Is Gonorrhea Add-On to Chlamydia Test of Benefit?

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JACKSONVILLE, FLA. — A majority of privately insured women tested for chlamydia are also checked for gonorrhea, which may be unnecessary given its significantly lower incidence, according to a study presented at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

"Gonorrhea is much more rare. Chlamydia incidence is 5%-7% versus less than 1% for gonorrhea," Thomas L. Gift, Ph.D., said in an interview at his poster presentation.

Screening of all sexually active adolescents and females 25 years or younger for chlamydia is recommended by the CDC. However, screening for gonorrhea is only recommended for those at high risk of sexually transmitted diseases.

Dr. Gift and his associate Michele K. Bohm identified 61,183 females aged 15-65 years who were tested for chlamydia, gonorrhea, or both in 2001. They searched outpatient claims in the Medstat Marketscan Database of approximately 4 million privately insured patients. They looked for current procedures terminology codes specific to chlamydia testing or gonorrhea testing. DNA direct or amplified dual-assay codes were also included in the study.

Patients were tested for chlamydia on 66,070 occasions and for gonorrhea on 58,163 occasions. They were tested for both chlamydia and gonorrhea on 56,371 of these occasions, suggesting frequent use of dual testing assays. "Eighty-five percent of the time we found a gonorrhea test on the same day on the chart as the chlamydia test," said Dr. Gift, an economist in the division of STD prevention at the CDC.

"There are a lot of people being tested for gonorrhea when they shouldn't be," Dr. Gift said.

The costs can be more than economic—there are false-positive concerns with sexually transmitted infections (STIs), Dr. Gift said. "There is such a host of undefinable costs—for example, an STD diagnosis in a monogamous relationship. The prudent thing is to treat just in case, but there is wreckage strewn around by suggesting someone has an STI." ■

Large Weight Gain Results in Highest NICU Admissions

WASHINGTON — Either too much or too little weight gain during pregnancy could increase the risk of neonatal intensive care unit admission and peripartum complications, according to data presented at the annual meeting of the American College of Obstetricians and Gynecologists.

The highest quintiles of maternal weight gain during pregnancy were significantly associated with rates of NICU admission in a study of 2,784 singleton pregnancies, Dr. Teresa Tam and her colleagues, of Saint Joseph Hospital, Chicago, reported in a poster.

After adjustment for age, delivery method, and prepregnancy weight, among other factors, the medium weight gain quintiles— 22-29 pounds and 30-35 pounds—were associated with the lowest NICU transfer rates of 3.3% and 2.6%, respectively. The study did not analyze the specific outcomes that prompted the NICU transfers.

A second poster by Dr. Devendra A. Patel of Weill Cornell Medical College, New York, and colleagues found that heavier women had almost twice the rate of maternal and fetal complications as women of normal weight.

Dr. Patel found no fetal complications and 11 peripartum complications among 68 women whose BMI was less than 30 kg/m^2, compared with 5 fetal complications and 20 peripartum complications among 78 women whose BMI was 30 kg/m^2 or higher. The measured outcomes included pregnancy-induced hypertension, diabetes, premature membrane rupture, dystocia, abruption placenta, oligohydramnios, and placenta previa. Postpartum complications included bleeding and infection, and fetal outcomes included distress, illness, and stillbirth.

An analysis of a larger sample while controlling for confounding variables is needed to confirm the study's validity, the investigators wrote.

—Heidi Splete

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