

EMERGENCY CONTRACEPTION

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES



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The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on emergency contraception. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.

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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."¹ Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with emergency contraception is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about emergency contraception, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to emergency contraception, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on emergency contraception. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to emergency contraception, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on emergency contraception.

The Editors

¹ From the NIH, National Cancer Institute (NCI): <http://www.cancer.gov/cancerinfo/ten-things-to-know>.

CHAPTER 1. STUDIES ON EMERGENCY CONTRACEPTION

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on emergency contraception.

Federally Funded Research on Emergency Contraception

The U.S. Government supports a variety of research studies relating to emergency contraception. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.² CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to emergency contraception.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore emergency contraception. The following is typical of the type of information found when searching the CRISP database for emergency contraception:

- **Project Title: CDB 2914 LEVONORGESTREL IN EMERGENCY CONTRACEPTION**

Principal Investigator & Institution: Creinin, Mitchell D.; Associate Professor; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, Pa 15260

Timing: Fiscal Year 2002; Project Start 01-DEC-2001; Project End 30-NOV-2002

² Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

Summary: The objective of the study is to compare the efficacy, safety, and tolerance of a 50mg dose of a new antiprogesterin, CDB 2914 with a 0.75mg dose of levonorgestrel as **emergency contraception**. This is a multicenter, randomized, double-blind phase II study intended to test a one dose regimen for **emergency contraception** against the current standard regimen. Subjects have two visits, enrollment and follow-up. If the subject has not had menses by her scheduled follow-up visit, she will be followed until she has her period, or it is determined that she is pregnant.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: CDB-2914 /PROGESTERONE RECEPTOR MODULATOR /VAGINAL RING**

Principal Investigator & Institution: Tsong, Yun-Yen; Population Council 1 Dag Hammarskjold Plaza New York, Ny 10017

Timing: Fiscal Year 2002; Project Start 30-AUG-2002; Project End 28-FEB-2007

Summary: (provided by applicant): A new progesterone receptor modulator, CDB-29 14, with potent antioviulatory properties will be investigated for its potential as a contraceptive for women when delivered through a sustained-released system such as a contraceptive vaginal ring. The molecule has been synthesized and developed by the National Institute of Child Health and Human Development (NICHD) for **emergency contraception**. Toxicology studies conducted at the NICHD indicate that the compound is safe, and the Food and Drug Administration (FDA) has approved an Investigational New Drug for clinical study. CDB-2914 binds to the progesterone receptor (PR) with high affinity and is a potent progesterone antagonist (PA). It exhibits potent antioviulatory properties in animal models. These properties of CDB-2914 make it attractive as a potential contraceptive, and preliminary studies suggest the possibility of delivering CDB-2914 continuously at low doses via a silastic vaginal ring. The research project described in this proposal will include the following studies: 1) The mechanism of action at the ovarian level will be explored. 2) CDB-2914 will be formulated into vaginal gel and rings and will involve assessment of in vitro release and stability studies. The extensive experience of The Population Council in laboratory scale manufacture of contraceptive rings (CRs) and in evaluation of their clinical performance provides a firm base for completing the development of the CDB-2914 device. 3) A radioimmunoassay will be set up for CDB-2914 and validated for kinetic studies to be conducted in animals and in women. 4) The potential proliferative action of CDB-2914 on human breast cells will be investigated as well for safety purposes, in anticipation of eventual long-term contraceptive efficacy studies in women. Parallel studies in women and monkeys, which relate to the above studies but for which funding has been obtained or will be requested from other sources, will be described separately. Ultimately, this new estrogen-free method should be associated with fewer side effects than estrogen-containing contraceptives and will likely induce endometrial changes resulting in amenorrhea, a condition highly acceptable to women.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: COOPERATIVE CONTRACEPTIVE RESEARCH CENTER**

Principal Investigator & Institution: Sitruk-Ware, Regine L.; Executive Director Contraceptive Develop; Population Council 1 Dag Hammarskjold Plaza New York, Ny 10017

Timing: Fiscal Year 2002; Project Start 30-SEP-1992; Project End 28-FEB-2007

Summary: (provided by applicant): The U54 Cooperative Contraceptive Development Research Center Grant described in this proposal is comprised of four research and development projects and one Core facility. The goals are to identify new leads that can be developed into safe and effective contraceptive methods: (I) A new progesterone receptor modulator CDB-2914, with potent anti-ovulatory effect, will be investigated in four aims: a) The molecular mechanism of action and the gene pathways involved at the ovarian level will be explored; b) CDB-2914 will be tested and formulated into vaginal gel and rings for contraceptive use in women; c) A radioimmunoassay will be established and validated for measuring serum levels of CDB-2914 for pharmacokinetic studies in women; d) The effects of CDB-2914 on human breast cells will be evaluated. Parallel studies investigating the effects of CDB-2914 on the primate endometrium and on ovarian function in women, for which funding will be requested from other sources, are also described in this document. (II) A vaginal gel containing both the microbicide Carraguard and the contraceptive steroid levonorgestrel (CARRA/LNG) will be tested for dual-protection against sexually transmitted infections and conception. Two mechanisms will be targeted for contraception in women having regular sex who will use this progestin microbicide daily: ovulation inhibition and thickening of the cervical mucus, which inhibits sperm penetration. Given the proven efficacy of LNG in **emergency contraception**, another goal is to test the product for use "on demand" before intercourse in women having occasional sex. (III) New compounds have been identified that are able to induce reversible germ cell depletion from the testis. The prime target of these compounds is the adherence junction (AJ) between Sertoli and germ cells in the testis. This project will focus on disruption in the AJs to induce germ cell loss without affecting hormonal pituitary-gonadal function. (IV) In a final project, sperm-supplied protein will be isolated from mammalian testes by recombinant DNA technology and will be investigated for its functional role in the development of early embryos from fertilized eggs. Antisense manipulation will be used to suppress the production of this novel sperm protein as a new method of fertility control. The Cell Culture Core facility will ensure the highest quality control standards, as well as priority access and services for Projects I, III, and IV. The Cell Culture Core Director will advise Core users concerning the latest technologies for facilitating their culture-based protocols.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: INFRASTRUCTURE FOR POPULATION RESEARCH AT PRINCETON**

Principal Investigator & Institution: Trussell, James; Office of Population Research; Princeton University 4 New South Building Princeton, Nj 085440036

Timing: Fiscal Year 2004; Project Start 01-AUG-2004; Project End 31-JUL-2009

Summary: (provided by applicant): This is a proposal for NICHD R24 infrastructure support for the 40 research associates at the Office of Population Research (OPR) at Princeton University. OPR has fostered research and training in population since it was founded in 1936; it has received infrastructure support from NICHD since 1979. Research at OPR is now characterized by five signature themes: (1) health and well-being, (2) migration and development, (3) children and families, (4) social inequality, and (5) data/methods. We seek support for five infrastructure cores. The Administrative Core will support intellectual interaction through the Notestein Seminar Series and will support individual research associates primarily by helping with grant preparation and management. The Computing and Statistics Core will support individual research associates by keeping the computing infrastructure state-of-the-art and by providing statistical and econometric consulting. The Information Retrieval Core will support

individual research associates by helping them identify and retrieve scholarly publications and data and will support the entire population community by continuing to build and maintain the Ansley J. Coale Population Research Collection. The Developmental Infrastructure Core has two components. Pilot grants for junior faculty and junior research staff will provide salary or other research support in developing a project to the state at which a research proposal can be submitted to an external funding agency; these will be awarded on a competitive basis. Professional development workshops will allow all OPR research associates to develop and strengthen research skills. The Public Infrastructure Core has six components. The Data Archive will make demographic data available to the worldwide community of scholars. The Population Annual Meeting Program Application will be used by the PAA and IUSSP to manage their professional meetings. The Working Paper Series will allow prepublication access to research findings via the Web. The Research Brief Series will translate research findings in language understood by policymakers. The **Emergency Contraception** Website will provide accurate information about **emergency contraception** derived from the medical literature and a directory of providers of emergency contraceptives. The journal *Future of Children* will promote effective policies and programs for children by providing

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: RCT OF A NOVEL ORAL CONTRACEPTIVE INITIATION METHOD**

Principal Investigator & Institution: Westhoff, Carolyn L.; Associate Professor; Obstetrics and Gynecology; Columbia University Health Sciences Po Box 49 New York, Ny 10032

Timing: Fiscal Year 2002; Project Start 29-AUG-2002; Project End 30-JUN-2005

Description (provided by applicant): Pregnancy rates are high among acceptors of oral contraceptives despite the effectiveness of the method. These pregnancies occur due to incorrect use and due to premature discontinuation of oral contraceptives. Failure to begin one contraceptives after receiving a prescription is a large subcategory. Up to 25% of adolescents who seek oral contraceptives from family planning clinics never take the first pill. Failure to begin oral contraceptives may occur due to ambivalence, confusion about starting instructions, or due to intervening pregnancy. Conventional starting instructions for oral contraceptives require waiting until the next menstrual period, which may leave the client at high risk of pregnancy. Novel approaches to initiation may improve continuation and decrease pregnancy rates among young women seeking oral contraceptives. In order to increase initiation rates we developed a quick start approach in which the client swallows the first pill during the clinic visit under direct observation and then continues daily pill use without waiting for her next menses. Pregnancy tests **emergency contraception** are used as clinically indicated. In a pilot study of 250 women, those who swallowed the first pill in the clinic were more likely to continue to their second pack of pills than women who received conventional starting instructions (adjusted CR 2.74, 2.74, 95% C.I. 1.1-6.8). We also carried out a randomized trial comparing 90-day bleeding patterns in 113 women who were randomized to quick start or conventional start of a monophasic 35ug EE OC. 104 women completed the study. Bleeding patterns were identical in the quick start and conventional start groups with excellent power to rule out clinically important differences. To further evaluate the usefulness of quick start we propose a multi-center randomized clinical trial in which we will enroll 2100 women aged less than 25 years. Subjects will be recruited from 3 publicly funded clinics that primarily serve Hispanic and African-American urban populations of low socio-economic status. They will complete a baseline, 3 month and 6 month

questionnaire. The primary aim of the trial is to assess oral contraceptive continuation rates and pregnancy rates. We anticipate 75% low up at 6 months. The major secondary aim is to evaluate the predictive power of the Transtheoretical Model constructs relevant to adoption of and adherence to oral contraceptives. We will also assess dual method use for STD prevention in the study to adoption of and adherence to oral contraceptives. We will also assess dual method use for STD prevention in the study population.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: TRANSDERMAL LEVONORGESTREL FOR EMERGENCY CONTRACEPTION**

Principal Investigator & Institution: Nichols, L D.; Biotek, Inc. Woburn, Ma 01801

Timing: Fiscal Year 2002; Project Start 28-SEP-1999; Project End 30-APR-2005

Summary: (Scanned from the applicant's description): This program seeks to develop a transdermal system capable of delivering 1,500 ug of levonorgestrel over the course of 24 hours through two 30 cm² patches. Such a system should be as effective for **emergency contraception** as the currently approved oral method, while offering greater convenience and fewer side effects. Although the required transdermal dose is high for a drug as insoluble as levonorgestrel, BIOTEK's past experience suggested that it could be achieved. Phase I began with an in vitro study on human skin to confirm and optimize high levonorgestrel fluxes, continued with a study of irritation and bioavailability in rabbits, and concluded with an evaluation of materials for use in comfortable patches capable of maintaining good skin contact over a large area. These tasks were successfully completed. The Phase II work proposed here will complete patch design work, prepare and characterize GMP patches, submit an IND, and conclude with a 10-subject human clinical dose ranging study of safety, follicular response, and levonorgestrel pharmacokinetics at the Jones Institute of the Eastern Virginia Medical School. PROPOSED COMMERCIAL APPLICATION: NOT AVAILABLE

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

E-Journals: PubMed Central³

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM).⁴ Access to this growing archive of e-journals is free and unrestricted.⁵ To search, go to <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc>, and type "emergency contraception" (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for emergency contraception in the PubMed Central database:

³ Adapted from the National Library of Medicine: <http://www.pubmedcentral.nih.gov/about/intro.html>.

⁴ With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

⁵ The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

- **Over-the-counter emergency contraception available soon across country?** by Sibbald B.; 2001 Mar 20;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=80890>
- **Questionnaire study of use of emergency contraception among teenagers.** by Kosunen E, Vikat A, Rimpela M, Rimpela A, Huhtala H.; 1999 Jul 10;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=28157>

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.⁶ The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with emergency contraception, simply go to the PubMed Web site at <http://www.ncbi.nlm.nih.gov/pubmed>. Type “emergency contraception” (or synonyms) into the search box, and click “Go.” The following is the type of output you can expect from PubMed for emergency contraception (hyperlinks lead to article summaries):

- **A qualitative study of the views of women aged 18-29 on over-the-counter availability of hormonal emergency contraception.**
Author(s): Folkes L, Graham A, Weiss M.
Source: The Journal of Family Planning and Reproductive Health Care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists. 2001 October; 27(4): 189-92.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12457465
- **A randomised study comparing a low dose of mifepristone and the Yuzpe regimen for emergency contraception.**
Author(s): Ashok PW, Stalder C, Wagaarachchi PT, Flett GM, Melvin L, Templeton A.
Source: Bjog : an International Journal of Obstetrics and Gynaecology. 2002 May; 109(5): 553-60.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12066946

⁶ PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **A randomized comparative study on mifepristone alone and in combination with tamoxifen for emergency contraception.**
 Author(s): Changhai H, Youlun G, Jie Y, Bingshun W, Exiang Z, Ersheng G, Mauck C.
 Source: Contraception. 2002 October; 66(4): 221-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12413615
- **A randomized controlled educational intervention on emergency contraception among drugstore personnel in southern Thailand.**
 Author(s): Ratanajamit C, Chongsuvivatwong V, Geater AF.
 Source: J Am Med Womens Assoc. 2002 Fall; 57(4): 196-9, 207.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12405236
- **A randomized double-blind comparison of two single doses of mifepristone for emergency contraception.**
 Author(s): Xiao BL, Von Hertzen H, Zhao H, Piaggio G.
 Source: Human Reproduction (Oxford, England). 2002 December; 17(12): 3084-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12456607
- **A reassessment of efficacy of the Yuzpe regimen of emergency contraception.**
 Author(s): Creinin MD.
 Source: Human Reproduction (Oxford, England). 1997 March; 12(3): 496-8. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9130749
- **A second chance at preventing pregnancy. Using oral contraceptives for emergency contraception.**
 Author(s): Davies JE.
 Source: Adv Nurse Pract. 1997 November; 5(11): 43-7. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9460001
- **Abortion and emergency contraception: Chinese experience.**
 Author(s): Xiao B.
 Source: Chinese Medical Journal. 1997 January; 110(1): 36-42. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9594319
- **Acceptability of emergency contraception in Brazil, Chile, and Mexico. 2 - Facilitating factors versus obstacles.**
 Author(s): Diaz S, Hardy E, Alvarado G, Ezcurra E.
 Source: Cadernos De Saude Publica / Ministerio Da Saude, Fundacao Oswaldo Cruz, Escola Nacional De Saude Publica. 2003 November-December; 19(6): 1729-37. Epub 2004 March 03.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14999339

- **Acceptability of emergency contraception in Brazil, Chile, and Mexico: 1 - Perceptions of emergency oral contraceptives.**
Author(s): Diaz S, Hardy E, Alvarado G, Ezcurra E.
Source: Cadernos De Saude Publica / Ministerio Da Saude, Fundacao Oswaldo Cruz, Escola Nacional De Saude Publica. 2003 September-October; 19(5): 1507-17. Epub 2003 December 02.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14666232
- **Access to emergency contraception.**
Author(s): Bright H.
Source: J Obstet Gynaecol Can. 2004 February; 26(2): 111; Author Reply 112. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15040333
- **Access to emergency contraception.**
Author(s): Cook RJ, Dickens BM.
Source: J Obstet Gynaecol Can. 2003 November; 25(11): 914-6.
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Author(s): Rothschild TJ.
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Author(s): Sills MR, Chamberlain JM, Teach SJ.
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- **The benefits and risks of over-the-counter availability of levonorgestrel emergency contraception.**
Author(s): Camp SL, Wilkerson DS, Raine TR.
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- **The effects of self-administering emergency contraception.**
 Author(s): Stehle K.
 Source: Journal of Nurse-Midwifery. 1999 January-February; 44(1): 82-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10063231
- **The effects of self-administering emergency contraception.**
 Author(s): Gardner JS, Fuller TS, Hutchings J.
 Source: The New England Journal of Medicine. 1998 November 5; 339(19): 1395.
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 Author(s): Glasier A, Baird D.
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- **The emergency contraception collaborative prescribing experience in Washington State.**
 Author(s): Sommers SD, Chaiyakunapruk N, Gardner JS, Winkler J.
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- **The impact of using emergency contraception on reproductive health outcomes: a retrospective review in an urban adolescent clinic.**
 Author(s): Stewart HE, Gold MA, Parker AM.
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- **The legal status of emergency contraception.**
 Author(s): Cook RJ, Dickens BM, Ngwena C, Plata MI.
 Source: International Journal of Gynaecology and Obstetrics: the Official Organ of the International Federation of Gynaecology and Obstetrics. 2001 November; 75(2): 185-91.
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- **The need for more active promotion of emergency contraception.**
Author(s): Lech MM, Bonati G.
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- **The next step for emergency contraception: over-the-counter availability.**
Author(s): O'Callaghan MA, Andrist LC.
Source: Clin Excell Nurse Pract. 2001 March; 5(2): 73-9. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11329553
- **The politics of prevention. Issues in emergency contraception.**
Author(s): Peters S.
Source: Adv Nurse Pract. 1999 November; 7(11): 60-2. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10887785
- **The process of preventing pregnancy: women's experiences and emergency contraception use.**
Author(s): Esacove AW, Andringa KR.
Source: Qualitative Health Research. 2002 November; 12(9): 1235-47.
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- **The role of emergency contraception.**
Author(s): Trussell J, Ellertson C, Stewart F, Raymond EG, Shochet T.
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Source: The Journal of Family Planning and Reproductive Health Care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists. 2003 April; 29(2): 7. Erratum In: J Fam Plann Reprod Health Care. 2003 July; 29(3): 159.
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- **The use of emergency contraception in Australasian emergency departments.**
Author(s): Millar JR, Leach DS, Maclean AV, Kovacs GT.
Source: Emergency Medicine (Fremantle, W.A.). 2001 September; 13(3): 314-8.
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- **The Yuzpe regimen of emergency contraception: how long after the morning after?**
 Author(s): Trussell J, Ellertson C, Rodriguez G.
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- **Time for emergency contraception with levonorgestrel alone.**
 Author(s): Guillebaud J.
 Source: *Lancet*. 1998 August 8; 352(9126): 416-7. Erratum In: *Lancet* 1998 Aug 22; 352(9128): 658.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9708743
- **Timing of emergency contraception with levonorgestrel or the Yuzpe regimen. Task Force on Postovulatory Methods of Fertility Regulation.**
 Author(s): Piaggio G, von Hertzen H, Grimes DA, Van Look PF.
 Source: *Lancet*. 1999 February 27; 353(9154): 721.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10073517
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 Author(s): Raymond E, Taylor D.
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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11810104
- **Towards a change in status of emergency contraception?**
 Author(s): Cayley J.
 Source: *Br J Fam Plann*. 1998 October; 24(3): 93. No Abstract Available.
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- **Towards consensus on good practice in the prescription of emergency contraception for young people.**
 Author(s): Baraitser P.
 Source: *The Journal of Family Planning and Reproductive Health Care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists*. 2004 January; 30(1): 62-3.
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- **Training and supporting pharmacists to supply progestogen-only emergency contraception.**
 Author(s): Bacon L, Savage I, Cook S, Taylor B.
 Source: *J Fam Plann Reprod Health Care*. 2003 April;29(2):17-22. Erratum In: *J Fam Plann Reprod Health Care*. 2003 July;29(3):159.
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- **UK accident and emergency departments and emergency contraception.**
Author(s): McGlone R.
Source: Journal of Accident & Emergency Medicine. 1999 September; 16(5): 391.
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- **UK accident and emergency departments and emergency contraception: what do they think and do?**
Author(s): Gbolade BA, Elstein M, Yates D.
Source: Journal of Accident & Emergency Medicine. 1999 January; 16(1): 35-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9918285
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Author(s): Mikolajczyk R, Spinnato JA, Stanford JB, Mikolajczyk R, Spinnato JA, Stanford JB.
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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12878291
- **Update on levonorgestrel for emergency contraception.**
Author(s): Strayer SM, Couchenour RL.
Source: The Journal of Family Practice. 1999 December; 48(12): 1002.
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- **Update on the use of oral contraceptive pills for emergency contraception.**
Author(s): Flanagan PJ.
Source: Medicine and Health, Rhode Island. 1999 November; 82(11): 410-1.
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- **Updated estimates of the effectiveness of the Yuzpe regimen of emergency contraception.**
 Author(s): Trussell J, Rodriguez G, Ellertson C.
 Source: Contraception. 1999 March; 59(3): 147-51. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10382076
- **Use and knowledge of hormonal emergency contraception.**
 Author(s): Virjo I, Kirkkola AL, Isokoski M, Mattila K.
 Source: Advances in Contraception : the Official Journal of the Society for the Advancement of Contraception. 1999; 15(2): 85-94.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10997891
- **Use of hormonal emergency contraception at a university health centre over a 6 year period.**
 Author(s): Porter JH.
 Source: The Journal of Family Planning and Reproductive Health Care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists. 2001 January; 27(1): 47-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12457549
- **Using pharmacies in Washington state to expand access to emergency contraception.**
 Author(s): Wells ES, Hutchings J, Gardner JS, Winkler JL, Fuller TS, Downing D, Shafer R.
 Source: Family Planning Perspectives. 1998 November-December; 30(6): 288-90.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9859020
- **Waiting for plan B--the FDA and nonprescription use of emergency contraception.**
 Author(s): Steinbrook R.
 Source: The New England Journal of Medicine. 2004 June 3; 350(23): 2327-9.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15175432
- **What do family planning clients and university students in Nairobi, Kenya, know and think about emergency contraception?**
 Author(s): Muia E, Ellertson C, Clark S, Lukhando M, Elul B, Olenja J, Westley E.
 Source: Afr J Reprod Health. 2000 April; 4(1): 77-87.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11000711
- **Why do university students use hormonal emergency contraception?**
 Author(s): Virjo I, Virtala A.
 Source: The European Journal of Contraception & Reproductive Health Care : the Official Journal of the European Society of Contraception. 2003 September; 8(3): 139-44.
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- **Women's experience and satisfaction with emergency contraception.**
Author(s): Harvey SM, Beckman LJ, Sherman C, Petitti D.
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- **Women's experiences of obtaining emergency contraception: a phenomenological study.**
Author(s): Bell T, Millward J.
Source: Journal of Clinical Nursing. 1999 September; 8(5): 601-9.
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- **Women's knowledge and attitudes about emergency contraception: a survey in a Melbourne women's health clinic.**
Author(s): McDonald G, Amir L.
Source: The Australian & New Zealand Journal of Obstetrics & Gynaecology. 1999 November; 39(4): 460-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10687764
- **Women's knowledge and opinions of emergency contraception.**
Author(s): Nguyen L, Bianchi-Demicheli F, Ludicke F.
Source: International Journal of Gynaecology and Obstetrics: the Official Organ of the International Federation of Gynaecology and Obstetrics. 2003 August; 82(2): 229-30.
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- **Women's knowledge of emergency contraception.**
Author(s): George J, Turner J, Cooke E, Hennessy E, Savage W, Julian P, Cochrane R.
Source: The British Journal of General Practice : the Journal of the Royal College of General Practitioners. 1994 October; 44(387): 451-4.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7748633
- **Women's knowledge of taking oral contraceptive pills correctly and of emergency contraception: effect of providing information leaflets in general practice.**
Author(s): Smith LF, Whitfield MJ.
Source: The British Journal of General Practice : the Journal of the Royal College of General Practitioners. 1995 August; 45(397): 409-14.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7576845
- **Young women requesting emergency contraception are, despite contraceptive counseling, a high risk group for new unintended pregnancies.**
Author(s): Falk G, Falk L, Hanson U, Milsom I.
Source: Contraception. 2001 July; 64(1): 23-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11535209

- **Young women's accounts of factors influencing their use and non-use of emergency contraception: in-depth interview study.**
Author(s): Free C, Lee RM, Ogden J.
Source: Bmj (Clinical Research Ed.). 2002 December 14; 325(7377): 1393.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12480855

CHAPTER 2. ALTERNATIVE MEDICINE AND EMERGENCY CONTRACEPTION

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to emergency contraception. At the conclusion of this chapter, we will provide additional sources.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (<http://nccam.nih.gov/>) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to emergency contraception and complementary medicine. To search the database, go to the following Web site: <http://www.nlm.nih.gov/nccam/camonpubmed.html>. Select "CAM on PubMed." Enter "emergency contraception" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to emergency contraception:

- **Emergency contraception and sexual assault. Assessing the moral approaches in Catholic teaching.**
 Author(s): Hamel RP, Panicola MR.
 Source: Health Progress (Saint Louis, Mo.). 2002 September-October; 83(5): 12-9, 51; Discussion 14-5, 18.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12239894
- **Emergency contraception: a review.**
 Author(s): Haspels AA.
 Source: Contraception. 1994 August; 50(2): 101-8. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7956209

- **Hospital staff trained to provide family planning.**
Author(s): Barnett B.
Source: Network (Bristol, England). 1997 Summer; 17(4): 28.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12292686
- **Informed consent for emergency contraception: variability in hospital care of rape victims.**
Author(s): Smugar SS, Spina BJ, Merz JF.
Source: American Journal of Public Health. 2000 September; 90(9): 1372-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10983186
- **Lessons from a repeat pregnancy prevention program for Hispanic teenage mothers in east Los Angeles.**
Author(s): Erickson PI.
Source: Family Planning Perspectives. 1994 July-August; 26(4): 174-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7957820
- **Must a Catholic hospital inform a rape victim of the availability of the “morning-after pill”?**
Author(s): Brushwood DB.
Source: Am J Hosp Pharm. 1990 February; 47(2): 395-6.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2309736
- **Postcoital contraception.**
Author(s): Yuzpe AA.
Source: International Journal of Gynaecology and Obstetrics: the Official Organ of the International Federation of Gynaecology and Obstetrics. 1978-79; 16(6): 497-501. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=39816
- **Religious freedom, reproductive health care, and hospital mergers.**
Author(s): Gallagher J.
Source: J Am Med Womens Assoc. 1997 Spring; 52(2): 65-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9127995

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: <http://www.herbmed.org/>
- AOL: <http://search.aol.com/cat.adp?id=169&layer=&from=subcats>
- Chinese Medicine: <http://www.newcenturynutrition.com/>

- drkoop.com[®]: <http://www.drkoop.com/InteractiveMedicine/IndexC.html>
- Family Village: http://www.familyvillage.wisc.edu/med_altn.htm
- Google: <http://directory.google.com/Top/Health/Alternative/>
- Healthnotes: <http://www.healthnotes.com/>
- MedWebPlus:
http://medwebplus.com/subject/Alternative_and_Complementary_Medicine
- Open Directory Project: <http://dmoz.org/Health/Alternative/>
- HealthGate: <http://www.tnp.com/>
- WebMD[®]Health: http://my.webmd.com/drugs_and_herbs
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,00.html>
- Yahoo.com: http://dir.yahoo.com/Health/Alternative_Medicine/

General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at <http://www.nlm.nih.gov/medlineplus/alternativemedicine.html>. This Web site provides a general overview of various topics and can lead to a number of general sources.

CHAPTER 3. PERIODICALS AND NEWS ON EMERGENCY CONTRACEPTION

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover emergency contraception.

News Services and Press Releases

One of the simplest ways of tracking press releases on emergency contraception is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to <http://www.prnewswire.com/>. Select your country. Type “emergency contraception” (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters’ Medical News and Health eLine databases can be very useful in exploring news archives relating to emergency contraception. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to <http://www.reutershealth.com/en/index.html> and search by “emergency contraception” (or synonyms). The following was recently listed in this archive for emergency contraception:

- **Republicans urge rejection of emergency contraception marketing change**
Source: Reuters Medical News
Date: January 13, 2004

- **Providing advance emergency contraception does not affect condom use**
Source: Reuters Industry Briefing
Date: March 19, 2003
- **Knowledge of emergency contraception does not alter teen sexual behaviour**
Source: Reuters Industry Briefing
Date: May 16, 2002
- **UK High Court dismisses bid to outlaw OTC emergency contraception sales**
Source: Reuters Industry Briefing
Date: April 18, 2002
- **WCC seeks nonprescription status for emergency contraception in Canada**
Source: Reuters Industry Briefing
Date: March 11, 2002
- **California's OTC emergency contraception law takes effect next week**
Source: Reuters Industry Briefing
Date: December 27, 2001
- **Pharmacist-prescribed emergency contraception saves money**
Source: Reuters Industry Briefing
Date: September 05, 2001
- **Provision of emergency contraception is cost-effective in Canada**
Source: Reuters Industry Briefing
Date: April 30, 2001
- **Over 60 organizations urge FDA to make emergency contraception OTC**
Source: Reuters Industry Briefing
Date: February 14, 2001
- **Groups file petition to make emergency contraception available OTC**
Source: Reuters Medical News
Date: February 14, 2001
- **AMA council wants FDA to make emergency contraception pills available OTC**
Source: Reuters Industry Briefing
Date: December 04, 2000
- **Advance provision of emergency contraception increases usage**
Source: Reuters Industry Briefing
Date: July 07, 2000
- **Most New York hospitals do not provide emergency contraception to rape survivors**
Source: Reuters Medical News
Date: December 08, 1999
- **Knowledge of emergency contraception insufficient to assure its use**
Source: Reuters Medical News
Date: November 12, 1998
- **Nonprescription use of emergency contraception safe, efficacious**
Source: Reuters Medical News
Date: July 02, 1998
- **Provision of emergency contraception still at a minimum in US**
Source: Reuters Medical News
Date: June 23, 1998

- **Awareness Of Emergency Contraception Increasing, Slowly**
Source: Reuters Medical News
Date: December 19, 1997

The NIH

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at http://www.nlm.nih.gov/medlineplus/alphaneews_a.html. MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date at the following Web page: <http://www.nlm.nih.gov/medlineplus/newsbydate.html>. Often, news items are indexed by MEDLINEplus within its search engine.

Business Wire

Business Wire is similar to PR Newswire. To access this archive, simply go to <http://www.businesswire.com/>. You can scan the news by industry category or company name.

Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at http://www.marketwire.com/mw/release_index?channel=MedicalHealth. Or simply go to Market Wire's home page at <http://www.marketwire.com/mw/home>, type "emergency contraception" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (http://dir.yahoo.com/Health/News_and_Media/), or you can use this Web site's general news search page at <http://news.yahoo.com/>. Type in "emergency contraception" (or synonyms). If you know the name of a company that is relevant to emergency contraception, you can go to any stock trading Web site (such as <http://www.etrade.com/>) and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at <http://news.google.com/>.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at <http://www.bbc.co.uk/>. Search by "emergency contraception" (or synonyms).

Academic Periodicals covering Emergency Contraception

Numerous periodicals are currently indexed within the National Library of Medicine's PubMed database that are known to publish articles relating to emergency contraception. In addition to these sources, you can search for articles covering emergency contraception that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to <http://www.ncbi.nlm.nih.gov/pubmed>, type the name of the periodical into the search box, and click "Go."

If you want complete details about the historical contents of a journal, you can also visit the following Web site: <http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At <http://locatorplus.gov/>, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button "Search LOCATORplus." Then type in the name of the journal and select the advanced search option "Journal Title Search."

CHAPTER 4. RESEARCHING MEDICATIONS

Overview

While a number of hard copy or CD-ROM resources are available for researching medications, a more flexible method is to use Internet-based databases. Broadly speaking, there are two sources of information on approved medications: public sources and private sources. We will emphasize free-to-use public sources.

U.S. Pharmacopeia

Because of historical investments by various organizations and the emergence of the Internet, it has become rather simple to learn about the medications recommended for emergency contraception. One such source is the United States Pharmacopeia. In 1820, eleven physicians met in Washington, D.C. to establish the first compendium of standard drugs for the United States. They called this compendium the U.S. Pharmacopeia (USP). Today, the USP is a non-profit organization consisting of 800 volunteer scientists, eleven elected officials, and 400 representatives of state associations and colleges of medicine and pharmacy. The USP is located in Rockville, Maryland, and its home page is located at <http://www.usp.org/>. The USP currently provides standards for over 3,700 medications. The resulting USP DI[®] Advice for the Patient[®] can be accessed through the National Library of Medicine of the National Institutes of Health. The database is partially derived from lists of federally approved medications in the Food and Drug Administration's (FDA) Drug Approvals database, located at <http://www.fda.gov/cder/da/da.htm>.

While the FDA database is rather large and difficult to navigate, the Pharmacopeia is both user-friendly and free to use. It covers more than 9,000 prescription and over-the-counter medications. To access this database, simply type the following hyperlink into your Web browser: <http://www.nlm.nih.gov/medlineplus/druginformation.html>. To view examples of a given medication (brand names, category, description, preparation, proper use, precautions, side effects, etc.), simply follow the hyperlinks indicated within the United States Pharmacopeia (USP).

Below, we have compiled a list of medications associated with emergency contraception. If you would like more information on a particular medication, the provided hyperlinks will direct you to ample documentation (e.g. typical dosage, side effects, drug-interaction risks,

etc.). The following drugs have been mentioned in the Pharmacopeia and other sources as being potentially applicable to emergency contraception:

Estrogens and Progestins Oral Contraceptives

- **Systemic - U.S. Brands:** Alesse; Brevicon; Demulen 1/35; Demulen 1/50; Desogen; Estrostep; Estrostep Fe; Genora 0.5/35; Genora 1/35; Genora 1/50; Intercon 0.5/35; Intercon 1/35; Intercon 1/50; Jenest; Levlen; Levlite; Levora 0.15/30; Lo/Ovral; Loestrin 1.5/30; Loestrin 1/20; Loestrin Fe 1.5/30; Loestrin Fe 1/20; Mircette; ModiCon; N.E.E. 1/35; N.E.E. 1/50; Necon 0.5/35; Necon 1/35; Necon 1/50; Necon 10/11; Nelova 0.5/35E; Nelova 1/35E; Nelova 1/50M; Nelova 10/11; Nordette; Norethin 1/35E; Norethin 1/50M; Norinyl 1+35; Norinyl 1+50; Ortho Tri-Cyclen; Ortho-Cept; Ortho-Cyclen; Ortho-Novum 1/35; Ortho-Novum 1/50; Ortho-Novum 10/11; Ortho-Novum 7/7/7; Ovcon-35; Ovcon-50; Ovral; Tri-Levlen; Tri-Norinyl; Triphasil; Trivora; Zovia 1/35E; Zovia 1/50E
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202228.html>

Norelgestromin and Ethinyl Estradiol

- **Systemic - U.S. Brands:** Ortho Evra
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/500351.html>

Progestins For Contraceptive Use

- **Systemic - U.S. Brands:** Depo-Provera Contraceptive Injection; Micronor; NORPLANT System; Nor-QD; Ovrette; Plan B
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202757.html>

Commercial Databases

In addition to the medications listed in the USP above, a number of commercial sites are available by subscription to physicians and their institutions. Or, you may be able to access these sources from your local medical library.

Mosby's Drug Consult™

Mosby's Drug Consult™ database (also available on CD-ROM and book format) covers 45,000 drug products including generics and international brands. It provides prescribing information, drug interactions, and patient information. Subscription information is available at the following hyperlink: <http://www.mosbysdrugconsult.com/>.

PDRhealth

The PDRhealth database is a free-to-use, drug information search engine that has been written for the public in layman's terms. It contains FDA-approved drug information adapted from the Physicians' Desk Reference (PDR) database. PDRhealth can be searched by brand name, generic name, or indication. It features multiple drug interactions reports. Search PDRhealth at http://www.pdrhealth.com/drug_info/index.html.

Other Web Sites

Drugs.com (www.drugs.com) reproduces the information in the Pharmacopeia as well as commercial information. You may also want to consider the Web site of the Medical Letter, Inc. (<http://www.medletter.com/>) which allows users to download articles on various drugs and therapeutics for a nominal fee.

If you have any questions about a medical treatment, the FDA may have an office near you. Look for their number in the blue pages of the phone book. You can also contact the FDA through its toll-free number, 1-888-INFO-FDA (1-888-463-6332), or on the World Wide Web at www.fda.gov.

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute⁷:

- Office of the Director (OD); guidelines consolidated across agencies available at <http://www.nih.gov/health/consumer/conkey.htm>
- National Institute of General Medical Sciences (NIGMS); fact sheets available at <http://www.nigms.nih.gov/news/facts/>
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: <http://www.nlm.nih.gov/medlineplus/healthtopics.html>
- National Cancer Institute (NCI); guidelines available at <http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25>
- National Eye Institute (NEI); guidelines available at <http://www.nei.nih.gov/order/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at <http://www.nhlbi.nih.gov/guidelines/index.htm>
- National Human Genome Research Institute (NHGRI); research available at <http://www.genome.gov/page.cfm?pageID=10000375>
- National Institute on Aging (NIA); guidelines available at <http://www.nia.nih.gov/health/>

⁷ These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at <http://www.niaaa.nih.gov/publications/publications.htm>
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at <http://www.niaid.nih.gov/publications/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at <http://www.niams.nih.gov/hi/index.htm>
- National Institute of Child Health and Human Development (NICHD); guidelines available at <http://www.nichd.nih.gov/publications/pubskey.cfm>
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at <http://www.nidcd.nih.gov/health/>
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at <http://www.nidr.nih.gov/health/>
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at <http://www.niddk.nih.gov/health/health.htm>
- National Institute on Drug Abuse (NIDA); guidelines available at <http://www.nida.nih.gov/DrugAbuse.html>
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at <http://www.niehs.nih.gov/external/facts.htm>
- National Institute of Mental Health (NIMH); guidelines available at <http://www.nimh.nih.gov/practitioners/index.cfm>
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at <http://www.nih.gov/ninr/news-info/publications.html>
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at <http://nccam.nih.gov/health/>
- National Center for Research Resources (NCRR); various information directories available at <http://www.ncrr.nih.gov/publications.asp>
- Office of Rare Diseases; various fact sheets available at http://rarediseases.info.nih.gov/html/resources/rep_pubs.html
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at <http://www.cdc.gov/publications.htm>

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.⁸ Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:⁹

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: <http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html>
- **NLM Online Exhibitions:** Describes “Exhibitions in the History of Medicine”: <http://www.nlm.nih.gov/exhibition/exhibition.html>. Additional resources for historical scholarship in medicine: <http://www.nlm.nih.gov/hmd/hmd.html>
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: <http://www.ncbi.nlm.nih.gov/>
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html
- **Cancer Information:** Access to cancer-oriented databases: http://www.nlm.nih.gov/databases/databases_cancer.html
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: <http://www.profiles.nlm.nih.gov/>
- **Chemical Information:** Provides links to various chemical databases and references: <http://sis.nlm.nih.gov/Chem/ChemMain.html>
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

⁸ Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (<http://medlineplus.gov/> or <http://www.nlm.nih.gov/medlineplus/databases.html>).

⁹ See <http://www.nlm.nih.gov/databases/databases.html>.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: <http://sis.nlm.nih.gov/Tox/ToxMain.html>
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:
http://www.nlm.nih.gov/research/visible/visible_human.html

The NLM Gateway¹⁰

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.¹¹ To use the NLM Gateway, simply go to the search site at <http://gateway.nlm.nih.gov/gw/Cmd>. Type "emergency contraception" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

| Category | Items Found |
|------------------------------------|-------------|
| Journal Articles | 1038 |
| Books / Periodicals / Audio Visual | 241 |
| Consumer Health | 1002 |
| Meeting Abstracts | 11 |
| Other Collections | 5 |
| Total | 2297 |

HSTAT¹²

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.¹³ These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.¹⁴ Simply search by "emergency contraception" (or synonyms) at the following Web site: <http://text.nlm.nih.gov>.

¹⁰ Adapted from NLM: <http://gateway.nlm.nih.gov/gw/Cmd?Overview.x>.

¹¹ The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

¹² Adapted from HSTAT: <http://www.nlm.nih.gov/pubs/factsheets/hstat.html>.

¹³ The HSTAT URL is <http://hstat.nlm.nih.gov/>.

¹⁴ Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists¹⁵

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.¹⁶ Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.¹⁷ This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: <http://www.ncbi.nlm.nih.gov/Coffeebreak/>.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see <http://www.ohsu.edu/clinweb/>.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see <http://www.mwsearch.com/>.

¹⁵ Adapted from <http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html>.

¹⁶ The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

¹⁷ After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on emergency contraception can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to emergency contraception. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at <http://health.nih.gov/>. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to emergency contraception. To access this system, log on to <http://www.nlm.nih.gov/medlineplus/healthtopics.html>. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “emergency contraception”:

Infertility

<http://www.nlm.nih.gov/medlineplus/infertility.html>

Sleep Disorders

<http://www.nlm.nih.gov/medlineplus/sleepdisorders.html>

Teen Sexual Health

<http://www.nlm.nih.gov/medlineplus/teensexualhealth.html>

Teenage Pregnancy

<http://www.nlm.nih.gov/medlineplus/teenagepregnancy.html>

Women's Health Issues

<http://www.nlm.nih.gov/medlineplus/womenshealthissues.html>

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: <http://www.nlm.nih.gov/medlineplus/>. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on emergency contraception. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is <http://chid.nih.gov/>. To search this database, go to <http://chid.nih.gov/detail/detail.html>. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

- **Sex and Sexual Relationships: A Booklet for Young People**

Contact: AVERT, 4 Brighton Rd, Horsham, <http://www.avert.org>.

Summary: This brochure discusses physical and emotional feelings and experiences associated with sex and sexual relationships. It covers aspects of sex, which 14 to 16-year olds have identified as being important. It discusses the experiences and feelings of young people after becoming sexually active. The brochure's aim is to provide honest and accurate information in order to help young people in decision-making. Specific topics include dating and breaking up, peer pressure, masturbation, orgasms, sexuality, pregnancy, sexually transmitted diseases (STDs), vaginal and anal intercourse, and **emergency contraception**. The brochure provides answers to frequently asked questions and lists phone numbers of organizations in the United Kingdom that provide information on sexual issues.

- **Barrier Methods for HIV/STI Prevention**

Contact: Population Council Horizons, 4301 Connecticut Ave NW Ste 280, Washington, DC, 20008, (202) 237-9400, <http://www.popcouncil.org/horizons/horinzons/html>.

Summary: This fact sheet for health professionals, government agencies, and community based organizations (CBOs) discusses research done by Horizons, a division

of the Population Council, on programs in developing nations that examine the use and promotion of barrier methods for the prevention of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and other sexually transmitted diseases (STDs). The fact sheet reports the findings of a study in Zimbabwe to determine the acceptability and the frequency of use of female condoms. It examines the preliminary findings of a study in Nigeria to assess the outcomes of an education and counseling program that encourages family planning clients and their partners to dually protect themselves against HIV/AIDS and other STDs. These findings show that only a few clients were shown how to use male condoms though this method of prevention was mentioned to all clients and **emergency contraception** as a backup to condom failure was rarely mentioned. The findings also reveal that HIV/AIDS and STDs were discussed with only a small portion of returning and new clients in general. The activities involved in the study program are described. Horizons and its partners are researching methods to ensure that condoms are always used in sex establishments. The preliminary findings of this study are discussed briefly.

Healthfinder™

Healthfinder™ is sponsored by the U.S. Department of Health and Human Services and offers links to hundreds of other sites that contain healthcare information. This Web site is located at <http://www.healthfinder.gov>. Again, keyword searches can be used to find guidelines. The following was recently found in this database:

- **Emergency Contraception**

Summary: This document provides information about what emergency contraception is, what types there are, and how it is used.

Source: National Women's Health Information Center, U.S. Public Health Service's Office on Women's Health

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7908>

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is “crawled” and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to emergency contraception. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: <http://search.nih.gov/index.html>.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=168&layer=&from=subcats>
- Family Village: <http://www.familyvillage.wisc.edu/specific.htm>
- Google: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- Med Help International: <http://www.medhelp.org/HealthTopics/A.html>
- Open Directory Project: http://dmoz.org/Health/Conditions_and_Diseases/
- Yahoo.com: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- WebMD®Health: http://my.webmd.com/health_topics

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to emergency contraception. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with emergency contraception.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about emergency contraception. For more information, see the NHIC's Web site at <http://www.health.gov/NHIC/> or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at <http://www.sis.nlm.nih.gov/Dir/DirMain.html>. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: <http://dirline.nlm.nih.gov/>. Simply type in "emergency contraception" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at <http://www.sis.nlm.nih.gov/hotlines/>. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received

your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "emergency contraception". Type the following hyperlink into your Web browser: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "emergency contraception" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: <http://www.rarediseases.org/search/orgsearch.html>. Type "emergency contraception" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.¹⁸

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit <http://nnlm.gov/members/adv.html> or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

¹⁸ Adapted from the NLM: <http://www.nlm.nih.gov/psd/cas/interlibrary.html>.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)¹⁹:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), <http://www.uab.edu/infonet/>
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), <http://www.samaritan.edu/library/bannerlibs.htm>
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), <http://www.humboldt1.com/~kkhic/index.html>
- **California:** Community Health Library of Los Gatos, <http://www.healthlib.org/orgresources.html>
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, <http://www.colapublib.org/services/chips.html>
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), <http://www-med.stanford.edu/healthlibrary/>
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), <http://sfguide.ucsf.edu/barnett/PERC/default.asp>
- **California:** Redwood Health Library (Petaluma Health Care District), <http://www.phcd.org/rdwlib.html>
- **California:** Los Gatos PlaneTree Health Library, <http://planetreesanjose.org/>
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), <http://suttermedicalcenter.org/library/>
- **California:** Health Sciences Libraries (University of California, Davis), <http://www.lib.ucdavis.edu/healthsci/>
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), <http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html>
- **California:** Washington Community Health Resource Library (Fremont), <http://www.healthlibrary.org/>
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), <http://www.saintjosephdenver.org/yourhealth/libraries/>
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), <http://www.harthosp.org/library/>
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), <http://library.uchc.edu/departm/hnet/>

¹⁹ Abstracted from <http://www.nlm.nih.gov/medlineplus/libraries.html>.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), <http://www.waterburyhospital.com/library/consumer.shtml>
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), <http://www.delamed.org/chls.html>
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), <http://www.mccg.org/hrc/hrchome.asp>
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), <http://hml.org/CHIS/>
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), <http://www.nicon.org/DeArmond/index.htm>
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), http://www.nmh.org/health_info/hlc.html
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), <http://www.osfsaintfrancis.org/general/library/>
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), <http://www.centralbap.com/education/community/library.cfm>
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), <http://www.mc.uky.edu/PatientEd/>
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), <http://www.ochsner.org/library/>
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, <http://lib-sh.lsuhscc.edu/>
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), <http://www.fchn.org/fmh/lib.htm>
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), <http://www.cmmc.org/library/library.html>
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), <http://www.emh.org/hll/hpl/guide.htm>
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), <http://www.mmc.org/library/>
- **Maine:** Parkview Hospital (Brunswick), <http://www.parkviewhospital.org/>
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), <http://www.smmc.org/services/service.php3?choice=10>
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), <http://www.wmhcc.org/Library/>

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), <http://www.umanitoba.ca/libraries/units/health/reference/chis.html>
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), http://www.deerlodge.mb.ca/crane_library/about.asp
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), <http://www.mont.lib.md.us/healthinfo/hic.asp>
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), <http://www.baystatehealth.com/1024/>
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), <http://med-libwww.bu.edu/library/lib.html>
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), <http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm>
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), <http://www.southcoast.org/library/>
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), <http://www.mgh.harvard.edu/library/chrcindex.html>
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), <http://healthnet.umassmed.edu/>
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), <http://www.botsfordlibrary.org/consumer.htm>
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), <http://www.providence-hospital.org/library/>
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), <http://www.mgh.org/center.html>
- **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), <http://www.cancer.med.umich.edu/learn/leares.htm>
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), <http://www.henryford.com/body.cfm?id=39330>
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), <http://caphis.mlanet.org/directory/index.html>
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, <http://nmlm.gov/>
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), <http://nmlm.gov/members/>

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), http://www.lvcld.org/special_collections/medical/index.htm
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), <http://www.dartmouth.edu/~biomed/resources.html#conshealth.html#d/>
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), <http://www.rahwayhospital.com/library.htm>
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), <http://www.englewoodhospital.com/links/index.htm>
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), <http://www.geocities.com/ResearchTriangle/9360/>
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, <http://www.nypl.org/branch/health/links.html>
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), <http://www.upstate.edu/library/hic/>
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), <http://www.lij.edu/library/library.html>
- **New York:** ViaHealth Medical Library (Rochester General Hospital), <http://www.nyam.org/library/>
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), <http://www.akrongeneral.org/hwlibrary.htm>
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), <http://www.sfh-tulsa.com/services/healthinfo.asp>
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), <http://www.mcmc.net/phrc/>
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), <http://www.hmc.psu.edu/commhealth/>
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), <http://www.geisinger.edu/education/commlib.shtml>
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), <http://www.mth.org/healthwellness.html>
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), http://www.hsls.pitt.edu/guides/chi/hopwood/index_html
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), <http://www.collphyphil.org/kooppg1.shtml>
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), <http://www.shscares.org/services/lrc/index.asp>
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), <http://www.upmc.edu/passavant/library.htm>
- **Quebec, Canada:** Medical Library (Montreal General Hospital), <http://www.mghlib.mcgill.ca/>

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), <http://www.rcrh.org/Services/Library/Default.asp>
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), <http://hhw.library.tmc.edu/>
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), <http://www.kvch.com/>
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), <http://www.swmedicalcenter.com/body.cfm?id=72>

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):
<http://www.medterms.com/Script/Main/hp.asp>
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):
<http://www.intelihealth.com/IH/>
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>
- On-line Medical Dictionary (CancerWEB): <http://cancerweb.ncl.ac.uk/omd/>
- Rare Diseases Terms (Office of Rare Diseases):
<http://ord.aspensys.com/asp/diseases/diseases.asp>
- Technology Glossary (National Library of Medicine) - Health Care Technology:
<http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm>

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>. ADAM is also available on commercial Web sites such as drkoop.com (<http://www.drkoop.com/>) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a).

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization):
<http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical>
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): <http://mel.lib.mi.us/health/health-dictionaries.html>
- Patient Education: Glossaries (DMOZ Open Directory Project):
http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University):
<http://www.yourdictionary.com/diction5.html#medicine>

EMERGENCY CONTRACEPTION DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Adverse Effect: An unwanted side effect of treatment. [NIH]

Affinity: 1. Inherent likeness or relationship. 2. A special attraction for a specific element, organ, or structure. 3. Chemical affinity; the force that binds atoms in molecules; the tendency of substances to combine by chemical reaction. 4. The strength of noncovalent chemical binding between two substances as measured by the dissociation constant of the complex. 5. In immunology, a thermodynamic expression of the strength of interaction between a single antigen-binding site and a single antigenic determinant (and thus of the stereochemical compatibility between them), most accurately applied to interactions among simple, uniform antigenic determinants such as haptens. Expressed as the association constant (K litres mole⁻¹), which, owing to the heterogeneity of affinities in a population of antibody molecules of a given specificity, actually represents an average value (mean intrinsic association constant). 6. The reciprocal of the dissociation constant. [EU]

Agonist: In anatomy, a prime mover. In pharmacology, a drug that has affinity for and stimulates physiologic activity at cell receptors normally stimulated by naturally occurring substances. [EU]

Algorithms: A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Amenorrhea: Absence of menstruation. [NIH]

Anal: Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

Androgenic: Producing masculine characteristics. [EU]

Animal model: An animal with a disease either the same as or like a disease in humans. Animal models are used to study the development and progression of diseases and to test new treatments before they are given to humans. Animals with transplanted human cancers or other tissues are called xenograft models. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Anticoagulant: A drug that helps prevent blood clots from forming. Also called a blood thinner. [NIH]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble

substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Anus: The opening of the rectum to the outside of the body. [NIH]

Aqueous: Having to do with water. [NIH]

Assay: Determination of the amount of a particular constituent of a mixture, or of the biological or pharmacological potency of a drug. [EU]

Atrial: Pertaining to an atrium. [EU]

Atrial Fibrillation: Disorder of cardiac rhythm characterized by rapid, irregular atrial impulses and ineffective atrial contractions. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Benign: Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

Bewilderment: Impairment or loss of will power. [NIH]

Bile: An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

Bioavailability: The degree to which a drug or other substance becomes available to the target tissue after administration. [EU]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Blastocyst: The mammalian embryo in the post-morula stage in which a fluid-filled cavity, enclosed primarily by trophoblast, contains an inner cell mass which becomes the embryonic disc. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Bowel: The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

Carcinogenic: Producing carcinoma. [EU]

Cardiac: Having to do with the heart. [NIH]

Carrier Proteins: Transport proteins that carry specific substances in the blood or across cell membranes. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Case series: A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin)

and information on diagnosis, treatment, response to treatment, and follow-up after treatment. [NIH]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Cervical: Relating to the neck, or to the neck of any organ or structure. Cervical lymph nodes are located in the neck; cervical cancer refers to cancer of the uterine cervix, which is the lower, narrow end (the "neck") of the uterus. [NIH]

Cervix: The lower, narrow end of the uterus that forms a canal between the uterus and vagina. [NIH]

Cholesterol: The principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in animal fats and oils. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Clinical study: A research study in which patients receive treatment in a clinic or other medical facility. Reports of clinical studies can contain results for single patients (case reports) or many patients (case series or clinical trials). [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Cloning: The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

Coagulation: 1. The process of clot formation. 2. In colloid chemistry, the solidification of a sol into a gelatinous mass; an alteration of a disperse phase or of a dissolved solid which causes the separation of the system into a liquid phase and an insoluble mass called the clot or curd. Coagulation is usually irreversible. 3. In surgery, the disruption of tissue by physical means to form an amorphous residuum, as in electrocoagulation and photocoagulation. [EU]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments

that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Complementary and alternative medicine: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complementary medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Conception: The onset of pregnancy, marked by implantation of the blastocyst; the formation of a viable zygote. [EU]

Condoms: A sheath that is worn over the penis during sexual behavior in order to prevent pregnancy or spread of sexually transmitted disease. [NIH]

Confusion: A mental state characterized by bewilderment, emotional disturbance, lack of clear thinking, and perceptual disorientation. [NIH]

Consultation: A deliberation between two or more physicians concerning the diagnosis and the proper method of treatment in a case. [NIH]

Contraceptive: An agent that diminishes the likelihood of or prevents conception. [EU]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Corpus: The body of the uterus. [NIH]

Corpus Luteum: The yellow glandular mass formed in the ovary by an ovarian follicle that has ruptured and discharged its ovum. [NIH]

Curative: Tending to overcome disease and promote recovery. [EU]

Danazol: A synthetic steroid with antigonadotropic and anti-estrogenic activities that acts as an anterior pituitary suppressant by inhibiting the pituitary output of gonadotropins. It possesses some androgenic properties. Danazol has been used in the treatment of endometriosis and some benign breast disorders. [NIH]

Dermis: A layer of vascular connective tissue underneath the epidermis. The surface of the dermis contains sensitive papillae. Embedded in or beneath the dermis are sweat glands, hair follicles, and sebaceous glands. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Disorientation: The loss of proper bearings, or a state of mental confusion as to time, place, or identity. [EU]

Dissociation: 1. The act of separating or state of being separated. 2. The separation of a molecule into two or more fragments (atoms, molecules, ions, or free radicals) produced by the absorption of light or thermal energy or by solvation. 3. In psychology, a defense

mechanism in which a group of mental processes are segregated from the rest of a person's mental activity in order to avoid emotional distress, as in the dissociative disorders (q.v.), or in which an idea or object is segregated from its emotional significance; in the first sense it is roughly equivalent to splitting, in the second, to isolation. 4. A defect of mental integration in which one or more groups of mental processes become separated off from normal consciousness and, thus separated, function as a unitary whole. [EU]

Double-blind: Pertaining to a clinical trial or other experiment in which neither the subject nor the person administering treatment knows which treatment any particular subject is receiving. [EU]

Drug Interactions: The action of a drug that may affect the activity, metabolism, or toxicity of another drug. [NIH]

Drug Tolerance: Progressive diminution of the susceptibility of a human or animal to the effects of a drug, resulting from its continued administration. It should be differentiated from drug resistance wherein an organism, disease, or tissue fails to respond to the intended effectiveness of a chemical or drug. It should also be differentiated from maximum tolerated dose and no-observed-adverse-effect level. [NIH]

Ectopic: Pertaining to or characterized by ectopia. [EU]

Ectopic Pregnancy: The pregnancy occurring elsewhere than in the cavity of the uterus. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Electrons: Stable elementary particles having the smallest known negative charge, present in all elements; also called negatrons. Positively charged electrons are called positrons. The numbers, energies and arrangement of electrons around atomic nuclei determine the chemical identities of elements. Beams of electrons are called cathode rays or beta rays, the latter being a high-energy biproduct of nuclear decay. [NIH]

Emboli: Bit of foreign matter which enters the blood stream at one point and is carried until it is lodged or impacted in an artery and obstructs it. It may be a blood clot, an air bubble, fat or other tissue, or clumps of bacteria. [NIH]

Embolism: Blocking of a blood vessel by a blood clot or foreign matter that has been transported from a distant site by the blood stream. [NIH]

Embolization: The blocking of an artery by a clot or foreign material. Embolization can be done as treatment to block the flow of blood to a tumor. [NIH]

Endometrial: Having to do with the endometrium (the layer of tissue that lines the uterus). [NIH]

Endometriosis: A condition in which tissue more or less perfectly resembling the uterine mucous membrane (the endometrium) and containing typical endometrial granular and stromal elements occurs aberrantly in various locations in the pelvic cavity. [NIH]

Endometrium: The layer of tissue that lines the uterus. [NIH]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Estrogen: One of the two female sex hormones. [NIH]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Gels: Colloids with a solid continuous phase and liquid as the dispersed phase; gels may be

unstable when, due to temperature or other cause, the solid phase liquifies; the resulting colloid is called a sol. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

General practitioner: A medical practitioner who does not specialize in a particular branch of medicine or limit his practice to a specific class of diseases. [NIH]

Genital: Pertaining to the genitalia. [EU]

Genitourinary: Pertaining to the genital and urinary organs; urogenital; urinosexual. [EU]

Germ Cells: The reproductive cells in multicellular organisms. [NIH]

Gestation: The period of development of the young in viviparous animals, from the time of fertilization of the ovum until birth. [EU]

Gonad: A sex organ, such as an ovary or a testicle, which produces the gametes in most multicellular animals. [NIH]

Gonadal: Pertaining to a gonad. [EU]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Government Agencies: Administrative units of government responsible for policy making and management of governmental activities in the U.S. and abroad. [NIH]

Haptens: Small antigenic determinants capable of eliciting an immune response only when coupled to a carrier. Haptens bind to antibodies but by themselves cannot elicit an antibody response. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

Heterogeneity: The property of one or more samples or populations which implies that they are not identical in respect of some or all of their parameters, e. g. heterogeneity of variance. [NIH]

Hormonal: Pertaining to or of the nature of a hormone. [EU]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Hydrogen: The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immunodeficiency: The decreased ability of the body to fight infection and disease. [NIH]

Immunogenic: Producing immunity; evoking an immune response. [EU]

Immunology: The study of the body's immune system. [NIH]

Implantation: The insertion or grafting into the body of biological, living, inert, or radioactive material. [EU]

In vitro: In the laboratory (outside the body). The opposite of in vivo (in the body). [NIH]

In vivo: In the body. The opposite of in vitro (outside the body or in the laboratory). [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Infertility: The diminished or absent ability to conceive or produce an offspring while sterility is the complete inability to conceive or produce an offspring. [NIH]

Initiation: Mutation induced by a chemical reactive substance causing cell changes; being a step in a carcinogenic process. [NIH]

Inorganic: Pertaining to substances not of organic origin. [EU]

Intracellular: Inside a cell. [NIH]

Intrinsic: Situated entirely within or pertaining exclusively to a part. [EU]

Ions: An atom or group of atoms that have a positive or negative electric charge due to a gain (negative charge) or loss (positive charge) of one or more electrons. Atoms with a positive charge are known as cations; those with a negative charge are anions. [NIH]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Kinetic: Pertaining to or producing motion. [EU]

Latent: Phoria which occurs at one distance or another and which usually has no troublesome effect. [NIH]

Levonorgestrel: A progestational hormone with actions similar to those of progesterone and about twice as potent as its racemic or (+-)-isomer (norgestrel). It is used for contraception, control of menstrual disorders, and treatment of endometriosis. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymph node: A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Mammary: Pertaining to the mamma, or breast. [EU]

Masturbation: Sexual stimulation or gratification of the self. [NIH]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Membranes: Thin layers of tissue which cover parts of the body, separate adjacent cavities, or connect adjacent structures. [NIH]

Menstrual Cycle: The period of the regularly recurring physiologic changes in the endometrium occurring during the reproductive period in human females and some primates and culminating in partial sloughing of the endometrium (menstruation). [NIH]

Menstruation: The normal physiologic discharge through the vagina of blood and mucosal tissues from the nonpregnant uterus. [NIH]

Mental: Pertaining to the mind; psychic. 2. (L. mentum chin) pertaining to the chin. [EU]

Microbicide: Any substance (gels, creams, suppositories, etc.) that can reduce transmission of sexually transmitted infections. [NIH]

Migration: The systematic movement of genes between populations of the same species, geographic race, or variety. [NIH]

Modulator: A specific inductor that brings out characteristics peculiar to a definite region. [EU]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Mucus: The viscous secretion of mucous membranes. It contains mucin, white blood cells, water, inorganic salts, and exfoliated cells. [NIH]

Myocardial infarction: Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Norgestrel: (+-)-13-Ethyl-17-hydroxy-18,19-dinorpregn-4-en-20-yn-3-one. A progestational agent with actions similar to those of progesterone. This racemic or (+-)-form has about half the potency of the levo form (levonorgestrel). Norgestrel is used as a contraceptive and ovulation inhibitor and for the control of menstrual disorders and endometriosis. [NIH]

Ovulation: The discharge of a secondary oocyte from a ruptured graafian follicle. [NIH]

Ovum: A female germ cell extruded from the ovary at ovulation. [NIH]

Palliative: 1. Affording relief, but not cure. 2. An alleviating medicine. [EU]

Patch: A piece of material used to cover or protect a wound, an injured part, etc.: a patch over the eye. [NIH]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Penis: The external reproductive organ of males. It is composed of a mass of erectile tissue enclosed in three cylindrical fibrous compartments. Two of the three compartments, the corpus cavernosa, are placed side-by-side along the upper part of the organ. The third compartment below, the corpus spongiosum, houses the urethra. [NIH]

Perception: The ability quickly and accurately to recognize similarities and differences among presented objects, whether these be pairs of words, pairs of number series, or multiple sets of these or other symbols such as geometric figures. [NIH]

Pharmacist: A person trained to prepare and distribute medicines and to give information about them. [NIH]

Pharmacokinetic: The mathematical analysis of the time courses of absorption, distribution, and elimination of drugs. [NIH]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Physiologic: Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

Pilot study: The initial study examining a new method or treatment. [NIH]

Placenta: A highly vascular fetal organ through which the fetus absorbs oxygen and other nutrients and excretes carbon dioxide and other wastes. It begins to form about the eighth day of gestation when the blastocyst adheres to the decidua. [NIH]

Pneumonia: Inflammation of the lungs. [NIH]

Policy Making: The decision process by which individuals, groups or institutions establish policies pertaining to plans, programs or procedures. [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Predisposition: A latent susceptibility to disease which may be activated under certain conditions, as by stress. [EU]

Progesterone: Pregn-4-ene-3,20-dione. The principal progestational hormone of the body, secreted by the corpus luteum, adrenal cortex, and placenta. Its chief function is to prepare the uterus for the reception and development of the fertilized ovum. It acts as an antiovarian agent when administered on days 5-25 of the menstrual cycle. [NIH]

Progestogen: A term applied to any substance possessing progestational activity. [EU]

Progression: Increase in the size of a tumor or spread of cancer in the body. [NIH]

Prophylaxis: An attempt to prevent disease. [NIH]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Public Sector: The area of a nation's economy that is tax-supported and under government control. [NIH]

Publishing: "The business or profession of the commercial production and issuance of literature" (Webster's 3d). It includes the publisher, publication processes, editing and editors. Production may be by conventional printing methods or by electronic publishing. [NIH]

Pulmonary: Relating to the lungs. [NIH]

Pulmonary Embolism: Embolism in the pulmonary artery or one of its branches. [NIH]

Race: A population within a species which exhibits general similarities within itself, but is both discontinuous and distinct from other populations of that species, though not sufficiently so as to achieve the status of a taxon. [NIH]

Racemic: Optically inactive but resolvable in the way of all racemic compounds. [NIH]

Radioimmunoassay: Classic quantitative assay for detection of antigen-antibody reactions using a radioactively labeled substance (radioligand) either directly or indirectly to measure

the binding of the unlabeled substance to a specific antibody or other receptor system. Non-immunogenic substances (e.g., haptens) can be measured if coupled to larger carrier proteins (e.g., bovine gamma-globulin or human serum albumin) capable of inducing antibody formation. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Randomized clinical trial: A study in which the participants are assigned by chance to separate groups that compare different treatments; neither the researchers nor the participants can choose which group. Using chance to assign people to groups means that the groups will be similar and that the treatments they receive can be compared objectively. At the time of the trial, it is not known which treatment is best. It is the patient's choice to be in a randomized trial. [NIH]

Rape: Unlawful sexual intercourse without consent of the victim. [NIH]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Recombinant: A cell or an individual with a new combination of genes not found together in either parent; usually applied to linked genes. [EU]

Refer: To send or direct for treatment, aid, information, de decision. [NIH]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Reproductive cells: Egg and sperm cells. Each mature reproductive cell carries a single set of 23 chromosomes. [NIH]

Research Support: Financial support of research activities. [NIH]

Retrospective: Looking back at events that have already taken place. [NIH]

Saponins: Sapogenin glycosides. A type of glycoside widely distributed in plants. Each consists of a sapogenin as the aglycon moiety, and a sugar. The sapogenin may be a steroid or a triterpene and the sugar may be glucose, galactose, a pentose, or a methylpentose. Sapogenins are poisonous towards the lower forms of life and are powerful hemolytics when injected into the blood stream able to dissolve red blood cells at even extreme dilutions. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Secretion: 1. The process of elaborating a specific product as a result of the activity of a gland; this activity may range from separating a specific substance of the blood to the elaboration of a new chemical substance. 2. Any substance produced by secretion. [EU]

Selective estrogen receptor modulator: SERM. A drug that acts like estrogen on some tissues, but blocks the effect of estrogen on other tissues. Tamoxifen and raloxifene are SERMs. [NIH]

Serum: The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

Serum Albumin: A major plasma protein that serves in maintaining the plasma colloidal osmotic pressure and transporting large organic anions. [NIH]

Sexually Transmitted Diseases: Diseases due to or propagated by sexual contact. [NIH]

Side effect: A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Specificity: Degree of selectivity shown by an antibody with respect to the number and types of antigens with which the antibody combines, as well as with respect to the rates and the extents of these reactions. [NIH]

Sperm: The fecundating fluid of the male. [NIH]

Sterility: 1. The inability to produce offspring, i.e., the inability to conceive (female s.) or to induce conception (male s.). 2. The state of being aseptic, or free from microorganisms. [EU]

Steroid: A group name for lipids that contain a hydrogenated cyclopentanoperhydrophenanthrene ring system. Some of the substances included in this group are progesterone, adrenocortical hormones, the gonadal hormones, cardiac aglycones, bile acids, sterols (such as cholesterol), toad poisons, saponins, and some of the carcinogenic hydrocarbons. [EU]

Stress: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

Stroke: Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Substance P: An eleven-amino acid neurotransmitter that appears in both the central and peripheral nervous systems. It is involved in transmission of pain, causes rapid contractions of the gastrointestinal smooth muscle, and modulates inflammatory and immune responses. [NIH]

Suppression: A conscious exclusion of disapproved desire contrary with repression, in which the process of exclusion is not conscious. [NIH]

Systemic: Affecting the entire body. [NIH]

Tamoxifen: A first generation selective estrogen receptor modulator (SERM). It acts as an agonist for bone tissue and cholesterol metabolism but is an estrogen antagonist in mammary and uterine. [NIH]

Testis: Either of the paired male reproductive glands that produce the male germ cells and the male hormones. [NIH]

Therapeutics: The branch of medicine which is concerned with the treatment of diseases, palliative or curative. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Tolerance: 1. The ability to endure unusually large doses of a drug or toxin. 2. Acquired drug tolerance; a decreasing response to repeated constant doses of a drug or the need for increasing doses to maintain a constant response. [EU]

Toxic: Having to do with poison or something harmful to the body. Toxic substances

usually cause unwanted side effects. [NIH]

Toxicity: The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxin: A poison; frequently used to refer specifically to a protein produced by some higher plants, certain animals, and pathogenic bacteria, which is highly toxic for other living organisms. Such substances are differentiated from the simple chemical poisons and the vegetable alkaloids by their high molecular weight and antigenicity. [EU]

Transdermal: Entering through the dermis, or skin, as in administration of a drug applied to the skin in ointment or patch form. [EU]

Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Ultrasonography: The visualization of deep structures of the body by recording the reflections of echoes of pulses of ultrasonic waves directed into the tissues. Use of ultrasound for imaging or diagnostic purposes employs frequencies ranging from 1.6 to 10 megahertz. [NIH]

Urban Population: The inhabitants of a city or town, including metropolitan areas and suburban areas. [NIH]

Urinary: Having to do with urine or the organs of the body that produce and get rid of urine. [NIH]

Urogenital: Pertaining to the urinary and genital apparatus; genitourinary. [EU]

Uterus: The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which a fetus develops. Also called the womb. [NIH]

Vaccines: Suspensions of killed or attenuated microorganisms (bacteria, viruses, fungi, protozoa, or rickettsiae), antigenic proteins derived from them, or synthetic constructs, administered for the prevention, amelioration, or treatment of infectious and other diseases. [NIH]

Vagina: The muscular canal extending from the uterus to the exterior of the body. Also called the birth canal. [NIH]

Vaginal: Of or having to do with the vagina, the birth canal. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

Venous: Of or pertaining to the veins. [EU]

Venous Thrombosis: The formation or presence of a thrombus within a vein. [NIH]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Vitro: Descriptive of an event or enzyme reaction under experimental investigation occurring outside a living organism. Parts of an organism or microorganism are used together with artificial substrates and/or conditions. [NIH]

Warfarin: An anticoagulant that acts by inhibiting the synthesis of vitamin K-dependent coagulation factors. Warfarin is indicated for the prophylaxis and/or treatment of venous

thrombosis and its extension, pulmonary embolism, and atrial fibrillation with embolization. It is also used as an adjunct in the prophylaxis of systemic embolism after myocardial infarction. Warfarin is also used as a rodenticide. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

Xenograft: The cells of one species transplanted to another species. [NIH]

Zygote: The fertilized ovum. [NIH]

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