Chapter 31 Clients with Sexually Transmitted Diseases

Incidence
° 1 in 4 Americans has been infected with some sexually transmitted infection and lives with the permanent effects of these diseases (STI)
  o Usually acquired through sexual activity

Sexually Transmitted Infections:
° Manifestations:
  o STIs may present with vague symptoms
    • Changes in vaginal or penile discharges
    • Burning with urination
  o Client may not display symptoms
° Complications of STIs:
  o Life long infections
  o Sterility
  o Cervical cancer
  o Death
° Risk factors:
  o Personal history of STI and sexual contact with partner with history of STI
  o Oral contraceptive use
  o Unprotected sexual activity
  o Multiple sexual partners
  o History of IV drug abuse and other substance abuse
  o Pregnancy
  o Age (teens and young adults)
  o Factors that increase risk of HIV [corresponds to Box 31-1]
° Transmission - by contact with infected body fluids or lesions:
  o Heterosexual or homosexual sex
  o Unprotected oral, genital, or anal sexual contact
  o To fetus via mother’s placenta or by direct contact with fluids during birth or breastfeeding
° Methods of prevention:
  o Client education
    • Teach proper use of barrier contraceptive methods
  o Thorough assessment
  o Routine STI screening
  o Reporting. The following must be reported:
    • Gonorrhea
    • Syphilis
    • Acquired immune deficiency disorder (AIDS; end stage of HIV infection)
    • Chlamydia (in some states)
  o Prompt treatment

Chlamydia
° 1 in 25 infected; often occurs with gonorrhea
° Rate highest among African American women (14%)
Incubation 1-3 weeks

- Manifestations:
  - May be unnoticeable
  - Vaginal or penile discharge, dysuria, urinary frequency in female; pelvic pain in female, epididymitis in male; mild sore throat
- Diagnosis [corresponds to Table 31-2]
- Treatment: antibiotics [corresponds to Table 31-2]

- Complications
  - Female: pelvic inflammatory disease (PID) and resulting chronic pelvic pain, ectopic pregnancy, preterm labor, infertility
  - Male: urethritis, prostatitis
  - Fetus/newborn: conjunctivitis, pneumonia

Gonorrhea - first documented STI; often occurs with chlamydia

- Caused by *Neisseria gonorrhoeae* bacteria
- Incubation 1-14 days, with symptoms within 10 days
- Manifestations:
  - Female may be asymptomatic; vaginal discharge, interrupted menstrual cycle, urinary frequency; pharyngitis if oral-genital contact
  - Male: dysuria, urethritis with watery white penile discharge
- Diagnosis [corresponds to Table 31-2]
- Treatment: antibiotics [corresponds to Table 31-2]
- Complications
  - Female: PID, ectopic pregnancy, infertility, intra-abdominal adhesions leading to chronic pain
  - Male: prostatitis, sterility
  - Fetus/newborn: ophthalmia neonatorum, pneumonia

Syphilis (Classifications and Manifestations)

- Caused by *Treponema pallidum*
- Incubation period 5-90 days; symptoms usually appear within 3 weeks
- Manifestations of 3 stages:
  - Primary syphilis
    - Single or multiple, painless lesion or chancre [corresponds to Figure 31-1]; possible inguinal lymph node swelling
    - Heals without treatment
  - Secondary syphilis
    - Flulike symptoms 6 weeks after chancre; generalized lymph node swelling; skin lesions or rashes, mucous membrane lesions, condylomata lata (genital warts) in anal area or skin folds, alopecia
    - May heal without treatment in 2-10 weeks
  - Tertiary syphilis
    - Neurosyphilis, gumma (infectious granuloma), cutaneous bone lesions, meningitis, generalized paresis, optic atrophy; aortic aneurysm, coronary artery disease
    - Emerges 1-40 years after onset
    - High morbidity and mortality
- Diagnosis [corresponds to Table 31-2]
Treatment: penicillin in stages 1 and 2; benzathine penicillin in stage 3 [corresponds to Table 31-2]

- Term: Jarisch-Herxheimer reaction (flushing, redness; may occur during treatment)
- Complications
  - Untreated, progresses to heart failure, blindness, mental illness, and death
  - Fetus/newborn
    - Muscle wasting, notches in incisor teeth, bowing of tibia
    - If untreated, deafness, blindness, crippling, or death

Genital Herpes
- Not currently reportable but reaching epidemic proportions
- Caused primarily by herpes virus type 2 but also by type 1
- Not curable; recurrent outbreaks throughout life
- Incubation 1-26 days; symptoms usually in 6-8 days
- Manifestations:
  - Primary episode has both local and systemic symptoms lasting up to 3 weeks:
    - Fever, headache, malaise, myalgias, dysuria, vaginal or urethral discharge, inguinal lymphadenopathy, painful genital vesicles and possible ulcerations
  - Recurrent episodes have only local symptoms: genital vesicles, pain and itching
- Diagnosis [corresponds to Table 31-2]
- Treatment: antibiotics [corresponds to Table 31-2]; pharmacologic therapy to prolong time between episodes
- Complications
  - Female: meningitis, encephalitis, cervical cancer; cesarean birth
  - Male: meningitis, encephalitis, erectile dysfunction, proctitis
  - Fetus/newborn: neonatal herpes, causing disabilities or death

Human Papillomavirus (HPV) - genital warts
- 5 of 40 types of virus thought to be sexually transmitted
- Incubation 3 weeks to 9 months
- Manifestations:
  - Single or multiple warts on genitals or perianal area
  - Possible discharge, pruritus, bleeding
- Diagnosis [corresponds to Table 31-2]
- Treatment: chemical compounds, cryotherapy, surgery [corresponds to Table 31-2]
- Complications
  - Female: cervical cancer, operative birth, infection, urinary obstruction, bleeding
  - Male: urinary obstruction, bleeding
  - Fetus/newborn: laryngeal warts; possible airway obstruction

Acquired Immune Deficiency Syndrome
- Caused by replication of HIV (retrovirus); end stage of HIV infection
Transmission through heterosexual or homosexual sexual contact; exposure to infected body fluids
  - Shared needles and syringes
  - Maternal placenta or breastmilk
Incubation 6 weeks to 6 months; may take up to 10 years to progress to AIDS
Manifestations:
  - Night sweats, low-grade fever
  - Fatigue
  - Unexplained weight loss
  - Enlarged lymph nodes
  - Cough, SOB, persistent colds and infections
  - Diarrhea
  - Opportunistic infections
Diagnosis [corresponds to Table 31-2]
Treatment: no cure; suppression of virus with lifelong drug therapy; correction of opportunistic diseases [corresponds to Table 31-2]
Complications
  - Chronic immunosuppression, meningitis, progressive dementia, Kaposi’s sarcoma, non-Hodgkin’s lymphoma, death
  - Fetus/newborn: transmission of disease in utero, during birth, or through breastfeeding

Trichomoniossis
- Caused by *Trichomonas vaginalis*, a protozoa
- Most common curable STI in sexually active young women
- Incubation 4-28 days
- Manifestations:
  - May be asymptomatic
  - Females: frothy vaginal discharge with foul odor; pruritus; lower abdominal pain
  - Males: pruritus, penile discharge
- Diagnosis [corresponds to Table 31-2]
- Treatment: metronidazole [corresponds to Table 31-2]; both partners must be treated to prevent reinfection
- Complications
  - Female: inflammation of uterine tube (salpingitis)
  - Male: urethritis
  - Fetus/newborn: low birth weight, prematurity

Candidiasis – monolial vulvovaginitis or candidial vaginitis
- Caused by *Candida albicans*, fungus
- May be found in combination with other STIs
- Transmission by sexual or nonsexual contact
- Manifestations:
  - Female: thick, curdlike, odorless vaginal discharge; intense pruritis
  - Male: thick, curdlike penile discharge; plaque under foreskin; pruritis
- Diagnosis [corresponds to Table 31-2]
Treatment: antifungal creams [corresponds to Table 31-2]

Complications
  - Female: cervical bleeding
  - Fetus/newborn: oral thrush, diaper dermatitis

Nursing care of clients with STIs:
  - Provide nonjudgmental, supportive interactions.
  - Focus on clients and health needs.
  - Develop trust with client, speak in clear language, use open-ended questions. [corresponds to Box 31-2]
  - Observe for VS changes, especially temperature; lymphadenopathy; lesions, vaginal or penile discharge.
  - Document findings completely, including description of skin surrounding lesions; note color, viscosity, and odor of discharge.
  - Obtain specimens for lab tests.
  - Review and report results to care provider.
  - Provide comfort measures and monitor for complications.
  - Encourage fluid intake of 2L/day unless contraindicated.
  - Practice proper hand washing and universal precautions.
  - Provide thorough discharge teaching.
  - Play a role in educating the community about STIs. Education is the first step in prevention and treatment, and many STIs are treatable

Nursing Process Care Plan: Client with Gonorrhea

Critical Thinking Care Map: Caring for a Client with Genital Herpes