

# Private Practice Plays Key Role in STD Diagnosis

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ATLANTA — Physicians who are in private practice identify more cases of chlamydia than any other type of provider in both urban and rural communities, according to the results of a retrospective analysis of sexually transmitted disease detection trends in a single state.

These findings indicate that private practice physicians are taking a leading role in the identification of new cases of STDs, the study's lead investigator, Wiley D. Jenkins, Ph.D., said at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

Between 2002 and 2006, private medical physicians diagnosed one-third of all the chlamydia cases in Illinois. Hospitals were the second greatest source of chlamydia diagnoses in most counties, followed by family planning clinics and STD clinics, he said.

Private physicians also accounted for 25% of the diagnoses of gonorrhea in

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the state, which placed them second behind hospitals at 34%. Hospitals and STD clinics were the greatest sources of gonorrhea diagnoses in the 36 most densely populated counties, whereas private physicians were the greatest source in the 66 remaining counties, which were mostly rural, Dr. Jenkins reported.

Overall, 247,725 cases of chlamydia and 106,645 cases of gonorrhea were reported during the 4-year study period. Females were diagnosed at a higher rate than males, accounting for 74% of the chlamydia cases and 54% of the gonorrhea cases.

African Americans accounted for the majority of both infections (52% of chlamydia and 68% of gonorrhea), though race was not listed in 18%-20% of cases, limiting the usefulness of this finding.

The proportion of cases occurring in females also increased as county populations decreased.

Private practice physicians and hospital providers were more widely distributed than other provider types, accounting for 539 providers in 100 counties and 229 providers in 66 counties, respectively.

Providers from other settings who reported STD diagnoses included those who worked in 158 family planning clinics located in 66 counties and 54 STD clinics in 35 counties. However, nearly half of the STD clinics (24 of 54) were located in Cook County (Chicago), leav-

ing 30 clinics to serve the remaining 101 counties in the state.

"It might be easier and more effective to encourage existing physicians to screen according to USPSTF [U.S. Preventive Services Task Force] guidelines rather than establish new/expensive screening sites in areas of lower population and incidence," suggested Dr. Jenkins, who is with the department of family and community medicine at

Southern Illinois University in Springfield.

The USPSTF recommends that annual screening for chlamydia be performed in sexually active females under the age of 25 years, but CDC data indicate that many women are not being screened according to guidelines.

In 2007, only 42% of sexually active women aged 16-25 years who had accessed care and were enrolled in U.S.

commercial or Medicaid health plans were screened for chlamydia. Coverage varied by region, from 46% in the Northeast to 37% in the South (MMWR 2009;58:362-65).

According to USPSTF guidelines, depending on the local prevalence of chlamydia and gonorrhea, the screening of females for gonorrhea or males for chlamydia and/or gonorrhea may be justified. ■

## NEW FOR HYPERTENSION

TWYNSTA is the only ARB/CCB that contains

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the active ingredient in MICARDIS®

### Important Safety Information

#### WARNING: AVOID USE IN PREGNANCY

When used in pregnancy, drugs that act directly on the renin-angiotensin system can cause injury and even death to the developing fetus. When pregnancy is detected, TWYNSTA® (telmisartan/amlopidine) tablets and MICARDIS® (telmisartan) tablets should be discontinued as soon as possible (see *Warnings and Precautions*).

#### Indication

TWYNSTA is indicated for the treatment of hypertension, alone or with other antihypertensive agents. It may also be used as initial therapy in patients who are likely to need multiple drugs to achieve their blood pressure goals. Base the choice of TWYNSTA tablets as initial therapy for hypertension on an assessment of potential benefits and risks including whether the patient is likely to tolerate the starting dose of TWYNSTA tablets. Consider the patient's baseline blood pressure, the target goal, and the incremental likelihood of achieving goal with a combination compared with monotherapy when deciding whether to use TWYNSTA tablets as initial therapy.

#### Hypotension

Volume depletion and/or salt depletion should be corrected in patients before initiation of therapy or start treatment under close medical supervision with a reduced dose, otherwise symptomatic hypotension may occur. Observe patients with severe aortic stenosis closely for acute hypotension when administering amlodipine.

#### Hepatic Impairment

In patients with impaired hepatic function, initiate telmisartan at low doses and titrate slowly, or initiate amlodipine at 2.5 mg. The lowest dose of TWYNSTA is 40/5 mg; therefore, initial therapy with TWYNSTA is not recommended in hepatically impaired patients.

#### Renal Impairment

Monitor carefully in patients with impaired renal function, especially in patients whose renal function may depend on the activity of the renin-angiotensin-aldosterone system (RAAS) (eg, patients with severe congestive heart failure or renal dysfunction); treatment of these patients with ACE inhibitors and ARBs has been associated with oliguria and/or progressive azotemia and, rarely, with acute renal failure and/or death. In patients with unilateral or bilateral renal artery stenosis, increases in serum creatinine or blood urea nitrogen may occur.

#### Dual RAAS Blockade

When adding an ACE inhibitor to an ARB, monitor renal function closely. Use of telmisartan with ramipril is not recommended.

#### Other

Uncommonly, increased frequency, duration, and/or severity of angina or acute myocardial infarction have developed in patients treated with calcium channel blockers, particularly patients with severe obstructive coronary artery disease. Closely monitor patients with heart failure.

#### Adverse Events

In clinical trials, the most commonly reported adverse events with TWYNSTA that were more frequent than with placebo were peripheral edema (4.8% vs 0%), dizziness (3.0% vs 2.2%), clinically meaningful orthostatic hypotension (6.3% vs 4.3%), and back pain (2.2% vs 0%).

#### Special Populations

In clinical studies, the magnitude of blood pressure lowering with TWYNSTA in black patients approached that observed in non-black patients, but the number of black patients was limited. TWYNSTA is not recommended as initial therapy in patients who are 75 years or older, or who are hepatically impaired. In nursing mothers, nursing or TWYNSTA should be discontinued.

References: 1. Twynsta Pl. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; 2009. 2. Data on file, Study 1235.1, Boehringer Ingelheim Pharmaceuticals, Inc. 3. Chobanian AV, Bakris GL, Black HR, et al. The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: the JNC 7 report. *JAMA*. 2003;289:2560-2572.

Please see Brief Summary of Prescribing Information on following pages.