

Patient delivered partner therapy for chlamydia: Support and concern among clinicians working in Australian Family Planning clinics

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INTRODUCTION

Patient delivered partner therapy (PDPT) is the practice of providing a prescription or medication to a patient diagnosed with an STI to give to their partner without that partner being assessed by a clinician. International studies have shown PDPT increases partner treatment and reduces reinfection rates (Trelle, 2007). The Northern Territory remains the only Australian jurisdiction to have enacted legislation to support PDPT; in other jurisdictions it is illegal or its status is unclear. However, advocacy for PDPT is increasing in Australia. The Royal Australasian College of Physicians Australasian Chapter of Sexual Health Medicine called for PDPT for chlamydia in 2011. More recently, Huffman, et al. (2003) made a case for legislative support. They argued its legal status was the only barrier to implementation.

AIM

To understand Australian Family Planning clinicians' practices and perceptions of patient delivered partner therapy.

METHODS

We conducted focus groups June-October 2012 with 70 doctors and nurses working in 11 family planning clinics (FPCs) across 6 jurisdictions. Discussions explored chlamydia testing and management practices, and opportunities for improvement. We carried out a Thematic Analysis of the data.

RESULTS

Despite a lack of FPC policy supporting it, many doctors had provided a patient with a repeat script or medication intended for a sexual partner, often in response to a patient request. Discussion revealed domains of support and concern:

"It saves them taking the treatment home and cutting it in half and having one tablet each... And then they come back with a positive"

SUPPORT

- > Increased treatment efficacy for the patient
- > Additional clinical option in complex social situations (eg domestic violence)
- > Provides low-risk, well-established treatment
- > Addresses difficulties with partner access to treatment (e.g. work hours)

"I think it would be good to have as a possibility. An option"

"He won't because he's a plumber and we works 6 days a week and on his day off he goes to the footy. The last thing he's going to do is come into the clinic and get it"

CONCERN

- > Providing medication to a patient the clinician had not seen
- > Possibility of partners being treated without consent
- > Lost opportunities for partner education and tracing of partner's sexual contacts
- > Lack of legislative support and policy support in FPCs

"We have a clinical responsibility but we don't have a file for that patient"

"It's a risk that you take on your own shoulders as an individual"

"If you're treating male partners then you actually don't have the opportunity for the education"

CONCLUSION

Family Planning clinicians saw PDPT as a viable and useful clinical option for delivering the best care for their patients and effective chlamydia management for the community. While some concerns remain we did not find the general negative attitude previously reported (eg Pavlin, et al., 2010). This suggests acceptability may have increased. Remaining concerns may be addressed through careful work to articulate clear clinical guidelines and a legislative framework.

"national guidelines is what we need; evidence-based guidelines"