

Gaps in patient care pathway may perpetuate high rates of sexually transmitted infections

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There are gaps between best practice and documented management of patients diagnosed with sexually transmitted infections (STIs) in primary care, which may contribute to high rates of infection, new University of Otago research shows.

Research out of the University of Otago, Wellington, published recently in the *Journal of Primary Health Care*, shows gaps around patient management including [partner](#) notification and testing for [reinfection](#).

Partner notification is the process of telling recent sexual partners they have been in contact with an STI and need to get tested and treated.

The study's lead author, Senior Research Fellow Dr. Sally Rose, explains this is an important way to reduce the risk of reinfection and associated complications that can occur with repeat infections.

STIs are one of the main preventable causes of ill-health among [young people](#). Chlamydia continues to be the most commonly diagnosed bacterial STI globally, despite the ease with which it can be diagnosed and treated.

Dr. Rose and her colleagues Sue Garrett, Dr. Jane Kennedy, Kim Lund, Deb Hutchings, Caroline Boyle and Professor Sue Pullon reviewed 320 STI cases managed in primary care settings in the greater Wellington region between 2013 and 2015.

Three-quarters of cases (74 per cent) had documented evidence that telling partners had been advised, but follow up on treatment compliance and assessment of partner notification outcomes occurred in just under one-quarter of cases (24.4 per cent), so actual partner notification outcomes were difficult to accurately assess.

Recent sexual history including number of partners was documented for only half of the cases reviewed. Only one-quarter of cases were checked for reinfection as recommended within six months of treatment (24.7 per cent), and among those retested, reinfection rates were high (19 per cent). Reinfection typically occurs via untreated sexual partners.

Overall, there was generally good documentation about reasons for testing and treatment, 79 per cent had a record of one or more presenting features or reasons for testing. The median time to treatment was six days and 95 per cent were treated within three weeks of diagnosis.

Timely treatment is important to reduce the likelihood of complications and transmission to uninfected partners, Dr. Rose says.

Sexual health guidelines recommend that partner notification, follow-up and testing for reinfection are undertaken following diagnosis of chlamydia and gonorrhoea. However, Dr. Rose says frequent gaps were observed between best practice and documented management of partner notification and testing for reinfection.

The authors conclude that strategies are needed to ensure primary care practitioners are aware of current sexual health guidelines and are adequately resourced to more systematically approach these important aspects of patient care.

"If we are to reduce the shockingly high prevalence of chlamydia infection among young people in New Zealand, it's critical for [primary](#)

care providers to attend to, and document, all steps in the patient pathway, including effective partner notification strategies and routinely testing for reinfection," co-author Professor Sue Pullon says.

Provided by University of Otago

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