

Transcript Details

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ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Attention Primary Care Providers! Don't Forget About STI Screening

Announcer:

Welcome to Women's Health Update on ReachMD, brought to you by Hologic.

Dr. Allen:

As the number of women visiting their OB/GYN steadily each year continues to drop, primary care physicians assume greater roles in screening for sexually transmitted infections, or STIs, but taking on this responsibility carries some unexpected challenges, leading many to question how easy it is to do in their office and how they can even start the conversation with their patients. And working through those obstacles will be the primary focus of today's discussion.

Welcome to Women's Health Update on ReachMD. I am your moderator, Dr. Renee Allen, and joining us today is Dr. Amy Clouse, Associate Director of the Family Medicine Residency Program at Abington-Jefferson Health.

Dr. Clouse, it's so great to have you with us.

Dr. Clouse:

Thanks, Dr. Allen. I'm delighted to be here.

Dr. Allen:

All right, Dr. Clouse, to start off, let's just put this blunt question out there. Why does sexually transmitted infection screening in the PCP setting actually matter?

Dr. Clouse:

As you already stated, fewer women are visiting their OB/GYNs overall, and women are becoming sexually active earlier and earlier. I think the number is down to about 17 or so in the United States, long, long before it's recommended that women start getting Pap smears. Young teens are not even visiting their OB/GYNs, so the responsibility for screening for sexually transmitted infections belongs with primary care providers for the most part. And even beyond that, most sexually transmitted infections can be asymptomatic. Chlamydia, for example, about 75% of the time does not even have any symptoms, so screening makes the world of difference for young women to find those infections early, so I think it's incredibly important in the primary care setting.

Dr. Allen:

And, of course, PCPs aren't just screening randomly. They are going to look to guidelines for evidence on who and when to screen. So, can you, Dr. Clouse, give an overview of what the current guidelines recommend?

Dr. Clouse:

Well, the Centers for Disease Control and Prevention, or the CDC, is the organization that really makes the recommendations for screening for sexually transmitted infections. They currently recommend that all sexually active women under the age of 25 be screened for chlamydia and gonorrhea, and that older women who may have new sexual partners or may have multiple sexual partners also be screened for chlamydia or gonorrhea. All adolescents and adults should be screened at least once in their lifetime for HIV, or the human immunodeficiency virus. And then we screen for HPV sort of whenever we do Pap smears. And then syphilis and hepatitis B as sexually transmitted infections should be screened for in all pregnant women and then other women who are at risk or considered at high risk for these infections.

Dr. Allen:

So, Dr. Clouse, now that we've covered the guidelines in general let's focus on your own primary care practice and get a better sense of

your own personal experience screening patients. What's it been like for you?

Dr. Clouse:

So, maybe they're in just for a sports physical or a driver's physical, but usually, they're only in for that occasional cold or ankle sprain, so I really try to take advantage of any opportunity to talk to that sexually active young person who's in the office to offer screening to them because that might be the only time that I see them in their entire adolescence. I also think that it's important to remember that we used to think of gonorrhea and chlamydia testing as a pelvic exam test for young women, but that's no longer the case. We now can use urine testing as the screening test for gonorrhea and chlamydia, so it's really easy now. I use a urine test in my office for the young adolescent who may be in for that random sore throat. So, my experience has been that I really try to take every opportunity to screen the adolescents whenever I do see them.

I recently saw a young woman in my office who really may have benefitted from earlier sexually transmitted infection screening. She's had multiple healthcare touches over the last month or so. She had been in an office for a driver's physical and then was at an urgent care center with some urinary tract symptoms, was treated for a UTI, and then was in an ER for abdominal pain. And then she ended up back in my office, and it wasn't until I saw her that I took a sexual history and discovered that she certainly was at risk for a sexually transmitted disease, and whenever I did a pelvic exam, discovered that she also had discharge and needed to be treated for a sexually transmitted infection at that time.

Had she been screened at one of those previous touches I really think that the infection would have been picked up a lot sooner and could have certainly eased her symptoms sometime earlier, as she had been symptomatic for almost 2 or 3 weeks by the time I'd seen her. So, I think it's important just to always keep that in back of our minds whenever patients are presenting with some urinary symptoms or some abdominal pain to be thinking about sexually transmitted infections and always to think about screening.

Dr. Allen:

Well, we at ReachMD actually conducted a survey where 68% of primary care physicians said that they screen all patients that fit the risk criteria according to Society guidelines unless they opt out. That was lower than what we had expected. So, what do you think may have been some of the barriers holding back the other 32%?

Dr. Clouse:

There are lots of reasons why primary care doctors have barriers to screening for sexually transmitted infections. One, I think we forget amid a million other things that we're thinking about—we're thinking about contraception, we're thinking about updating shots, we're thinking about filling out forms at that visit—or, 2, we have a parent in the room during an adolescent visit, so we don't really broach the topic of sexual activity at all; or even if the patient's alone in the room, we haven't really set a comfortable enough tone in the room for the patient really to disclose their sexual activity or their desire for screening for sexually transmitted infections, so often times the barriers fall on us as the primary care provider to make sure that we're setting the proper environment for the patients and make sure that we're open to the idea of screening with our adolescent patients.

Dr. Allen:

All right, Dr. Clouse, before we wrap up, do you have any other thoughts or recommendations on STI screening that you'd like to leave our listening audience with today?

Dr. Clouse:

Well, in a time when we are seeing a really rapid increase in antibiotic-resistant gonorrhea, and also, when we're seeing that at least 25% of women will experience some serious sequelae even after their first episode of pelvic inflammatory disease, it is more important than ever for primary care providers to screen for sexually transmitted infections, so my recommendation always is to be open to screening for sexually transmitted diseases, to ask about sexual activities, and then to screen.

Dr. Allen:

Well, it's certainly encouraging to know that STI screening can be done and, moreover, can be done well based on your experience within the primary care setting. Dr. Clouse, thank you for joining me today. It's been so great having you on the program.

Dr. Clouse:

Thank you so much, Dr. Allen. I really appreciate the opportunity to talk to your audience.

Announcer:

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