



Clinical Digest

ONLINE EDITION

SEXUAL HEALTH

Too Much Screening for Chlamydia?

Annual screening for *Chlamydia trachomatis* is now widely recommended for all sexually active women aged 25 years or younger as a measure to prevent pelvic inflammatory disease (PID). However, a recent study of 2,529 sexually active female students, conducted by researchers from the University of London, Imperial College, King's College, Centre for Infections, and St. George's Hospital, all in London, England, disputes the effectiveness of this recommendation.

In this randomized, controlled trial, researchers found that screening and treatment of chlamydial infection nonsignificantly reduced the risk of clinical PID by 35% over 12 months. They add, however, that the overall incidence of PID among the participants was low, at 1.6%. Of the 137 women with chlamydial infection at baseline, 7 of 74 women (9.5%) in the deferred screening control group developed PID, compared with only 1 of 63 women (1.6%) in the screened group. In other words, more than 90% of women in the control group who had chlamydial infection at baseline did not develop clinical PID. Most cases (79%) of PID, including 10 cases of chlamydia-positive PID, occurred in women who screened negative for chlamydia at baseline, thus, suggesting these were incident infections.

This is the first chlamydia screening trial to obtain samples from the control group of women for delayed chlamydia testing. Analyzing the sam-

ples allowed the researchers to provide new data on the risk of PID in untreated women who tested positive for chlamydia. The researchers say that this is likely the only such trial to be performed in a developed country, due to the widespread use of chlamydia screening programs and the ethical issues that arise with delayed testing.

The study authors say that the ability of a single chlamydia test to prevent PID over a period of 12 months may have been overestimated, and the cost-effectiveness of screening may have been exaggerated. They suggest that policy makers instead focus more on frequent testing of women who are at high risk of developing clinical PID, such as those with a recent change of sexual partner or those with a history of chlamydial infection in the past 3 months.

Source: *BMJ*. 2010;340:c1642. doi:10.1136/bmj.c1642.

ALTERNATIVE TREATMENT

Fanning Away Dyspnea

Handheld fans—portable, easily available, and inexpensive devices—can help improve chronic dyspnea, say researchers from Addenbrooke's Hospital, Cambridge; Gloucestershire Hospitals NHS Foundation Trust and Sue Ryder Care Leckhampton Court Hospice, Leckhampton; and University of Cambridge, all in the United Kingdom. The results of their study suggest that just 5 minutes of fanned breeze directed at the face can reduce dyspnea—the unpleasant sensation of breathing difficulty that

is a common symptom of certain advanced diseases.

In their study, 50 patients (with a mean age of 71.3 years) were randomized to use a handheld fan for 5 minutes directed toward either their face or leg first, and then 5 minutes directed toward the alternate location. The primary outcome measure was a reduction of greater than 1 cm in breathlessness recorded on a 10 cm vertical visual analog scale (VAS). The participants were not informed of which location was being tested as the active treatment (face or leg).

The difference in VAS scores between the 2 treatments was significant, with a reduction in dyspnea when the fan was directed toward the face ($P = .003$). “This reduction was irrespective of the order of use of the fan, directed to the face or leg first,” say the researchers. All but 1 participant completed the study and found the fan directed to the face to be acceptable and comfortable.

The mechanism behind the handheld fan's effectiveness in reducing dyspnea is unclear, although the researchers suggest several possibilities—1 hypothesis being the so-called diving response that causes ventilatory depression when the trigeminal area of the face is cooled. Although the researchers say their study was designed to achieve a practical protocol based on their clinical experience, they note that other studies are needed to clarify the duration of time a fan must be used before it becomes beneficial, and how long the benefits of using a fan persist after use. ●

Source: *J Pain Symptom Manage*. 2010;39(5):831–838. doi:10.1016/j.jpainsymman.2009.09.024.