LSBU Prescribing in Sexual and Reproductive Health, an update.

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(Project Lead SHL e-Service)

- 1-Common presentations and treatments in GUM
- 2-Family planning, an over view
- 3-Specific considerations to prescribing in SH
- 4-PrEP
- 5-Resources
- 6-Questions

Our my main business..

- Gonorrhoea
- Chlamydia
- LGV
- Syphilis
- Mycoplasma
- PID
- UTI
- Antivirals
- PEP
- Herpes
- Genital warts
- Candida
- Gardnerella / BV
- Vaccines

Chlamydia and NSU

- **NSU**
- First line - Doxycycline 100mg BD 7/7
- Second line – Azithromycin 500mg STAT, then 250mg OD 4/7

- **Chlamydia** (uncomplicated)
- First line – Doxycycline 100mg BD 7/7
- Azithromycin 1g STAT is an acceptable alternative if asymptomatic (except for rectal)

WHY THE CHANGE?

- This is because Mycoplasma is becoming a significant cause of urethritis.
- Azithromycin 1g STAT can lead to Mycoplasma drug resistance
- The longer course of azithromycin is needed for Mycoplasma

Gonorrohea

- Tx changed many times in past, last was 2011 to Cef and Azith, now seeing resistance to both.
- •Gonorrhea has progressively exhibited reduced sensitivity and resistance to many classes of antimicrobials. Surveillance data in England and Wales show significant levels of N. gonorrhea resistance to penicillin, tetracycline's, ciprofloxacin, azithromycin and cefixime.
- •Azithromycin is recommended as co-treatment irrespective of the results of chlamydia testing, to delay the onset of cephalosporin resistance.

‘M.Gen’

- Isolated in 1981.
- Sx similar to urethritis in men and cervicitis / PID in women, however often a-symptomatic as well.
- It is strongly associated with persistent and recurring non-gonococcal urethritis (NGU) responsible for 15 percent to 20 percent of symptomatic NGU cases in men.
- 1g Azith and 250 mg Azith daily for 4 days (5 total) (or, Moxifloxacin??)

PID

- CT related PID is declining, thanks to wider testing and treatment. Therefore, the fraction attributed to MGen is climbing and in the UK PID Study of 2015 it was 15%. New BASHH Guidelines for PID and MGen to be published in 2018 will recommend that all women with a clinical diagnosis of PID should be tested for MGen.

- Treat women with PID as per the standard guidelines i.e. ofloxacin and metronidazole.

- If the patient is MGen positive, they should be recalled and the treatment switched to moxifloxacin 400mg od for 10 days. (Ofloxacin does **not** work well against MGen).

- UTI; Nitrofurantonin first line (when do you send MSU…?)
- HPV, first line Aldara..?
- How to manage recurrent Candida / BV?
- Vaccines….
- Herpes management

Family Planning

- How do you perform an assessment?
- Very much patient choice
- Props really help!
- Adherence is key
- What do you do if there are contraindications to the chosen method?
- Bridging

- Importance of young people, how do you manage them?
- -'sell' the method
- -what are there fears? (normally weight and skin, and not an unwanted pregnancy!)
- -purposeful short supplies for 'checking in'
- -do you quick start?
- Levonelle or EllaOne?!

- Contraindications, Migraines?
- BMI……25+ double dose Levonelle
- Problem bleeding on method..
- Exclude STI
- Allow time to setttle
- Change / double dose

Specific considerations

- **Off licence..**
  - NMC- possible for prescribe off-label as independent prescribers if the following conditions are met:
  - Your are satisfied that it would better serve the patient needs than an appropriately licensed alternative
  - You are satisfied that there is a sufficient evidence base or experience in using the medicine to demonstrate its safety and efficacy
  - You should explain to the patient in broad terms, the reasons why medicines are not licensed for their particular use
  - Macke clear accurate, and legible record of all medicines prescribed and reasons for prescribing off label

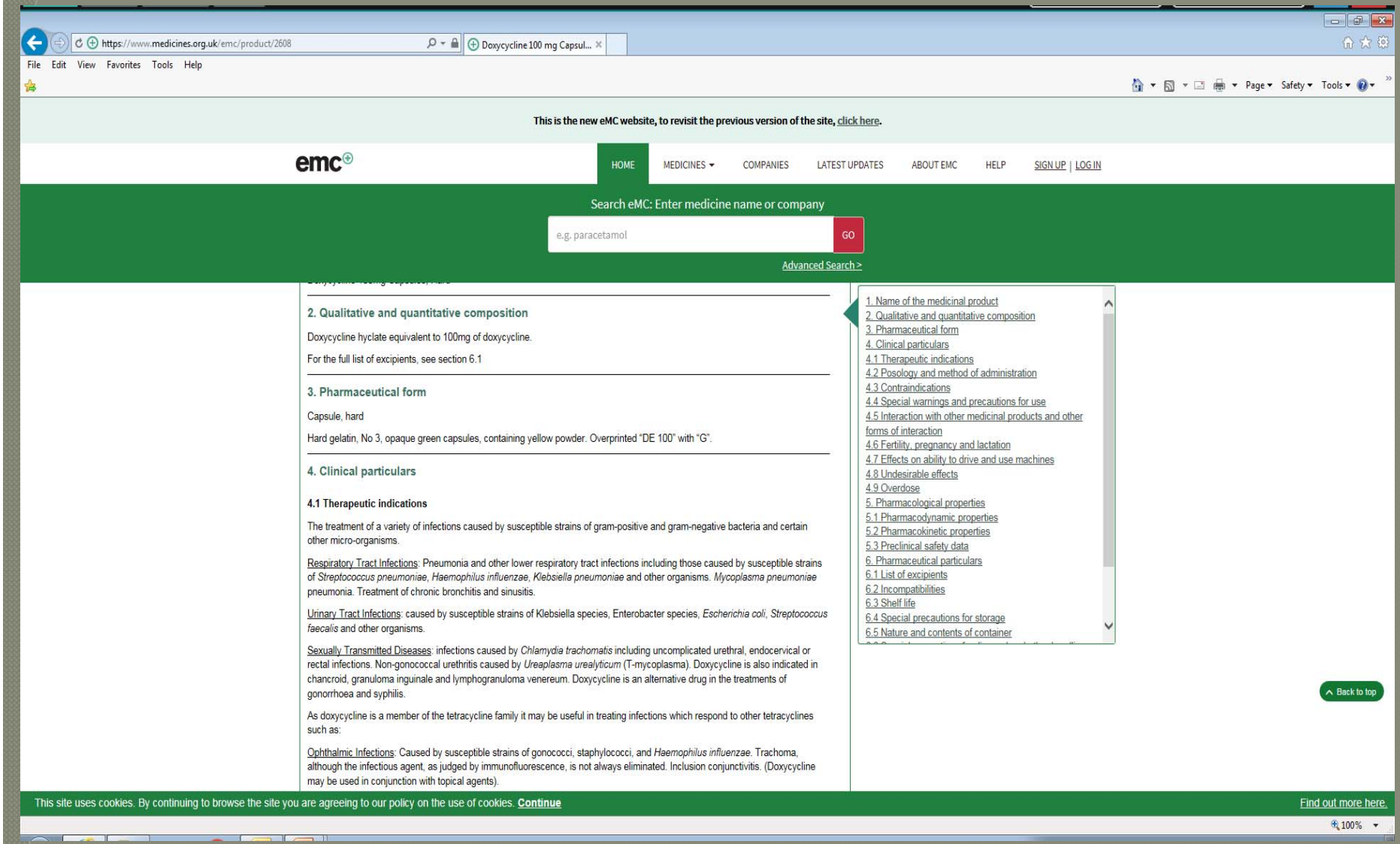
- Patients age? Adherence often an issue…
- Allergies to Penicillin in relation to our Cephalosporins?
- Treat contacts outside of test window or a/w result???
- PEP and undetectable partners..

- The e-Service!!!

SEXUAL HEALTH LONDON

Resources

- BASHH (…guidelines)
- CKS
- UKMEC (summary sheets, PDF)
- NHS Choices
- BNF
- Pharmacists
- The electronic Medicines compendium


https://www.medicines.org.uk/emc/product/2608
Doxycycline 100 mg Capsul...
File Edit View Favorites Tools Help
Page Safety Tools
This is the new eMC website, to revisit the previous version of the site, click here.
emc
HOME MEDICINES COMPANIES LATEST UPDATES ABOUT EMC HELP SIGN UP | LOG IN
Search eMC: Enter medicine name or company
e.g. paracetamol
GO
Advanced Search >
2. Qualitative and quantitative composition
Doxycycline hyclate equivalent to 100mg of doxycycline.
For the full list of excipients, see section 6.1
3. Pharmaceutical form
Capsule, hard
Hard gelatin, No 3, opaque green capsules, containing yellow powder. Overprinted "DE 100" with "G".
4. Clinical particulars
4.1 Therapeutic indications
The treatment of a variety of infections caused by susceptible strains of gram-positive and gram-negative bacteria and certain other micro-organisms.
Respiratory Tract Infections: Pneumonia and other lower respiratory tract infections including those caused by susceptible strains of Streptococcus pneumoniae, Haemophilus influenzae, Klebsiella pneumoniae and other organisms. Mycoplasma pneumoniae pneumonia. Treatment of chronic bronchitis and sinusitis.
Urinary Tract Infections: caused by susceptible strains of Klebsiella species, Enterobacter species, Escherichia coli, Streptococcus faecalis and other organisms.
Sexually Transmitted Diseases: infections caused by Chlamydia trachomatis including uncomplicated urethral, endocervical or rectal infections. Non-gonococcal urethritis caused by Ureaplasma urealyticum (T-mycoplasma). Doxycycline is also indicated in chancroid, granuloma inguinale and lymphogranuloma venereum. Doxycycline is an alternative drug in the treatments of gonorrhoea and syphilis.
As doxycycline is a member of the tetracycline family it may be useful in treating infections which respond to other tetracyclines such as:
Ophthalmic Infections: Caused by susceptible strains of gonococci, staphylococci, and Haemophilus influenzae. Trachoma, although the infectious agent, as judged by immunofluorescence, is not always eliminated. Inclusion conjunctivitis. (Doxycycline may be used in conjunction with topical agents).
1. Name of the medicinal product
2. Qualitative and quantitative composition
3. Pharmaceutical form
4. Clinical particulars
4.1 Therapeutic indications
4.2 Posology and method of administration
4.3 Contraindications
4.4 Special warnings and precautions for use
4.5 Interaction with other medicinal products and other forms of interaction
4.6 Fertility, pregnancy and lactation
4.7 Effects on ability to drive and use machines
4.8 Undesirable effects
4.9 Overdose
5. Pharmacological properties
5.1 Pharmacodynamic properties
5.2 Pharmacokinetic properties
5.3 Preclinical safety data
6. Pharmaceutical particulars
6.1 List of excipients
6.2 Incompatibilities
6.3 Shelf life
6.4 Special precautions for storage
6.5 Nature and contents of container
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