
Common Sexually Transmitted Diseases (STDs) in the Psychiatric Unit

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You'll sometimes encounter STDs among patients in psychiatric units. Here we review diagnoses and treatments for the most common STDs. Inform patients that their partners should be treated simultaneously to prevent reinfection.

1. Gonorrhea

- Symptoms: Often asymptomatic; pain or burning during urination, yellowish discharge, bleeding outside menstrual cycles, testicular swelling.
- Diagnosis: Swabs (throat, rectum, urethra), urine tests.
Treatment: Single injection of Ceftriaxone 500 mg IM

2. Chlamydia

- Symptoms: Often asymptomatic; if symptoms occur, they typically include dysuria and abnormal vaginal or penile discharge.
- Diagnosis: Swabs, urine test.
- Treatment: Doxycycline 100 mg orally twice daily for 7 days or Azithromycin 1 g orally in a single dose (recommended for pregnant patients).
- High rate of co-infection with Gonorrhea, so patients are often treated for both simultaneously.

3. Trichomoniasis

- Symptoms: Women: Genital itching, burning, discharge with fishy odor, spotting. Men: Often asymptomatic; possible irritation, discharge.
- Diagnosis: PCR test, e.g. from patient-collected swab of vaginal/penile area. You can treat empirically if other common causes of vaginitis (e.g., yeast infection) have been ruled out.
- Treatment: Metronidazole (2 g orally once or 500 mg twice daily for 7 days) or Tinidazole (2 g orally once).

4. Herpes (HSV)

- Types: HSV-1 (oral), HSV-2 (genital).
- Symptoms: Flu-like symptoms, blisters, open sores; milder recurrent outbreaks.
- Diagnosis: Examination, viral culture, PCR, blood test for antibodies.
- Treatment: Acyclovir
 - Initial outbreak: 200 mg five times daily or 400 mg three times daily for 7-10 days.
 - Recurrent: 800 mg twice daily for 5 days or three times daily for 2 days.
 - Suppressive: 400 mg twice daily.
 - Cold sores can also be treated with acyclovir 5% topical cream q3hrs for 7 days.

5. Yeast Infection (Candidiasis)

- Not an STD, but sexually transmittable, and often mistaken for an STD.
- Symptoms: Itching, irritation, swelling, redness; women: "cottage cheese-like" discharge; men: white patches, odor, discharge.
- Diagnosis: PCR test from patient-collected swab. You can treat empirically if the patient presents with classic symptoms.
- Treatment: Antifungals like Fluconazole (Diflucan) 150 mg orally once or Miconazole cream (Monistat) 4% for 3 days or Clotrimazole cream (Lotrimin) 1% for 7 days.

6. Bacterial Vaginosis (BV)

- Also not an STD, but sexually transmittable and often mistaken for an STD.
- Symptoms: thin white, gray, or green vaginal discharge; fish-like odor.
- Diagnosis: PCR test, e.g. from patient-collected swab.
- Treatment: Metronidazole 500 mg BID for 7 days or Metronidazole 0.75% vaginal gel, one applicator qhs x 5 days or Clindamycin 2% cream, 1 applicator intravaginally qhs X 7 days.