Behavioural interventions to reduce the risk of sexually transmitted infections in genitourinary medicine clinic patients: a systematic review

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Citation

Authors' objectives
Sexually transmitted infections (STIs) are an important and increasing cause of morbidity in the UK, and may lead to long-term problems such as reduced fertility, pain, psychological distress and, particularly in the case of Human Immunodeficiency Virus (HIV), disability and death. The burden of infections is not distributed evenly within the population, and these inequalities are compounded by the stigma that accompanies STIs. Despite this, genitourinary medicine (GUM) clinics offering investigation and treatment for STIs are currently under increasing pressure and waiting times for appointments are rising.

This review follows a request by a local West Midlands GUM clinician who sought evidence on whether offering a behavioural intervention to clinic patients would reduce their likelihood of re-infection and re-attendance.

Authors' conclusions
Existing evidence does not support the immediate introduction of behavioural interventions into UK GUM clinics, though there was evidence to indicate that an appropriately tailored intervention could be effective in reducing STIs. In contrast, most interventions did increase the report of consistent condom use. The apparent contradiction between infection related and behavioural outcomes could be due to the inadequate power to detect changes to STI rates, or bias in the way these different outcomes were determined. Alternatively, condom use alone may relate poorly to overall STI risk, which is the sum of many complex aspects of behaviour. Additional research should aim to establish the effectiveness of interventions in a UK context while seeking to improve on the overall quality of studies. Research should also consider the feasibility and cost of introducing such interventions into routine practice.

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