SUMMARY

In Sri Lanka, care for sexually transmitted infections (STIs) is given by both public and private sectors. Though there is an organized system for provision of care in government STD clinics, system available for the same purpose in private sector has not being studied as there is no established system to collect data from private sector. Hence, a descriptive cross sectional study was carried out to study the management of patients presenting with symptoms and signs of STIs to general practitioners (GPs) in the District of Gampaha.

The study was carried out in Gampaha district in Western province. Study population was the general practitioners who were engaged in private practice with minimum qualifications of MBBS, RMP with SLMC registration and engaged in providing medical care for a fee. Two hundred GPs were assessed through self-administered questionnaire in English language and a check list was used to assess the facilities available in the clinic setting. Data was analyzed using SPSS version 16 statistical package.

A response rate of 100% was achieved. Majority of the study population were male (76%) with MBBS qualifications (97%). Fifty four percent of the study population was in the age range of 36-45years with a median age of 42 years. Majority (92.5%) of them were involved in part time general practice. Self studies was the main way of learning STIs by most of the GPs. Significant number (21%) of GPs have not heard the terminology of syndromic management of STDs. Out of the GPs who knew about syndromic management, the knowledge on correct etiology for each syndrome was poor. Almost three quarter (74%) of GPs did not use any guideline for the management for STIs and 15% did not know that there is a guideline for STI management in Sri Lanka.

Although a significant number of GPs (73.5%) were always keen to take sexual history, less than half of the GPs had always done genital examination (47%). Laboratory investigations were done by only 72% of GPs. Of them, 52% and 42% have not done relevant laboratory investigations for urethral discharge and vaginal discharge, respectively. Most of the time, they have carried out UFR, urine culture, VDRL, FBC and FBS for patients with STI symptoms. Only a minority of GPs has prescribed the recommended antibiotic combination for patients presenting with urethral discharge (10%), vaginal discharge (16%), non vesicular genital ulcers (3.5%) and vesicular genital ulcers (35%). Majority (55.5%) of GPs have done condom promotion. Counseling on STI prevention was done only by about half (48%) of the GPs. Sixty five percent said they refer patients to government STD clinics for further care. General practitioners' case load with respect to STIs was very low compared to their total. Only 6% of GPs got at least the reasonable facilities to examine a patient with STIs.

Most GPs were not aware of the syndromic management of STDs. Therefore they lacked in depth knowledge on syndromes and the steps of management in a setting where investigation facilities are not available. Diagnostic tests that have been carried out were not appropriate to the symptoms and recommended treatment was not prescribed for most of the syndromes. Most of them have tried to prevent further transmission and future acquisition of STIs for the index patient. They were unfamiliar with the STI management guidelines. Therefore, general practitioners should be educated on syndromic management to provide better STI services to the patient. User friendly information booklet on STIs should be distributed to GPs to follow during their consultations. Steps should be taken to update STI knowledge and guidelines for GPs in private sector.