ABC of Sexually Transmitted Diseases

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METHODS OF CONTROL

Methods of control

Facilities for diagnosis and treatment
Contact tracing
Education
Personal prophylaxis
Research

Aims of genitourinary medicine

- Prompt diagnosis and treatment
- Minimise incidence of complications and disability
- Trace and treat sexual contacts
- Education

The sexually transmitted diseases represent one of the major health problems in the world today. The size of the problem in the United Kingdom has been referred to earlier (see first article), and the position in the rest of the world is no less serious. About 200 000 000 new cases of gonorrhoea and 40 000 000 new cases of syphilis are notified throughout the world each year; these are undoubtedly underestimates. The demographic, sociological, and behavioural changes seen throughout the world in the past 30 years will continue to contribute towards an even greater problem in controlling sexually acquired infections in the future.

Early diagnosis and treatment are cheap; late sequelae of untreated disease are expensive. For example, if a good control programme exists most cases of pelvic inflammatory disease are preventable; if not prevented, however, the psychological, social, and monetary costs are large. Such costs increase further with developments in medical technology; thus, fallopian tube microsurgery and in vitro fertilisation and implantation of human embryos can now be performed at great expense in those sterilised by pelvic inflammatory disease. Prevention is better than cure, which is better than late intervention.

There are several complementary ways in which sexually transmitted diseases can be controlled. In the United Kingdom the most important way is through the provision of adequate diagnostic and treatment facilities in departments of genitourinary medicine. The aims of this service are to offer prompt diagnosis and treatment, minimise the incidence of complications, trace and treat the infected partners of patients, and educate patients, the public, and health care workers.

Clinics

There are 230 departments of genitourinary medicine in the United Kingdom. Most clinics are situated within a general hospital, in the outpatient department or in their own purpose built premises. Unfortunately, some are still found in dingy basements or down dark alleyways. Facilities should alleviate, not create, stigma and be readily accessible for self referral. Some departments are called after physicians, apostles, or battles and others are termed "Special department" or given a number or letter. These differences make it difficult for patients to find their bearings and only add to their alienation, presenting a further hurdle to consultation. The official title for the specialty and its clinics is genitourinary medicine.

People looking after patients with sexually transmitted diseases should use language that is easily understood by the patient, including slang when appropriate. Health care staff may well have different moral and sexual attitudes from their patients. They have to accept and come to terms with this and their own sexuality before being able to cope with patients. It is bad manners for staff to force their own attitudes on a patient and it is also bad medicine, since the patient will not come back.

Contact tracing

Tracing sexual contacts is an essential part of a control programme. Interviewing patients about their contacts requires tact, sensitivity, and special communication skills. For any one patient (index case) presenting to a clinic there are at least two other people affected—the person who infected the patient and the person who infected that contact. It is usually more complicated than this, so that by the time the index patient has sought medical care he or she may have had intercourse with a further individual. It is essential, therefore, to get in touch as soon as possible with sexual contacts and advise them to attend a clinic. The aim is to control the disease within the community as well as to protect the health of individuals who are symptomless and unaware of their disease. For women with gonococcal and chlamydial infections the prevention of costly disability is of paramount importance.

Some patients feel that being asked about contacts is unnecessary or an infringement of their privacy. The reasons for tracing contacts must be explained to the patient and their active cooperation sought. Often this is a useful health education exercise.

Education and information

Primary prevention

Discriminate sex
Prophylaxis

Secondary prevention

Decrease delay in seeking medical care
Increase compliance

Education of the public and health care workers is an important control measure. Society cannot continue to remain ambivalent about health education for sexually transmitted diseases. There is no evidence that widely available information about these diseases (or about contraception) encourages immoral or promiscuous behaviour.

Primary prevention should aim at educating individuals about the advantages of discriminate sex and prophylaxis. It has to be accepted, however, that there is no agreement in Western society about what

constitutes "normal" sexual behaviour. The skilled educator acknowledges this and constructs information that allows an individual, whatever his or her beliefs, to identify with some, if not all, of what is said. Education about sexually transmitted diseases should cover a wide range of sexual attitudes and behaviour. The best way to avoid sexually transmitted disease is to avoid sexual intercourse. This may not, however, be acceptable to those already sexually active, and they may want to know that monogamous sexual intercourse will cut down the risk. Again, this message may not be acceptable, but it should be pointed out that changing partners often increases greatly the risk of contracting diseases. Awareness of the presenting symptoms of the common diseases is important, but it is also important to point out that disease can be asymptomatic and that regular check ups (every three months) are a wise precaution for those changing their partners often. The use of a barrier contraceptive will reduce the risk of certain diseases and is a wise prophylactic measure when changing sexual partners. The sheath may, however, give a false sense of security since it probably prevents the spread of gonococcal but not chlamydial infections. The lesions of genital herpes, particularly in women, are often widespread so the use of a sheath will not always stop contact with infected areas.

Secondary prevention aims at encouraging people to seek care without delay once the symptoms of a disease are recognised, stop sexual intercourse until medical advice has been sought, and adhere to the advice given.

Since sexually transmitted disease is such a major health problem, more resources need to be devoted towards health education and making the public aware of clinics. Facilities should be advertised in places frequented more readily and openly by the public and not furtively in public toilets. Finally, research should play an important part in the control of the sexually transmitted diseases. Information on the size of the problem, infectivity, aetiology, behavioural determinants, and long term sequelae are central to understanding the diseases as epidemic phenomena, planning appropriate medical and other facilities, and monitoring changes.

How a patient is managed

Recorded message (London)
(01) 246-8072

Any doctor may refer a patient to a department of genitourinary medicine for diagnosis or treatment or to ensure contact tracing. This series of articles has given guidelines on how to recognise and diagnose disease and which patients to refer. Physicians working in departments of genitourinary medicine are always happy to see any patient in whom a sexually transmitted disease is suspected or needs to be excluded.

Patients may be extremely anxious about their condition, talking about sexual matters, and what investigations will be performed. Some of these fears can be modified if the person referring the patient can explain how a clinic works.

Finding a clinic—Most patients refer themselves to clinics and often know of a clinic through friends or sexual contacts, or they may be referred by a general practitioner or family planning clinic. Otherwise, information about sexually transmitted disease clinics can be obtained in most large cities from recorded messages and telephone directories. In recent years magazines have printed articles about the sexually transmitted diseases and given star ratings to some clinics and crossed wooden spoons to others. Information of this sort helps patients to find out where the clinics are and the quality of service they may expect.

Some clinics have an appointments system, and a new patient gets an appointment, usually within 24-48 hours, by ringing or visiting the clinic. Other clinics have no appointments and simply invite patients to walk in and be seen. Some run a combined system.

What happens in a clinic

Date of 1st Attendance	THE MIDDLESEX HOSPITAL OUT-PATIENT DEPARTMENT JAMES PRINGLE HOUSE Dr. J.S. BINGHAM Prof. M.W. ADLER	Index No.	
Name	Age	Date of Birth	
Address		Civil State	
Occupation		Nationality	
Referred by		District	
History of Present Illness			
Recent Intercourse			
Contacts			
Contraception			
Previous Infections			
Past History			
Family History		Previous Penicillin or Antibiotics	
		Reactions	

New patients have to register in the clinic. Most clinics have a record system separate from that of the main hospital to ensure confidentiality, and patients do not have to give any personal or demographic details, though few refuse. Then, if laboratory tests are positive and a patient fails to keep an appointment he or she can be told of the results and of the importance of attending. If a patient specifically requests no correspondence, this is respected.

The consultation—Details of the presenting symptoms and their duration are taken and information elicited to exclude possible complications—for example, abdominal pain, arthralgia. Patients will be asked about the occurrence and timing of symptoms in relation to sexual exposure and menstruation, the type of contraception used, the number of recent sexual contacts and whether any of these have symptoms and have received treatment. The sexual orientation of the patient is important. Homosexual patients do not always volunteer this information, particularly if they are under 21 and think that the doctor will report them to the police. If the patient is homosexual he will be asked about the sites put at risk of infection. Finally, a history of previous sexually transmitted disease and sensitivity to antibiotics will be obtained from all patients and, in women, details of any menstrual changes, pregnancies, and recent gynaecological procedures and cervical cytology.

PHYSICAL EXAMINATION	
Seen by	
GENITAL EXAMINATION	URETHRAL SLIDE
Inguinal lymph nodes	G. Polys.
Labia	Epi. O.O.
Urethra	
Skene's ducts	CERVICAL SLIDE
Bartholin's glands	G. Polys.
Vagina	Epi. O.O.
Cervix	
Perineum	RECTAL SLIDE
Anus	G. Polys.
Rectum	Epi. O.O.
Uterus	
Tubes	VAGINAL SLIDE
	T.V.
GENERAL EXAMINATION	Candida
Skin	Polys.
Mouth	CULTURES
Lymph nodes	Urethral
Bones and joints	Cervical
C.V.S. B.P.,	Rectal
	Vaginal
R.S.	CERVICAL CYTOLOGY
Abdomen	
C.N.S.	URINE
	Protein
PROVISIONAL DIAGNOSIS	Sugar
	D.G.
TREATMENT	Other Tests
CONTACT TRACING	INVESTIGATIONS
	V.D.R.L.
	T.P.H.A.
	F.T.A.

PLEASE MAKE SURE YOU BRING THIS FORM WITH YOU WHEN YOU ATTEND

HOSPITAL OF ORIGIN:

THE MIDDLESEX HOSPITAL
JAMES PRINGLE HOUSE
73-75 CHARLOTTE STREET
LONDON, W1P 1LB

Telephone Number 01-636 8333
Extension 666
01-323 4819

Mondays to Fridays
9 a.m. — 6.30 p.m.

Dr. J. S. BINGHAM
Prof. M. W. ADLER
APPOINTMENT ADVISED

REF. No. _____

DIAGNOSIS (MINISTRY OF HEALTH CODE)

DATE _____

Confidentiality

Brook Advisory Centres: 233 Tottenham Court Road, London W1. 01-323 1522/580 2991.
2 Lower Gilmore Place, Edinburgh 3. 031-229 5320.

Family Planning Association Information Service: 27 Mortimer Street, London W1. 01-636 7866.

Gay Switchboard: 01-837 7324.

Lesbian Line: 01-837 8602.

Health Education Council: 78 New Oxford Street, London WC1. 01-637 1881.

Scottish Health Education Unit: Woodburn House, Canaan Lane, Edinburgh 10. 031-447 8044.

Hepatitis B Support Group: 01-603 6516/373 6105.

Herpes Association: c/o Spare Rib, 27 Clerkenwell Close, London EC1.

Marriage Guidance Council: 76A New Cavendish Street, London W1. 01-580 1087.

Rape Crisis Centre: PO Box 69, London WC1. 01-837 1600.
PO Box 120, Head Post Office, Edinburgh 1. 031-556 9437.

The examination—A local genital examination is carried out and selectively or routinely augmented by a general physical examination. *Women* are usually examined in the lithotomy position and the external genitalia examined for evidence of disease. Specimens for microscopy and culture are taken from the posterior fornix, vaginal wall, endocervix, and urethra (see article on vaginal discharge). Cervical cytology may also be performed. In selected patients proctoscopy is performed and specimens taken (if the patient is a contact of someone with gonorrhoea or volunteers anal or rectal symptoms). This is followed by a bimanual examination. Serological tests for syphilis are performed in all patients since this can be a concurrent asymptomatic infection. Additional tests—haemoglobin, midstream urine, throat swab—are performed if indicated. Finally, urine is tested for protein and sugar. Microscopy can be performed immediately in the clinic and in most cases a diagnosis obtained. If this is not always possible—for example in women—the need to culture specimens is explained and patients are asked to return in three to seven days. *In men* general physical and local genital examinations are performed and samples obtained. Anal examination and proctoscopy and sampling are carried out when indicated. In homosexuals samples are taken from the sites related to the symptoms or, if asymptomatic, from the sites at risk. As in women, serological tests for syphilis and urine tests are performed.

Treatment—If a sexually transmitted disease is diagnosed microscopically within the clinic the patient will be given treatment at once. All treatment is free of prescription charges.

Contact tracing will be undertaken by contact tracers (social health advisors) or doctors. The social health advisor or patient can visit or telephone contacts. Contact slips are still used, but with the wider availability of telephones they are no longer so popular. A contact slip will be given to the contact(s) by the patient or health advisor. This can be taken to any clinic in the United Kingdom. The slip includes the original patient's note number and a code for the diagnosis. This diagnosis is vital information for the doctor seeing the contact and will help him decide on the appropriate tests. If the contact is seen at a different clinic from the index case the slip will be returned to the original clinic so that accurate contact tracing records can be kept.

The confidentiality of information imparted by patients to doctors or contact tracers is paramount genitourinary medicine. Failure to keep confidences will dissuade patients from seeking attention or volunteering information about their sexual orientation and contacts. It is essential that patients should realise that their diagnosis or, indeed, any other information is never given to their sexual partners when they consult or to any one else outside the clinic. Family practitioners are informed of the diagnosis and treatment if the patient has been referred by them in the first instance. Any inquiries, for example from solicitors or doctors performing life assurance examination, are not answered unless the patient gives written permission. A record keeping system separate from the rest of the hospital secures the confidential nature of information. The police are never given information, even if the patient is a minor, unless the patient requests it.

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