

POEMs

Patient-Oriented Evidence that Matters

Due to competing pressure for space we have only reproduced one POEM for August but it is an interesting one! It provides evidence to support a practice that some of us have been doing for a long time but have kept quiet about as we thought that it was bad medicine. How many readers have treated the partners of patients who have common STDs without seeing them? Editor.

Clinical question

Should sex partners of our patients with gonorrhea or chlamydia be treated immediately, without being seen in person?

Bottom line

Giving the patient a prescription for their partner(s) or having a staff member contact the patient's partners directly to offer treatment without an examination slightly reduces the risk of recurrent infection in the original patient. It is most helpful for patients with gonorrhea. (LOE = 1b-)

Reference

Golden MR, Whittington WL, Handsfield HH, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *N Engl J Med* 2005; 352: 676-85.

Study Design

Randomised controlled trial (nonblinded)

Allocation

Uncertain

Setting

Population-based

Synopsis

Patients with gonorrhea or genital chlamydia were identified by laboratory reporting (70%), case reports from clinicians, and identification of patients as they presented.

Most had chlamydia only (78%) and were women (77%); their mean age was 23 years. All 1860 patients were contacted within the first 14 days after their infection was diagnosed and were randomised to one of two groups: (1) usual care, with a recommendation that any sex partners seek care; and (2) expedited treatment, where patients were given the option of being given medication for up to three sex partners, or having clinic staff call these partners and offer them medication directly without a clinical evaluation. The treatment medication was consistent with standard guidelines; that is, 400mg cefixime and 1gm azithromycin for gonorrhea, and 1gm azithromycin for chlamydia. The medication packets also included condoms and information on preventing transmission of sexually transmitted diseases. It is not clear how allocation was concealed or whether outcomes were blindly assessed. Patients were contacted 10-18 weeks after treatment for repeated testing; approximately one third in each group was lost to follow-up. Among patients with gonorrhea, infection was much less likely at follow-up if they received expedited treatment for their partner(s) (3% vs 11%; number needed to treat [NNT]=12.5; P=.01). Among patients with chlamydia, there was a small decrease in the likelihood of infection at follow-up, but it was not statistically significant (11% vs 13%). The combined infection rate was slightly lower for those receiving expedited treatment (10% vs 13%; NNT = 33; P < .05).