

Counseling the Patient with HPV Disease

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KEYWORDS

- Human papillomavirus • Genital warts • Abnormal cytology
- High-risk HPV DNA test • Colposcopy • Loop electrosurgical excision procedure

KEY POINTS

- Human papillomavirus (HPV) genital infections are a common occurrence in human beings. Most infections are transient with potential oncogenic progression probably limited to cases of persistent high-risk strains.
- The diagnosis, evaluation, and treatment of HPV-related diseases can cause anxiety and distress, and have a negative psychosocial impact on patients.
- Clinicians should have expertise in the natural history of HPV diseases and implement counseling strategies to help patients throughout all stages of diagnosis, evaluation, and treatment.
- The presentation of a patient with HPV disease presents an opportunity for counseling regarding lifestyle modifications, transmission, and HPV vaccination in age-appropriate patients.

As health care providers and patients become more aware of the relationship between human papillomavirus (HPV) and abnormal cytology, as well as lower genital tract diseases (eg, premalignant and malignant anogenital tract conditions), it becomes critical to disclose accurate medical information and counsel the patient effectively and compassionately. It is of utmost importance that the provider not only stay abreast of the latest scientific information regarding HPV diseases but, in addition, develop a strategy for counseling that is educational and informative, as well as minimizing of potential psychological distress. Disclosing information regarding a sexually transmitted virus that is linked to lower genital tract cancers has the potential to instill fear, decreased self-esteem, provoke anxiety and depression, and negatively affect interpersonal relationships. It is, therefore, crucial to develop expertise and ease when disclosing abnormal results to patients. It may be equally important to train ancillary office support staff to do the same so that the patient receives the same message from all medical personnel interacting with them. Clear and concise discussions that

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are appropriately targeted toward the patients' level of medical literacy, are appropriately timed, and include supportive undertones may minimize psychological damage and avoid adversely affecting patients and their partners. It is important to recognize that the presentation of a patient with HPV disease provides an opportunity to screen for other sexually transmitted diseases (STDs) and identify and modify high-risk sexual behaviors, as well as provide a means to increase awareness of HPV-related diseases. Finally, many of these clinical presentations represent an opportunity to encourage patients to accept HPV vaccination counseling and immunization.

INTRODUCTION

HPV acquisition is virtually ubiquitous among human beings. Many studies support the finding that HPV infections are common shortly after the sexual debut. A hallmark study that is often cited demonstrated that a significant portion of sexually naïve female college students became HPV-positive within several years of sexual debut.¹ HPV, a double-stranded DNA virus, is divided into two strains: nononcogenic or low-risk HPV (LR-HPV), and oncogenic or high-risk HPV (HR-HPV). It is recognized that genital warts are mainly caused by nononcogenic HPV strains, principally 6 and 11.² Recurrent laryngeal papillomatosis, benign growths of papillomas caused mainly from HPV 6 and 11 in the respiratory tree, can pose problems for children born of infected mothers³ and for some adults who may acquire the infections from sexual activity.⁴ HR-HPV strains, particularly 16 and 18, are implicated in abnormal cytology, cervical intraepithelial neoplasms, cervical cancer, and anal squamous cell carcinomas.⁵ Additionally, HR-HPV is implicated in vaginal intraepithelial neoplasms and vaginal carcinomas,⁶ as well as in vulvar intraepithelial neoplasms and vulvar carcinomas.⁷ Finally, there is a growing body of evidence implicating HR-HPV in a significant portion of squamous cell carcinomas of the oropharynx.⁸

It is important to understand and to counsel patients that HPV infections are usually transient and do not represent risk for progression. Persistence of oncogenic HPV, however, is a prerequisite for cervical cancer. In the small segment of women with this type of infection, the process of oncogenesis can be lengthy, allowing ample opportunity for identifying and successfully treating premalignant cervical conditions. It may be useful to counsel patients that most cervical cancers occur in never-screened or underscreened women.⁹ There are recognized factors and cofactors that may play a role in oncogenesis in the case of cervical cancer. Risk factors for cervical cancer include early age at onset of sexual activity, multiple sexual partners, having high-risk sexual partners, and high parity. Another risk factor for the development of cervical cancer is history of STDs, specifically *Chlamydia trachomatis*¹⁰ and herpes simplex virus.¹¹ Other risk factors include cigarette smoking¹² and prolonged use of oral contraceptive pills,¹³ particularly in adenocarcinoma of the cervix.¹⁴ An incompetent immune system, such as in the cases of women with HIV,¹⁵ and immunosuppressive drugs, such as in the cases of transplant recipients,¹⁶ may also play a role in the body's ability to clear HPV infections, allowing for persistence of the viral infection that may facilitate oncogenesis. Patients can be made aware of prevention strategies such as delaying intercourse until age 21, limiting the number of sexual partners, avoiding high-risk sexual partners, and avoiding of tobacco products. Additionally, the consistent use of condoms has shown to decrease the incidence of cervical and vulvovaginal HPV infections in women.¹⁷ There is a concern that condom use is limited because condoms do not entirely cover exposed sexual skin during intercourse and, therefore, leaves these areas vulnerable to skin-to-skin transmission of HPV infections. Interestingly, in a review of the evidence comparing the HPV vaccines

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