

# The Assessment of men's risk of STI & HIV in General Practice

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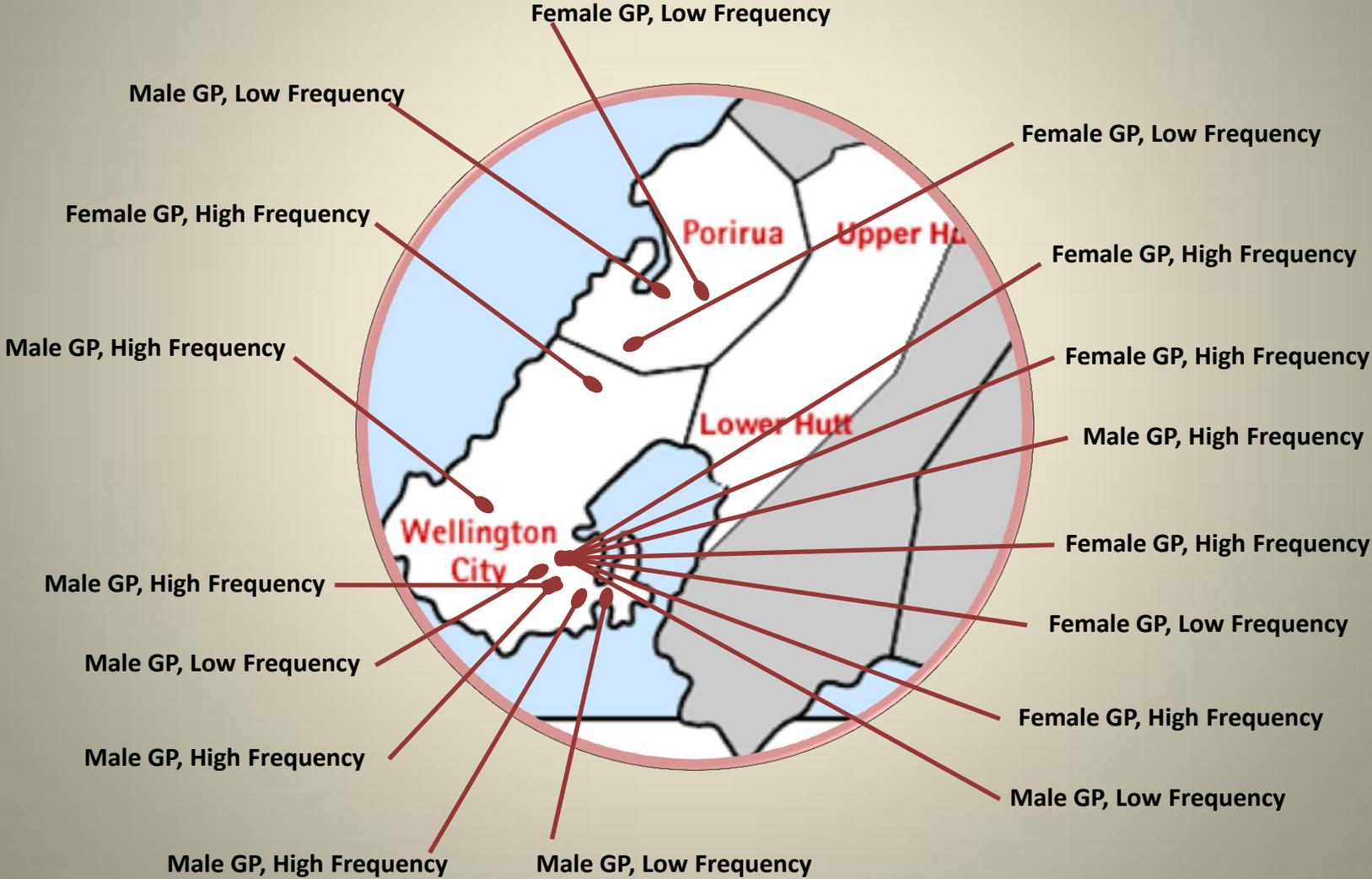
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# Geo- & Demographic Placement of GP Practices



# Men and General Practice

GPs engage less with men

Young men's attendance is poor - GPs question if they even have a GP

Men tend to see their GP when they are crook or concerned

Men most often drive a STI consult

...followed by GP examination findings

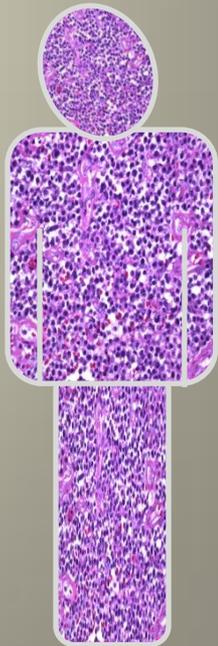


# Risk Perception

GPs are aware of the risks, behaviours and groups of concern for STI and HIV

GPs recognise a stratification of risk for STI and HIV

i.e. youth for chlamydia and MSM for HIV



# Testing

GPs test men the most, although less than women

The pattern of testing is logical and expected – reflecting risk profiles

Testing for STI/HIV is happening for all age groups

Testing occurs predominantly amongst 25 – 44 year olds

The rates of all testing are lower for youth

Inner-city practices test at higher rates for STI and HIV

While HIV is rare, GPs conduct a lot of HIV testing



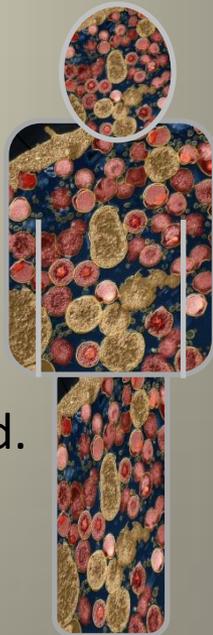
# Assessment of Risk

Men are not screened or seen routinely, and are far less likely to be engaged in a discussion on sexual health

“...we routinely ask people do they smoke or how much alcohol do they drink, for example...but we don't really ask about sexual behavior...”

**(High Freq Tester, Male, Small, City Practice)**

Time and competing issues influence if a STI risk assessment is conducted.



# Assessment of Risk

Patient disclosure of risk is important to the quality of the consult

GPs play a crucial role in generating a suitable consult environment

GPs are reluctant to use formal diagnostic checklists which may impact on the quality of consults

GPs rely on mental checklists, which are based upon experience and education, and have limitations



# Risk Assessment and Testing

GPs acknowledge that they miss men

- men's paucity of access
- men drive consults
- they may not disclose risk
- asymptomatic nature of some STIs
- screening not routine



# What does this mean for SHS?

CME is valuable, but time constraints and competing issues are problematic

CME is available and sourced from a range providers

CME is not geared specifically towards men's health

...it could better address how to raise or broach the topic and how to pose and ask the right questions...

SHS are recognised as important and helpful working partners for GPs

...a source of expert advice and referral for rare or hard-to-treat cases...

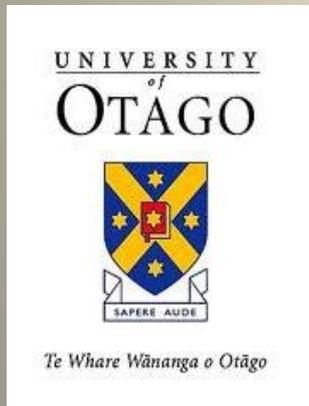
A good relationship with SHS may act to increase GP knowledge and capacity





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## Acknowledgments

### Academic Supervisors

Professor Tony Dowell and Lesley Gray  
Department of Primary Healthcare & General Practice  
Wellington School of Medicine  
The University of Otago

### Study Participants

Wellington Regional GPs

### STI Test Datasets

Aotea Pathology

### Study Funding

The Matt Whyte Postgraduate Research Grant  
New Zealand AIDS Foundation

### Conference Funding

Postgraduate Office , Wellington School of Medicine

