

Transcript Details

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Key Considerations to Reach a Rapid MGen Diagnosis

Announcer:

You're listening to *Women's Health Update* on ReachMD, and this episode is sponsored by Hologic. Here's your host, Dr. Mimi Secor.

Dr. Secor:

Welcome to *Women's Health Update* on ReachMD. I'm Dr. Mimi Secor, Nurse Practitioner, and here to talk about mycoplasma genitalium and how the community is looking to address it is Dr. Maria Trent. Dr. Trent is a Professor of Pediatrics, Public Health, and Nursing, and Chief of the Division of Adolescent and Young Adult Medicine at Johns Hopkins School of Medicine in Baltimore, Maryland. Dr. Trent, thank you so much for being here today.

Dr. Trent:

Thank you so much for having me.

Dr. Secor:

Let's begin by taking a look at our current understanding of mycoplasma genitalium, or Mgen for short. What do we know about this STI?

Dr. Trent:

So we know that it's common, and it's often more common than many other sexually transmitted diseases that we have out there that people are affected by. We know that it's sexually transmitted. We know that it may be a cause of symptoms in both men and women. We know that it also can travel easily with other sexually transmitted infections, so often presents as a coinfection in patients. We now know that there are diagnostic methods that can help us better diagnose the infection to take better care of patients.

Dr. Secor:

What are some of the risk factors associated with this infection?

Dr. Trent:

It's associated with sexual behaviors was associated. It's associated with having sex with a partner who is infected with the organism. It's interesting because I think that there are some prevalent studies that have been done. And they demonstrate sort of broader population-based prevalence, may be in some studies, less than five percent. And often amongst men ranges just between one or two percent. However, in populations that I've studied low income, urban populations, we've seen rates as high as 16 percent, and others who have done research and similar populations here in Baltimore have seen rates as high as 19 percent. Oftentimes, those are not population-based samples though, so we have to take those with a grain of salt just in terms of what does that mean for our broader population, but it suggests that mycoplasma is a problem in people who are seeking care in professional settings, and that we need to be prepared to certainly manage them effectively, particularly if they have symptoms.

Dr. Secor:

And what do we know about the sexual transmissibility of this infection? Is the risk of Mgen higher among individuals who are at risk for other STIs?

Dr. Trent:

So, I would certainly say that people who are sexually experienced and are having unprotected sexual intercourse are certainly more likely to acquire affection in a community that has higher prevalence. So, I think that that's true of other sexually transmitted infections as well. But because of the coinfection, it suggests that people who are already at risk for one sexually transmitted infection are as likely to be at risk for acquiring mycoplasma if exposed to it.

Dr. Secor:

Thank you. For those just tuning in, you're listening to *Women's Health Update* on ReachMD. I'm Dr. Mimi Secor, Nurse Practitioner, and I'm speaking with Dr. Maria Trent about the risk and spread of mycoplasma genitalium, also known as Mgen.

So, Dr. Trent, now that we have an understanding of the risks and transmissibility of this infection, let's focus on how we can curb the spread. Can this infection be rapidly diagnosed?

Dr. Trent:

So it's interesting. I think that if you have access to the testing, we now have a commercially available test available in the United States that can easily diagnose the presence of mycoplasma genitalium infection. So yes, I think that the infection can be as easily diagnosed in populations as some of our other STIs that use nucleic acid amplification testing. So yes.

I do think, however, people are not sure what to do about the results when they get them back in part because we may not have data on resistance testing. So now we've developed a strategy in the United States that allows us to treat people based on just the presence or absence of a positive test or a negative test, until we have those resistance assays available.

The tricky part still remains that we don't always have access to resistance testing, unless there is probably a research laboratory connected to say, a hospital or commercial laboratory. And so that treatment is guided by that secondary aspect of understanding the diagnostic test. I think what we're looking for really is better access to resistance testing for macrolide resistance testing, and for this particular disease. And so, I think that is the diagnostic dilemma that we have remaining, but definitely we want to use nucleic acid amplification tests.

Dr. Secor:

Thank you. What are some counseling strategies clinicians can use to help patients reduce their risk for contracting Mgen?

Dr. Trent:

The CDC does provide management recommendations. So first of all, partner notification and treatment is the cornerstone of, getting control of sexually transmitted infections, from a public health perspective. Also, secondary prevention is still really important.

So, sex partners, should always be offered the opportunity to be tested as well, as the first pass, that's not always possible. And those partners who obviously test positive, should certainly be treated to reduce the risk of reinfection within a dyad. But certainly, if testing is not available, or the person does not want to come in, and you have concerns about your patient, the partner could also be treated as well.

So, I think that there are some challenges sometimes in getting partners in, but I think that that's true for other disease states as well.

I think that they're the same counseling strategies that we have been using with patients for generations. So, I want to really assure people that I'm not sure that there's anything different that they need to do, aside from really increase and enhance their knowledge around this particular pathogen. It's commonality, it's being sexually transmitted, it is a part of the group of things that patients need to be counseled on. But I think in terms of prevention, I think there's data that suggests that people who have fewer sexual partners or people who are having unprotected intercourse with fewer sexual partners are going to be able to protect themselves from infection. People who use condoms very specifically are going to be able to protect themselves against infection. So those are the kinds of things that I think people can do. Those are sort of the mainstays of preventive services for patients who want to prevent sexually transmitted infections.

Dr. Secor:

Thank you. And before we close, Dr. Trent, what else can we be doing to help prevent the spread of this STI?

Dr. Trent:

So I think STIs in the United States right now are at an all-time high. I think it's been very difficult in part because I think many of the mechanisms that we use to test for infectious diseases in our society those resources were shifted. And so, I think it's wonderful that we actually have commercially available tests that we can use. If we think a patient has symptoms that are consistent with mycoplasma genitalium, that is a real move in our society. I think the other thing is making people aware that this is a possibility, particularly for patients who don't recover from the traditional diagnoses that we would expect or have persistent symptoms. I think that there are options for them now.

So, I think that we're really moving in terms of thinking about ways to prevent this because secondary prevention is also really important. So, if an index person has mycoplasma genitalium, being able to counsel and treat that person and then allow them to actually make those disclosures to their own partners. I think it's a huge piece of prevention.

But I think in general people who are sexually active with more than one person really do need to embrace the use of condoms with each sex act as really a primary strategy for prevention of not just mycoplasma genitalium, but other sexually transmitted infections as well, including HIV.

Dr. Secor:

Thank you. And with those valuable insights in mind, I want to thank my guest, Dr. Maria Trent, for joining me to discuss mycoplasma genitalium and what we can be doing to better understand and reduce our patient's risk of this infection. Dr. Trent, it was great speaking with you today.

Dr. Trent:

Wonderful speaking with you as well. Thank you.

Announcer:

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