

# Diagnosis of pelvic inflammatory disease and barriers to conducting pelvic examinations in Australian general practice

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## Background:

Pelvic inflammatory disease (PID) comprises a range of inflammatory disorders of the female upper genital tract. Sexually transmissible infections (STIs) are often implicated as a cause. PID is under-diagnosed globally, and when left untreated may cause complications including ectopic pregnancy and infertility. PID requires a clinical diagnosis, with speculum and bimanual pelvic examinations recommended to support a diagnosis.

## Methods:

An online survey about chlamydia management, including questions about PID, was distributed in 2019 to general practitioners (GPs) in Australia. From 323 respondents, 85.8% (n=277) responded to multiple-choice questions about PID and 74.6% (n=241) responded to a free-text question regarding pelvic examination barriers. We used multivariable logistic regression to analyse factors associated with the frequency with which GPs conducted pelvic examinations for women reporting symptoms of PID. Barriers to performing pelvic examinations were explored using thematic analysis.

## Results:

Most GPs routinely ask female patients with an STI about symptoms suggestive of PID, including pelvic pain (86.2%), abnormal vaginal discharge (95.3%) and bleeding (89.5%), and dyspareunia (79.6%). Over half reported routinely conducting speculum (69.0%) and bimanual (55.3%) pelvic examinations for women reporting pelvic pain or dyspareunia. Female GPs were more likely to routinely perform speculum (adjusted odds ratio (AOR) 4.6; 95%CI: 2.6-8.2) and bimanual pelvic examinations (AOR 3.7; 95%CI: 2.1-6.5). GPs with additional sexual health training were also more likely to routinely perform speculum (AOR 2.2; 95%CI: 1.1-4.2) and bimanual pelvic examinations (AOR 2.1; 95%CI: 1.2-3.7). Barriers to pelvic examinations included patient unwillingness, GP gender, patient health concerns, time pressure, and GP reluctance to perform an examination due to inexperience and/or uncertainty that it would add to their assessment.

## Conclusions:

While GPs typically ask about PID symptoms when managing patients with chlamydia, they do not consistently perform pelvic examinations to support a diagnosis, potentially reducing capacity to diagnose PID.

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