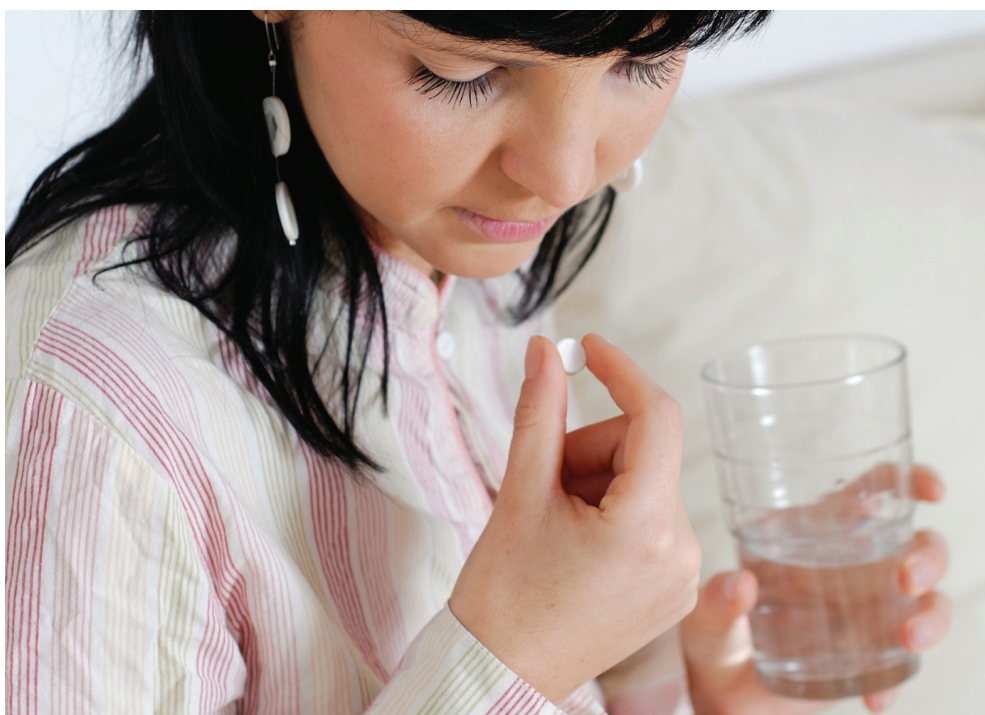




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Updated Treatment Guidelines for Gonorrhea Infections

HEIDI COLLINS FANTASIA, PhD, RN, WHNP-BC

Sexually transmitted infections (STIs) continue to be a significant source of morbidity among sexually active adolescents and adults. While behavior change remains a key strategy in primary prevention of STIs, successful diagnosis and treatment of infections is a cornerstone of STI control. In August 2012, the Centers for

Disease Control and Prevention (CDC) released updated guidelines for the treatment of gonorrhea based upon surveillance data for antibiotic resistance. This column will review the new treatment recommendations, the rationale for the change and nursing interventions to support the new guidelines and optimize treatment of gonorrhea.

About Gonorrhea

Gonorrhea is the second most common bacterial STI in the United States. It's estimated that

Abstract Gonorrhea is the second most common bacterial sexually transmitted infection in the United States. It continues to be a major cause of morbidity for women and has been linked to infertility and pelvic inflammatory disease. In 2012, the Centers for Disease Control and Prevention revised the current treatment guidelines for gonorrhea in response to the rising rates of antibiotic resistance. This column will discuss the new guidelines, including the rationale for the change as well as nursing implications to support timely and effective treatment of gonorrhea. DOI: 10.1111/1751-486X.12037

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more than 700,000 individuals become infected every year (CDC, 2012b). For women, gonorrhea infections can lead to pelvic inflammatory disease (PID), scarring of the fallopian tubes, infertility and ectopic pregnancy (CDC, 2012a). Gonorrhea has also been implicated in facilitating HIV transmission (Fleming & Wasserheit, 1999). Gonorrhea is transmitted through vaginal, oral and anal sex with an infected partner.

urethral isolates are analyzed each year to determine trends in antimicrobial susceptibility (CDC, 2012a). In 2010, 27.2 percent of all GISP gonococcal isolates were resistant to either penicillin, tetracycline or ciprofloxacin, and almost 7 percent of isolates were resistant to all three antibiotics (Kidd et al., 2012). Additionally, during the past two decades, gonococcal resistance to fluoroquinolones has emerged as a signifi-

For women, gonorrhea infections can lead to pelvic inflammatory disease (PID), scarring of the fallopian tubes, infertility and ectopic pregnancy

It can also be spread from an infected mother to her infant during childbirth. Many women are asymptomatic or have mild and vague complaints that can delay diagnosis and treatment. If symptomatic, women may report an increased vaginal discharge, abdominal cramping, dysuria and intermenstrual spotting or bleeding.

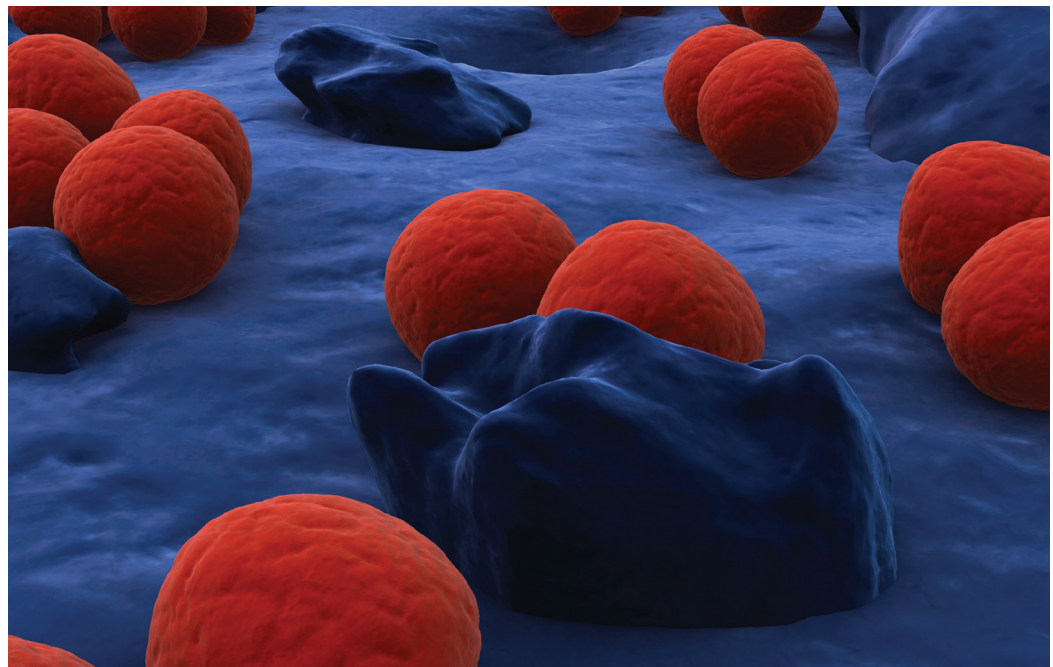
Rationale for Treatment Change

The CDC has been monitoring antibiotic susceptibility and resistance to gonorrhea since 1986 through the Gonococcal Isolate Surveillance Project (GISP) (CDC, 2012a). Through this program, approximately 6,000 gonococcal

cant factor in treatment failure. Due to the rise of multiple antibiotic resistance over time, the CDC recommends that the treatment of gonorrhea be limited to only the cephalosporin class of antibiotics in order to preserve an effective treatment option for as long as possible (2012a).

Additionally, cefixime, an oral cephalosporin antibiotic that has been previously recommended as a first-line treatment option, is becoming less effective in treating gonorrhea due to increasing bacterial resistance to this antibiotic (Allen et al., 2013; CDC, 2012a, 2012b; Kirkcaldy, Ballard, & Dowell, 2011). This emerging research regarding increasing antibiotic resistance has informed the revision of the gonorrhea treatment guidelines.

Heidi Collins Fantasia, PhD, RN, WHNP-BC, is an assistant professor in the Department of Nursing in the School of Health and Environment at the University of Massachusetts in Lowell, MA, and a women's health nurse practitioner at Health Quarters in Beverly, MA. The author discloses that she is currently serving on a women's health advisory board for Actavis Pharmaceuticals, for which she receives financial consideration. Actavis manufactures a generic form of the antibiotic doxycycline, which is an alternate treatment mentioned in this article. Address correspondence to: Heidi_Fantasia@uml.edu.



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