Sexual Health Week 2008

Sexual Health Week is coming, so get ready! For most people the main point of information about Sexual Health and treatment for STIs remains their GP. Talking about sex is never easy; many of your patients will be relying on you to initiate the conversation and to be able to talk about sexual Health in a clear and unembarrassed way.

Sexual Health Week (SHW) 2008 has a focus on Chlamydia and young people, with a broader theme of STI prevention and testing which links to encouraging young people to access sexual health care. The aim of SHW is to work with individuals, groups and communities within the Greater Sydney Region to increase awareness of sexual health issues and promote sexually healthy choices among young people aged 25 years old and under.

Chlamydia

Chlamydia rates continue to rise in NSW with rates in young people of 7-10%. Up to 80% of chlamydia infections are asymptomatic, so for most of us the only way to know if we have the infection is to be tested. Chlamydia is a cause of breakthrough bleeding, dyspareunia and urethral discharge. Untreated Chlamydia leads to chronic pelvic inflammation and to infertility and chronic pain.

The test is simple – Chlamydia PCR on a first void urine (first part of the stream, not early morning) and the treatment (a stat dose of Azithromycin) even easier. Perhaps all sexually active young people should be routinely offered a test for Chlamydia, in the way that all patients over the age of 50 are offered a blood pressure check.

Contact Tracing

All sexual partners of a patient with an STI should be offered testing for STIs and treatment, irrespective of test results, to avoid re-infection. Telling partner is not easy, but most are grateful for a chance to protect their health. Contact tracing is usually performed by the patient themselves, and counsellors at STI clinics are skilled in supporting this.

Condom Use

Most STIs are preventable by condom use, however there is still a risk of contracting infections such as herpes or HPV through skin contact and condom failures are common in young people. Inexperience with how to put them on, use of oil based lubricant, using condoms which are damaged or past their sell by date or just being too embarrassed (or drunk) to use them are all common causes of condom failure. Giving young people access to condoms and information and advice on how to use them is an important part of any STI strategy.

Oral sex

The good news about oral sex is that it is a low risk activity for HIV acquisition (and for pregnancy), however it is a good way of spreading other STIs. Herpes, Gonorrhea and Syphilis are commonly spread through unprotected oral sex and Chlamydia can be passed via oral contact as well. It is important that young people know that the “Bill Clinton” definition of sex doesn’t extend to STIs.

Strong Foundations……..Strong Future - Report from the Aboriginal Health Research Conference in April 08, Sydney

The Sax Institute headed by Professor Sally Redman recently held its second conference looking at research to “close the gap” in infant mortality rates between Indigenous and non-Indigenous children and the 17-year life expectancy gap for adults. It addressed the need for research to make a real contribution to improving health outcomes which integrally involve Aboriginal communities as partners and build capacity among people from Indigenous backgrounds.

We gave a presentation on our experiences of recruiting Aboriginal women through the Dubbo Family Planning clinic to an HPV prevalence research study with key contributions from Christine Ohrin, our former Health Promotion Officer who is a respected and well known Wiradjuri woman.

We had agreed to recruit 50 Indigenous women through the clinic as part of a larger National study coordinated by Professor Suzanne Garland of the Royal Women’s Hospital in Melbourne.

Unsurprisingly perhaps, only one Aboriginal woman was recruited in the first year of the study compared with 100 non-Aboriginal women during this timeframe. The clinic team therefore implemented a recruitment strategy including street walks by the nurses in Dubbo main street, visits to women’s groups and playgroups and flexible drop-in clinics.

As a result an additional 42 Aboriginal women were recruited to the study within a 3 month period and underwent Pap and HPV testing. In addition we were delighted to discover that the number of Aboriginal women visiting the Dubbo Family Planning clinic for a Pap test increased almost 3-fold after the study had ended suggesting that the study strategies may have resulted in a sustained increase in cervical screening for this at risk group of women.

Contributed by Dr Deborah Bateson, Medical and Research Co-ordinator, FPNSW

GO ASK EDITH

Question: Can I skip periods if I use the new Vaginal Ring for contraception?

Answer: You are able to delay your period by inserting a new ring without having the ring-free break. The next ring can be used for up to another three weeks. As with skipping periods on the pill, you may experience some bleeding or spotting in this time

Congratulations to our “Sexual Assault” Quiz prizewinner Dr Jane Gorman of Tasmania!!

Here is a brief reminder of the issues covered in the quiz:
There is a Sexual Assault unit in all Area Health services in NSW.

The Police do not always need to be involved if a patient reports sexual assault to you and immediate referral to your nearest Sexual Assault Service is best practice if a patient reports within 4-5 days of the assault.

In the event that the patient is absolutely certain that they do not want a referral or Police involvement you can then manage them with medical advice about emergency contraception and STIs.
Ethics and Politics in Reproductive Health

Keynote Speaker Caroline de Costa is professor of Obstetrics and Gynaecology at James Cook University School of Medicine in Cairns. She has particular interests in the health of immigrant and indigenous women and women in rural areas and was the first doctor to be given permission to use mifepristone (RU486) for medical abortion in Australia and has been widely published in the medical press on this subject.

The Empowered Communicator - Are Doctors OK? Keynote Speaker Professor Diana Slade is Professor of Applied Linguistics at the University of Technology, Sydney. She has been working with the Family Planning NSW Research Unit to analyse the content of communications with women accessing our service and their consultations with our doctors. She has also done analysis of consultations in the emergency department setting.

Options to Preserve Fertility and IVF Update Dr Devora Lieberman is Director of Sydney IVF's Miscarriage Management Program and has an active infertility practice. She has long-standing involvement in many professional organisations and is currently President of Family Planning NSW, President of Sexual Health and Family Planning Australia, and Vice-President of the Fertility Society of Australia.

Men in the City and Beyond

Patrick Duley (pictured) Senior Health Promotion Officer FPNSW and Mark Morris, Health Promotion Officer FPNSW. The workshop will explore the diversity of men from the inner city, outer city, regional, rural and remote NSW and look at ways to engage men from different sub populations such as same sex attracted, men who have sex with men, men with a disability young/older men, Aboriginal men and men from a CALD background.

STIs: The symptomatic patient with negative tests

Dr Ellie Freedman is an expert in Sexual Health and runs the FPNSW Medical Education Program including the “Who? Why? What? of STI testing” course here at Ashfield. In her session for the Conference she will discuss the clinical conundrum of the symptomatic patient with negative test results.

Vulval Biopsy Skills Workshop

Dr Gayle Fischer is a dermatologist with a special interest in gynaecological dermatology. She is a Senior Lecturer in Dermatology at Sydney University. This session will encompass an overview of common and uncommon causes of vulval disease with a focus on when to and when not to perform a vulval biopsy. Vulval biopsy technique will be demonstrated and discussed.

Inherited Cancers and Screening

Dr Lesley Andrew, a General Practitioner with a special interest in cancer and genetics will discuss the practical management of screening for inherited cancers in General Practice.

Talking to Teens - a workshop

Dr Rachel Skinner, a paediatrician specialising in adolescent health will conduct a workshop to improve your skills in talking to teenagers and making the most of the consultation.

Contraception News

Dr Christine Read is a Sexual Health Physician and Medical Director, FPNSW. This session will include the latest information about contraception including the new 24 active, 4 placebo oral contraceptive pill.
SH&FPA Certificate in Sexual and Reproductive Health
This course is recognised by RANZCOG and ACHSHM. It is also recommended by the RACGP for all trainees wishing to increase their knowledge base and clinical skills in sexual and reproductive health.

19 - 24 October 2008

Time: 9.00am - 5.00pm

Cost: $1580.00 (all 3 modules)
(includes course materials, lunch, clinical training and criminal record record)

All Family Planning NSW Medical Education courses are exempt from GST

The six hour Active Learning Module aims to enhance your practical skills in sexual history taking, HIV pre-test and post-test counselling and initial management of positive and negative test results. Ideal for GP’s wishing to improve their sexual health communications skills. This is intended to supplement your knowledge of STI diagnosis and management.

Dates: Saturday 8 November 2008
Time: 9.30am - 4.00pm
Cost: $175
Venue: FPNSW Ashfield

This activity has been approved as an ALM by the RACGP QA&CPD Program for 40 Category 1 points for the 2008-2010 triennium.

Management of Menopause
This six hour Active Learning Module aims to enhance practical skills in managing menopausal patients and understanding the use of HRT.

This activity has been approved as an ALM by the RACGP QA&CPD Program for 40 Category 1 points for the 2008-2010 triennium.

Cervical Screening Upskilling for GP
This is ideal for GP registrars who have limited experience in clinical examination techniques or for those GPs who wish to refresh their skills and improve cervical screening rates in their own practices.

This activity has been approved by RACGP QA&CPD Program for 5 Category 2 points in women’s health for the 2008-2010 triennium.

Face to Face and Distance Mode approved for 40 Category 1 points in the RACGP QA&CPD Program for the 2008-2010 triennium. Supervised Clinical Attachment is also approved for 40 Category 1 points by RACGP QA&CPD program for 2008-2010 triennium.

Full cost is $1580.00 which includes assessment, clinical training and criminal record check.

Quick “Sexual Health” Quiz
1. A Chlamydia PCR test requires an early morning urine specimen: T/F
2. Oil based lubricants are appropriate to use with latex condoms; T/F
3. Oral sex is a low risk activity for HIV acquisition: T/F
4. Herpes, Gonorrhoea and Syphilis are commonly spread through unprotected oral sex: T/F

Name: .........................................................................................
Address: ..........................................................................................
Contact number:............................Email: ......................................

Please fax us your answers to 02 8752 4392 (answers will be supplied in the next newsletter). A draw will be made of all correct answers on the 18th August 2008 and the winner will receive a $100 voucher from the Healthrites Bookshop.