

most women presenting for termination of pregnancy had heard of the 'morning after pill', they lacked information regarding its use and how to obtain it.³

The 12 trainees asked the first 12 women aged 16–19 years who presented to each practice for whatever reason (except a request for termination of pregnancy) to complete a questionnaire. A total of 138 women were asked to take part in the study and only one refused. The patients could complete the questionnaire in the trainee's presence or alone in a separate room. They returned the questionnaire to the receptionist in a sealed envelope. Data were therefore gathered from 137 women (mean age 18 years) and revealed serious deficiencies in their knowledge of postcoital contraception. Twenty five per cent of the women reported having no formal contraceptive advice, 92% had heard of the 'morning after pill', 42% did not know a prescription was necessary to obtain it, 86% did not know if it was an effective method, and of most concern, only 16% knew the postcoital pill could be used up to 72 hours after unprotected intercourse. Thirty three per cent of the women were not happy with their knowledge of contraception but a total of 68 women replied when asked about their preferred sources of information about contraception (Table 1). The highest proportion of women chose leaflets as a source of information.

Table 1. Sources of information about contraception chosen by the women.

Source of information	% of women choosing source ^a (n = 68)
Leaflets	68
General practice surgery	26
Practice nurse	21
Magazines	21
School nurse	13
School teacher	10
Parent	9
Other	4

^aWomen could choose more than one source of information.

These findings support the distribution of leaflets at school and in general practice to reinforce sexual health education received at school. Leaflets would provide a private source of information that can be kept for later reference. These results give cause for considerable concern and support the recommendations of the working party of the Royal College of Obstetricians and Gynaecologists on unwanted pregnancy.⁴ Greater education about emergency contraception should be introduced and the results of this educa-

tion audited to reduce unwanted pregnancy in this vulnerable group. Although undesirable as a regular method of contraception, as an emergency measure the postcoital pill is preferable to abortion and consultations for emergency contraception can be used to channel teenagers to appropriate contraceptive and sexual health counselling.

SWANSEA VOCATIONAL TRAINING SCHEME

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Mood variability in asthmatic patients: a case report

Sir,

Although substantial emotional upset can reduce peak expiratory flow rate and thus precipitate an asthma attack, it has been suggested that day to day variation in mood is more likely to be caused by variation in peak flow rate rather than mood affecting peak flow rate.^{1,2} In particular it has been suggested that poorly controlled asthma is associated with a correlation between mood and peak flow rate. If variations in peak flow rate do in fact cause changes in mood, these changes may be detected by friends and relatives, and thus, poorly controlled asthma could have emotional consequences not only for the patient but also for the patient's family.

Mrs B was a 40 year old asthmatic patient living in a rural area. She had had asthma since she was 11 years old. Mr B reported that Mrs B's behaviour had become more outgoing since she had been prescribed inhaled beclomethasone dipropionate, and he was concerned that the drug had altered her personality. We explained the alternative hypothesis that her change in disposition may have been because the drug had improved her peak flow rate, and we carried out a diary study using husband and wife. Mr B kept a daily diary rating overall how outgoing Mrs B was on a seven point scale from one (not outgoing) through to seven (outgoing).

Mrs B recorded her peak flow rate in the morning and evening and her use of beclomethasone dipropionate. Mr and Mrs B kept their diaries independently and without cross reference for 29 days.

Mr B used only three of the rating levels on the seven point scale — three (on four days), four (on 20 days) and five (on five days). Mrs B's mean morning peak flow rate when she was rated as three was 240 l min⁻¹, 329 l min⁻¹ when she was rated as four and 422 l min⁻¹ when she was rated as five. Using analysis of variance, these data are significant at $P < 0.001$, showing that Mr B rated Mrs B as more outgoing on days when she had a higher peak flow rate.

Mrs B's peak flow rate was quite variable, and this variability may be due, in part, to undermedication as she reported that she failed to take beclomethasone dipropionate on occasions when she fell asleep in the early evening. Inspection of the data shows that three consecutive ratings of three by Mr B coincide with a period of lower peak flow rate and follow a period of lower use of beclomethasone dipropionate. Mrs B would have benefited from instructions from her general practitioner about what she should do if she forgot to take her inhaler. This study shows that there is merit in devising patient management strategies which deal with possible patient error.

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Rare case of autoinoculation of orf

Sir,

A 16 year old farmer's daughter presented to her general practitioner with a four day history of painful blisters on the index and ring fingers of her right hand; the lesions had the characteristic appearance and distribution of orf nodules. She had recently been handling and feeding young lambs. Twenty days later she presented again with a two day history of a painful vaginal swelling. There was no history of trauma or new sexual contact or other urogenital symptoms. Examination revealed a small tender swelling in the region