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A 6-month pilot of a collaborative clinic between genitourinary medicine services and a young persons' sexual health clinic

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Abstract

Objective. *To investigate whether situating a genitourinary medicine (GUM) clinic within a Brook centre is successful in attracting a younger client group than that traditionally seen in GUM clinics within hospitals.*

Design. *A descriptive study of a 6-month pilot clinic.*

Setting. *Brook in Manchester. A community clinic providing sexual health advice to clients under the age of 25 years. With the collaboration of Withington Hospital GUM Department, Manchester.*

Participants. *All clients under the age of 25 years attending the pilot GUM clinic.*

Main outcome measures. *The age of the clients attending and the diagnosis made.*

Results. *A total of 137 visits were made by 93 clients. Under-16s comprised 6% of all visits compared to 1.5% at Withington GUM clinic (adjusted for the under-25s) and 12% at Brook. Far more* Chlamydia trachomatis *was seen (34% of all clients) than in a traditional GUM clinic (18% of all clients). Contact tracing resulted in 82% of named contacts being traced.*

Conclusion. *The pilot clinic was successful in attracting a much younger client group than a traditional hospital-based service.*

Key message points

- **Setting a genitourinary medicine clinic (GUM) in a young persons' clinic is successful in diagnosing and managing a younger client group than that seen in a traditional GUM clinic.**
- **A young persons' GUM clinic will probably see and treat a larger than average amount of *Chlamydia trachomatis* and provide very acceptable levels of contact tracing.**

Introduction

Rates of sexually transmitted infections (STIs) are generally increasing in the UK especially in young people. The highest rates of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* infection are found in men aged 20–24 years and women aged 16–19 years.[1,2] However, only 11% of attenders at genitourinary medicine (GUM) clinics in the UK in 1995 were under 20 years old.[3] Moreover, when clients aged under 25 years who attended a London Brook service were referred to GUM clinics only 17% attended.[4] When women of all ages with a known *C. trachomatis* infection were referred to GUM clinics in London, evidence was only found for attendance and treatment in 51.7%.[5]

The Teenage Pregnancy Unit has stated that it would like to see facilities for the diagnosis and management of *C. trachomatis* infection in young persons' family planning services and The National Sexual Health Strategy supports the integration of sexual health services and 'one-stop sexual health clinics'.[6,7]

There have already been some ventures into combining GUM clinics with contraceptive services for young people and the general population. Initial results have been promising.[8,9]

There are readily accessible standards, e.g. on the recommended percentage of contacts traced for clients with *C. trachomatis*.[10]

To date, there have not been any data directly comparing the ages of people attending a specific GUM clinic in the community with those attending a traditional hospital-based GUM clinic. Neither are there any specific data comparing the pathology seen at these two types of clinic. This is important if community-based clinics are to be introduced since there is little point in doing so unless they are actually reaching their target population.

It is against this background that a 6-month pilot of a GUM clinic within a Brook centre was commenced and an attempt made to answer these questions.

Methods

For the 2 years prior to the 6-month pilot, negotiation took place with local GUM clinics regarding the trial of a combined clinic at Brook in Manchester. Following the interest and offer of clinical time, expertise and pharmacy supplies from Withington Hospital GUM clinic and the acquisition of funds, the 6-month pilot clinic was started in October 2000. The clinic was advertised through Brook in Manchester and its allies by sending out posters and flyers. The clinic was most successfully promoted by Brook staff either in general clinics or when answering telephone enquiries from clients.

Data were collected from the 6-month pilot of a GUM clinic at Brook in Manchester. The clinic was held for 2 hours each week and was staffed by a consultant in GUM and a health advisor from Withington Hospital, Manchester and assisted by a nurse from Brook who had additional training in GUM. The clinic was aimed at Brook's clients and therefore only saw clients under 25 years of age.

Table 2 *Diagnosis of STIs: pilot clinic vs Withington GUM clinic*

Diagnosis	Pilot clinic (%)	Withington GUM clinic (%)
Chlamydia trachomatis	34	18
Candidiasis and bacterial vaginosis	23	13.5
Genital warts	6	14
Herpes	1	5
Trichomanas vaginalis	0	0.5

GUM, genitourinary medicine; STIs sexually transmitted infections.

The clinic offered six to seven appointments combining booked and drop-in slots to see the consultant and nurse. These appointments were 15 minutes long. Due to space limitations the consultant and nurse had to work in the same room so only one client could be seen at a time.

The health advisor had four booked appointment slots each 15 minutes long and was also available to see any of the clients who had seen the consultant and nurse. The health advisor interview was an opportunity to focus on STI and HIV awareness, transmission routes, risk behaviour, encourage regular testing and promote condom use. Space was provided where clients were encouraged to ask questions and where written resources were provided to support information given.

Women attending the clinic were tested by means of high vaginal swab for *Candida,* bacterial vaginosis and *Trichomonas vaginalis* and endocervical swab sent to the Public Health Laboratory Service (PHLS) for culture and sensitivity for *N. gonorrhoeae*; endocervical swab and urethral swab sent to PHLS for enzyme-linked immunosorbent assay (ELISA) testing for *C. trachomatis*, and urine for polymerase chain reaction (PCR) testing for *C. trachomatis*. Blood was taken to test for hepatitis B and syphilis. Men attending the clinic had a urethral swab examined by Gram staining for pus cells, sent to PHLS for culture and sensitivity for *N. gonorrhoeae* and urine for PCR testing for *C. trachomatis*. Blood was also taken to test for hepatitis B and syphilis.

Treatment for infections was provided free of charge and dispensed from the clinic. *C. trachomatis* was treated with doxycycline 100 mg bd for 7 days, and genital warts were treated during clinic time with trichloroacetic acid applied by the nurse (self-treatment was offered on one occasion but was declined by the patient).

Information obtained included age of the client, reason for attendance and diagnosis. The health advisor also recorded information for contact tracing and notification of results and uptake of HIV testing.

Information collected was compared with known data for Withington Hospital's GUM clinic from their annual report for 1999/2000 (these were the most recent data available at the time) and Brook in Manchester's general clinic data for 2000/2001.

The data were analysed using the Chi-squared test to look for statistical significance undertaken using graphpad prism on Microsoft Windows 98.

Table 1 *Age range of clients: pilot study vs Withington GUM clinic (all ages)*

Age range (years)	Pilot clinic (%) (n = 93)	Withington GUM clinic (%) (n = 5639)	Withington GUM clinic (%) adjusted for the under-25s (n = 2081)	Brook clinic (%) (n = 15 281)
< 16	6	< 1	1.5	12
16–19	42	10	27	44
20–24	52	26	71	44

Pilot clinic cf Withington GUM clinic adjusted for the under-25s, $p < 0.001$.
Pilot clinic cf Brook clinic, $p = 0.7$ (NS).
GUM, genitourinary medicine; NS, not significant.

Results

The pilot scheme ran from 2 October 2000 to 29 March 2001. During this time a total of 20 clinics took place.

There were a total of 137 visits by 93 clients. Of these clients 17 (18%) were male and 76 (82%) were female. The average attendance per session was seven clients. The mean age of the clients seen was 19.3 years and the median was 20 years.

Age breakdown

The age breakdown showed that six (6%) of the clients were 15 years old or younger compared to 31 (less than 1%) of clients of that age group attending Withington GUM clinic and 1834 (12%) of clients of that age group attending regular Brook clinics. The age breakdown for all the clients seen is illustrated in Table 1.

Diagnosis

Fifty-eight infections were seen in 93 clients (an average of 0.6 diagnoses per client). Thirty-two clients (34%) had a diagnosis of *C. trachomatis* (10 of these clients had initiated their treatment through the routine Brook clinic prior to attendance at the GUM session), 21 clients (23%) had a diagnosis of *Candida* and/or bacterial vaginosis, six clients (6%) had a diagnosis of genital warts and one client (1%) had a diagnosis of herpes simplex.

No clients tested positive for syphilis, *N. gonorrhoeae* or *T. vaginalis*. Diagnoses were compared to the percentage of diagnoses at Withington GUM clinic (Table 2). The diagnoses at Withington GUM clinic are for clients of all age groups.

The health advisor saw a total of 60 clients (65% of the total client group). An HIV pretest discussion was had with 25 clients and 26 clients were seen for contact tracing for *C. trachomatis*. No clients tested positive for HIV. Following contact tracing discussions with 26 clients, 22 contacts were named. Of these contacts 18 (82%) either attended Brook for treatment or were traced to other GUM services. Of contacts named for all STIs at Withington Hospital GUM clinic 69% were traced.

Discussion

The pilot study showed that it is feasible to run a GUM clinic in a community setting and that such a clinic would be well attended.

The pilot was small in size and more information could be obtained through a larger study. The information obtained was compared with Withington GUM clinic data from the previous year since this was the most recent information available to us at the time, although ideally data would have been compared for the same time period.

The pilot was successful in attracting a much younger client group than attends a traditional hospital-based clinic. The difference between the younger age groups attending both clinics was highly significant. This highlights the fact that a different approach to the treatment of STIs in a younger age group does work. Given that only 17–51.7% of clients referred to traditional GUM clinics seem to attend these clinics for treatment, a different approach certainly appears to be needed.[4,5]

The other very striking observation in this study was the alarmingly high amount of pathology seen in the pilot clinic. This may have been influenced by the presence of a screening strategy for at-risk clients attending the regular Brook clinic (which has a positive *C. trachomatis* rate of 9.1%). Clients who tested positive for *C. trachomatis* were more likely to be informed about the existence of the pilot clinic and encouraged to attend. Likewise, these clients' partners may have been more likely to attend the pilot clinic. The biggest difference in pathology encountered was the amount of *C. trachomatis* seen. This correlates with the higher incidence of *C. trachomatis* in younger client groups reported in the analysis of national data of STIs as discussed in the Introduction.[1]

The contact tracing figures compared favourably with other clinics and standards. A total of 82% of named contacts were traced compared to an average of 69% in the Withington GUM clinic and the figure of 70% that is quoted in the Clinical Guidelines and Standards for Genital Chlamydia Infection by the Central Audit Group in Genitourinary Medicine 1997.[10]

The National Sexual Health Strategy and the Teenage Pregnancy Unit Strategy both emphasise the need for community-based GUM clinics, particularly in the context of preventing and treating *C. trachomatis* infection.

Our experience seems to mirror the positive experiences gained from other initiatives aimed at combining contraceptive and sexual health services with a GUM clinic such as the Young Person's Clinic in Morecambe.[5]

Statements on funding and competing interests

Funding. None identified.

Competing Interests. None identified.

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