Genitourinary Medicine: more than just STI screening and treatment

Dr Cecilia Priestley, Dr Sara Scofield
Dorset County Hospital NHS Foundation Trust

Introduction:

- In 2014, responsibility for commissioning sexual health services was transferred to local authorities. Public Health funding has been reduced significantly, putting pressure on the ability for them to fund these NHS clinical services.
- Some local authorities have taken a narrow view of sexual health, defining it as STI screening and treatment and contraception only. Some have not funded the complex non-STI genital conditions that are a core part of GUM.
- However patients attend sexual health clinics because they have a problem that affects their sexual health. This may or may not be an STI.
- We aimed to give a snapshot of a GUM consultant's clinical caseload.

Method:

A record was kept of all GUM patient consultations over a 2 week period in November 2015.

Results:

A total of 43 patients were seen; 31 female and 12 male. All but one were follow-up attendances. Nine were long term attenders and the remaining were external or internal referrals. Six of those referred by GUM clinicians were seen outside a booked clinic ("Would you mind popping down to see this patient?").

Ages ranged from 19 to 87 years (average age 42 years).

Discussion:

- This snapshot demonstrates both the complexity of patients seen by, and the holistic care provided by a GUM consultant.
- While other specialists such as dermatologists and gynaecologists are able to manage some of the conditions seen in GUM, few would have the expertise to manage patients with co-existing STIs and other genital infections, chronic pain conditions and genital dermatoses.
- Failure to commission the complex non-STI workload of GUM clinics could result in patients having to attend multiple appointments with other specialists, placing an additional burden on these services, and with the potential for undiagnosed infections.

The majority of patients had more than one diagnosis; a total of 83 diagnoses were seen in 43 patients.

Number of concurrent diagnoses

The commonest conditions diagnosed were genital dermatoses (7 with lichen sclerosus), pelvic pain (3 with chlamydial PID and 3 with recurrent PID and endometriosis), and recurrent Candida (2 with resistant species).

Nine patients had more than one genital infection (mostly PID or Candida in association with HPV or HSV). One MSM was diagnosed with syphilis, rectal gonorrhoea and warts.

Nine patients had both a genital infection and a genital dermatosis.