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Resúmenes de Ponencias

**Segunda Ponencia: ASPECTOS MÉDICOS, SOCIALES Y ÉTICOS
RELACIONADOS CON LAS INFECCIONES POR VPH**

**Coordinadores: L. Villa (Brazil)/C. Coll (Spain)/
S. Franceschi (France)**

COUNSELLING PERSONS WITH HPV INFECTIONS

Marc Steben MD, CCFP, FCFP.

Family physician, Infectious disease unit, Public health direction; Vulvar disease clinic, Oncogynaecology department. Centre hospitalier de l'Université de Montreal, Montreal. Canada.

DEFINITION: Counselling is a new medical term. It appears for the first time in a medical dictionary in 1995, in the 26th edition of Stedman's dictionary of medical terms (1) . Everybody talks about counselling but nobody knows exactly what it should cover. Even in most counselling guidelines we take for granted that everyone knows what is exactly meant by counselling and fail to encounter its definition! (2) The definition of counselling given in the Stedman's stands as follow: «a professional relationship and activity in which one person endeavours to help another to understand and to solve his or her adjustment problems; the giving of advice, opinion and instructions to direct the judgment or conduct of another». Counselling should be viewed as an ongoing process integrated into all follow-up visits and not limited at the initial consultation.

WHY COUNSELLING: A high level of anxiety is associated with the diagnosis and treatment of genital warts exacerbated by its highly variable and unpredictable course: «the emotional burden of an HPV diagnosis can be more damaging than physical problems caused by the virus». In a survey of ASHA's HPV news readership we capture the spectrum of feelings brought by an HPV diagnosis (respectively at diagnosis and during the last year) : anger (78%,44%), depression (76%,37%), isolation (70%,39%), fear of rejection (70%,40%), shame (66%,34%), guilt (60%,29%) (5). Nearly 60% rated the health care provider diagnosing their HPV infection as poor or fair while only 40% rated them as good or excellent. Dissatisfaction about emotional issues counselling ran at 84%!

CONTENT: The content needs to be individualized and should respond to patient's needs. Systematic review of all aspects of HPV infection is not only a waste of your time but also of your patients' time. The retention of knowledge issued by physicians can at the best level be no more than 50%. Burying our incomfort in a pile of information may make the understanding and adaptation of HPV infection

even less likely. More of a concern is that no more than 15-65% of patients understand what you mean because of our medical jargon. The «readability» level in counselling should ideally be no more than 6th grade. Items to be covered in a counselling process are: 1) cause and HPV role, 2) symptoms, 3) subclinical infection, 4) transmission, 5) testing and diagnosis, 6) treatment options, 7) links with cancer, 8) pap smears, 9) primary prevention, 10) prevention of further transmission, 11) partner communication , 12) psycho-social issues (6).

FORM: The form of counselling will vary depending of variety of needs of your individual patients. Written material is the easiest way to deliver the full scope of counselling but it is not flexible to the point of addressing all personal issues. Also many leaflets are written in an undecipherable language for foreign born or minimally literate persons (6). Computer literate patients will want to surf the net. You may include in your written document some legitimate sites such as www.asha.org or www.asccp.org for accurate content .Non medical counsellors such as a sexologist, psychologist, nurse or trained counsellor may be better in dealing with emotional issues and adaptation process especially if you are not comfortable or do not have time to deal with these issues. They may be available in private practice, external clinic, at the local community group or through telephone the STD hotline. Chat room such as ASHA's enables discussion and support for person wanting to remain anonymous.

AMOUNT: The amount of information and support needed by individuals will vary depending on their adjustment capacities, social support, understanding and interpretation of information's given. Differentiating the normal anxious-depressive reaction accompanying an HPV diagnosis from a mal adaptative reaction is difficult. Again adequate and tactful reference to an experienced colleague may be offered as integral part of your care program.

POINTERS FOR COUNSELLORS: When counselling 1) be aware that your own values and attitudes about sexuality may bias your counselling , 2) maintain a non-judgemental approach and develop an atmosphere of trust, 3) use an individualized , flexible approach , 4) avoid technical jargon, 5) be available to provide support and recognize additional counselling needs and 6) be sensitive (2) .

CONCLUSION: Better doctor-patient communication is needed to address the complex issues surrounding HPV infections. HPV should clarify the «debate about the respective rights, duties, and needs of physicians and patients in their intimate, anxiety producing, and fateful encounters with one another». (7)

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