

Nurse intervention using tech may improve PID care in youth

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respectively; $P = 0.07$); however, the intervention group had a significantly higher differential rate of decrease (34.4 versus 4.4 percent compared with 25.6 versus 10.4 percent; $P = 0.02$). Compared with the control group, intervention participants were significantly more likely to receive the U.S. Centers for Disease Control and Prevention-recommended short-term follow-up visit (94.2 versus 16.3 percent; P

"The TECH-N intervention showed sufficient success for delivery of the CDC recommendations for interim care and short-term reduction in sexually transmitted infection acquisition and should be considered as a potential enhancement of standard of care approaches," the authors write.

Several authors disclosed financial ties to the biopharmaceutical and medical device industries.

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Adolescent and young adult women with pelvic inflammatory disease (PID) are more likely to experience decreases in *Neisseria gonorrhoeae* and *Chlamydia trachomatis* positivity with a technology-enhanced community health nursing (TECH-N) intervention, according to a study published online Aug. 7 in *JAMA Network Open*.

Maria Trent, M.D., M.P.H., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues examined the efficacy of a TECH-N intervention versus standard of care for improving PID self-management behaviors and prevalence of *N. gonorrhoeae* and *C. trachomatis*. Female patients aged 13 to 25 years of age diagnosed with mild-to-moderate PID were randomly assigned to either standard treatment (137 participants) or the TECH-N intervention (149 participants).

The researchers found that *N. gonorrhoeae* and *C. trachomatis* positivity did not differ significantly between the intervention and control groups at 90-day follow-up (4.4 and 10.4 percent,

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