Sexual health delivery in general practice

It appears Dr Sue Donym has her knickers in a twist about the apparent extra work from increasing the availability of sexual health services in general practice.[1] Is it really a challenge for general practice to provide good sexual health care?

The Health Protection Agency (HPA) published an audit of waiting times for genitourinary medicine (GUM) clinics, which shows nearly a third of patients have to wait more than 2 weeks for an appointment.[2] The HPA also identified sexually transmitted infections (STIs) such as chlamydia and gonorrhoea to be very prevalent in the very same areas of the UK where access is poor (i.e. London, South East, North West and the Midlands).[3]

There is a strong public health argument to increase access to diagnosis and treatment of STIs: the longer the wait to be seen, the longer the infectious period. Many people with symptoms of STIs see their general practitioners (GPs) before attending GUM clinics.[4,5]

I appreciate sexual health is not every GP's or practice nurse's forté and apparently there are barriers to discussing sexual health in general practice settings. Issues such as timeliness, embarrassment and lack of guidance on screening and testing were cited in relation to chlamydia screening.[6] Is sexual health any more difficult to discuss than mental illness, child abuse and death? Is sexual health not worthy of an extra minute or two to discuss for the sake of health promotion, compared to smears, smoking status and immunisations?

Dr Donym implies the *National Strategy for Sexual Health and HIV*[7] is a radical piece of policy document that will debilitate general practice. I would argue general practice is tougher and more resilient than she thinks. I give an example of primary prevention of coronary heart disease (CHD) with statins, which is one of the standards in the National Service Framework (NSF) for CHD. This was greeted with similar fuss from GPs, citing extra work and lack of funding. Four years on, it appears this NSF is making progress:[8] more than 3% of the population is receiving statins for primary prevention, and there is a significant reduction in deaths from cardiovascular disease. I would be very interested to see how the quality and outcomes framework (QoF) of the new General Medical Services contract[9] will affect the health of the population. There are concerns the budget may not be enough to pay GPs as currently they are approaching, if not already exceeding, their QoF aspirations.

So why should the National Strategy be any different? While I am not exactly over the moon about yet another change for GPs in the UK National Health Service, at least this rewards GPs for providing a more holistic and effective sexual health service to tackle the rising incidences of STIs, HIV and teenage pregnancies. Those practices that can provide Level 1 services and beyond should have the opportunity to apply for National Enhanced Service in More Specialised Sexual Health Services. This will improve access to STI and HIV testing and treatment for the local population and ease the burden on local GUM clinics to see more urgent and complex cases. They can also set good examples and help improve sexual health care delivery among their peers.

Perhaps Dr Sue Donym should take a break – as she is clearly overwhelmed by current initiatives from the Department of Health – and let those of us who still have the energy, optimism and vision take charge to improve the nation's sexual health.

Jenny Talia, MRCGP, MSc
General Practitioner, Pastures Green, UK

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News Roundup

Lactobacillus and thrush prevention

A randomised controlled trial[1] has dashed the hope that eating, or putting preparations of lactobacillus into the vagina, prevents thrush. The aim of the study published in the *British Medical Journal* was to test whether oral or vaginal lactobacillus could prevent post-antibiotic vulvovaginitis. The study recruited women aged 18–50 years with non-gynaecological infections who started short-term treatment with oral antibiotics within 48 h of enrollment. Fifty general practices and 16 pharmacies collaborated. Women were excluded if they had vaginal symptoms, had used vaginal antifungal agents within the past fortnight or other antibiotics within the past month, were pregnant or immunocompromised.

Cartoon by Jeanette Cayley

"I never knew where to put the yogurt anyway."

The trial used a 2 x 2 factorial design to test: (a) an oral powder, Lactobac® (containing *Lactobacillus rhamnosus* and *Bifidobacterium longum*) against placebo (maltodextrin powder) and
(b) a vaginal pessary, Femilac® (containing *L. rhamnosus, L. delbrueckii, L. acidophilus* and *Streptococcus thermophilus*) against placebo (maltodextrin).

Active treatments and placebos were identical in appearance.

The trial used self-collection of vaginal specimens by patients (which is a convenient and validated method for the diagnosis of vaginal thrush) at 14 days. The analysis was on the basis of intention to treat. The results showed no protection for either the vaginal or oral administration of lactobacillus.

The authors point out that it seems unlikely that oral administration of lactobacillus could be helpful in the short term. The lactobacillus would have to survive gastric acid and competition from other gut bacteria and, in this case, the antibiotic taken as well. Also, lactobacilli exhibit host specificity and colonisation potential, so that not all lactobacilli can colonise the gut or the vagina. Lactobacillus pessaries are also affected by antibiotics.

So the advice has to be that patients susceptible to thrush after taking antibiotics should use conventional antifungal medication, not yogurt or other probiotics containing lactobacilli.

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Sexual health recommendations

In its first annual report,[1] the Independent Advisory Group for Sexual Health and HIV made 29 recommendations to Government, covering the broad areas of prioritising sexual health within public health, improving prevention and education, doing more research and delivering better co-ordinated and faster services.

The report gives an overview of the present state of sexual health in the UK. Diagnoses of sexually transmitted infections (STIs), including HIV, are still rising. Despite recent reductions, the UK still has the highest teenage pregnancy rate in Western Europe, with particular concern about the high rates in London. There are significant variations in abortion services both in terms of waiting times and National Health Service funding.

The advisors outlined what the Government could do to tackle rapidly emerging problems, but also set out what part general practices, primary care trusts, health care organisations and individuals could play. They call on the Government to provide sufficient resources to increase the availability of services in genitourinary medicine clinics, community clinics and general practices.

Look at the full report to gather ammunition to fight for better provision in your area.

Reference
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