THE UNIVERSITY OF NEW SOUTH WALES

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH

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Reproductive Health at Risk: Challenges Associated with Pelvic Inflammatory Disease in remote Central Australia

Silver B, Rumbold A, Smith K, Knox J, Boyle J, Ward J, Kaldor J.

Background

PID comprises a spectrum of upper genital tract inflammatory disorders in women

- endometritis, salpingitis, tubovarian abscess and pelvic peritonitis

Infection of the upper genital tract caused by micro-organisms that ascend from the cervix and/or vagina

- poly microbial aetiology
- chlamydia and gonorrhoea are the most common causes

UNTREATED & INADEQUATELY TREATED SEXUALLY TRANSMITTED INFECTIONS

PID sequelae

Serious long term consequences:

- tubal factor infertility
- ectopic pregnancy
- pelvic adhesions
- early miscarriage
- chronic pelvic pain
- post partum infection

CDC Sexually Transmitted Disease guidelines MMWR 2006

At risk

ALL sexually active women under 25 years

In settings with high STI prevalence ……

ALL sexually active women under 35 years

STI Epidemiology

- 11% of all 2007 notifications for Chlamydia were among Aboriginal people (NT, SA, WA, VIC, TAS)
- 57% of all gonorrhoea notifications were among Aboriginal people (NT, SA, WA, VIC, QLD)
- Highest rates in young women aged 15-19 years

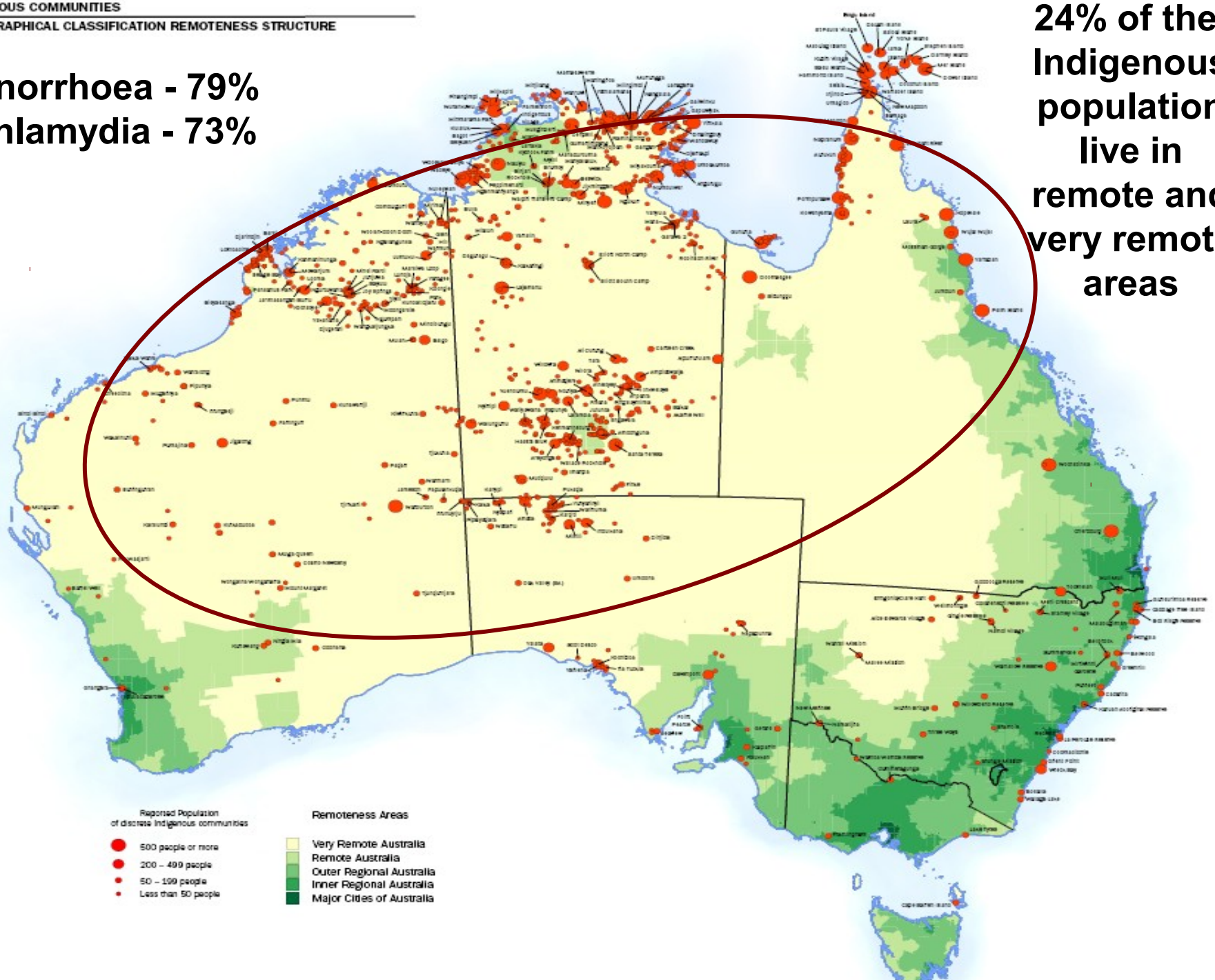
Burden of disease
in remote and very remote communities

NCHECR ATSI BBV & STI Surveillance report 2008

TE INDIGENOUS COMMUNITIES
LIAN GEOGRAPHICAL CLASSIFICATION REMOTENESS STRUCTURE

Gonorrhoea - 79%
Chlamydia - 73%

24% of the Indigenous population live in remote and very remote areas



Central Australia Issues

- High rates of bacterial STI

- Anecdotal evidence
  - PID symptoms unrecognised >>> undiagnosed
  - misdiagnosis as a urinary tract infection

- Primary Health Care delivery is challenged by:
  - frequent staff turnover
  - generalist staff
  - cross cultural communication
  - social mobility

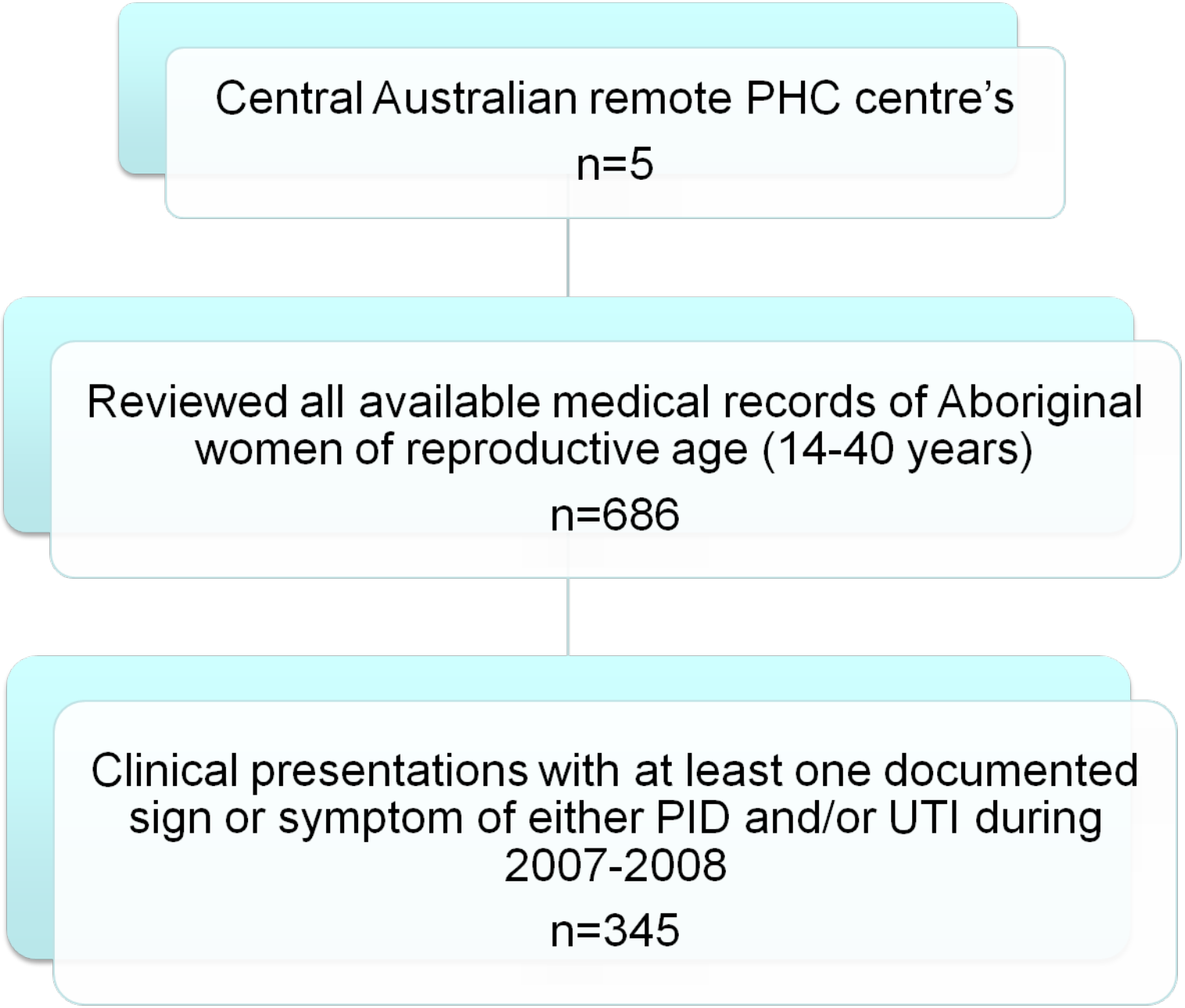
Despite this background……..

there has been limited investigation of the diagnosis and management of PID in Central Australia

Study Aim

To review the clinical management of women of reproductive age who present to select PHC centre's in Central Australia with signs and symptoms of PID and/or UTI

How are women with lower abdominal pain, the most common symptom of PID, being assessed and managed?


Central Australian remote PHC centre's
n=5
Reviewed all available medical records of Aboriginal women of reproductive age (14-40 years)
n=686
Clinical presentations with at least one documented sign or symptom of either PID and/or UTI during 2007-2008
n=345

Signs and symptoms

160 (23%) women presented 345 times with either S&S of:

PID

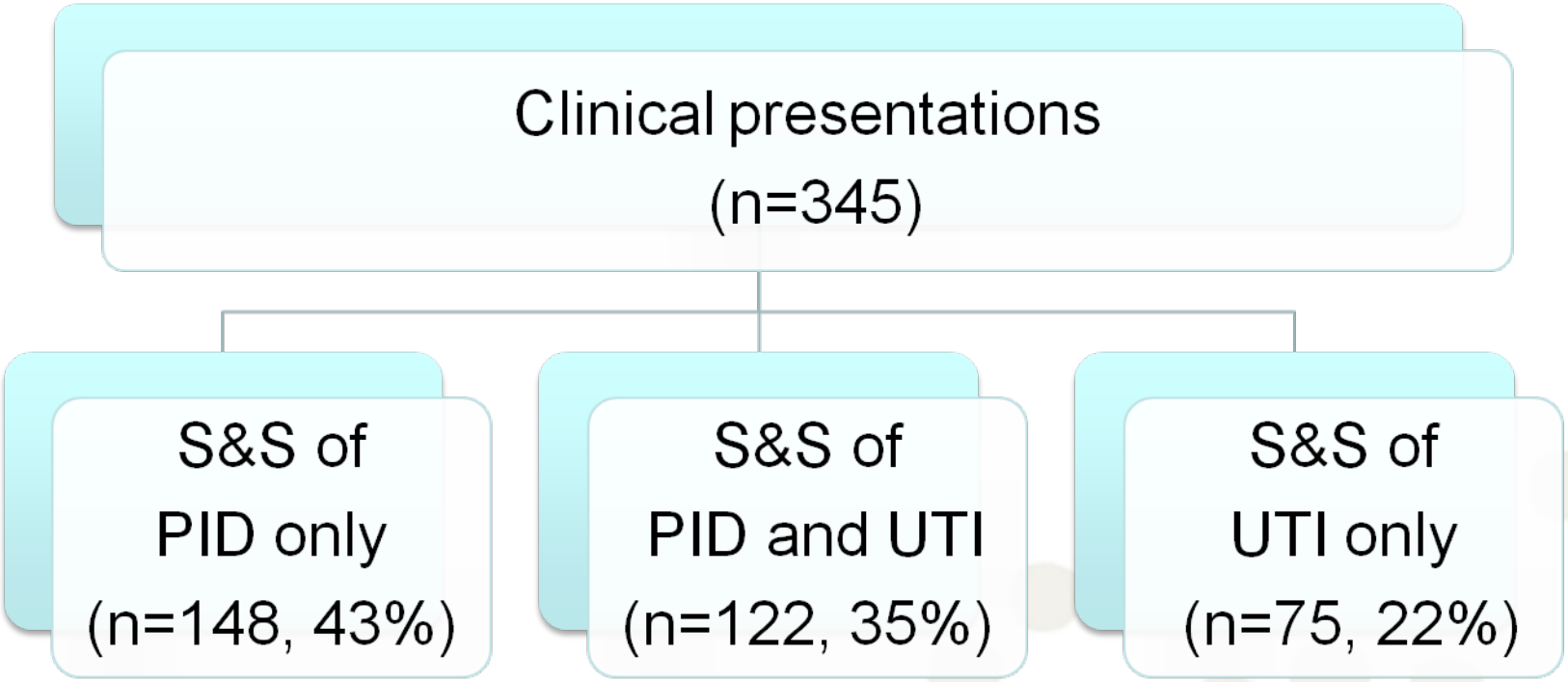
- Lower abdominal pain
- Dyspareunia
- Abnormal menstrual bleeding
- Vaginal discharge

and/or

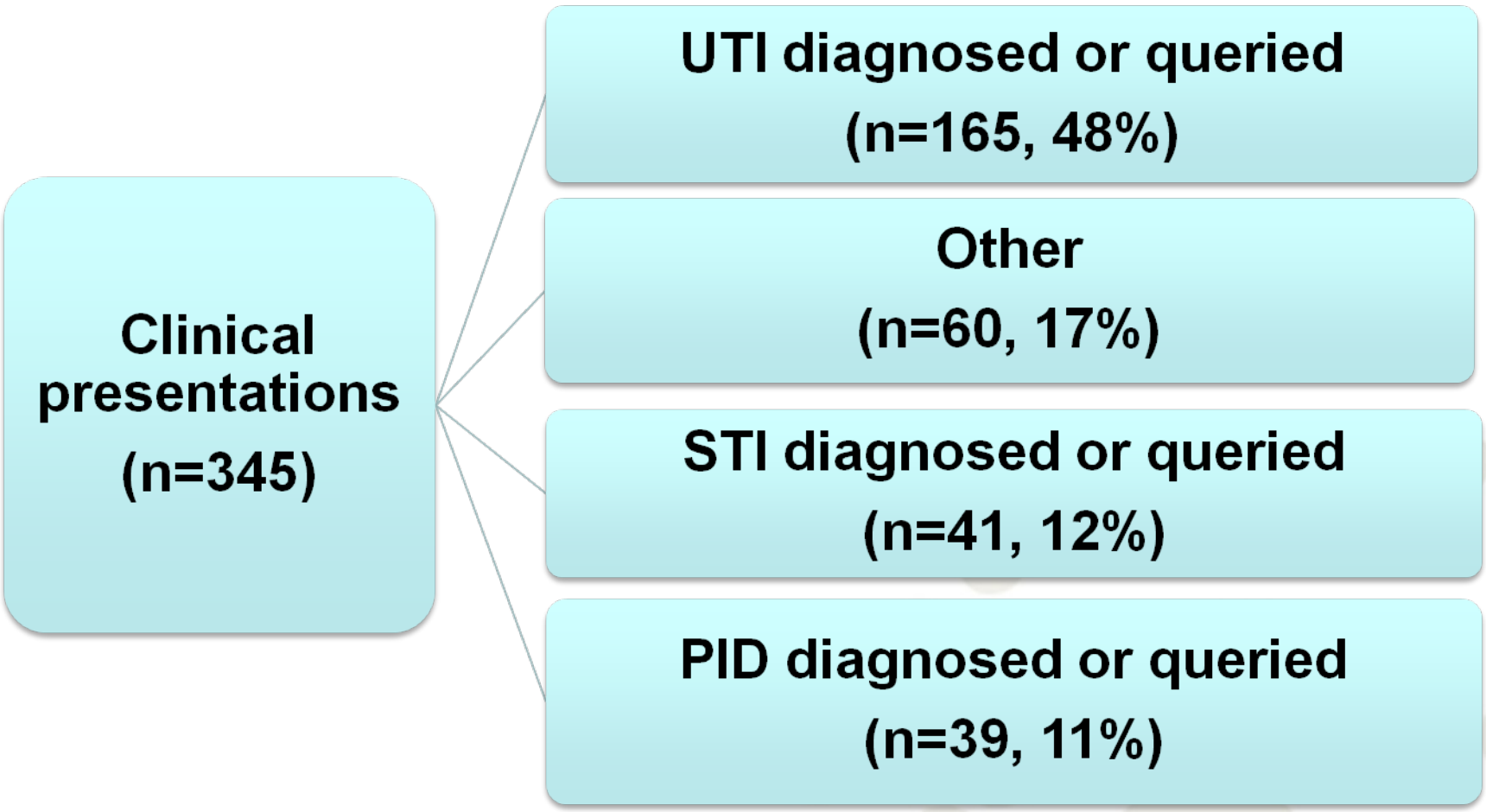
UTI

- Dysuria
- Frequency
- Loin/flank pain

Signs and Symptoms



Diagnoses by clinician



When a woman reports LAP the following questions should be asked……

Any pain deep inside when having sex?	• 93% not documented
Vaginal discharge?	• 74%not documented
Any change in your periods?	• 88% not documented
When was your last period?	• 82% not documented

When a woman reports LAP the following investigations should be undertaken……

Gonorrhoea and chlamydia test	• 63% not documented
Urine pregnancy test	• 50% not documented
Mid stream urine for m/c&s	• 69% not documented
Abdominal examination	• 64% not documented
Bimanual examination, if skilled	• 91% not documented

PID diagnosed by clinician

39 documented PID diagnoses in 33 women

- 15 diagnosed, 24 queried
- 6 (18%) women had more than one PID episode

>>>> clinical history taking, investigations and examination was also poorly documented

- Treatment was not consistent with the recommended regime in any presentation
- Incomplete treatment regime was administered in 54% presentations
- An STI ZAP pack alone (gonorrhoea and chlamydia treatment) was administered in 18% presentations

PID cases

According to the study definition of PID:

- clinical presentation of LAP **and**
- gonorrhoea and/or chlamydia in 2007-2008 **and**
- aged 14 – 34 years (STI high risk age group)

68 women presented 110 times with PID during 2007-2008

- 4 presentations were diagnosed PID
- 13 presentations were queried PID

>>> 10% of women of reproductive age had at least one episode of PID during 2007-2008

Limitations

- de-contextualised
- can only determine whether care was documented
- reasons why clinical decisions were made or care omitted cannot be determined
- a one – off
- select communities based on high STI prevalence

Conclusion

Clinical history taking, documentation, examination, investigations and treatment was overall poor

Contrary to local, national and global guidelines, clinicians were found to have:

- a low suspicion of PID
- a high threshold for initiating PID treatment
- a high suspicion of UTI
- a very low threshold for initiating UTI treatment

Recommendations

- Ongoing commitment from all levels of the health care sector to STI program
- Education for women to recognise, describe and report PID symptoms
- Ongoing health care provider orientation to sexual health
- Further research into link between STI and adverse reproductive outcomes in this setting

Acknowledgements

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Participating communities

and staff