

## Follow-up of Men with Genital Papilloma Virus Infection

### Psychosexual aspects

EWA VOOG and GUN-BRITT LÖWHAGEN

Department of Dermatology and Venereology, Sahlgrenska University Hospital, Göteborg, Sweden

**Genital papilloma virus infection (GPVI) is in many patients a longlasting, relapsing disease for which no effective treatment is available. This fact and the association between the virus and cancer puts much stress on the afflicted patient. Of 41 men with GPVI interviewed, 17 (40%) reported a negative effect of the disease on their sexual life. Most distressing was the fear of transmitting the disease to their partner. After 18 months, 15 (37%) of the 41 men still exhibited signs of GPVI. In the care of patients with GPVI, more attention needs to be paid to the psychosexual effects of the disease. Key words: GPVI relapse; Condom use; Psychosexual questionnaire.**

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G.-B. Löwhagen, Department of Dermatology, Sahlgrenska Hospital, University of Göteborg, S-413 45 Göteborg, Sweden.

Genital papilloma virus infection (GPVI) is an increasingly common disease (1). Knowledge about the natural history of the disease is sparse (2). In many patients, the disease seems to have a chronic and recurrent course irrespective of therapeutic interventions. Although a direct causal relationship between HPV infection and squamous carcinoma of the uterine cervix has not been proven, there is a wealth of data indicating a strong association (3, 4).

Much distress might be caused in a young person who is aware of being infected with a sexually transmissible disease that is not curable and that has the potential to induce precancerous lesions. The psychosexual effects of this common infection have not received much attention. This study was undertaken to determine how often and to what extent GPVI in men influenced their psychosexual life. The prevalence of GPVI 18 months after first attendance and treatment of the disease was also estimated.

### METHODS

A letter was sent to 114 men attending the VD Clinic, Sahlgrenska Hospital, for the first time for condyloma (GPVI) between March and September 1988. In the letter, the patient was asked to contact us by telephone for information about a study being performed at the Department of Dermatology. For reasons of discretion, nothing was said in the letter about condyloma. When calling, the patient was informed about the study and that it included questions about his sexual life and an examination for condyloma.

Data about number of visits and treatments given were obtained from the patient records. Treatment modalities in use at the clinic were podophyllotoxin, podophyllin, electrocoagulation and a combination of these treatments.

### Questionnaire

The interview included questions about number of sexual contacts (if regular for how long), condom use; and whether the disease had affected the patient's sexual life in a negative way, exemplified as less sexual desire, fear of transmitting the disease to his partner, less satisfaction from intercourse because of condom use and feelings of dirtiness. The patient was also asked if the presumed association between condyloma and cervical cancer had worried him. The answers were filled in by the patient together with the doctor.

### Physical examination

The examination of genitalia included inspection with magnification after applying 5% acetic acid for 3-5 minutes. Lesions typical of HPV infection were registered and in doubtful cases biopsy was performed.

### RESULTS

Of 114 men who had visited the VD Clinic for the first time because of condyloma during March to September, 41 (36%) attended for follow-up after 18 months. All had finished their treatment for condyloma and were considered cured. All were heterosexual men in the age-range 18-49 years (meanage 30). The number of visits and treatment modalities used did not differ between those who attended for follow-up and those who did not.

### Psychosexual interview

**Sexual contacts.** Twenty-seven men had a steady sexual partner since at least 5 months at the time of the follow-up examination. For 20 men the partner was the same as 18 months earlier. Eighteen of these men knew that their female partner also had GPVI. Fourteen men had no steady sexual partner and the number of partners during the last year varied from none to eight (mean 3).

**Condom use.** Six (22%) of the 27 men in steady sexual relationships answered that they used condoms regularly, compared to 8 (57%) of 14 men with no regular sexual partners. Of altogether 14 men considering themselves condom users, 7 had not used a condom during their latest intercourse.

**Sexual life.** Ten (37%) of the 27 men admitting to steady sexual relationships had experienced a negative influence on their sexual life because of the condyloma and for the men with no regular sexual partner the corresponding figure was 7 (50%) of 14. Most were concerned and worried about the risk of transmitting the disease to their partner. About half experienced less satisfaction from intercourse because of the condom. Eight patients experienced less sexual desire and a feeling of dirtiness. Twenty-two of 41 men answered that they were worried about the association between condyloma and cervical cancer.

*Physical examination*

In 15 out of 41 men signs of GPVI were present. Small papular or acuminata lesions were found in 12 men and acetowhite lesions typical of subclinical HPV infection in three. In three cases the diagnosis was confirmed by histology, disclosing typical signs of HPV infection including koilocytosis. The patient was informed about the lesions, which in most cases were treated with electrocoagulation.

The mean number of visits in the group with GPVI was 4.9 (1-11), compared to 5.4 (1-9) in those without signs of infection. Fourteen men had received treatment with podophyllin/podophylotoxin, 7 had been treated with electrocoagulation and 20 with a combination of these treatments. Relapses were seen in all treatment groups.

## DISCUSSION

GPVI lesions (condyloma), but not the papilloma virus, can be eradicated with various cytotoxic and surgical therapies. Even if subclinical lesions are sought and treated, the recurrence rate is high, between 20 and 30 per cent (5,6) of treated patients experiencing new HPV lesions within 3-4 months. In this follow-up, we examined men treated for GPVI several times (mean 5 visits) starting 1½ years earlier. All had finished their treatment and considered themselves cured. One-third of the examined men exhibited signs of HPV infection. Assuming that all men who did not attend were free from HPV lesions gives a prevalence of 13% (15/114). The relapses were not correlated to the number of visits or any specific treatment. Our results support the view that GPVI is a chronic relapsing disease and that small lesions may easily be overlooked by the patient. The medical indication for treating these asymptomatic, small lesions is uncertain although from an epidemiological point of view it might be of importance.

The psychological distress for the patient from having condyloma is often much greater than the medical effect of the disease. Forty per cent of the patients interviewed after 18 months considered that the GPVI had affected their sexual life in a negative way. Most were worried about the risk of trans-

mitting the disease to their partner. There was much frustration about the uncertainty as to when the disease was healed and not contagious. Patients with diagnosed condyloma are recommended to use condoms in sexual relationships with new partners. Our results support the assumption that there is a great difference between knowledge of the importance and actual use of condoms. Of 34% admitting to condom use, only half had used condoms during their latest intercourse. Although the attitude towards STD has changed considerably, young people may still have feelings of shame and guilt when afflicted. A feeling of dirtiness because of the GPVI was reported by several patients. Cancer is a word that is very emotionally charged for most people. Half of the men had been concerned and worried about the risk of cervical cancer in their partner.

Our results indicate the need for concrete information to patients afflicted with condyloma. More time must be reserved for this task. We do not have answers to all questions and it is important that the information is individualised and in many cases it must be repeated. The doctor must be sensitive and prepared to discuss sexual problems related to the infection. The psychosexual effects of GPVI need to be considered more carefully in the care of these patients.

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