

Urethritis treatment in pharmacies

Objectives

Urethritis is still a poorly diagnosed and treated sexually transmitted disease (STD) In the Middle East, it is generally perceived as a taboo related to unprotected sexual activity treated mainly in pharmacies. A questionnaire has been distributed to pharmacists to investigate on its epidemiology, diagnosis and treatment.

Materials & Methods

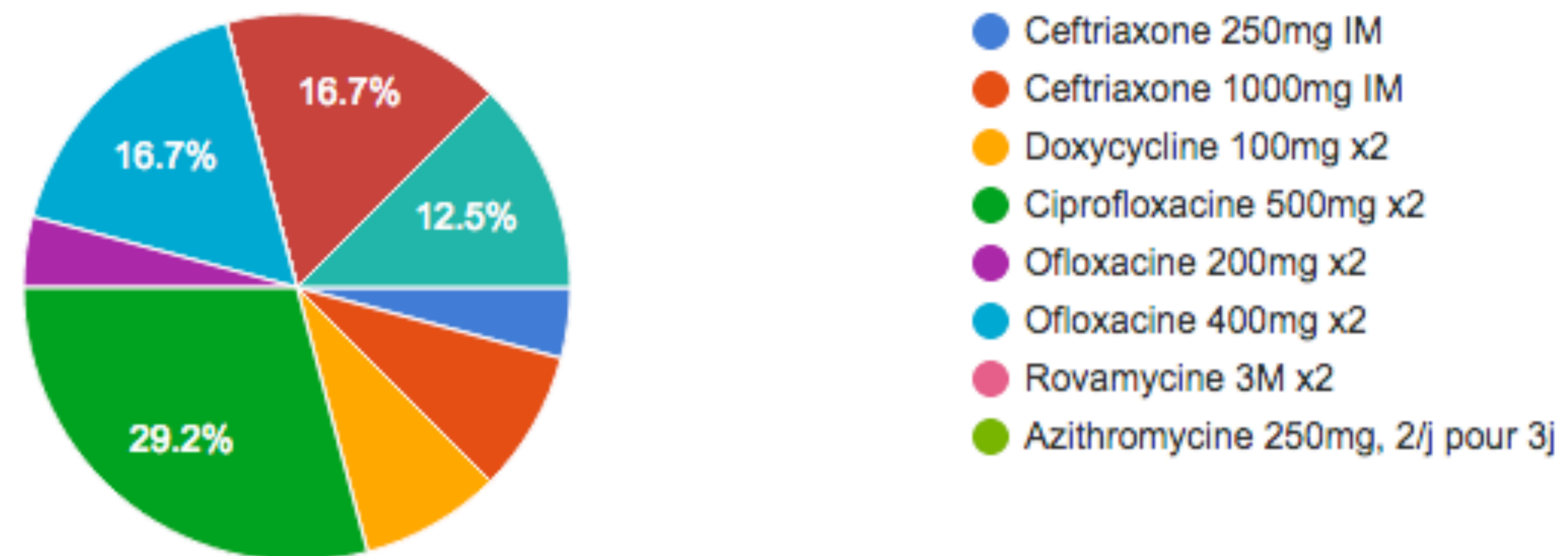
A 14 items questionnaire asking about the epidemiology, diagnosis, treatment, and follow up of the patients is distributed to the pharmacists through a link on goggle forms.

Results

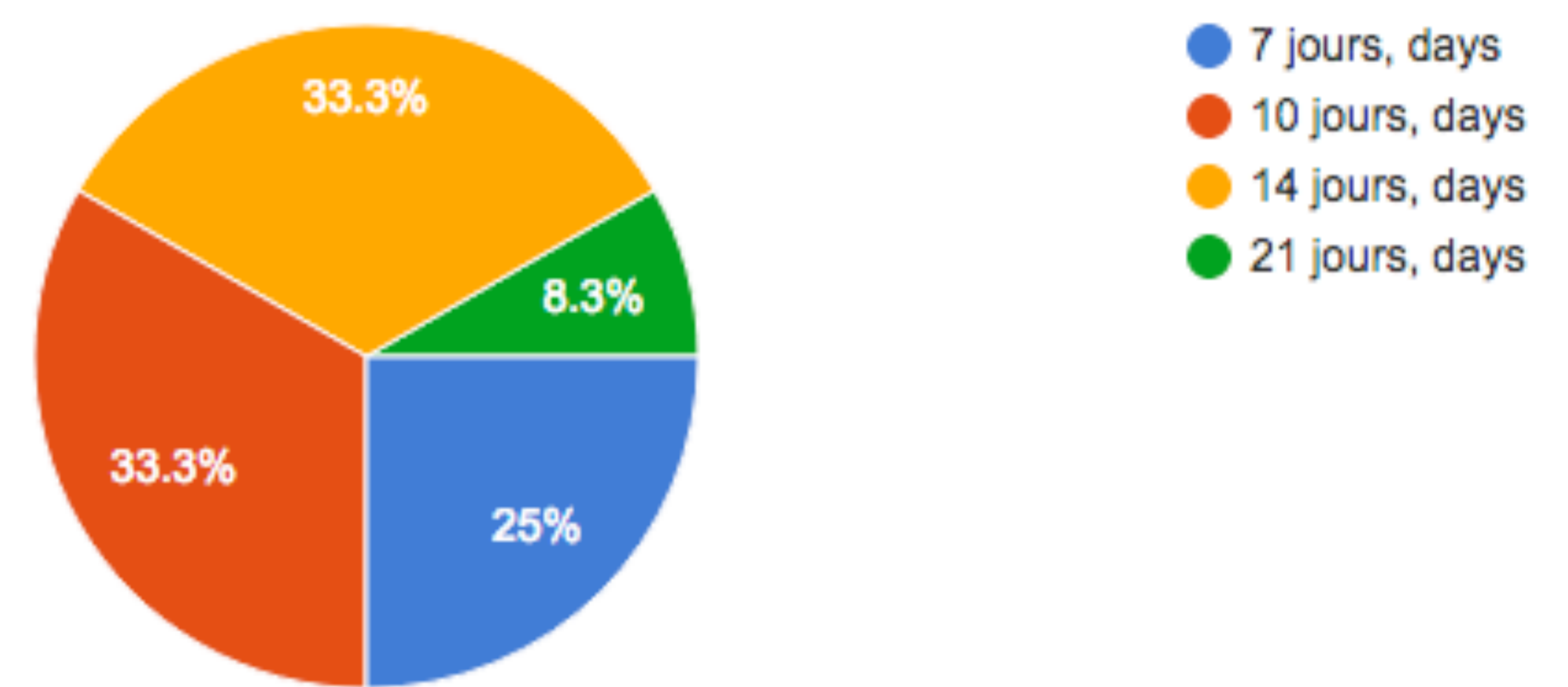
Out of 22 answers, 86,4% of the pharmacies were close to the red zones. 32% of pharmacists prescribed ciprofloxacin as monotherapy, 18% ofloxacin and 18% azithromycin 1000 mg once, 13% amoxicillin-clavulanate and only 9% intra muscular (IM) ceftriaxone. 4 pharmacists recommend bitherapy (ceftriaxone /doxycycline or azithromycin or doxycycline/ ciprofloxacin). 36% give the treatment for 14 days, 32% for 10 days, 23% for 7 days and 9% for 21 days.

In case of IM injections, 55% do it immediately in the pharmacy although all the pharmacists advise the patients to perform a urine or urethral culture before initiating the treatment.

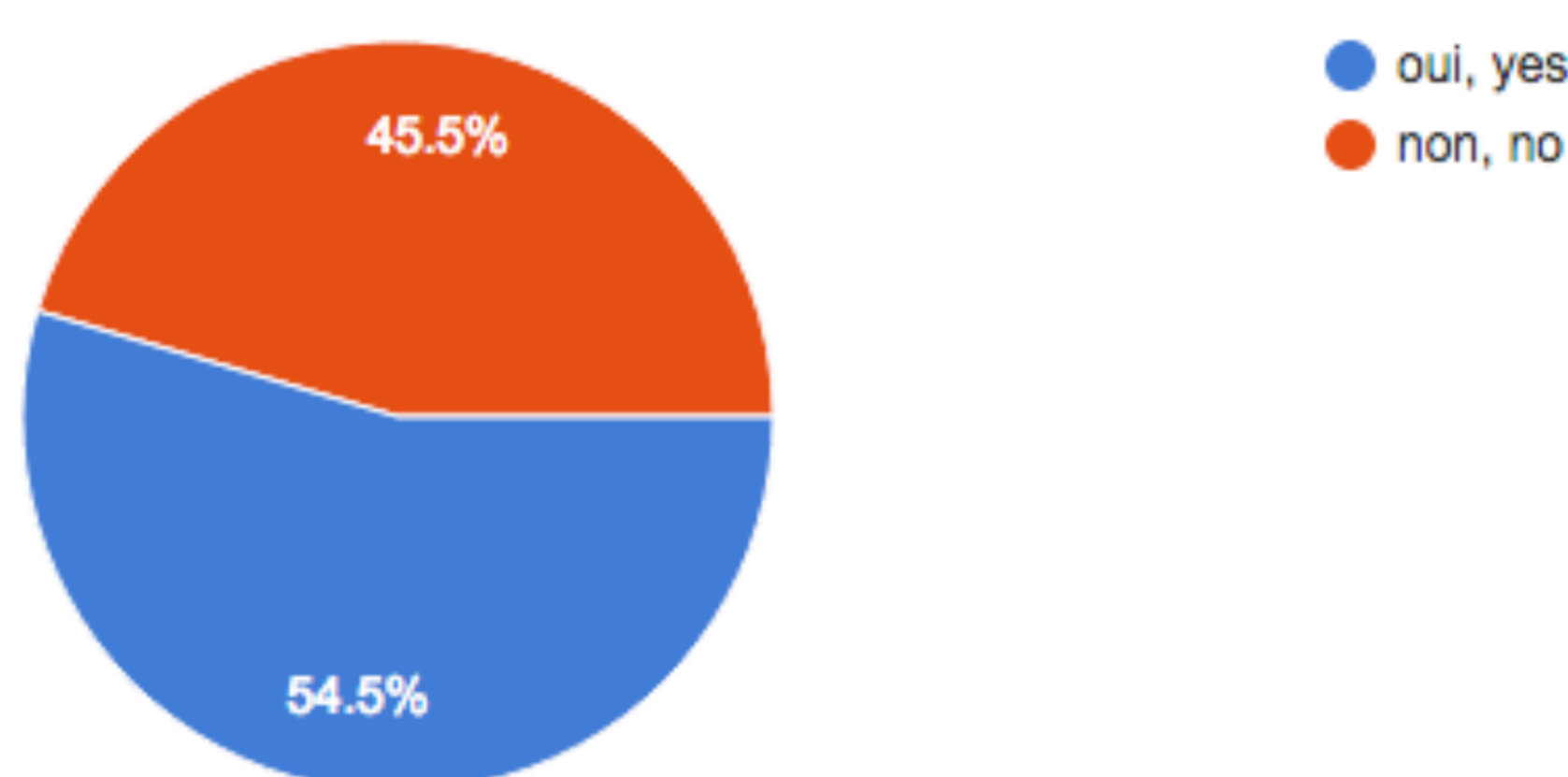
All the pharmacists recommend treating the partners, 64% advise to test for other STDs and 82% ask to see the patients for follow up.



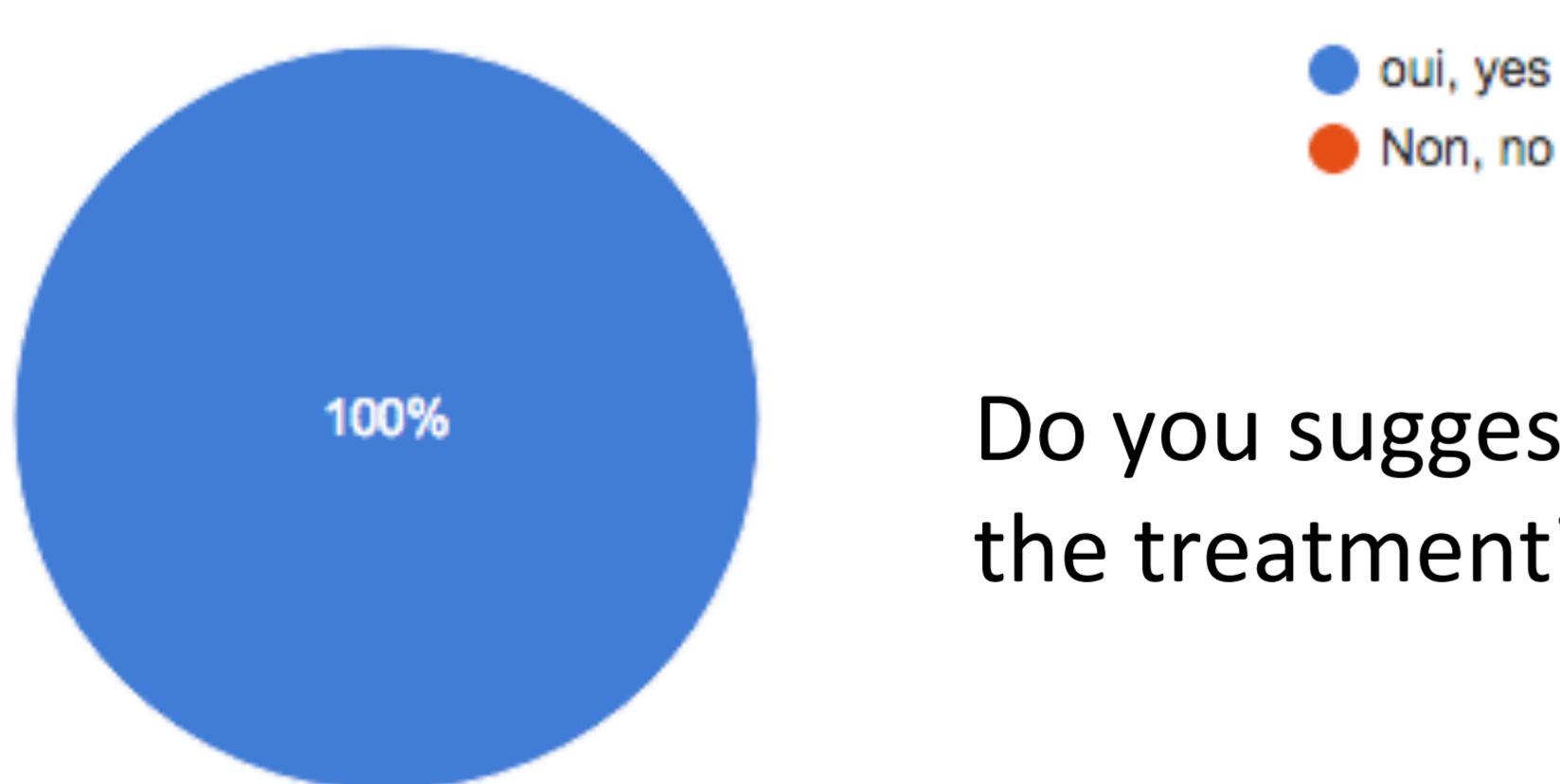
The different therapeutic protocols



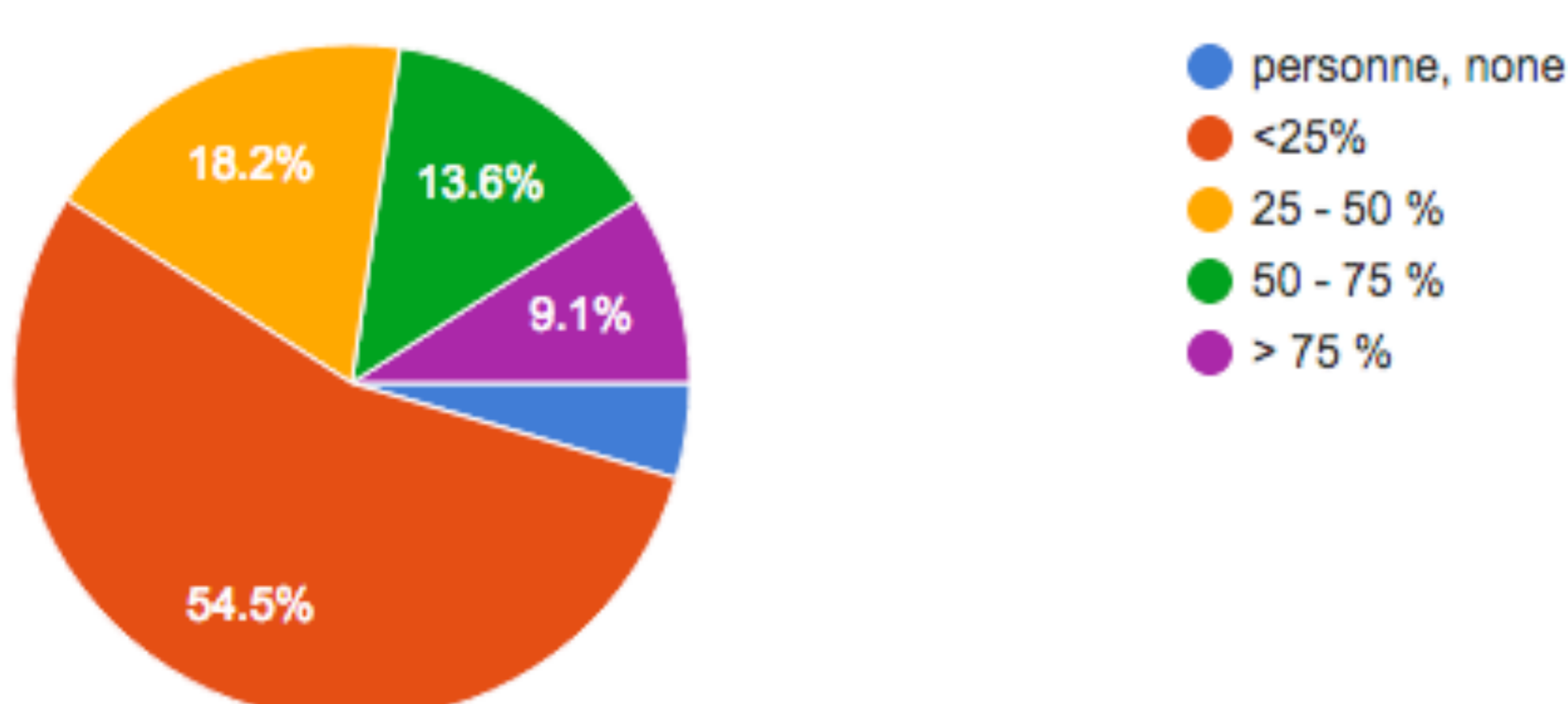
The different therapeutic duration



In case of intra muscular injection, do you do it immediately in the pharmacy?



Do you suggest to perform a urine or urethral culture before initiating the treatment?



How many patients accept to do the culture and postpone the treatment till after the culture?

Conclusion

Urethritis is still poorly diagnosed and inadequately treated. Because of the taboo idea, we lack cases and studies and therapeutic recommendations. We realize that the therapeutic approach varies between pharmacists and that 25% of the pharmacists report that more than half of the patients accept to do a culture before the treatment and 55% report less than a quarter of the patients that agree to make cultures at all. We need to raise awareness about diagnosing and treating urethritis to increase the clinical and microbiological studies reaching therapeutic guidelines for our country