Many Uninformed on External Anogenital Warts

BY SHARON WORCESTER
Southeast Bureau

CHARLESTON, S.C. — Most clinicians counsel patients appropriately about the cause and prevention of external anogenital warts, but many—including some ob.gyns.—are unaware of the difference between oncogenic and wart-related human papillomavirus types, Zsakeba Henderson, M.D., reported in a poster at the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology.

Of 4,305 clinicians who responded to a 2004 survey, 90% said they have diagnosed anogenital warts in patients. Of the ob.gyns. who responded, 96% have diagnosed anogenital warts in patients, 97% tell patients the warts are sexually transmitted, 97% tell patients that their sex partners can acquire the warts, 96% tell patients they may have been infected long ago, and 86% tell patients not much is known about the duration of human papillomavirus (HPV) infection, said Dr. Henderson of the Centers for Disease Control and Prevention, Atlanta.

Also, 86% of the ob.gyns. said they discuss ways to prevent HPV transmission, and 81% usually or always ask about sexual behaviors to assess risk.

As for recommended methods for preventing transmission, 90% recommend condoms, 79% recommend monogamy, 61% recommend avoiding contact with warts, and 43% recommend abstinence.

Of the respondents, 89% knew that HPV causes anogenital warts, but only 70% knew that HPV types associated with cancer differ from those associated with warts, Dr. Henderson said in an interview.

Although ob.gyns. are doing better than the overall survey population with regard to knowledge about oncogenic vs. wart-related HPV types (48% overall knew cancer- and wart-related types differ), 44% of ob.gyns. (38% overall), knew warts do not increase the risk of cancer at the wart site.

Of particular concern is the relationship between clinician knowledge of how HPV types differ and recommendations for Pap testing. A total of 87% of the ob.gyns. who don't know that oncogenic and wart-related HPV types differ and 78% of those who do know they differ recommend prompt Pap smears in patients presenting with warts. And 57% of those who don't know, and 47% of those who do know recommend more frequent Pap smears.

"It really didn't matter what their knowledge was—about half are recommending more frequent Pap smears in patients with warts, which is not in accordance with current clinical guidelines," Dr. Henderson said.

Anecdotally speaking, some respondents recommend Pap smears because of concerns about increased risk for HPV exposure, but there is no evidence that prompt or more frequent Pap testing is warranted in patients with anogenital warts, she added.

Also of concern based on the survey responses is that while most ob.gyns. are counseling patients appropriately about the cause and prevention of anogenital warts, they also reported many barriers to counseling, including difficulty dealing with patients' emotional and relationship issues, inadequate reimbursement for patient counseling, difficulty motivating patients to adopt prevention measures, and lack of time for patient counseling. Such barriers were reported by more than half of the respondents.

The findings of this survey, which are still being analyzed, will be used to develop training materials to promote appropriate counseling methods, Dr. Henderson noted. ■