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The Burden of Bacterial Vaginosis and Women's Experiences with Clinical Care

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I am Dr. Caroline Mitchell, an Assistant Professor of Obstetrics and Gynecology in the Vincent Obstetrics and Gynecology Service at the Massachusetts General Hospital in Boston, Massachusetts.

Bacterial vaginosis, or BV, is the most common vaginal condition affecting women of reproductive age, with prevalence estimates between 10–30% among heterosexual women in developed nations and 20–50% in higher risk groups, such as women who have sex with women, African, or African-American women. The symptoms of BV include an abnormal vaginal odor and increased discharge, but half of women with BV are asymptomatic. Adverse sequelae associated with BV include miscarriage, preterm delivery, and increased risk of sexually transmitted infections and HIV.

Recurrence after treatment for BV is common, close to 50% of treated women with have a recurrence within 6 months. In 2013, Bilardi and colleagues presented data evaluating the physical, emotional, sexual, and social impact of recurrent BV, followed in 2016 by an extension describing deficiencies in the clinical care of women treated for BV.

In the 2013 study, thirty-five women with male and/or female partners participated in semi-structured interviews face-to-face or by telephone about their personal experiences with recurrent BV. Women reported that the degree to which recurrent BV impacted them physically, emotionally, sexually and socially often depended on the frequency of episodes and severity of symptoms. Symptoms of BV made them feel embarrassed, ashamed, 'dirty' and concerned others may detect their malodor and abnormal discharge. There was substantial impact on self-esteem and sex lives, with women regularly avoiding sexual activity. Many felt that their life was being restricted, resulting in emotional distress.

Bilardi and colleagues concluded that when managing recurrent BV it is important to recognize not only the physical symptoms or discomfort, but also the significant psychosocial sequelae experienced by women. They cautioned while BV is often considered a minor and common vaginal condition by clinicians, in reality its recurrent nature has substantial impact on women's emotional, sexual and social lives.

In the 2016 follow-up, Bilardi and colleagues evaluated women's experiences with clinical care for BV. The majority reported frustration and dissatisfaction with current treatment regimens and low levels of satisfaction with the clinical management of BV. They disliked taking antibiotics regularly, experienced adverse side effects from treatment, and felt frustrated at having symptoms recur quickly after treatment. Issues in clinical care included inconsistency in advice, misdiagnosis, inappropriate diagnostic approaches, and the insensitive or dismissive attitudes of their primary caregivers. These frustrations led most to self-medicate in an attempt to treat symptoms and prevent recurrences, including well-known risk practices such as douching.

Overall, Bilardi and colleagues concluded that in the face of considerable uncertainty about the causal etiology of BV, high rates of recurrence, unacceptable treatment options and often insensitive and inconsistent if not incorrect clinical management, women have resorted to self-help remedies and lifestyle modifications to prevent recurrences, often with little effect. They stated that clinical management of BV could be improved through their use of standardized diagnostic approaches, increased sensitivity and understanding of the impact of BV, and the provision of evidence-based advice about known BV-related risk factors.

The focus by Bilardi and colleagues on diagnosis of BV is well placed. In 2014 Powell and Nyirjesy reiterated that accurate diagnosing of BV is critical, as too often recurrent vulvovaginal symptoms are managed empirically, often leading to delay of appropriate therapy and placing an increasing burden of disease on women affected. Further, they state that use of Amsel's criteria and/or Nugent score of vaginal fluid Gram stain are not widely and/or correctly used in diagnosing BV, leading to incorrect diagnosis. In fact, Schwartz and

colleagues demonstrated misjudgment/misdiagnosis of BV in 61% of cases in a study of 53 general practitioners and 31 gynecologists. One approach to improving diagnostic sensitivity for BV may be increasing the clinical use of newly emergent molecular diagnostic platforms, such as those that utilize highly sensitive and specific real-time PCR. Molecular PCR testing offers the opportunity for great strides in testing accuracy, in addition to earlier and more precise elaboration of the offending pathogen or pathogens. That said, it is also critical that we ensure practitioners understand the most appropriate interpretation of the results obtained; without a doubt, the availability of improved diagnostic tools is an important goal. Rapid and correct diagnosis of BV and the offending organism or organisms could lead to more effective management of BV, lower rates of recurrence, and improvement in the physical, emotional, sexual, and social distress women experience when affected by BV.

Voice Over Close:

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References

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