

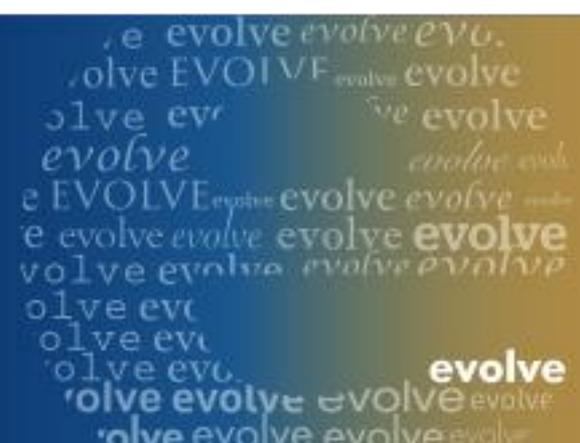


RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Australasian Chapter of Sexual Health Medicine's EVOLVE list: Implications

-- Dr. Carole Khaw

evolve
evaluating evidence. enhancing efficiencies.



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The process: List development

- AChSHM with the assistance of the RACP
- Online survey –produced and distributed to AChSHM membership
- Survey – 5 examples of clinical practices in Sexual Health Medicine – Overused , inappropriate or limited effectiveness in given clinical context
- Members commented on these and suggested other low value practices - sizable issue in specialty
- 8 items were further identified by AChSHM Council – Evidence Review
- Result = Final list of 5 recommendations endorsed by Council - Dec 15 2015

1. Do not order herpes serology tests unless there is a clear clinical indication
2. Do not screen for chlamydia using serological tests
3. **Do not treat recurrent or persistent symptoms of vulvovaginal candidiasis with topical and oral anti-fungal agents without further clinical and microbiological assessment**
4. Do not test for ureaplasma species in asymptomatic patients
5. Do not use nucleic acid amplification testing for gonorrhoea in low-prevalence (i.e. <1% prevalence) populations

3. Do not treat recurrent or persistent symptoms of vulvovaginal candidiasis with topical and oral anti-fungal agents without further clinical and microbiological assessment

Evidence and guidelines

“The absence of rapid, simple, and inexpensive diagnostic tests continues to result in both over diagnosis and under diagnosis of vulvovaginal candidiasis”

-- The Lancet 2007

“Known etiologies of recurrent vulvovaginal candidiasis include treatment-resistant *Candida* species other than *Candida albicans*, frequent antibiotic therapy, contraceptive use, compromise of the immune system, sexual activity and hyperglycemia”

-- Ringdahl 2000

Why is this recommendation important for patient care?

- Vulvovaginal symptoms of vulvovaginal candidiasis may be similar to those of other causes eg. bacterial vaginosis, genital herpes, contact/irritant dermatitis. These need to be ruled out first so that they are not left untreated.
- Topical and oral anti-fungal agents – recommended treatment for vulvovaginal candidiasis.
- Recurrent or persistent symptoms may occur after treatment.

Why is this recommendation important for patient care?

- Inappropriate use of antifungal drugs can lead to increased fungal resistance, especially in non-albicans species of *Candida* and persistent use of some antifungals may result in contact dermatitis with worsening symptoms.
- Therefore there should be adequate clinical and microbiological assessment before prescription or patient self administration of topical and oral anti-fungal agents are used to treat recurrent symptoms.

Why is this recommendation important for patient care?

“The high costs and high contribution of antifungal agents to the management of invasive fungal diseases along with their recognized toxicities have been addressed as the principal justification for antifungal stewardship.”

-- Ruhnke 2014

Which healthcare practitioners is this recommendation relevant to?

- Sexual Health Physicians
- Infectious Diseases Physicians
- General practitioners

However, owing to the availability of over the counter treatments, it may also be important to target advice at consumers.