

SEXUAL HEALTH

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This Family Practice Skills Course on Sexual Health provides an update to the Sexually Transmitted Infections (STI) and HIV/AIDS course conducted six years ago in 2007. Although the disease entities remain very much the same, yet epidemiological trends and also the resistance of some organisms to antimicrobials have changed, making an update of the management of STIs timely and necessary. A case in point is that the flouroquinolones should not be used to treat gonorrhoea because more than 70% of isolates in Singapore and the region are resistant.

The most dramatic event surrounding the last course in 2007 was the world was busy trying to implement the Centres for Disease Control and Prevention (CDC)'s recommendation of screening all persons 13-64 years of age for human immunodeficiency virus (HIV) infection. Prior to September 2006, screening recommendations were targeted to specific high-risk individuals and settings, and to all pregnant women. The rationale for expanded screening is that early diagnosis can reduce morbidity and mortality, and that persons who knew their HIV status will modify their risk behaviours and reduce transmission. What else have changed since then with regards to STI?

The first three units of the Family Practice Skills Course deal with updates on HIV/AIDS. In Unit 1 we note that the landscape of HIV has changed from an incurable disease in 1985 to be more like a chronic disease as the result of advances in medications; the lifespan of people living with HIV (PLHIV) has also lengthened, HIV complications are delayed, and many of the complications of HIV are prevented with adherence to medications. The stigma and discrimination remain however. Helping PLHIV cope requires empathy which is the positive response on the part of the therapist to emotional and social issues experienced by PLHIV – to see things from their perspectives.

In Unit 2, the focus is on the role of the family doctor in HIV medicine. The Find-Test-Treat-Retain model is a good paradigm for the family doctor to adopt in caring for the patient with HIV as a chronic disease. Retaining the continued wellbeing of PLHIV requires monitoring for complications, and providing patient education to help them minimise complications. A workshop on case studies of HIV cases will be conducted in this Skills Course.

In Unit 3, we learn that in the context of HIV prevention, effective behaviour change in the individual to adopt safer sex and also to go for voluntary testing for HIV infection can be achieved by the three step Knowledge-Protection-Detection

model. The current trend in HIV/AIDS in Singapore is that infected individuals are at a late stage of infection and more HIV infections are being diagnosed among MSM and fewer in heterosexuals. Changing the message of condom use from protection from HIV infection to condom use for good sex and safer sex has resulted in greater condom use in some countries. This unit has a workshop on behaviour change counselling for unsafe sexual practices and the use of the Health Choices Flipchart developed by Health Promotion Board will be applied.

Unit 4 covers the epidemiology of HIV and STI infections globally and in Singapore. Interviews with patients attending the Department of STI Control (DSC) Clinic show that most STIs are contracted locally from casual sex workers. Consistent condom use is an important preventive measure.

Unit 5 focuses on the management of patients presenting with genital discharge. A thorough history and examination should be conducted as they provide a guide to diagnosis and treatment.

Unit 6 focuses on a syndromic approach to the management of genital ulcers. Syphilis (chancres of primary syphilis) and genital herpes are the two most significant ulcerative STIs and are occasionally indistinguishable clinically.

Unit 7 focuses on genital rash and growths which are not uncommon and sometimes uncomfortable reasons for seeking medical attention. Again a tactful history and meticulous physical examination is the best strategy towards a correct diagnosis.

Of the latest Clinical Practice Guidelines on STI, CDC has produced its Sexually Transmitted Diseases Treatment Guidelines, 2010, and the DSC Clinic has published its Sexually Transmitted Infections Management Guidelines, 2013. The former is available on the Internet and the latter from the National Skin Centre, Singapore.

The PRISM column in this issue has a paper on the practical assessment of colour vision to certify fitness for driving. PRISM stands for Patients' Revelations as Insightful Studies of their Management. The premise in this column is Patients have Revelations about their medical or psychosocial issues which they bring to the attention of the doctor. To gain Insight to the issues, some thinking may be necessary on the part of the attending doctor. These issue(s) raised by the patient could be framed into question(s). The question(s) will constitute a problem list and will serve as a focus for finding answers or thinking about the effective Management of this patient. You may wish to share the answers to this thinking journey and your revelations.

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