

Some Thoughts About the Role of Sexually Transmitted Diseases in Everyday Life

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SUMMARY Sexually transmitted diseases and infections (STDIs) have for centuries been a big concern all around the world. Since they were recognized, many groups have thought how to provide care for those affected with STDIs. They are most prevalent among teenagers and young adults. Nearly two-thirds of all STDIs occur in people younger than 25 years. The incidence of STDIs is rising. STDIs exist in three different forms, viral, bacterial, and parasitic. Screening is recommended in all young people who may have been sexually abused or who have been found to have an STDI. Risk prevention must not be a singular occasion but continuous task. Preventive and curative medical measures must be combined with social and psychological assistance. The prevention and counseling methods together with effective public education are recommended to decrease the spread of STDIs.

KEY WORDS: venereal disease; sexually transmitted diseases; prevention

INTRODUCTION

Sexually transmitted diseases and infections (STDIs) have for centuries been a big concern all around the world. Since they were recognized, many groups have thought how to provide care for those affected with STDIs. They affect men and women of all backgrounds and economic levels. More than 20 STDIs have now been identified, and they affect more and more men and women all over the world each year. They are most prevalent among teenagers and young adults. Nearly two-thirds of all STDIs occur in people younger than 25 years. The incidence of STDIs is rising, in part because in the last few decades young people have become sexually active earlier. Sexually active people today are more likely to have multiple sex partners during their lives and are potentially at a risk of developing STDIs.

Most of the time, STDIs cause no symptoms, particularly in women. When and if symptoms develop, they may be confused with those of other diseases not transmitted through sexual contact. Even when an STDI causes no symptoms, however, a person who is infected may be able to pass the disease on to a sex partner. That is why many doctors recommend periodic testing or screening for people who have more than one sex partner.

According to the World Health Organization (WHO), there are at least 250 million new cases of STDI s every year in the world. This is made up of 120 million with trichomoniasis, 50 million with genital chlamydia, 30 million with genital papillomavirus (implicated in cervical cancer), 25 million with gonorrhea, 20 million with genital herpes, 3.5 million with syphilis, 2 million with chancroid, and

perhaps 2 million new cases of HIV annually. In Europe, STDs are now second only to chest and throat infections as a cause of illness due to infection. Therefore doctors of various kinds (general practitioners, venereologist or dermatovenereologists, urologists, gynecologists) and some nurses have engaged in treating STDs. Any care provided should be based on evidence and, to ensure a uniform high standard of evidence-based care, it is wise to follow national or regional guidelines. It is important to recognize the risk groups for STDs.

STDs exist in three different forms, viral, bacterial, and parasitic. Syphilis, gonorrhea, chancroid, lymphogranuloma venereum and granuloma inguinale were considered the five "classic" venereal diseases. The strategy for gonococcal infections is a 25% reduction by 2007.

WHAT IS KNOWN ABOUT STDs

Viral STDs are with one for life and there is no cure yet. Herpes simplex is the most common cause of genital ulceration in developed countries. Approximately 90% of genital herpes infections are caused by type 2 herpes virus (HSV-2). Five to 30% of all first-case episodes may be secondary to herpes simplex type 1, while most cases of recurrent herpes are secondary to HSV-2.

Genital human *papillomavirus* (HPV) is one of the most common causes of sexually transmitted disease in both men and women, and it has been identified as a significant risk factor for the development of dysplasia and cancer. HPV infections may be latent, subclinical or clinical. There are different HPV types that can cause infection, and according to malignant potential there are high-risk and low-risk types. In most individuals the infection will disappear within few months after the first exposure. Several factors such as immunity, smoking, and hormone factors may influence the natural history of HPV infection. It usually takes many years for a HPV infection occurring in the late teens or early 20s to progress to precancer peaking at 30 years of age. Male genital HPV infection is of particular importance since it is often asymptomatic. The diagnosis and therapy of HPV infections in men are often of potential benefit because they may decrease the reservoir of virus from which cervical intraepithelial neoplasia (CIN) lesions may arise in women.

Both hepatitis B and C viruses are common causes of persistent hepatitis and chronic liver disease. Beyond liver dysfunction, chronic involvement may lead to several extrahepatic and dermatologic manifestations. Although the two vi-

ruses are commonly transmitted by other routes, sexual transmission is becoming ever more recognized as a significant source of exposure. The expected uptake of the full 3 doses of hepatitis B vaccine in homosexual/bisexual men not naturally immune or previously immunized is to be 70% by December 2006.

The most deadly of all STDs would be acquired immunodeficiency syndrome (AIDS). The spread of sexually transmitted AIDS increased dramatically during the 1980s and continued through the 1990s. Other STDs are often seen in tandem with AIDS, partly because open sores that they produce can provide an easy route for the AIDS virus to enter the body. Experts believe that having STDs other than AIDS increases one's risk for becoming infected with the AIDS virus. The effects of HIV testing for new attendees at clinics by 2005 can take us to 80% and it is estimated that reduction of newly acquired HIV infection by 2007 can be 25%.

Pelvic inflammatory disease is very common and accounts for up to 20% of all gynecology consultations. The damage from internal infection can produce a wide variety of chronic or acute symptoms, resulting in infertility amongst other things, and sometimes life-threatening pregnancies outside the womb. It can be caused by *Ureaplasma urealyticum*/*Mycoplasma hominis*, *Chlamydia trachomatis*, and many other organisms.

Seventy to 80% of all cases of nongonococcal urethritis (NGU) are associated with *Chlamydia trachomatis* and/or *Ureaplasma urealyticum*/*Mycoplasma hominis*. The major complication of NGU is epididymitis and mucopurulent cervicitis, acute pelvic inflammatory disease, infertility or complicated pregnancy and transmission to neonate if the birth canal is infected.

Trichomonas vaginalis may infect as many as 10%-20% of sexually active men and women. In women it causes infection of the vagina and urethra with profuse, thin, foamy, yellowish discharge with local burning and itching that may extend to involve the adjacent skin. There is recent evidence for a possible relationship between vaginal trichomoniasis and adverse pregnancy outcomes, such as preterm labor, premature rupture of membranes, and postabortal/postcesarean infection.

The yeasts like fungus *Candida albicans* can normally be found on mucous membranes, skin, in the gastrointestinal tract, and vaginal vault. Under certain circumstances, it transforms to a pathogen and can cause localized (vulvovaginitis, balanoposthitis) or generalized mucocutaneous diseases.

Parasitic STD infections are pediculosis and scabies, sometimes epidemiologically very important STDs.

Some infections have become resistant to the drugs used to treat them and now require newer types of antibiotics. Although some STDs can be easily treated, there is no cure for other infections. Some infections, for example-HIV and hepatitis B, can have serious health sequels.

METHODS OF CARE FOR AN ADEQUATE SERVICE OF STDs

The risk of acquiring an STDI also increases with the number of partners over lifetime. Anyone who is sexually active should 1) have regular check-ups for STDs, even in the absence of symptoms and especially if having sex with a new partner. These tests can be done during a routine visit to the doctor's office; 2) learn the common symptoms of STDs; 3) seek medical help immediately if any suspect symptoms develop, even if they are mild; and 4) avoid having sex during menstruation. Anyone diagnosed as having an STDI should 1) be treated to reduce the risk of transmitting the STDI to an infant; 2) discuss with the doctor the possible risk of transmission in breast milk and whether to substitute it with a commercial formula; 3) notify all recent sex partners and urge them to get a check-up; 4) follow the doctor's instructions and complete full course of medication prescribed; 5) a follow-up test to ensure that the infection has been cured is often an important step in treatment; and 5) avoid all sexual activity while being treated for STDI.

The knowledge about STDs varies considerably depending on the disease and the country. People are more aware of life-threatening STDs such as HIV/AIDS, and less knowledgeable about STDs worldwide. It is necessary to provide several factors such as an adequate level of knowledge about STDs, a positive attitude to a healthy lifestyle, and modification of sexual behavior in order to lower the incidence of STDs.

Using the national societies that do exist and the WHO, it might be possible to move the matter of STDs further up across the wider Europe.

Where sexual abuse is suspected or disclosed, the clinician must work with infected persons to support them and address the possible sequel of STDs, pregnancy, psychological, and psychosexual issues. Screening is recommended in all young people who may have been sexually abused or who have been found to have an STDI. Risk prevention must not be a singular occasion but continuous task. Preventive and curative medical measures must be combined with social and psychological assistance. Methods and equipment for microbiologic and serologic testing must meet high professional standards. The prevention and counseling methods together with effective public education are recommended to decrease the spread of STDs. Future advances are expected with better therapies for viral STDs and vaccines for several STDs.

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