

Sexual Health

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Volume 3 Issue 3 2006

Lymphogranuloma venereum in Australia <i>I. Simms, H. Ward, I. Martin, S. Alexander and C. Ison</i>	131–133	Lymphogranuloma venereum (LGV), caused by <i>Chlamydia trachomatis</i> serovars, can cause tissue destruction in patients, with many experiencing complex, severe symptoms. Endemic to areas of Africa, South America and the Caribbean, LGV has emerged as a cause of significant morbidity among men who have sex with men in more affluent nations.
The vaginal ring and transdermal patch: new methods of contraception <i>K. McNamee</i>	135–142	Many women rely on the combined oral contraceptive (COC) and condoms for contraception, both of which rely on good day-to-day compliance to maintain efficacy. The vaginal ring, a soft, flexible vaginal insert that releases contraceptive hormones over 3 weeks, and transdermal patch, a 7-day patch releasing contraceptive hormones, are two new methods of contraception that are as effective as COC and condoms, but do not rely on daily compliance.
A general look at female orgasm and anorgasmia <i>M. Redelman</i>	143–153	Female sexual response models and the classification of female sexual dysfunctions direct the thoughts and treatments of sexual and relationship therapists. Psychophysiological treatments for female orgasmic dysfunction are on the whole successful, but in anorgasmia proven to be biological in aetiology, physiological changes occur that cannot be resolved by these strategies alone.
Making sense of syphilis: beliefs, behaviours and disclosure among gay men recently diagnosed with infectious syphilis and the implications for prevention <i>N. L. Lambert, J. Imrie, M. J. Fisher, A. Phillips, R. Watson and G. Dean</i>	155–161	Infectious syphilis among gay men is making a comeback. Prevention and control programmes have so far had limited success. This qualitative study looks at the experience of being diagnosed with syphilis and considers what this experience can tell us about directions for future prevention interventions.
Risk behaviour among Aboriginal and Torres Strait Islander gay men: comparisons with other gay men in Australia <i>C. G. Lawrence, P. Rawstorne, P. Hull, A. E. Grulich, S. Cameron and G. P. Prestage</i>	163–167	Responses to The Gay Community Periodic Survey from Aboriginal and Torres Strait Islander (ATSI) gay men were compared with those from non-ATSI gay men for the years 2000–2004 to determine any differences in HIV-risk and drug-use behaviour. Although there was little difference in the reported prevalence of HIV, ATSI gay men were more likely than non-ATSI gay men to engage in unprotected anal intercourse with casual partners and to inject illicit drugs, which emphasises the continued need for targeted sexual and injecting-drug-use health interventions among this population.
Experience of sexual intercourse and reported risk behaviour among an ethnically diverse sample of young people <i>L. Coleman and A. Testa</i>	169–177	Teenage birth rates in England are the highest in Western Europe and there has been a dramatic increase in new cases of sexually transmitted infections among young people in the UK. Some young people are recognised to be more at risk of negative sexual health outcomes than others. This paper compares sexual intercourse and sexual risk behaviours of young people from Black and Minority Ethnic groups with White British young people.
Can screening for domestic violence be introduced successfully in a sexual health clinic? <i>A. McNulty, P. Andrews and M. Bonner</i>	179–182	This paper reports on a 1-month pilot of routine screening for domestic violence of all female patients attending a large sexual health clinic. High screening rates were achieved and high rates of domestic violence were identified, providing an opportunity for intervention.
Changes in the diagnosis and management of bacterial vaginosis following clinical research <i>A. N. Morton, C. S. Bradshaw and C. K. Fairley</i>	183–185	In order to test the premise that clinician involvement in research leads to improvements in clinical practice, case notes of 100 cases of bacterial vaginosis (BV) were reviewed for three time periods: two years before a cross-sectional study of BV; immediately prior to the study; and immediately after study completion. Clinical practice was significantly changed according to research outcomes between the second and third audits by high-recruiting clinicians, but not low-recruiting clinicians.

Two cases of group A streptococcal vulvovaginitis in premenopausal adults in a sexual health setting <i>S. Bray and J. Morgan</i>	187–188	Reports of anogenital disease caused by group A streptococcus (GAS) in adults are uncommon. This paper reports two cases of GAS causing vulvovaginitis and compares the clinical features with those of group B streptococcus.
Anorectal lymphogranuloma venereum in a Melbourne man <i>A. N. Morton, C. K. Fairley, A. M. Zaia and M. Y. Chen</i>	189–190	Lymphogranuloma venereum (LGV), endemic to areas of Africa, South America and the Caribbean, has recently been reported in Europe and the USA. This paper reports the first case of anorectal LGV in a man who has sex with men in Australia.
Demographic predictors of circumcision status in a community-based sample of homosexual men in Sydney, Australia <i>D. J. Templeton, L. Mao, G. Prestage, J. M. Kaldor, S. Kippax and A. E. Grulich</i>	191–193	In observational studies, confounding by demographic factors could produce spurious associations between circumcision and HIV risk. Cross-sectional data on self-reported circumcision status and demographic factors were collected at baseline in the Health in Men study. Circumcision was commonly reported and independently associated with age, ethnicity and country of birth. Confounding by these demographic factors must be considered in future epidemiological studies addressing circumcision and HIV acquisition.
The SLAPPA (Significance of Lower Abdominal/Periumbilical Piercing as a predictor of acute Appendicitis) audit <i>I. Ahmed, M. K. Boulter and D. N. Lobo</i>	195–196	Anecdotal observations among medical staff suggest that young women with periumbilical piercing presenting with right iliac fossa pain are more likely to have pelvic inflammatory disease than acute appendicitis because of their unconventional lifestyle. This prejudice was tested in an audit of clinical data and it was found that there was no difference in the frequency of a final diagnosis of appendicitis or pelvic inflammatory disease in female patients with or without periumbilical piercing.
Recurrent gonorrhoea in South Australia, 1987–2003 <i>K. D'Onise and R. Waddell</i>	197–198	Gonorrhoea prevalence is steadily increasing in Australia, with the endemicity being maintained by core groups in the population who are frequently infected, highly sexually active and efficient transmitters of infection. To determine whether individuals are being recurrently infected with gonorrhoea, a proxy for identifying core groups, all notified gonococcal infections in South Australia between 1987 and 2003 were reviewed. Men who have sex with men and Aboriginal and Torres Strait Islanders were significantly more likely to be recurrently infected with gonorrhoea than the rest of the South Australian population.
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