



T5P-FIVE

RECOMMENDATIONS on low-value practices

Better care. **Better** decision-making. **Better** use of resources.

The Australasian Chapter of Sexual Health Medicine (AChSHM) was formed in 2004 when the Australasian College of Sexual Health Physicians (ACSHP) signed an agreement with the RACP to create a Chapter of Sexual Health Medicine within the College. The Chapter sits within the RACP Adult Medicine Division which connects and represents sexual health Fellows and trainees in Australia and New Zealand. There are currently 149 Fellows, 10 professional affiliate members and 19 Advanced Trainees.

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 prescribe testosterone therapy to older men except in confirmed cases of hypogonadism



1

Do not order herpes serology tests unless there is a clear clinical indication

Herpes serology is not an appropriate screening test in asymptomatic patients and does not accurately confirm whether the person is infected or is a transmission risk to others from asymptomatic shedding. Clinicians also need to consider whether test results will influence treatment or outcomes because, if they do not, then testing is a waste of finite health resources and is not indicated.

Selective use of herpes serological tests may be justified for particular groups such as those at high risk for STIs and human immunodeficiency virus (HIV) infection who are motivated to reduce their sexual risk behaviour, HIV-infected patients, patients with sexual partners with genital herpes and in cases where a woman appears to have a first episode of herpes simplex virus (HSV) during pregnancy. However, generally herpes serology tests only have good sensitivity and specificity in high prevalence populations, and so should be used accordingly.

2

Do not screen for chlamydia using serological tests

There is no role for chlamydia serology as a screening test as antibodies elicited during infection are long-lived, meaning a positive antibody test will not distinguish between a previous and a current infection and are non-specific for genital serovars. Chlamydia serology may be useful in specific circumstances, for example, investigating atypical pneumonia in babies or in identifying late stage Lymphogranuloma Venereum (LGV) infection.

Laboratory tests based on nucleic acid amplification (NAAT) technologies remain the first choice for diagnosis of chlamydial infections during pregnancy and in other settings. NAAT testing for identifying LGV serovars of *Chlamydia trachomatis* has superseded the use of serology for diagnosis but is only available in some specialist settings.

3

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

While topical and oral anti-fungal agents are the recommended treatment for candidiasis, an adequate clinical and microbiological assessment should be undertaken before they are prescribed or self-administered by patients for recurrent or persistent symptoms of vulvovaginal candidiasis.

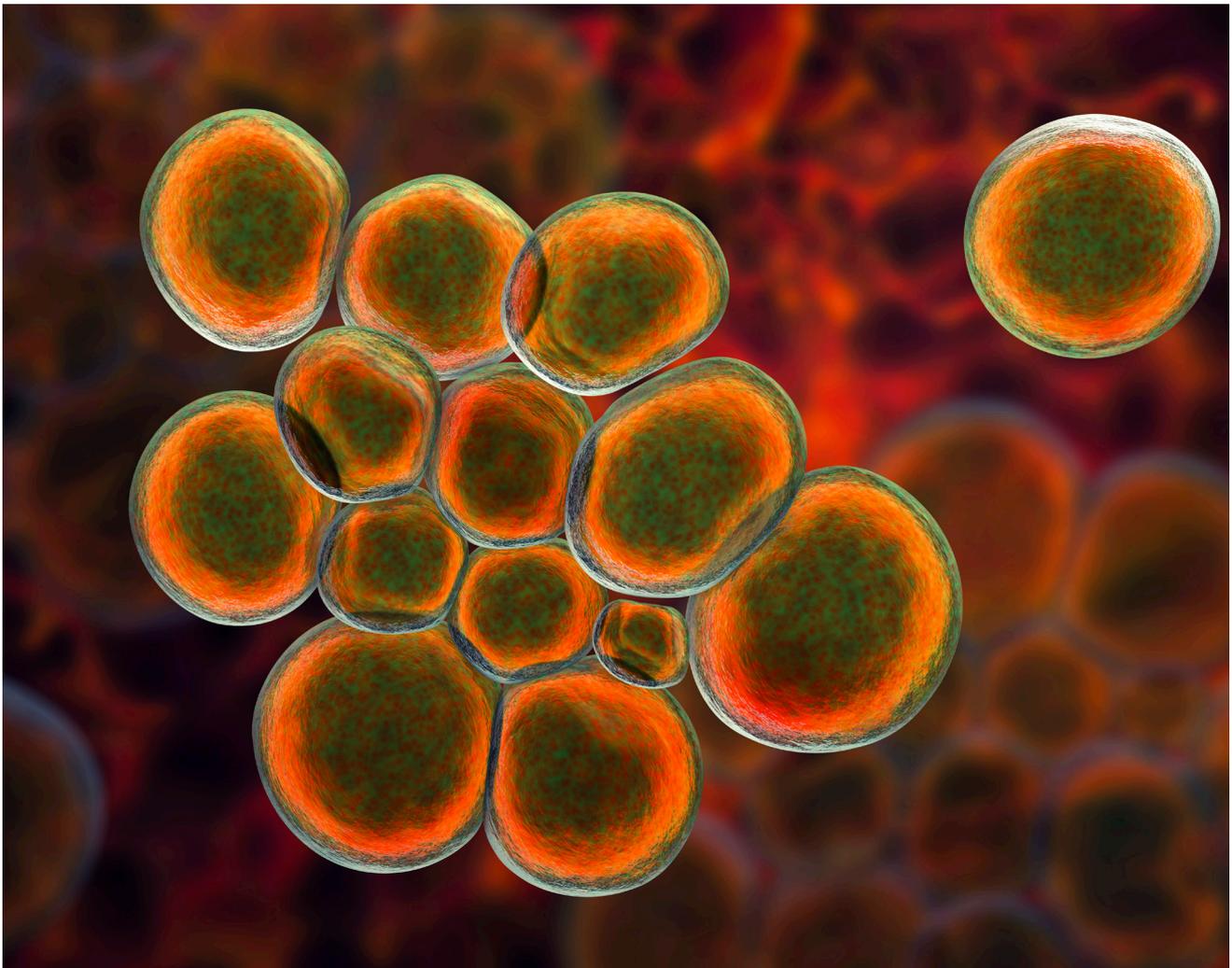
It is important to rule out other causes of vulvovaginal symptoms such as bacterial vaginosis or genital herpes first so that the other infections are not left untreated. Moreover, inappropriate use of antifungal drugs can lead to increased fungal resistance, especially in non-albicans species of candida.



4

Do not test for ureaplasma species in asymptomatic patients

Ureaplasma species are part of the normal genital microbiota and there are typically high rates of colonisation of the organism in sexually active adults. Testing or screening for genital infection with ureaplasma species is not recommended outside specialist or research settings as they have not been established as a cause of lower genital tract disease





5

Do not prescribe testosterone therapy to older men except in confirmed cases of hypogonadism

Hypogonadism justifying testosterone therapy regardless of age is confirmed based on measurement of circulating testosterone, luteinising hormone (LH) and follicle-stimulating hormone (FSH) concentrations. There is limited high-quality evidence to justify testosterone treatment in older men, usually with chronic disease, who have low circulating testosterone levels, but without confirmed pathological hypogonadism, whether due to hypothalamic, pituitary or testicular disease. Moreover, excess cardiovascular events have been associated with testosterone treatment of older men without pathological hypogonadism. While the evidence on these side effects is mixed and additional studies are needed to clarify whether testosterone therapy increases cardiovascular risk, this provides an added reason to restrict the prescription of testosterone therapy to confirmed cases of hypogonadism.



For the list of references supporting these recommendations and further information on the development process, see evolve.edu.au/recommendations/achshm Version three published September 2018.

WHAT IS EVOLVE?

As part of a global movement, Evolve is a flagship initiative led by physicians, specialties and the Royal Australasian College of Physicians (RACP) to drive high-value, high-quality care in Australia and New Zealand.

Evolve aims to reduce low-value care by supporting physicians to:

- be leaders in changing clinical behaviour for better patient care
- make better decisions, and
- make better use of resources.

Evolve works with specialties to identify their 'Top-Five' clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm. Evolve 'Top-Five' recommendations on low-value practices are developed through a rigorous, peer-reviewed

process; led by clinical experts, informed by evidence and guided by consultation.

Evolve enables physicians to:

- safely and responsibly phase out low-value tests, treatments and procedures, where appropriate
- enhance the safety and quality of healthcare
- provide high-value care to patients based on evidence and expertise, and
- influence the best use of health resources, reducing wasted expenditure and the carbon footprint of the healthcare system.

The RACP, through Evolve is a founding member of Choosing Wisely Australia® and Choosing Wisely New Zealand, with all Evolve 'Top-Five' recommendations part of the Choosing Wisely campaign.

