Chapter 11

CONTROLLING STDs: ROLES OF THE HEALTH DEPARTMENT, THE PATIENT, AND THE PROVIDER

Sexually transmitted diseases (STDs) are among the most frequent infections seen by many family physicians, general practitioners, gynecologists, urologists, and general internists. Despite their frequency, however, few health care providers receive formal training in the management of STDs. Lack of familiarity with these diseases, plus their sensitive and personal nature, frequently inhibit communication between health care providers and patients. Conversely, fear and poor understanding of STDs on the part of patients mean there is an important need for counseling and patient education regarding these diseases.

Since it is not easy for most patients, especially adolescents or sexually inexperienced adults, to be candid about a topic as personal and presumably revealing as their sexual behavior, this private information can be very difficult to obtain. It requires particular sensitivity to the patient's fears of exposing ignorance and apprehension about possible judgments on the examiner's part. Obtaining an accurate and comprehensive sexual history also requires self-awareness on the clinician's part in order to deal with his or her own possible discomfort.

PATIENT-CLINICIAN INTERACTION

Perhaps the most important aspect of STD control (beyond diagnostic and therapeutic skill) is communication between provider and patient. The health care provider must obtain sensitive information in an accurate manner, while the patient must provide this information, comply with treatment instructions and post treatment follow-up, inform sexual contacts as needed, and change his or her behavior to maintain health. Without communication skills on the part of the clinician and cooperation on the part of the patient, successful STD control cannot be effected.

It is important to present clear and nonjudgmental messages to the patient regarding the diagnosis, its implications, and treatment. This, of course, must be provided in a language that the patient will comprehend. One must maintain a sense of the patient's knowledge and perspective about STDs and limit assumptions regarding them. Sexual experience does not imply sexual knowledge. Several studies have shown that physicians tend to overestimate patient compliance and knowledge about STDs, and that physicians cannot reliably predict whether or not a patient will comply with instructions (Tables 11-1 and 11-2).

More specifically, patients must know:

1. What medication they are to take.
2. Why they need to take all of their medication and not to share it with partners, even if their symptoms cease.
3. What they should do if they experience side effects or miss a dose.
4. What they should expect from the medication as far as relief of symptoms, possible side effects, and incompatible substances or behavior (e.g., tetracycline with antacids or meals; metronidazole with alcohol).

Clearly presented messages regarding medication can preclude the factors that are most commonly associated with noncompliance. These factors include not fully understanding the directions, the complexity and duration of the regimen (i.e., frequent doses or multiple doses), and occurrence of side effects. Repetition of instructions, asking patients to repeat instructions, and providing written directions help to improve compliance. Whenever possible, select a single dose regimen for treatment of STDs, since compliance can usually be observed or assured in this situation.

Patients should also understand the importance of a follow-up appointment and test-of-cure, if appropriate; when and where these tests will be done; and the potential consequences of not obtaining them. Having the patient make this appointment before leaving the office, giving them a reminder card, and perhaps providing a reminder call, all increase the likelihood of compliance. Table 11-3, by way of example, shows what information a physician should minimally provide to a patient with NGU.

DISEASE REPORTING AND THE ROLE OF THE HEALTH DEPARTMENT

Once a reportable, sexually transmittable disease is diagnosed (syphilis, gonorrhea, lymphogranuloma venereum, granuloma inguinale, chancroid; and most recently in some states, PPNG, CMRNG, herpes, chlamydia, HIV and/or clinical or immunologic AIDS), *make certain* that this information is reported to the responsible local agency (see Appendix B). In some states, the physician is responsible for reporting these diseases to the health department; in others both the laboratory and the physician are responsible. The physician should inform the patient that disease reporting is required, and that the patient may be contacted by a representative of the health department. It should be emphasized to the patient that this information is confidential. It is helpful if the physician explains the reason for this reporting to the patient.

The health department uses the information to trace sources of infection, ensure treatment of partners, document neighborhoods in need of specific services, and record the types of infections that exist in the community in order to improve diagnosis, treatment, and prevention. Physicians should be aware of and take advantage of the variety of services offered by local health departments. These include provision of contact tracing services and counseling for patients with STDs; telephone consultations for physicians with questions about patient management; provision of educational materials for patients; and often, depending on locale, selected laboratory testing.

Table 11-1

COMMON ERRONEOUS ASSUMPTIONS OF PATIENTS

1. I know exactly where I got this disease.
2. I got this disease from my last sexual partner.
3. When my symptoms are gone, my infection is cured.
4. My symptoms are not from an STD, but from other causes (i.e., stress, chemical burns, zipper trauma, or menstrual cramps).

Table 11-2

COMMON ERRONEOUS ASSUMPTIONS OF PHYSICIANS

1. Sexual experience implies sexual knowledge.
2. The definition of “sex” is vaginal intercourse only.
3. Women usually have few sexual partners, while men have several.
4. Physician responsibility ends with the diagnosis and treatment of the disease.

Table 11-3

EXAMPLE OF DISEASE SPECIFIC PATIENT EDUCATION

DISEASE	GENERAL MESSAGES	SPECIFIC MESSAGE
Nongonococcal urethritis *(C. trachomatis)*	1. Patient education regarding disease and its manifestations	1. Often caused by chlamydia; is an STD; manifestations resemble gonorrhea; specific test not widely available; may spread to epididymitis (scrotal pain, swelling).
	2. Medication advice: how and when to take pills, possible side effects, incompatibilities	2. One doxycycline pill, 2 times daily: take 1 hour before or 2 hours after food; take with fluids to avoid pill sticking in your throat; avoid iron, milk products, yogurt; take all the medicine; if rash, nausea, vomiting or diarrhea develop, call.
	3. Importance of contact tracing	3. Females often asymptomatic yet run risk of developing PID and infertility; should examine/ culture all recent contacts; need for empiric treatment of contacts.
	4. How to prevent reinfection	4. Must avoid sex during Rx and until partner(s) seen, examined, and treated.
	5. Importance of follow-up	5. Call for test results and return for reevaluation if symptoms persist or recur.

MANAGEMENT OF SEX PARTNERS

Identification and treatment of all possibly infected sex partners of the infected patient are of paramount importance in preventing reinfection and promoting disease control. Partners should be examined promptly (usually within 24 to 48 hours of the index patient's visit) in order to minimize reinfections from untreated partners and possible progression of disease in these partners. For most STDs, all sex partners in the preceding 4 weeks should be seen, examined and treated. Of particular importance are new sexual contacts (possible index cases). Physicians should bear in mind that most local health departments can provide the services of experienced disease intervention specialists (DIS) who have been specifically trained to carry out this service in a tactful and confidential manner.

When feasible, the disease intervention specialist (DIS) will contact the index patient and counsel him or her regarding the 5 messages of STD control:

- disease manifestations,
- risk reduction,
- compliance,
- partner referral, and
- test-of-cure, when appropriate.

For cases in which the health department is not involved in interviewing the patients, two basic options for referral of sex partners have been most successfully used–clinician referral and self-referral.

Clinician referral

With clinician referral, the clinician elicits the names of the sexual partners and takes the responsibility for seeking them out for treatment by referring these names to the local health department for investigation, monitoring, and control. This method requires some additional paperwork on the part of the referring physician but maintains the anonymity of the patient and increases the likelihood of epidemiologically treating all eligible sexual partners.

Self-referral

Self-referral is less threatening to the patient. Referral cards with appropriate information on them (the specific disease, incubation period, possibility of asymptomatic infection, where and when the partner(s) can obtain medical evaluation, and potential complications of the disease) can be given to the patient to give to his or her partner(s). Some patients may need assistance in deciding how to present information to partners in a manner which will increase acceptance of the information and elicit the desired outcome. Role playing and modeling conversations may be helpful here. Monitoring the partner's subsequent evaluation and compliance is difficult, especially since they often seek care elsewhere. However, most patients, given the motivation and assistance of a communicative health care provider, will inform their partners.

PATIENT EDUCATION

Patients require education about three major aspects of their disease:

- First, the possible causative agent(s) and what tests will be done to identify them requires explanation. Many patients have only a minimal knowledge of these possible causative microorganisms (especially those categorized as new STD agents) and even less knowledge of the syndromes they cause and their mechanisms of transmission and the consequences of inadequate therapy.
- Second, patients need an explanation of the medication they will take, including dose, duration, possible side effects, and expected effects of the drug on the infection. The importance of compliance and not splitting their medication with their sexual partner needs to be stressed.
- Third, prevention of future infection by behavior modification, abstinence or careful partner selection, education about contraceptive practices (condoms), and other means should be provided.

In addition to counseling patients about their specific STD, it is helpful to counsel them that *asymptomatic* herpes and genital wart infections are very common, to help reinforce their motivation to consistently use condoms.

Physicians who frequently see patients with STDs should consider providing patients with brief written pamphlets describing their disease and its management. Such pamphlets are available from local health departments or organizations such as the American Social Health Association (ASHA) (website: www.ashastd.org or call 1-800-783-9877). Alternatively, the patient can be given the telephone number for the national STD hotline (1-800-227-8922) or The National AIDS hotline (1-800-342-AIDS), toll free numbers through which patients can obtain accurate and personal answers to their questions. Other useful patient resources are the herpes counseling and support organizations, such as HELP groups available in many cities.

The final message with which the patient should leave the office is that he or she has the ability to reduce the risk of reinfection and subsequent STDs. Taking medication as directed, returning for a follow-up test-of-cure, when appropriate, and assuring the examination of sexual partners all promote cure. Patients should also, when appropriate, be taught to recognize signs and symptoms of STDs in themselves and in their partners. If they suspect that their partner has an STD or is at high risk for having an STD, they should refrain from sex with that person. It should be stressed that STDs in both men and women may be asymptomatic. Furthermore, high-risk patients should be encouraged to seek periodic examination as a measure of prevention. The use of condoms provides protection against many STDs and should be recommended to most, if not all, patients.