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# Sexual health

Between January 2006 and December 2008, sexual health problems were managed 2264 times in the BEACH (Bettering the Evaluation and Care of Health) program at a rate of 781.5 contacts per 100 000 encounters, which extrapolates to about 830 000 times annually across Australia. We examine the management rate of individual sexual health problems to look for disparities between the genders.

Figure 1. Age specific rate per 100 000 encounters

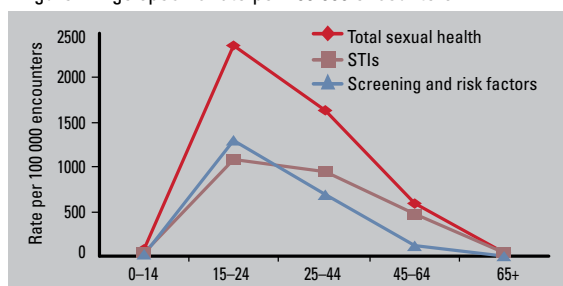


Table 1. Gender specific rate per 100 000 encounters

	Male	Female	Total
All STIs*	616.4	368.6	467.4
– genital herpes*	93.3	158.3	130.5
– HIV/AIDS*	290.8	5.9	122.5
– genital warts	111.9	99.2	103.6
– chlamydia	50.9	57.9	54.5
– hepatitis B	35.6	26.0	30.0
– syphilis	17.8	5.3	10.4
– gonorrhoea	4.2	3.0	3.5
– trichomoniasis	0.0	4.1	2.4
Risk factors and screening	303.5	324.3	314.1
– STI screen	200.1	229.2	216.4
– fear of STI	22.0	15.4	21.7
– unprotected sex*	12.7	27.2	21.1
– contact with STI*	28.8	13.6	19.7
– STI advice	16.1	14.2	14.8

\* Significant at 90% CI

■ The problems were split into two subgroups: sexually transmissible infections (STIs) and risk factor/screening management. Patients aged 15–24 and 25–44 years had the highest rate of STI management. Patients aged 15–24 years had the highest rate of screening/risk factor management, followed by those aged 25–44 years (Figure 1).

The management rate of risk factor/screening was similar for both genders (Table 1). The most frequently managed sexual health problem was STI screen. Male patients had a higher management rate of ‘contact with STI’ problems, while females had a higher rate of unprotected sex management, probably due to the additional risk of pregnancy. The most frequently managed STIs were genital herpes, HIV/AIDS, genital warts and chlamydia. Male patients had a higher management rate of ‘all STIs’ than female patients. This was primarily due to HIV/AIDS being managed with male patients at a rate 50 times greater than female patients. Female patients had genital herpes managed 50% more often than male patients.

Clinical treatment of sexual health problems (SHP) (primarily counselling, advice and education) were used at a rate of 31.5 per 100 SHP managed. This was significantly higher than the average BEACH data per 100 problems overall (22.8 per 100).<sup>1</sup> In contrast, referrals were rarely used in the management of SHP when compared to the average (2.5 per 100 SHP vs. 8.3 per 100 problems overall).<sup>1</sup> The high rate of counselling and advice reflects the importance of both educating and reassuring patients with these problems.

Conflict of interest: none declared.

### Acknowledgments

The authors thank the GP participants in the BEACH program and all members of the BEACH team. Financial contributors to BEACH between 2006 and 2008: Australian Government Department of Health and Ageing; Australian Institute of Health and Welfare; National Prescribing Service; AstraZeneca Pty Ltd (Australia); Janssen-Cilag Pty Ltd; Merck, Sharp and Dohme (Australia) Pty Ltd; Pfizer Australia; Abbott Australasia; Sanofi-Aventis Australia Pty Ltd; Wyeth Australia Pty Ltd.

### Reference

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