



Chlamydia and primary care: attitudes, practices and beliefs of health care professionals.

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Introduction

The only source of information regarding sexually transmitted infections (STIs) in Malta is obtained from the Genito- Urinary (GU) clinic at Sir Boffa Hospital. However this data cannot be extrapolated to the whole of the island as a lot of diagnosing and treatment of STIs takes place in general practice where no data is being collected.¹ Thus it is unknown if Maltese healthcare professionals (HPs) are screening and managing *Chlamydia Trachomatis* (CT) appropriately.

Aim

To review CT care practices, attitudes and beliefs of HPs in primary care settings.

Method

- A questionnaire was adopted from other studies and validated^{2,3,4}.
- The questionnaire was divided into two sections: Demographic data and Diagnosis and management of chlamydial infection.
- 160 questionnaires were distributed to HPs.

Results

- 108 GPs answered the questionnaire; 71 males and 37 females. The mean age was of 42 years. 52% of HPs were moderately interested in the management of STIs.
- HPs were asked to tick which they feel act as barriers for them to take or update a patient's sexual history. The most common barrier chosen is the **'The presence of a third party during the consultation'** whilst the least barrier is **'Age difference'**.

- Only 44% of HPs would screen a sexually active female because she is in a **'High risk age group'**.
- 27% of HPs **never treat presumptively**.

Table 1: Reasons ticked by HPs for treating presumptively without performing confirmatory laboratory tests (N= 108)

	%
Concerns about reliability of laboratory test	10.2
Patients do not like to be tested	29.6
History of risk behaviour ex unprotected sex	18.5
Recurrence of previously diagnosed infection, therefore no need to re- test	11.1
Concern about confidentiality of notification procedures if test results positive	3.7

It was noted that more males than females treat presumptively. It was also observed that the more interested the HPs are in the management of STIs the less likely they would treat presumptively.

- The most popular treatment prescribed to treat CT is Azithromycin 1 gram orally in a single dose.
- 17% of HPs sometimes prescribe medication for the patient's partner, without examining them.
- 35% never inform the department of health and ask for assistance when they have an STI case.

Conclusion

Maltese HPs need more information regarding the management of CT as many HPs do not follow current guidelines. CT remains a significant public health problem which warrants a multidisciplinary intervention.⁵

References

- 1) Gauci C, Melillo Fenech T. Sexually transmitted diseases. II- Gardjola. 2006 February 14; 2(1): p. 1-4.
- 2) Guerry S, Bauer H, Packel L, Samuel M, Chaw J, Rhew Mea. Chlamydia screening and management practices of primary care physicians and nurse practitioners in California. J Gen Intern Med. 2005 Dec; 20(12): p. 1102-1107.
- 3) Hardwick D, McKay A, Ashem M. Chlamydia screening of adolescent and young women by general practice physicians in Toronto, Canada: Baseline survey data from physician education campaign. CJHS. 2007; 16.
- 4) Temple- Smith M, Mak D, Watson J, Bastian L, Smith A, Pitts M. Conversant or clueless? Chlamydia- related knowledge and practice of general practitioners in western Australia. BMC Fam Pract. 2008; 9(17).
- 5) European Centre for disease prevention and control. Chlamydia control in Europe. 2009 Jun