

Albert has come to see you. He is 17 and on his own. He seems quite angry and is cross that he had to wait half an hour to see you. The conversation goes:

Albert: "You the doc then?"  
Doctor: "Yes, what's the problem?"  
Albert: "I've got a lump on my thingy."  
Doctor: "Does it hurt?"  
Albert: "No - it itches a bit."

Why might he seem to be cross?

*Concerns about confidentiality - "Who might he be worried would see him at the clinic?" - worries about the illness - "Why are people angry when they are ill?"*

What could he have wrong with him? **(Ask the class)**

*Genital warts – groups may also consider Syphilis which can be distinguished by appearance. NOTE - when the group present this case, they should ask the class for the diagnosis - and repeat it loudly for all to hear!*

What else would you do to make sure?

*Examination – groups often say that they would send him to the doctor - they need reminding that they are acting as the clinic and that they would have to do the examination - what are they looking for?*

What treatment would you give him?

- *By surgery (cutting the wart off with a scalpel); freezing or burning (with chemicals).*
- *By applying solutions which can remove the warts.*
- *Treatment of gentle warts may take several weeks or even months.*
- *There is no cure for genital warts and they may regrow.*

Would this cure him?

*Warts can be treated but not 'cured'. They may come back again.*

What else might need to be done?

*Contact tracing is not done for warts as the virus can be caught a long time (even years) before symptoms show.*

*He needs a full STI screen.*

*He needs to be advised to use condoms to prevent passing them on.*

*Make sure that the group know how to finish this role-play!*

## At the SEXUAL HEALTH CLINIC...

## Case Study:

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Violet has come to see you. She is nearly 16, there seems to be someone with her but he won't come into the clinic. He is sitting on the wall outside. When you see her, the conversation goes:

Doctor: "How can I help you?"  
Violet: "Well, er I read in a magazine that if you had sex without a condom you could catch an STI . . . ?"  
Doctor: "Yes that's correct"  
Violet: "I'd like to get checked out"  
Doctor: "Have you got any symptoms?"  
Violet: "No but I had sex last week & we didn't use a condom"

- 1) Why might the boy not come into the clinic with her?

*Worries about prosecution - about who has caught what from whom - who is two-timing etc. Might he just be her brother or a friend?!*

- 2) What do you think might be wrong with her? **(Ask the class)**

*May be nothing, but she is being sensible attending clinic to get checked out.*

*Chlamydia – most people have no symptoms. When they ask the class for the diagnosis the slight uncertainty of the diagnosis should be raised.*

- 3) What else would you do to make sure?

*Window period = amount of time it takes for an STI to show up on a swab. Window period for chlamydia is 2 weeks so she would need testing again.*

*Swab test for chlamydia is a self-taken swab, no need for examination if no symptoms.*

*What is a swab test, how is it done, non-painful, what does the Lab do with the swab, how do they distinguish between Chlamydia and the other conditions.*

- 4) What treatment would you give her?

*1 week of antibiotics, no sex for 7 days, sexual partners need treating*

- 5) Would this cure **him**?

*NO! - how are the group going to get **HIM** into the clinic - he may well "do a runner" if approached. How might he feel? Contact tracing can be done anonymously.*

- 6) What else might need to be done?

*Having discovered that one of this couple has contracted Chlamydia are they going to be able to disclose the third party (or parties?), was it a previous or concurrent relationship - could other infections have been transmitted? (Yes) Do other tests need to be done? Yes! If one test is positive doctors would full offer a full STI screening for HIV, syphilis, chlamydia and gonorrhoea.*

Leonard has come to see you. He is a smart businessman, wearing a wedding ring, about 45 years old. The conversation goes:

- Doctor: "How can I help you?"
- Leonard: "Thought I should come and see you, um . . . ?"
- Doctor: "Have you noticed anything wrong?"
- Leonard: "Not feeling so good - a bit like flu, but don't get me wrong I'm quite clean, nothing to see."
- Doctor: "Anything else?"
- Leonard: "Yeah, well, I go on a lot of business trips, away a long time - you know - you get lonely and well - you know Doc - you meet someone and well, one thing leads to another."

What do you think he means by "quite clean"?

*Not like other people who get STIs? - Does he consider himself 'better' than the usual GUM clinic clientele? He prides himself in his appearance - how does the threat of an STI affect his self-esteem, his marriage etc*

What could he have wrong with him? **(Ask the class)**

*HIV - from the sheet, although obviously he could have 'flu!*

What else would you do to make sure?

*He is going to need and expect an HIV antibody test. There is normally no need for any pre-test counselling. The test needs to be done 1 month after exposure.*

What treatment would you give him?

*Antiretroviral medication if positive.*

Would this cure him? *Not if he has HIV (or 'flu!) but antiretrovirals can reduce the transmission to zero if used properly.*

What else might need to be done?

*HIV testing has moved to opt out rather than opt in and is now seen as a routine part of sexual health screen rather than a big thing. If he has got HIV who did he catch this from, what (gender) partners does he have? Is he married, what would the consequences be of not revealing his condition or not receiving treatment? Needs full STI screen and advice about safe sex plus contact tracing. There are no consequences if you have a test and it's negative - does not affect insurance applications etc*

Donald has been sent to see you by his family doctor. He is 19 and has come with his partner. He is wearing dark glasses. The conversation goes:

Doctor: "Do you know why your doctor sent you?"

Donald: "Yeah, I'm all yellow (*he takes off the glasses and you see that the white part of his eyes are bright yellow*) I can't understand it, I just feel poorly too."

What else do you need to know?

*A sexual history, whether the partner is male or female*

What do you think might be wrong with him? **(Ask the class)**

*Could be Hepatitis B which can sometimes lead to acute or chronic liver failure.*

What else would you do to make sure?

*Blood tests to confirm this condition.*

What treatment would you give him?

*Refer to a hospital specialist, may even need to be admitted to hospital.*

*The group need to be aware that their clinic may be part of the team looking after the patient and "send them to hospital" doesn't get rid of the problem!*

Would this cure his partner?

*No. The condition may need monitoring. Medication may be needed to stop the virus damaging the liver.*

What else might need to be done?

*A full STI screen to check for other infections. Contact tracing. Consider vaccination for partner.*

*Contact tracing – how will he tell his partner? Are either of them using illegal drugs? Is it necessary to test for any other diseases? Will he need follow-up blood tests to follow his progress? What would be the long-term consequences - e.g. blood donor etc?*

Marietta is 12 and has been brought to the clinic by her mother who is very angry.

The conversation goes:

Mum: "I just don't know what to do with her."

Marietta: "I haven't done anything mum."

Mum: "You just shut it, while I tell the doctor what you've been up to."

Marietta: "But mum . . ."

Mum: "The little . . ., she's been seeing this boy and now she's got something - spots and all this white stuff, and she keeps itching."

What do you think might be wrong with her? **(Ask the class)**

*Probably Thrush but could be herpes and need to consider other STIs and testing*

What else would you do to make sure?

*Discuss examination and swab tests - may be possible to make the diagnosis of Thrush on appearance.*

What treatment would you give her?

*Anti-fungal treatment - cream/suppositories or tablets*

Would this cure her?

*Almost certainly*

How has she probably caught this?

*Thrush occurs naturally in a healthy vagina, can inflame with ph / hormonal change.*

*Is she having sex? Probably not, note that most young people have not had sex before they are 16, the age of consent is 16, but young people from age 13 can access services as long as the health professional thinks that they are 'Fraser competent (sufficiently aware of the situation and the medication)*

How are you going to deal with mum?

*Wherever possible, health professionals would prefer to see a young person alone. Is mum going to ask you to examine her "I want to know if she's done it Doc". How would you react to this request – how are you going to gain Marietta's confidence? Although she may well have contracted thrush through innocent pastimes, she may be having sex - what about contraception? Will mother leave the room if requested? Is abuse an issue?*

Pansy is standing in the waiting room. She is 19, has come with her friend, and is obviously in a lot of pain. The conversation goes:

Doctor: "How can I help you?"  
Pansy: "I've got all these spots, down . . . there, and they hurt like mad and I can't go, and you've just got to help me?"  
Doctor: Have you had sex recently?  
Pansy: No, but someone licked me out few weeks ago

What does she mean by "down there" and why does she say it like that?

*Genital area - embarrassment - what language would "we" use if we went to the doctor with such spots?*

*Doctors normally understand what you mean but may clarify*

What do you think might be wrong with her? **(Ask the class)**

*Her-Peas (not Herps!)*

There are two types of herpes simplex virus (HSV): HSV 1 – genital and oral; HSV 2 – genital and more likely to recur – *Although people can get both HSV1 and HSV2 on both their mouth and/or their genitals, it's important to note that just because somebody has a cold sore on their mouth, it doesn't mean they have an STI!*

What else would you do to make sure?

*Examine and viral swabs.*

What treatment would you give her?

*Antiviral medication*

*Pain relief*

*Very rarely needs hospital admission if in retention (i.e. if it is too painful for her to urinate and she 'cannot go').*

Would this cure her?

*No - but discuss treatment of relapses – may need more antivirals but can just manage symptoms*

What else might need to be done?

*Contact tracing and testing for other STIs. Discuss how she can manage a recurrence. It is important to tell current and future sexual partners. The virus can be passed on, even without symptoms. Very important to be honest and not knowingly pass on the virus.*

## At the SEXUAL HEALTH CLINIC...

## Case Study:

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Adolf has come to see you. He's about 19, on his own and looks very nervous. The conversation goes:

Adolf: "Adolf, that's not my real name"

Doctor: "That's OK, how can I help you?"

Adolf: "Well, I keep leaking stuff from my whotsit. It just won't stop, and when I pee it burns."

Why doesn't he give his real name?

*Worried about confidentiality.*

*The sexual health clinic will see people without their real name, but correct contact details are needed. It's always better to give your real name. Information is not shared outside the clinic without consent or unless absolutely necessary (for safety reasons).*

What could he have wrong with him? **(Ask the class)**

*Gonorrhoea due to the prolific nature of the discharge.*

What else would you do to make sure?

*A swab test in clinic – instant microscopy can give the diagnosis.*

*Urine test and full STI screen*

*What is a swab test? How is it done? Non-painful. What does the Lab do with the swab? How do they distinguish between Gonorrhoea and the other conditions?*

What treatment would you give him?

*An injection of antibiotics, but there are now problems with antibiotic resistance which can make gonorrhoea hard to treat, so a sample may be sent off to make sure..*

Would this cure him?

*Most of the time the first antibiotic will work, sometimes more need to be given.*

*What else might need to be done? Contacts (gender) – why might a female partner be less aware of her condition - are males and females aware of the normal nature of vaginal discharges and changes within the menstrual cycle? Do you need to check for other diseases? – yes, a full STI screen.*



Siegfried has come to see you. He's 25 and on his own. The conversation goes:

- Doctor: "How can I help you?"
- Siegfried: "Well, I went to Spain a couple of months ago. I met this girl."
- Doctor: "Yes?"
- Siegfried: "Well everything seemed OK. I got this spot, but it went away. Then yesterday I came up in this rash (*he shows you his hands*). My own doctor said I should come and see you."

What could he have wrong with him? **(Ask the class)**

*Syphilis*

What else would you do to make sure?

*Blood test*

What treatment would you give him?

*Antibiotics which are given by injection, sometimes several are needed.*

Would this cure him? *Yes, but he will need blood tests to make sure the infection has gone away.*

Is there anything else you should do? Why might you ask him about Spain?

*Did he go to Spain – or was it actually next door? Spain is convenient since taken literally it may not be possible to do any contact tracing, which would save him from embarrassment. But what about any regular partners? It is actually illegal to knowingly pass on a 'Venereal Disease'.*