference dependant on living place. Pupils of 12 grade were better informed than those of 11 grade (9.30 (±1.6) vs. 8.98 (±1.8); p=0.005). Sexually active students knowledge pertaining family planning and contraception was inferior to the sexually inactive teenagers (CAMA 8.96 (±1.8) vs. 9.26 (±1.7); p=0.023). Female students were significantly better in identifying almost all claims as folk myths. Adolescents attending higher ranked schools were more knowledgeable than the ones from lower ranked schools (p<0.005).

Conclusion: Urban students are more knowledgeable of family planning and contraception compared to provincial students. Female adolescents are better informed about family planning and contraception than males. Awareness about family planning and contraception correlates directly with the school ranking position. Knowledge of reproductive system’s health and family planning does not promote teenagers’ sexual activity.

FC-07
Perceptions and consultation practice on contraceptive methods among medical professionals in Latvia

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Background: The abortion rate in Latvia is still high and usage of the highly effective contraceptive methods is still low by sexually active women. Medical professionals can affect women/public opinion and choice regarding contraception.

Objective: To investigate knowledge and consultation practice on contraceptive methods among Latvian medical professionals by prospective, cross-sectional survey.

Design & Methods: The structured anonymous questionnaire was distributed during the professional lectures and meetings during March-December, 2010. 708 participants: obstetrician – gynecologists, family doctors and pharmacists were involved. Statistical analysis was done with the MS Excel 2007, SPSS 19, CIA software.

Results: The response rate was 42.9%. 93.5% gynecologists, 21.5% family doctors and 29.5% pharmacists reported that consult more than 5 women per month. Gynecologists offered wider contraceptive methods choice than other health care providers. 58.8% pharmacists provided an emergency contraception consultation. 62.7% professionals most frequent offered COC. 25.2% gynecologists responded incorrectly that spermicide could prevent STIs. 15% gynecologists, 21.5% family doctors and 23.5% pharmacists believed

that sterilization was reversible contraceptive method. There were some gaps in professionals' knowledge regarding combined hormonal contraception choice limitations in the clinical situations and interaction with other medications. 91.7% of responders agreed that they would like to improve their professional skills.
Conclusion: Although gynecologists in Latvia are more experienced and skilled in contraception counseling than family doctors and pharmacists according to study results, we could identify the needs to improve all professionals' knowledge about reliable contraceptive methods.
Key Words: Contraception, Practice, Knowledge, Gynecologists, Family doctors, Pharmacists

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FC-08

Evaluation of practices on medication abortion among gynecologists in Latvia

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Objective.To assess the effectiveness and to investigate complications of medication abortion with mifepristone and misoprostol for terminating early unwanted pregnancy following the approval of medication abortion in Latvia.
Design and methods. A retrospective – descriptive study analising data of 308 medication abortions through manual medical chart review, that took place in medical community "ARS" gynaecology department, health centre "Elite" gynaecology department and medical clinic "Uniklinika" during 2008 January – 2011 May. The data analysis was performed with the MS Excel 2003, SPSS 16.0.
Results. During 2008 January – 2011 May, 308 women underwent medication abortion with mifepriston and misoprostol. 296 women underwent medication abortion with 600 mg of mifepriston and 400 mcg of misoprostol and 12 women underwent medication abortion with 200 mg of mifepriston and 800 mcg of misoprostol. The mean gestational age (by last menstrual period) was 47 days. A total of 307 (99%) women had succesful medication abortions. 1 woman received curettage for retained tissue. The mean women age that underwent medication abortion was 27 years. 41% of women that underwent medication abortion were nulliparous.
Conclusions. Medication abortion represents an alternative to first trimester surgical abortion. Medication abortion is effective and safe method for terminating early unwanted pregnancy.

Workshops

Workshop 1: Management of side effects of contraceptives

I. Viberga (Latvia) - K. Sedlecky (Serbia) - S. Randall (UK)

Question 1: The management of a common side effect: Unscheduled bleeding using combined hormonal contraception
Question 2: Side effects: Headaches and Unplanned pregnancy as a consequence of irregular pill taking
Question 3: The management of other side effects: Weight gain, Depression, Libido, Chloasma

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Workshop 2: Contraception for adolescents

Z. Bumbuliene (Lithuania) - V. Vasjanova (Lithuania) - P. Patroclou (Cyprus)

Question 1: Dual protection - the best contraceptive method for young people?
Question 2: Controversies of progestogen-only pills use in adolescents.
Question 3: Emergency contraception for adolescents.

Workshop 3: Contraceptive counselling

(incl. counseling about contraception after abortion)
B. Frey Tirri (Switzerland) - D. Baumane (Latvia) - S. Bariliene (Lithuania)

Question 1: What does contraceptive counselling mean?
Question 2: Does everybody do contraceptive counselling?
Question 3: Does it help?

Workshop 4: Sex and contraception

K. Haldre (Estonia) - J. Bitzer (Switzerland) - G. Jonusiene (Lithuania)

Question 1: “Recently I started a (new) contraceptive method – it affects badly my sexual life” What questions can be useful to start and lead a focused conversation about patient’s sexual life?
Question 2: Hormonal contraception and female sexual function – positive effects, negative effects or no effects?
Question 3: Contraceptive method associated with negative effect on female sexual function – how can the health professional help the woman?

Workshop 5: Family planning, the Baltic countries experience

E. Barcaite (Lithuania) - I. Kelle (Latvia) - K. Part (Estonia)

Question 1: Unmet need of contraception in Baltic countries - whom it concerns?
Question 2: Is pill fear a problem among health care professionals or users in Baltic countries?
Question 3: Do couples in Lithuania, Estonia, Latvia have specific problems in accessing contraceptives?

Workshop 6: Non contraceptive use of hormonal contraception

D. Seidman (Israel) - B. Zilaitiene (Lithuania) - E. Tvarijonaviciene (Lithuania)

Question 1: Does an ideal formulation of hormonal contraceptive for treatment of hyperandrogenism exist?
Question 2: Should hormonal contraceptive treatment be offered to a 39 year old patient who suffers from menorrhagia, PMS and menstrual headaches, if she does not require contraception?
Question 3: In a woman who is at high risk for breast and ovarian cancer, should hormonal contraceptive treatment be offered?

Workshop 7: Guidelines in family planning

G. Lazdane (WHO) - V. Klimas (Lithuania) - A. Webb (UK)

Question 1: What are the benefits of working to WHO standards?
- Ensuring safe practice
- Increasing accessibility by reducing barriers due to 'established' practice
- Enabling change to be evidence based

Question 2: How have the WHO Medical Eligibility Criteria been adapted and introduced in different countries?
- Adaptations in UK and Spain will be used as examples
- MEC and Selected Practice Recommendations based clinical guidance in UK and Spain which cover broader areas of practice

Question 3: Work through some examples to demonstrate how practice varies and explore what changes need to be introduced in each country to ensure they are working to WHO standards
- What history/examination/test is required prior to initiating the COC?
- Can all women access IU contraception regardless of obstetric history?

Sponsored symposium MSD

A monophasic nomegestrol acetate/estradiol contraceptive pill with a profile that addresses women's needs
S. Skouby (Denmark)
Abstract not available at the time of printing

Sponsored symposium Gedeon Richter (Interactive session)

Adolescent contraception – what has it to do with sex
Dan Apter, The Sexual Health Clinic, Väestöliitto, Helsinki, Finland, dan.apter@vaestoliitto.fi

Sexual health for adolescents is based on three components:

Recognizing sexual rights, sexuality education and counselling, and confidential high quality services. Contraceptive strategies need to include prevention of both sexually transmitted infections and pregnancies. Knowledge about various contraceptive methods and a desire to use protection are essential for successful contraception. Comprehensive sexuality education has been found to improve contraceptive use. WHO and BZgA recently produced the "Standards for Sexuality Education in Europe" providing good framework.

Age as such is no contraindication for any contraceptive method. The first option is usually condoms backed-up by emergency contraception. Emergency contraception can be taken as a single dose of 1.5 mg levonorgestrel. When the relationship later becomes more stable and longer, there is a switch to oral contraceptives or other hormonal contraception. Condom use should not be stopped before it is reasonable certain that the partner is STI-negative. Breast, pelvic and genital examination, and routine laboratory tests are not necessary before starting hormonal contraception. Good counselling is most essential. In addition to OC, both the patch and the vaginal ring have become popular among adolescents. Other alternatives, particularly long acting reversible contraceptives should also be considered as they have better efficacy. Both implants and IUD can be used by adolescents. The figures for abortion generally show an inverse correlation to contraceptive use. Where reliable modern methods are widely used, the need of abortion is low.

Traditionally, hormonal contraception is advised to start on the first day of a menstrual bleeding, or up to day 5 without the need of additional contraceptive protection. Quick start of contraceptives refers to starting the use of a method immediately, regardless of where the woman is in her menstrual cycle. This can be done if it is reasonable certain she is not already pregnant. In this situation, additional contraception such as a condom is needed for the first seven days. This rule is for starting combined hormonal contraception as well as progestin only methods including implants and levonorgestrel IUD.

High quality sexual health services for adolescents calls for special clinics in addition to well functioning primary health care. The clinic should have a youth-friendly atmosphere, where young people can feel welcome and comfortable. Unquestionable confidentiality is most important. The providers must not moralize and judge the adolescents, but treat adolescents with respect indicating that young people are important. Services should be available at an affordable price, which preferably means free of charge. The threshold to come to the clinic should be low.

When adolescent sexuality is not condemned but sexuality education and sexual health services are provided, it is possible to profoundly improve adolescent sexual health with comparatively small costs. Each year new groups of young people mature, requiring new efforts.

How to tailor contraception to the individual woman - case presentations (studies)

J. Bitzer (Switzerland), JBitzer@uhbs.ch

The objectives of contraceptive counseling and care are : Maximize efficacy of contraception, minimize health risks, optimize side effects, realize additional health benefits and balance costs. To achieve these objectives three groups of variables have to fit in an optimal way : the woman profile variables, the environment variables and the method variables. The health care professional should in a first step listen to the wishes and objectives of the woman and assess her knowledge and concepts about contraception. This will lead to the exclusion of methods the woman does not want. In a second step the biosychosocial profile of the woman should be assessed with her medical and psychosocial characteristics. Appying Medical Eligbitlity Criteria the HCP can exlude methods that are contraindicated. The last step should serve to find among the methods left after the two exclusion steps those methods that can provide additional health benefits. Examples of these steps will be given in the seminar with the help of cases that should be discussed applying these steps.

Poster presentations

P-01
Combined oral contraception and serum magnesium level changes

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Objective: to study dynamics of serum magnesium levels in women using combined oral contraceptives.
Design&methods: prospective observational 12-month study was performed in 81 young women (group of observation, mean age: 22,3±2,76 years), classified as Category 1 ("Medical eligibility criteria for contraceptive use: 4th ed." WHO,2009). Types of used combined oral contraceptives (COC) were different: 20 mcg of ethinylestradiol (EE) and 150 mcg of desogestrel (n=15); 20 mcg of EE and 75 mcg of gestoden (n=10); 30 mcg of EE and 150 mcg of desogestrel (n=6); 30 mcg of EE and 75 mcg of gestoden (n=7); 30 мсg of EE and 2 mg of dienogest (n=20); 30 мсg of EE and 3 mg of drosperinone (n=6); and 35 mcg of EE and 2mg of cyproterone acetate (n=17).
Serum magnesium was measured spectrophotometrically. At the baseline (before contraception) decreasing of magnesium level was found in 22% of women (n=18) (group 1, magnesium mean: 0,75 ± 0,03 mmol/l). 63 women had not magnesium deficiency at baseline (group 2, magnesium mean: 0,88±0,08 mmol/l). Serum magnesium level was analyzed at baseline, 1st, 3d, 6th and 12th months of COC using. Obtained data was analyzed by Wilkoxon test.
Results: In the group of observation (n=81) serum magnesium mean became significantly lower after 12 months of COC intake in comparison with baseline level (0,86±0,09 mmol/l at baseline and 0,76±0,07 mmol/l after 12-month COC intake, pW <0,0001). Interestingly, significant decreasing of magnesium values we observed only in the 2nd group of women (from 0,88±0,08 mmol/l to 0,77±0,06 mmol/l, pW <0,001). There were no significant changes of magnesium values in the 1st group of women (with low magnesium level before the start of COC using) (0,75±0,03mmol/l at baseline and 0,72±0,07mmol/l - after 12-month COC using, pW=0,07).
Conclusion: COC intake may lead to serum magnesium decreasing after 12 month of usage in women with normal magnesium level at baseline. Whereas, in the group of women with basic magnesium deficiency any significant changes of serum magnesium were not observed.

P-02
Beneficial and adverse effects of levonorgestrel-relasing intrauterine system as a contraceptive method

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Introduction: The levonorgestrel-relasing intrauterine system (LNG-IUS) Mirena® is a long-acting highly effective reversible method of contraception, which has the advantages of both intrauterine and hormonal contraception. This method is known to decrease menstrual bleeding, to induce persistent oligomenorrhea or amenorrhea and to provide reversible long-term contraception that is similar as efficacy with tubal sterilization.
Objectives: The aim of our study was to assess the beneficial effects and adverse reactions in patients who have chosen the LNG-IUS for contraception and the treatment of menorrhagia or irregular uterine bleeding.
Design and methods. A prospective, therapeutic, non-randomized study took place between 01/01/2003-31/12/2009. After informed consent, 134 LNG-IUS were inserted both at the Department of Obstetrics and

Gynaecology of ”Gr. T. Popa” University of Medicine and Pharmacy and in a gynaecology out-patient service of Iasi, Romania. The study protocol was approved by the Ethical Committee of the Gr. T. Popa University of Medicine and Pharmacy, Iasi, Romania. The patients' age was between 22 and 47 (mean age 37 years). The large majority of 128/134 (95%) were parous.
Results: Contraception solely was the purpose for choosing the LNG-IUS in 39 patients (29%); for the rest it was considered together with the treatment of menorrhagia or irregular uterine bleeding. The previous assessment of these patients performed by using several investigation methods (ultrasound, endometrial biopsy) showed that the abnormal uterine bleeding could be explained by: myomas in 24 (18%), adenomyosis in 8 (6%), hyperplasia and/or endometrial polyposis in 14 (10%), dysfunctional uterine bleeding in 9 (7%), and endometriosis in one patient. In 39 patients (29%) there were idiopathic causes. 36 patients (27%) had previously used another contraceptive method, which they considered unsatisfactory and eventually discontinued. 92 patients (69%) came for at least one follow-up visit. 8 patients (6%) discontinued the method, by removal on-demand in 4 cases and due to spontaneous expulsion in 4 cases. Our patients considered LNG-IUS efficacy and acceptability as “good” in 92% (85/92) and respectively 90% (83/92) of cases. The beneficial effects were: decreased menstrual bleeding as assessed through Higham score values in 90% cases and a decrease of certain pre-existent complaints as dysmenorrhea (from 26 to 7 cases) and mastodynia (from 15 to 9 cases). The side effects reported by the patients were: mastodynia in 9 cases, headache in 5 cases, pelvic pain in 8 cases, bloating in 4 cases, and dyspareunia in 2 cases.
Conclusion: The LNG-IUS seems to be most effective and largely accepted both as a contraceptive and a therapeutic method in women with menorrhagia and irregular uterine bleeding.

P-03
Breast Cancer Screening Tests Performance in Women Referred to Semnan's Health Centers, 2010

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Background & Objectives: Breast cancer is one third of all kinds of cancers and the second reason of death in women. Prevention and screening can decrease affection and death rate. The aim of this study was to determine the breast cancer screening tests performance and affecting factors in women referred to Semnan's Health Centers in 2010.
Methods: In this descriptive-analytic study, 400 women referring to Semnan's Health and Medical Centers were chosen by multistage sampling. The information was collected through the researcher-made questionnaire including two parts: Knowledge and Attitude questions and a form about demographical characteristics, family, social and economic factors, risk and women-midwifery factors. For analyzing the data, SPSS software version 16, and descriptive and deductive statistic tests were used.
Results: The percentage of screening tests including self-examination, clinical examination and mammography consequently were 7%, 5.7% and 5.1%. There was significant relationship between breast self-examination and education (p = 0.001), knowledge (p = 0/007) and attitude (p = 0.008). No significant difference was observed between insurance status and history of hormone therapy and breast cancer screening tests.
Conclusion: In regard to the low rate of breast cancer screening conducted and determining the affecting factors, the appropriate educational programs and interventional research are emphasized
Key words: Breast Cancer, Screening Tests, Breast Self-Examination

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P-04

Males perspectives towards woman's reproductive physiology in India

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Males perspectives on woman's reproductive physiology is an important dimension of fertility and reproductive health which needs to be examined to identify the factors that influence it and helps in special considerations regarding natural contraception use. As mentioned by some authors (e.g. Bloom, Tsui, Mahler, Singh, Maharaj, Rao etc) that men's lack of reproductive health knowledge leaves women particularly vulnerable in this area, as a woman is dependent on their husband and other family members for most types of health-related decision-making.

Objectives:

1. To examine the knowledge of men in India with regard to woman's reproductive physiology during menstruation period and during breastfeeding of a child.
2. To assess the influence of selected socio- economic and demographic variables on males perspective.

Data: Data for this study has been obtained from the third National Family Health Survey (NFHS-3), conducted in 2005-06. This survey was coordinated by the International Institute for Population Sciences (IIPS) under the aegis of the Government of India which collected information from a nationally representative sample of 74,369 men age 15-54. The Man's file has been used.

Methodology: Univariate analysis , Bivariate analysis using cross-tabulation ,correlation and multivariate analysis by multinomial logistic regression have been done.

Findings and Discussions : Univariate: An accurate knowledge of the fertile period is very limited in India and indeed the whole concept of conception during the monthly cycle is largely unfamiliar. Only 13.8 percent of men responded correctly that the most fertile period is in the middle of the monthly cycle. A large majority either reported incorrectly (50.8 percent) or replied don't know (35.3 percent). Regarding breastfeeding, nearly half of the men agree on the statement that woman who is breastfeeding her baby can become pregnant whereas only 23.5 percent of men disagree and 27.0 percent don't have any knowledge.

Bivariate analysis: In India, young adults are largely unfamiliar. Correct knowledge is quite less among men even if they have achieved high education level or have one or more living children, a better wealth index irrespective of place of residence, religion and occupation. Men's attitudinal characteristics and exposure to mass media do not improve knowledge about these as proportion of reported incorrect and don't know remain high.

Multivariate analysis: The odds of incorrect response and odds of no knowledge in comparison with correct response is significantly lower among all men aged 20-54 than that of adolescent (aged 15-19) in India. Place of residence has a significant effect. Men who have attained primary education are more likely and those who have higher education are least likely to have erroneous perceptions compared to secondary education. Wealth index is closely associated as men who belong to poorest wealth quintile are more likely to have misconceptions compared with men who are from the richest quintile. Regarding religion, non-Hindus in India are less likely to show incorrect and no knowledge. Men who have used contraception the last time they had sex are less likely to have incorrect perception or no knowledge compared with non-users. Positive attitude towards contraception usage and realization of own responsibility seems to exert an important influence on knowledge about woman's reproductive physiology.

Conclusion: Our study indicates that lack of knowledge about reproductive health, incorrect or incomplete knowledge about efficacy of breastfeeding and periodic abstinence may be a major obstacle to the adoption of these natural contraception as well as practice of modern contraception. Therefore both men and women in India need to be informed about the advantages of natural contraception as well as modern contraception as a mean of preventing unwanted pregnancies and spacing births.

P-05
Combined Oral Contraceptive Use and Headaches

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Objective: Headaches are among the most common adverse effects of combined oral contraceptive use that not rarely lead to discontinuation of use by women. The study was designed to examine certain patterns of combined oral contraceptive use in women of child-bearing potential and evaluate the relationship between combined oral contraceptive use and headaches, bad habits, type of work, concomitant diseases.
Design & Method: 194 randomly selected women aged 18 to 40 who visited a gynaecologist for preventive gynaecological examination were surveyed. Respondents were categorised as combined oral contraceptive users (n=116; study group) or non-users (n=78; control group). An anonymous questionnaire developed by the authors of this study and a standardized scale called The Migraine Disability Assessment Scale (MIDAS) were used for the survey.
Results: A multivariate logistic regression analysis demonstrated significantly higher prevalence of combined oral contraceptive use in women older than 20 years of age (odds ratio: 6.0; [2.6-14]), better educated women (odds ratio: 5.7; [2.1-15.2]) and women reporting a steady sexual partner (odds ratio: 4.0 [1.5-11.0]). Relationship between headaches and combined oral contraception use as well as other factors were analysed in a group of 178 respondents, the rest 16 respondents reported not having headaches at all. Prevalence of reported minimal-to-mild and moderate-to-severe impact of headaches on daily activities did not differ significantly between the study vs. control group, bad habits vs. no bad habits group and white-collars vs. blue-collars group ($p>0.05$). But women with concomitant diseases significantly more often reported moderate-to-severe impact on daily activities due to headaches ($p<0.01$). Differences in impact of headaches on daily activities between women using combined oral contraceptives containing 20 or less mcg of ethinylestradiol and 30 or more mcg of ethinylestradiol did not differ significantly.
Conclusion: Prevalence of combined oral contraceptives use is higher in women older than 20 years of age, better educated women and women reporting a steady sexual partner. Impact of headaches on daily activities did not differ significantly between the combined oral contraceptive users and non-users.

P-06
Combined oral contraception in women with idiopathic hyperprolactinemia

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Objective: to study serum prolactin changes in hyperprolactinemic women using combined oral contraceptives.
Design & methods: prospective, non-randomized observational study in parallel groups, performed in 145 hyperprolactinemic women (aged 26,3±1,4 years, with baseline serum prolactin level: 734,64 ± 43,5 mIU/l), who were devided into 8 groups depended on oral contraceptive type: 20 mcg of ethinylestradiol (EE) and 150 mcg of desogestrel (1st group, n=20); 20 mcg of EE and 75 mcg of gestoden (2nd group, n=30); 30 mcg of EE and 150 mcg of desogestrel (3d group, n=19); 30 mcg of EE and 75 mcg of gestoden (4th group, n=16); 30 мcg of EE and 2 mg of dienogest (5th group, n=13); 30 мcg of EE and 3 mg of drosperinone (6th group, n=32); 30 mcg of EE and 2 mg of chlormadinone acetate (7th group, n=7) and 35 mcg of EE and 2mg of cyproterone acetate (8th group, n=8). Women of all groups had similar hormonal and age characteristics at baseline (all $p>0,05$). Prolactin was measured at baseline, 3d, 6th and 12th months of COC using. The data obtained were analized by non-parametric statistical tests, the results are presented by mean average value and standard deviation.
Results: During COC intake non-significant increase of serum prolactin was registered in 22% of all women,

without any differences depended on COC type. It was shown that in women of the 1st, 2nd and 6th group prolactin means were significantly lower after 3 months of COC intake in comparison with baseline, without any changes after the 6th and 12th months; in women of the 3d group prolactin level was decreased, but only after 6 months of COC intake; in the 4th group of women decrease of prolactin level was shown after 3 months of COC intake, and after 6 months the majority of women became normoprolactinemic. No any differences of prolactin means were shown in women of the 5th , 7th and 8th groups during COC intake, but it should be taken into account that number of women in the 7th and 8th groups was limited.
Conclusion: COC intake did not cause significant prolactin raise in women with non-tumor moderate hyperprolactinemia. Moreover, It was shown that prolactin levels even decreases after 3 month of COC intake in groups of hyperprolactinemic women used COC contained 20 mcg of EE+150 mcg of desogestrel / 75 mcg of gestoden or 30 мcg of EE+75 mcg of gestoden /3 mg of drosperinone, and after 6 month - in case of intake 30 mcg of EE+150 mcg of desogestrel contaned COCs

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P-07

Non-contraceptive effects of levonorgestrel-releasing system Mirena® in women of reproductive age with uterine myoma

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Objective: to study the clinical efficacy of levonorgestrel-releasing intrauterine device in women with symptomatic uterine myoma
Design&methods: prospective, controlled, non-randomized, 3-month study was performed in 62 women of reproductive age with uterine myoma and hyperpolymenorrhea (1st group – 21 women, aged ± used levonorgestrel-releasing intrauterine system Mirena®, 2nd group- 28 women used dydrogesterone (Dufaston®) (20 mg daily, 16-25 days of menstrual cycle with and group of controls – 13 women who did not agree to be treated. Patients of all groups had similar age and clinical characteristics at baseline.The exclusion criteria were: the size of dominant myoma nodule more than 4-5 sm, endometrial hyperplasia and submucose nodules. The survey of all women included gynecological examination and monitoring of ultrasound parameters at the baseline and after 3 months of treatment. The obtained data were analyzed by non-parametric statistical tests and x-square test.
Results: In the control group hyperpolymenorrhea frequency and ultrasound characteristics of uterine myoma were identical at the baseline and at the 3d month of study. The changes of clinical symptoms were more significant in the 1st group of women: hyperpolymenorrhea frequency decreased from 48% to 5% ($p<0,05$) (in the 2nd group – from 30% to 23%, $p>0,05$) with significant changes of uterine value and dominant mean diameter only in the 1st group.
Conclusion: in the group of women with uterine myoma and hyperpolymenorrhea clinical efficacy of levonorgestrel-releasing intrauterine system Mirena® was significantly higher in comparison with women used dydrogesterone.

P-08

A 3 years experience with levonorgestrel - releasing intrauterine system (LNG IUS) in menorrhagia therapy in Latvia

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Introduction: Menorrhagia, abnormally heavy and prolonged menstrual period at regular intervals, is a common gynecological disease; according to literature data are affected 10-15% of women of childbearing age.

Treatment methods of menorrhagia in Latvia have not been previously evaluated.
Aim: To assess the most commonly used methods of treatment of menorrhagia in Latvia and their effectiveness; to develop clinical recommendations for application in the clinical praxis. To establish number of menorrhagia patients in Latvia treated by the insertion of LNG IUS and evaluate effectiveness of this treatment.
Materials and methods: In 2004 by the Latvian Association of Gynecologists and Obstetricians there was conducted an analysis of menorrhagia treatment methods and their effectiveness. Study was provided in four Latvian hospitals by the review of 130 medical histories of hysterectomy patients. It was found that the main method of menorrhagia treatment was cervical dilation and curettage of uterine cavity with no effective long-term hormonal therapy after the procedure.
This study led to the development of clinical recommendations for diagnosis and treatment of menorrhagia (diagnosis N92 according to the 10th International Classification of Diseases) and from 2006 levonorgestrel-releasing system (LNG IUD) is included in the list of reimbursable drugs for this condition.
Data regarding insertion of LNG IUD to menorrhagia patients from the 1st of January, 2006 till 31st of December, 2008 were gained from the Latvian Health Payment Center.
Results: We noticed significant rise of inserted LNG IUS since 2006: in 2006 there were inserted 483 systems; in 2007 – 1451 and in 2008 – 1877. More than 90% of patients treated by the insertion of LNG IUS were in the age group from 30 to 50 years (2006 - 90.9%, 92.5% in 2007 - 2008 - 91.1%). Since 2006 there is seen a decrease of uterine cavity curettage in this group of patients: in 2006 – 2396, in 2007 - 2193 and in 2008 - 1979. The annual decrease of uterine cavity curettage was almost 10% in 2007 and 8.5% in 2008.

Conclusions:
1. The majority of patients treated by the insertion of LNG IUS are women older than 30 years (90.9%), 62.1 % of them are over 40.
2. Including of LNG IUS in the list of reimbursable drugs for menorrhagia patients there was seen a remarkable reduction of cases of uterine cavity curettage.
3. Treatment of menorrhagia with LNG IUS leads to reduction of hospitalization cases and reduction of treatment costs.

P-09

The role of men in family planning in Northern Nigeria

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Background: Nigeria is the most populous country in Africa recording one of the highest population growth rates and Total Fertility Rates coupled with high rates of under-five and maternal mortality that are highest in Northern Nigeria. Most of these deaths are preventable, hence the clear need for an effective Family Planning (FP) Program. Thus far, there has been limited research on the role of men in family planning in Nigeria, most of them emerging only recently. This paper addresses this lacuna by investigating the extent of male involvement in reproductive health matters in North-Central Nigeria.
Methods: A mixed research approach was adopted combining analysis of Nigeria's (2007) National HIV/AIDS and Reproductive Health with focus group discussions to explore the awareness and attitude of men towards FP, their preferred choice and role in decision making.
Results: Although men displayed a high degree of knowledge about FP (92.7% surveyed), only 37.6% of participants had used FP before. Knowledge of female-specific methods was low (averaging 5.3%). Men however recognised the economic burden generated by large families and the health risks faced by the mother and child as a result of large families. Knowledge, use and attitudes towards FP varied according to education, religion and residence. 70% of urban men and 82% of educated men surveyed were in support of couples using FP compared to 16.4% of rural men and 26.3% of uneducated men. Men mainly used condoms to prevent HIV/STIs and extramarital pregnancies rather than for FP purposes and restrained from using condoms with their wives for fear they would lose authority and that their wives would become promiscuous.

This insecurity has also been linked to the widespread regional practice of female circumcision.
Conclusion: The patriarchal beliefs of men have contributed to high fertility despite the knowledge and positive attitudes towards birth control among men. Their support and participation in FP programs will engender ownership and sustainability which is vital to the success of reproductive health programs

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P-10

Effects of aids education and counseling on the perception belief and Knowledge of aids in a Nigerian university: implication for his prevention

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The study investigated the effect of AIDS education and counselling on the perception, belief and knowledge of HIV AIDS in University of Ado Ekiti Nigeria. A protest post test experimental design was used for study, the subject were 20 adolescents. A 2*2 factual design was used for the study. The pretest was used to establish the base line while the post test was used to measure the difference in belief, perception and knowledge. Subjects were assigned to two groups; the experimenter and control. An instrument which was adapted from Akanle (2005) named sexual behavious and perception of HIV AIDS was used to measure the pre and post test belief, knowledge and perception of responding. Those exposed to treatment had a change belief, perception and knowledge of HIV AIDS. Appropriate recommendations were made.

P-11

Contraceptive choice of women after 35 years

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Background: In the course of years, reproductive capability becomes lower, especially after age 35, but possibility of pregnancy is still present. Every third pregnancy in women over 35 years is unintended, and in women over 40 even 40%. Also, obstetrical risks increase in older age women and pregnancy- related mortality is much bigger.
Objective: The aim of this study is to establish the most frequently used contraceptive method in older population group.
Method: We analyzed 120 women aged 35-45, who visited our family planning department, during the period of one year.
Results: We found that 32,5% (39 patients) of all women didn't use any contraceptive method regularly. They considered themselves at low risk of pregnancy, or they were without constant partner.
67,5% (81 patients) used some of reversible contraceptive methods. 51,8% of them (42 patients) used intrauterine device (IUD), mostly with progestagen. 73,8% of all IUD users (31 patients), used IUD just for contraceptive needs and the rest to treat a medical condition at the same time. 13,5% of all contraceptive users (11 patients) chose low dose hormonal oral contraception (HOC). About half of women who chose HOC, did it only for contraceptive purpose, and a half for treating bleeding problems (heavy menstrual bleeding) or perimenopausal symptoms, at the same time. 34,5% of patients (28 women), considered barrier method the most convenient.
Conclusion: Contraceptive choice in women over 35 is different. They usually paid less attention to contraceptive use than younger women. In our country they usually choose some of reversible contraceptive methods. The choice depends on medical status, lifestyle, partnership and information on various contraceptive methods.

P-12
Differing risk of venous thromboembolism in combined oral contraceptives and its influence on prescription decisions – a survey among German gynaecologists

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Objective: The higher risk of venous thromboembolism (VTE) associated with third generation combined oral contraceptives (COC) compared to COC containing levonorgestrel (LNG) has been substantiated by several studies. In addition, two more recent studies found an increased risk for drospirenone-containing COC in comparison to LNG [vanHylckama Vlieg et al., 2009; Lidegaard et al., 2009]. Our survey was designed to investigate whether the risk of VTE influences the gynaecologists' decision as to which COC to prescribe
Design and Methods: We developed a self-administered survey for gynaecologists, consisting of a questionnaire on the physician's reasons to prescribe the combination ethinylestradiol/levonorgestrel (EE/LNG; Evaluna®) and a variable number of patient documentation forms. The survey was performed from October 2010 through March 2011.
Results: From 1,353 participating gynaecologists we received 850 completed questionnaires and 6,597 patient documentation forms. The patient age ranged from 11 to 61 years. 50% were first-time COC users whereas 50% switched to Evaluna® from a different COC. Risk of VTE: The main reasons for the prescription of Evaluna® were low price (70%), low risk of thrombosis (54%) and the combination of high efficacy and high tolerability with an excellent safety profile (47%). The same pattern was recorded for prescriptions considering women older than 30 years. In this subgroup risk factors for thrombosis also played an important role (30%). 81% of physicians stated to always consider the patient's individual thrombosis risk when choosing an oral contraceptive. Recent publications showing a comparatively low risk of thrombosis for EE/LNG combinations influence the prescription decision in 53% of gynaecologists. 40% decide case by case, 68% would most likely choose EE/LNG as a first-time COC, 53% prescribe EE/LNG in the presence of at least one risk factor, 52% in women younger than 30 years.
Conclusion: The low risk of VTE in oral contraceptives containing EE/LNG seems to be an important reason for German gynaecologists to prescribe such formulations.
Literature: 1. van Hylckama Vlieg et al., BMJ 2009;339:b2921; 2. Lidegaard et al., BMJ 2009;339:b2890.

P-13
Permanent sterilization in a woman with multiple inherited thrombophilias: Case Report

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Objective: To report a case that illustrates the benefits of modern contraceptive methods (hysteroscopic tubal occlusion) in women with complex inherited thrombophilias.
Design: Case report.
Setting: University- affiliated teaching hospital, Department of Gynecology.
Patient(s): A 33-year-old women with multiple inherited thrombophilias- severe (homozygous) protein C deficiency, severe (homozygous) protein S deficiency, mild (heterozygous) Factor V Leiden and Prothrombin 20210A Mutation (heterozygous)- requesting a permanent birth control procedure. She was tested for thrombophilia after being diagnosed with deep vein thrombosis of the left femoral vein at the age of 26. She had a second deep vein thrombosis (right femoral and popliteal veins), under medication with low-molecular-weight heparin, during first trimester of pregnancy. It was decided to do the transition to warfarin (INR 2.5-3) during the second trimester of pregnancy and, because of recurrent embolization despite anticoagulation, a vena cava filter was placed during the 32nd week of gestation.
Intervention(s): Hysteroscopic insertion of the Essure System with local anesthetics, follow-up at 3 months with transvaginal ultrasound and pelvic X-ray.

Main Outcome Measure(s): Documentation of the absence of complications during and after the hysteroscopic procedure and effectiveness in tubal occlusion in a high risk woman.
Result(s): Successful Essure placement without associated complications as thromboembolic events, during and after the procedure were achieved in a women with a past history of several episodes of thromboembolism and diagnosed with multiple inherited trombophilias.
Conclusion(s): Hysteroscopic tubal ligation is a safe and effective option within methods of permanent sterilization for women with high risk diseases as trombophilias, because it is not an hormonal method and does not require general anesthesia or surgical incisions.

P-14
Most commonmisapprehensions and prejudices about oral contraceptives

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Summary: Women that visited gynecologists forvarious reasons were surveyed at the gynecology department. The survey was based on brochureof Richter Gedeon and amongst others contained questions about 10 most common misapprehensios about contraception. On everyquestion patients could answer with “yes”, “no”, and “I do not know”.
Introduction: Even after intensive work ofgynecologist on education of women about importance of oral contraceptives,some misapprehensionsand prejudices arestill common.’
Aim of the work:Aim of the work is to pint outto most common misapprehensions and prejudiceswomen have regarding oral contraceptives
Methods: We used results from anonymous survey of 614 women agesfrom 17 to 43 that visited gynecology department for various reasons.
Results:

1. Use of contraceptive pills leads toweight gain: 423 (69%) of women answered with yes; 67 (10%) answered with no; 124 (20%) answered with I do not know.
2. Use of contraceptive pills leads toincreased hairiness, greasy skin, and misbalance of the menstrual cycle: 127 (20%) of women answered with yes; 387(63%) answered with no; 100 (16%) answered with I do not know.
3. Hormonal contraceptive pills areharmful: 260 (42%) of women answered with yes; 212 (34%) answered with no; 142 (23%) answered with I do not know.
4. Use of hormonal contraceptivesincreases the risk of cancer: 339 (55%) of women answered with yes; 118 (19%) answered with no; 157 (25%) answered with I do not know.
5. Pill increases the risk of breastcancer: 423 (68%) of women answered with yes; 82 (13%) answered with no; 109 (17%) answered with I do not know.
6. Use of pill has to be stoppedseveral months before starting to get pregnant: 57 (9%) of women answered with yes; 79 (12%) answered with no; 478 (77%) answered with I do not know.
7. Pill increases the risk ofsterility: 21(3%) of women answered with yes; 222 (36%) answered with no; 371 (60%) answered with I do not know.
8. During the use of contraceptivepills it is necessary to occasionally make the brakes in their usage: 570 (92%) of women answered with yes; 44 (8%) answered with no; 0 (0%) answered with I do not know.
9. Pill can be used only in certain agerange: 491 (80%) of women answered with yes; 7 (1%) answered with no; 98 (19%) answered with I do not know.
10. Before starting the use and during the use of the pill it is necessary to do blood work: 376 (61%) of women answered with yes; 140 (22%) answered with no; 98 (16%) answered with I do not know.

Discussion andconclusions: Pill isavailable for more than 50 years. Even after effort of gynecologist topopularize this way of contraception, there are still misapprehensions and prejudices that lead to unsatisfying numberof women that use oral contraceptives in Serbia. This is one of the reasons formore than 200,000 abortions per year in our country.

P-15
The influence of hormonal contraception method on female sexual function

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Summary. Female sexual dysfunction is a common disorder influenced by emotional, psychological and physiological factors. There are known interconnections between stress, smoking, pregnancy, lack of regular sexual partner and sexual dysfunction. As the variety of contraceptives is becoming wider, the effect of used contraceptives on women's sexual function is becoming of greater interest. Objective – to establish the relations of women's sexual function with social factors and use of hormonal contraception. Methods. There has been performed a pilot study. Some randomly selected 20-43 women with regular menstrual cycles (22-35 days), who live in Kaunas, have been interviewed. The test group consisted of 113 women who use hormonal contraception. The control group consisted of 51 women not using hormonal contraception. During the study the women had to fill two questionnaires: a questionnaire about the socio-demographic and medical factors prepared by the author and the Female Sexual Function Index (FSFI). The statistical analysis has been carried out using the package of SPSS 13.1 suite. Results. The respondents not using hormonal contraception showed sexual dysfunction significantly more. The mean scores of desire, arousal and lubrication scales of the women who used contraceptives were significantly lower. The distribution percentage of usage of different contraceptives, in accordance with the score groups of the FSFI scale, did not significantly differ. The presence of permanent sexual partners had a positive effect on the women's sexual function. Weight is an important factor that has an impact on women's sexual function: the slim women had less sexual arousal and orgasm disorders compared with those of bigger body constitution. The conclusions are not final due to a small amount of people in the tested group – a research of larger scope is needed evaluating the other factors having an influence on the women's sexual function as well.

P-16
Ultrasound in Essure® 3-months follow-up

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Objective: To determine the utility of ultrasound for confirming correct Essure® placement at 3-months follow-up.
Design & method: Retrospective cohort study of 66 patients who chose Essure® as a contraceptive method from July 2005 and May 2011. Patient's clinical records were reviewed, from the time of the insertion to 3-months follow-up. We evaluated patient's age and parity, indication for hysteroscopic sterilisation and abdominal X-ray and ultrasound imaging at 3-months follow-up.
Results: Patient's mean age was 38,23±3,81 years and 95,5% were multiparous. Desire of sterilization was the main indication for Essure® placement but in one case the bilateral tubal blockage was performed before in vitro fertilization. Bilateral insertion was achieved in 63 cases (94,5%). Simple abdominal X-Ray was the main imaging method for 3-months follow-up (90%, n=54). A pelvic ultrasound was performed in 27,6% (n=16) of the cases. From those, 4 ultrasounds were done after non satisfactory abdominal X-Ray and 5 as main imaging method for 3-months follow-up. Ultrasound was satisfactory in 87,5% of the cases while abdominal X-ray confirmed correct placement in 79,6% of the cases.
Conclusion: Actually, simple abdominal X-Ray is recommended as the first line screening tool for correct placement of the Essure® device 3-months after hysteroscopic insertion, but several authors propose that the algorithm for confirmation of device placement can be altered so that office pelvic ultrasound can become the first line investigation. In our study ultrasound identified correct placement in a higher percentage than abdominal X-Ray.

P-17

Unwanted pregnancies with Implanon®: Three cases presentation and review

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Objective: To present three case-reports of unwanted pregnancy while using contraceptive implant and a literature review about that reality.
Design & method: Literature research on Pubmed/Medline/Ovid using “Pregnancy”, “Contraceptive Implant”, “Implanon®” and “Failure” as keywords. We used non-parametric Mann-Whitney test for statistical analysis.
Results: Since the introduction of the contraceptive implant, some cases of unintended pregnancy have been published. Most cases are due to errors in the insertion and drug interactions, and there are few cases of pregnancies attributable to method failure. Comparing the cases where a drug interaction was identified with those considered a true Implanon® failure, the mean time of Implanon® use when pregnancy was diagnosed was statistically different between groups (27,25±6,23 months in true failure group versus 15,60±8,62 months in interaction group, p=0,041).
Our three cases occurred during the three-years of Implanon® time. One woman was taking antiretroviral drugs and had no additional contraceptive precaution; she got pregnant in the second year of Implanon® use. The other two cases occurred in healthy woman, with normal weight, due to true method failure, in the third year of use.
Conclusion: Women must be informed about the possibility of a pregnancy when using contraceptive implants. The correct insertion in the correct time and the adoption of an additional contraceptive method when taking other medications decrease the likelihood of an unwanted pregnancy.

P-18

Percentage of adolescents in Belgrade that do not usecontraceptives after education at youth health advisory service

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Summary: In the period between 1/1/2009 and 12/31/2010, 920 sexually active adolescents between 15 and 20 years of age were surveyed at the gynecology department about the type of contraceptives they use after education at youth health advisory service about importance andtypes of contraception. Even after an adequate education, some adolescents unfortunately do not use contraception.
Introduction: Protection against unplanned pregnancy is an important question for sexually active people throughouttheir reproductive part of life. Consequence of irresponsible behavior, abortion as the worst way of family planning, leads to number of serious consequences, even life threatening conditions. Even after engagement of the whole society on education of adolescents, there are still some that do not use contraception.
Aim of the work: Aim of the work is investigation of the percentage of adolescents that do not use contraceptives even after education at youth health advisory service.
Materials and methods: We used documents from gynecology department and statistical analysis.

Results:

Age	No Contraceptives	Contraceptives	Total
15	20	54	74
16	40	49	89
17	40	199	239
18	51	202	253
19	31	165	196
20	11	58	69

Age	15	16	17	18	19	20
No contraceptives %	27	44	20	20	15	15

Discussion and conclusion: Despite serious efforts in youthhealth advisory service there is still a large number of adolescents that donot use contraceptives. Reasons for this are most commonly misconceptions aboutavailable contraceptive methods. Persistent work on clarification ofmisconceptions and promotion of contraception will lower the number of unwantedpregnancies and all consequences that those can lead to.

P-19

The relative risk associated with initiation of contraceptive use in India and its populous state Uttar Pradesh

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Family planning programs have played an important role in reducing fertility in many countries. The focus was to promote couples to adopt contraceptive use; therefore contraceptive prevalence is used as an indicator to evaluate the implementation of family planning program. However, as contraceptive use increased and became strongly established in societies, it is recognized that its success cannot be adequately measured only by an increase in the contraceptive prevalence rate. The initiations of reproductive-related activities have serious implications for reproductive health status. Understanding the factors associated with each of different reproductive transitions including contraceptive use are critical for the design and implementation of programs aimed at improving these outcome The paper attempts to examine the timing of initiation of contraceptive use at first time and after recent childbirth among currently married women and the relative risk associated with initiation of contraceptive use by socio-economic and demographic characteristics. We tested the hypothesis-whether women who do not want any additional child initiate the contraceptive use early. Three rounds of NFHS data have been used. Cox-regression model has been used to analyze calendar data. The study reveals that a larger proportion of younger women start using a method without having any child. More than three-fourths women (15-19) begin to use family planning method with less than two surviving children, whereas most of the older women wait until they had at least two surviving children. Interestingly, for illiterate women the acceptance of family planning at 3+ living children as first use has gone up from 38 to 43 percent during 1992 to 2006. However, it is high among younger women. Prevalence of limiting method users is increasing over the period and most of the women have gone for sterilization in same month of last birth (i.e. around 35 percent) in India. The multivariate analysis suggests that programme variables like ANC and place of delivery (institution) affects the relative risk to initiate the use of contraceptive method after child birth.

P-20

Using of oral contraceptives in patients with galactorrhea in the postabortion period

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Every year there is popularization of hormonal contraceptives for contraception and for treatment of gynecological disorders. Before the beginning of gynecological disorders treatment hormonal level examination is normal routine analyze. When doctor prescribes oral contraceptives after abortion, hormone test usually is not performed. Routine gynecologist examination of breast does not always detect of hyperprolactinaemia, because galactorrhoea is accompanied only 50-70% like hyperprolactinaemia states. Using of hormonal pills can cause a transient high level of prolactin Appointment of oral contraceptive in period after abortion is an important means to preserve female reproductive function, prevention of delayed consequences of abortion. The combination of breast pathology with changes in thyroid is 20-30%.
We investigated 168 women (18-27 years old) after first medical abortion, 76 of them had symptoms of galactorrhoea in 5-9 days after miscarriage. All patients use hormonal pills (Etynil estradiol - 0.03 mg and desogestrel - 0.15 mg). Increasing of body weight in 3 months were revealed in group with prior galactorrhoea ($p > 0.5$). Complex ultrasound and hormonal screening revealed breast and thyroid pathology. We recommend more deeply investigate girls after first medical abortion, who have galactorrhoea in post abortion period.

P-21

Percentage of adolescents in Belgrade that use oral contraceptives after education at youth health advisory service

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Summary: In the period between 1/1/2009 and 12/31/2010, 920 adolescents were surveyed at the gynecology department about the type of contraceptives they use. All adolescent girls had previous education about importance and methods of contraception.
Introduction: Oral contraceptive pills are the most effective contraceptives that protect against unwanted pregnancy in 99.98% of cases. In addition to contraceptive effect, pill has many other advantages: menstrual periods are regular, painless, bleeding is lighter, and there is a lower chance of ovarian inflammation and cyst formation.
Aim of the work: Aim of the work is investigation of percentage of adolescent girls that were previously educated at youth health advisory service and use oral contraceptives .
Materials and methods: We used documents from youth health advisory service and statistical analysis.

Results:

Age	Oral Contraceptives	Condom/Local contraceptives/no contraceptives
15	23	51
16	23	66
17	87	152
18	121	132
19	69	127
20	19	50

Age	15	16	17	18	19	20
% of oral contraceptive user	31	25	36	47	35	27

Discussion and conclusion:
Active work on educating adolescents and introducing them to advantages of oral contraceptives leads to increased number of girls that use this contraception method.

P-22
Use of the morning-after pill among adolescents in Belgrade

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Summary: In the period between 20/10/2009 and 15/6/2011, 593 adolescents girls between 15 and 19 years of age that had education about the importance and methods of contraception, were surveyed at youth health advisory service. Only in 9 cases there was a need for the morning-after pill because of condom breaks.
Introduction: In youth health advisory service young women are educated about the importance of contraception in maintaining good health. Because of protection against STDs, use of condom and contraceptive pill is most commonly recommended. The morning-after pill is alternative if some of the regular methods fail.
Aim of the work: Aim of the work is to investigate how often gynecologist have a need to recommend the morning-after pill to adolescents that often come to youth health advisory service.
Materials and methods: We used documents from youth health advisory service and statistical analysis.
Results:

Age	regular use of condoms and/or oral contraceptives	Need for the morning-after pill	Total
15	32	/	32
16	47	1	48
17	151	4	155
18	187	2	189
19	167	2	169

Discussion and conclusion: In Serbian pharmacies the morning-after pill is available without the prescription, so this method of contraception is used more often than evident in the gynecology department. Large number of girls obtains the morning-after pill from the pharmacy after hearing about it in media or from friends. Some girls use the morning-after pill several times a month without visiting gynecologist.

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