Study suggests federal guidelines for treating teen PID need clarification

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A Johns Hopkins Children's Center survey of 102 clinicians who treat teenage girls with pelvic inflammatory disease (PID) has found that official guidelines designed to inform decisions about hospitalization versus outpatient care leave some clinicians scratching their heads.

The study, conducted by a team of adolescent medicine specialists and published online in the journal *Sexually Transmitted Diseases*, presented the clinicians with a series of common clinical scenarios and discovered a great deal of uncertainty among some trying to choose between inpatient and outpatient treatment for PID, a potentially damaging inflammation of the reproductive organs resulting from untreated, undertreated or recurrent sexually transmitted infections like chlamydia and gonorrhea, among others.

"The current guidelines from the Centers for Disease Control and Prevention leave a lot of room for interpretation and uncertainty, which can lead to considerable variability in treatment choice and outcomes from patient to patient," says study lead author Maria Trent, M.D., M.P.H., a pediatrician and teen health specialist at Johns Hopkins Children's Center.

Trent says that despite data showing that teens with PID often fail to adhere to outpatient treatment regimens and miss follow-up appointments, the CDC no longer recommends in-hospital treatment, although clinicians have the flexibility to hospitalize patients if they so choose.

However, the Johns Hopkins study findings suggest the guidelines fall short of informing that flexibility, particularly in cases that involve patients with recent abortions or whose social circumstances make it unlikely they would comply with the complex outpatient treatment, the researchers say. Such ambivalence was particularly common when the clinicians were uncertain about patients' ability to care for themselves, their willingness to take medications or about their willingness to share diagnoses with sexual partners.

Trent says the study revealed a gender and parental bias in decision-making. Male clinicians and non-parent clinicians were more likely than their female and parent colleagues to hospitalize patients, the study found.

"We found that some clinicians are simply uncomfortable sending a teen home and asking her to follow a complicated PID treatment regimen and return for follow-up visits, despite existing guidelines stating they should do just that," Trent says.

Designed properly, Trent adds, clinical guidelines should offer clear decision-making algorithms while giving physicians autonomy and flexibility. Lack of clarity, however, can force clinicians to make decisions predicated on personal bias rather than on evidence stemming from best practices, the investigators say.

In the study, the clinicians were presented with 17 clinical vignettes involving a hypothetical 15-year-old with PID, then asked to choose between hospital and outpatient treatment for each scenario. The clinicians had to weigh various factors, such as the patient's severity of illness and age, whether the patient was pregnant, whether the patient has had recent surgical procedures, whether the patient was afraid of sharing her diagnosis with a partner and whether the patient appeared able and willing to follow outpatient treatment regimen.

Each year, 800,000 girls and women in the United States develop PID, according to the CDC, and 10 percent of them develop infertility as a result. PID can lead to an array of other long-term problems including ectopic pregnancy and chronic pelvic pain, the researchers say.

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