

Updated STD Guidelines From CDC Coming Soon

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BOSTON — The soon-to-be-released 2006 STD treatment guidelines from the Centers for Disease Control and Prevention are likely to include new recommendations for the diagnosis or treatment of gonorrhea, bacterial vaginosis, trichomoniasis, herpes simplex virus, and human papillomavirus, according to a former CDC official.

Some of the recommendations could change before publication of the final report, but probably not in these treatment areas, Dr. Willard Cates explained. He outlined his predictions for the new guidelines during a conference on contraceptive technology sponsored by Contemporary Forums.

The CDC plans to release the 2006 STD guidelines later this summer. They represent the first update since 2002. When making its recommendations, the CDC

weighs scientific evidence, costs, availability, and ease of adherence.

According to Dr. Cates, the updated guidelines will recommend new regimens for treating homosexual men with gonorrhea, pregnant women with bacterial vaginosis, and all individuals with trichomoniasis.

The CDC guidelines also will recommend “what you might think of as suppressive therapy” to reduce the transmission of herpes simplex virus in

heterosexual couples. “Treatment is preventative,” observed Dr. Cates, president of the Family Health Institute in Research Triangle Park, N.C.

To improve medication adherence among individuals with recurrent disease, some of the new guidelines will recommend higher antiviral dosing for shorter periods of time, he added.

In addition to offering diagnostic and treatment recommendations, the new CDC guidelines also will emphasize counseling for sex partners and other strategies aimed at interrupting chains of transmission.

Azithromycin will probably not be advised for gonorrhea because of concerns about antimicrobial resistance.

The CDC guidelines are intended to serve as “tools, not rules,” Dr. Cates emphasized. “More choices allow you more flexibility and adherence, with an emphasis on client-centered counseling.”

Here are some of the likely new recommendations in the 2006 guidelines, according to Dr. Cates:

Gonorrhea

► Quinolones will continue to be appropriate therapy in women and in heterosexual men and women.

► Cefpodoxime 400 mg or cefuroxime 1 g will be acceptable alternative therapies in men who have sex with men and in geographical areas where quinolone-resistant gonorrhea has become increasingly prevalent.

► Azithromycin will not be recommended because of concerns about potential emergence of antimicrobial resistance.

Bacterial Vaginosis

► In a woman with a previous high-risk pregnancy, oral metronidazole 500 mg twice daily will be recommended.

Trichomoniasis

► Expanded diagnostic options will include the OSOM *Trichomonas* rapid test (an immunochromatographic capillary flow/dipstick assay) and the Affirm VP III nucleic acid probe test.

► Single-dose tinidazole 2 g will be recommended for initial treatment or treatment failure.

Herpes Simplex Virus

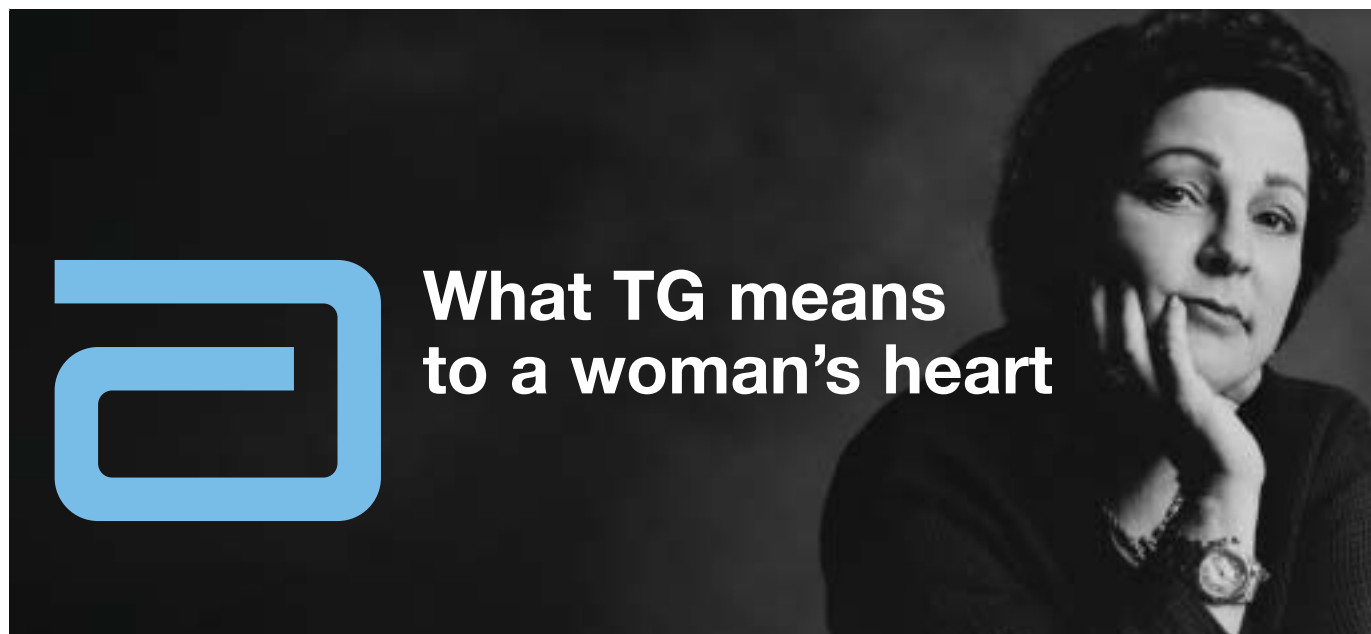
► For recurrent episodes, treatment recommendations will include acyclovir 800 mg three times daily for 2 days or famciclovir 1 g twice daily for 1 day.

► Valacyclovir 500 mg daily will be recommended to reduce transmission in herpes-discordant heterosexual couples.

Human Papillomavirus

► The guidelines will recommend that HPV tests be reserved for cervical cancer screening only.

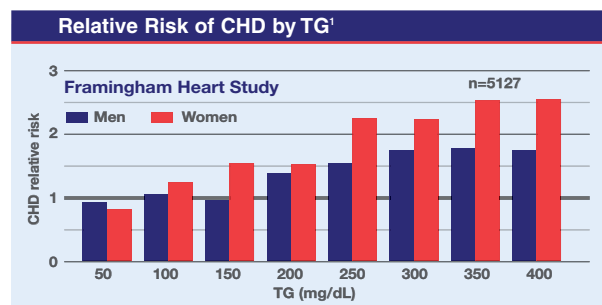
► The guidelines will recommend against HPV screening for sexually transmitted disease in the general population. ■



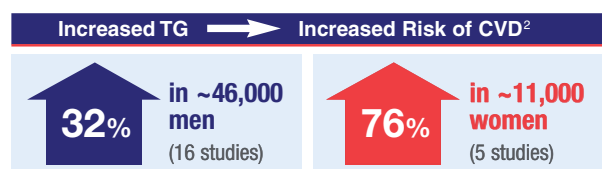
What TG means to a woman's heart

Elevated Triglycerides Make a Difference in Women's Risk of CHD

While great attention and clinical efforts have been directed toward LDL-C-lowering, the Framingham Heart Study 30-year follow-up clearly showed that elevated triglycerides (TG) are also associated with an increased relative risk of coronary heart disease (CHD) — especially in women.¹



In addition, meta-analyses demonstrated that every 1 mmol/L (89 mg/dL) increase in TG increased cardiovascular disease (CVD) risk by²:



CHD is the #1 Killer of Women

The effect of elevated TG in women is important to keep in mind in view of the fact that CHD is the single leading cause of death among American women, claiming nearly 500,000 lives each year.³ Menopausal women are particularly at risk, with CHD rates 2 to 3 times those of women the same age who are premenopausal.³

CHD Risks With Diabetes or Metabolic Syndrome* in Women: Role of TG and HDL-C

Of the estimated 16 million Americans with diabetes, more than half are women.⁴ In women, diabetes is a powerful risk factor for CHD, increasing CHD risk 3-fold to 7-fold compared to a 2-fold to 3-fold increase in men.⁵ It has also been shown that metabolic syndrome is associated with a 2-fold risk of CHD mortality in women.⁶ **It is important to note that the most common pattern of dyslipidemia in patients with type 2 diabetes is elevated TG levels and decreased HDL-C levels.⁷**

*At least 3 of the 5 criteria: abdominal obesity with waist circumference >102 cm in men and >88 cm in women; triglycerides ≥150 mg/dL; HDL-C <40 mg/dL in men and <50 mg/dL in women; blood pressure ≥130/85 mmHg; fasting glucose ≥110 mg/dL.⁸

More Aggressive Guidelines for TG and HDL-C

While LDL-C lowering is recognized as the primary lipid target to reduce CHD morbidity and mortality, it does not remove all risk.⁹ Recent data has shed more light on the role of increased TG and decreased HDL-C in CHD risk. It is critical that these lipid abnormalities be considered and managed, in addition to LDL-C. In fact, the current National Cholesterol Education Program (NCEP) guidelines recommend more aggressive TG and HDL-C target goals.⁸ The American Heart Association (AHA) and American Diabetes Association (ADA) recommend similar aggressive goals for TG (<150 mg/dL) and HDL-C (>50 mg/dL) in CVD prevention for women.^{10,11}

You Can Help Make a Difference

A majority of women are still not aware of the substantial CHD risks posed by abnormal lipid levels.¹² As a physician, you can help make a difference by raising your female patients' awareness of these issues, and by helping them achieve optimal lipid levels, as recommended by the NCEP, the AHA and the ADA.

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