

“PMS not confirmed” were teens who said they had PMS but did not meet the other criteria listed above. “No PMS” were the teens who said they did not have PMS and did not meet the other criteria listed above.

**Results:** All patients who were asked agreed to participate and 94 patients (96%) had evaluable data. Subjects had a mean age of 17 years and 84% were Caucasian. Of the 94 patients, 31% were PMS confirmed, 54% were PMS not confirmed or not sure, and 15% were no PMS. The worst symptoms in the PMS group were mood swings, anxiety, irritability, food cravings and increased appetite, swelling/bloating and cramps. These are identical to the leading symptoms listed by the adult women in our studies. Symptom interference with functioning was greatest on the home/family scale, also like the women's ratings. In multivariate models, older age and family history of PMS were significantly associated with PMS. The use of OCs and dysmenorrhea were not associated with PMS.

**Conclusions:** In our clinical setting, 31% of adolescents have confirmed PMS, with symptoms similar to those of adult women. Further study of effective treatments is needed. It is essential to determine whether SSRIs that are so successful in helping women manage PMS are effective and safe in this adolescent population.

## Effect of Teen STAR<sup>®</sup>, an Abstinence-only Sexual Education Program on Adolescent Sexual Behavior

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**Background:** In Chile more than one third of youngsters expect to have premarital sex. Recent studies indicate that initiation of sexual activity is at 12 years for males and 12.83 years for females.

The present study was designed to evaluate the impact on the (a) rate of sexual activity (b) rate of discontinuation of sexual activity among sexually active teenagers and (c) attitude towards abstinence in a group of 740 Chilean teenagers regularly attending school.

**Methods:** Twelve Teen STAR teachers were trained in a 40-hour program. 740 students 12 to 18 years of age from 10 different schools participated in the study. Youths were randomly divided into two groups. The

received weekly Teen STAR classes for one academic year. Behavioral outcomes were analyzed by age, sex and school class for study and control group (n = 342, 195 males and 147 females). Control students simply continued their regular school education. Program and control groups had the same socio-cultural and age characteristics.

**Results:** The analysis of the Teen STAR program impact on control and program students yielded virgin to non-virgin transition rates of 17.6 percent for the control group vs. 8.8 percent in the program group ( $P < .004$ ) for boys and 12.4 percent in the control group vs. 3.4 percent for girls the program group ( $P < .0001$ ). The rate of discontinuation of sexual activity, defined as no sexual activity for a period exceeding the past three months, rose by 20.5% in the program group vs. 9% in the control group ( $P < .03$ ). No currently abstinent, but sexually experienced, teens in the program group resumed intercourse, vs. 11% of the control group ( $P < .04$ ). Program adolescents exhibited a significant increase in the number of reasons for being abstinent, increasing from one at program start to three by the end of the year.

**Conclusions:** The TeenSTAR program was effective in delaying sexual activity in teenagers (primary abstinence) and in increasing discontinuation of sexual activity (secondary abstinence) among sexually active youth. It also generated a positive attitude towards abstinence.

## Factors Associated with Contraceptive Method Change among Adolescent Women

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**Background:** Consistent use of effective contraceptives by sexually active adolescents is among the 2010 national health objectives most relevant to adolescents. The objective of this research was to longitudinally assess factors associated with contraceptive method and change in a group of sexually active adolescent women.

**Methods:** Sexually active women (ages 14–17; n = 207) from primary care adolescent clinics completed interviews at entry, exit and each 3 months (quarterly) over 27 months. Contraceptive methods (used in the previous 3 months) were assessed at each interview. The primary outcome was method change, assessed using reported contraceptive method(s) at any two se-