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## REFERENCES

- Carey IM, Shah SM, Hosking FJ, *et al*. Health characteristics and consultation patterns of people with intellectual disability: a cross-sectional database study in English general practice. *Br J Gen Pract* 2016; DOI: 10.3399/bjgp16X684301. <http://bjgp.org/content/66/645/e264>.
- Emerson E, Glover G. The 'transition cliff' in the administrative prevalence of learning disabilities in England. *Tizard Learn Disabil Rev* 2012; **17**(3): 139–143.
- Public Health England. *People with learning disabilities in England 2013*. London: PHE, 2014. <http://www.improvinghealthandlives.org.uk/gsf.php5?f=313502&fv=21008> [accessed 7 Jun 2016].
- Maulik PK, Mascarenhas MN, Mathers CD, *et al*. Prevalence of intellectual disability: a meta-analysis of population-based studies. *Res Dev Disabil* 2011; **32**(2): 419–436.
- Cooper SA, McLean G, Guthrie B, *et al*. Multiple physical and mental health comorbidity in adults with intellectual disabilities: population-based cross-sectional analysis. *BMC Fam Pract* 2015; **16**: 11.
- Health and Social Care Information Centre. Quality and Outcomes Framework. 2016; <http://www.hscic.gov.uk/qof> [accessed 7 Jun 2016].
- Glover G, Emerson E. Have you got a learning disability? Asking the question and recording the answer for NHS healthcare providers. Improving Health and Lives: Learning Disabilities Observatory, 2012. [https://www.improvinghealthandlives.org.uk/securefiles/160609\\_1120/IHAL2012-08%20AskingTheQuestion.pdf](https://www.improvinghealthandlives.org.uk/securefiles/160609_1120/IHAL2012-08%20AskingTheQuestion.pdf) [accessed 7 Jun 2016].

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## Poor adherence to gonorrhoea treatment guidelines in general practice in England

Gonorrhoea diagnoses are on the increase in England and a cluster of high-level azithromycin resistance was detected in 2015.<sup>1,2</sup> Treatment options are limited and, in response to emerging antimicrobial resistance, treatment guidelines have changed twice since 2004.<sup>3,4</sup> Current recommended treatment for gonorrhoea is dual therapy with 500 mg ceftriaxone (intramuscularly) and 1 g azithromycin

(orally).<sup>3</sup> Following a diagnosis of gonorrhoea in general practice, referral to specialist sexual health services for treatment, test of cure, partner notification, further STI testing and culture for antimicrobial susceptibility testing is recommended.<sup>5</sup>

Here, we report the results of an analysis of data from GPs in England from the Clinical Practice Research Datalink, an anonymised extract of visits to a sample of GPs whose patients are representative of the UK population.<sup>6</sup> As the treatment guidelines were last updated in 2011,<sup>3</sup> we focus on the gonorrhoea diagnoses reported from 2011–2014. During this time, an estimated 4150 gonorrhoea diagnoses were made by GPs in England, representing 4% of the total number of diagnoses made in all clinical settings reporting data (GPs and specialist sexual health clinics).

The proportion of cases treated each year by GPs fluctuated between 50–52% ( $P=0.729$ ). Among those treated, the proportion given the recommended dual therapy ranged from 11–5% (2011–2014;  $P=0.488$ ). Most cases were prescribed antibiotics no longer recommended for the treatment of gonorrhoea. From 2011–2014, the proportion of gonorrhoea diagnoses for which penicillins were prescribed fluctuated between 15–20% ( $P=0.729$ ), whereas that of ciprofloxacin and azithromycin monotherapy ranged from 15–5% ( $P=0.166$ ) and 7–30% ( $P=0.166$ ), respectively.

These findings are consistent with trends reported prior to the most recent change in treatment guideline in 2011.<sup>7</sup> Although GPs diagnose fewer cases of gonorrhoea than specialist clinics, they make an important contribution to the management of this infection and there is a need to raise awareness of current treatment guidelines among them; this has recently been highlighted in a letter from England's Chief Medical Officer to GPs.<sup>8</sup> Prompt and correct treatment of gonorrhoea is required to prevent treatment failure, onward transmission, and the further emergence of antimicrobial resistance.

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## REFERENCES

- Mohammed H, Mitchell H, Sile B, *et al*. Increase in sexually transmitted infections among men who have sex with men, England, 2014. *Emerg Infect Dis* 2016; **22**(11): 88–91.
- Public Health England. Surveillance of antimicrobial resistance in *Neisseria gonorrhoeae*. *Health Protection Report* 2015; **9**(41): news (20 Nov).
- Bignell C, Fitzgerald M; Guideline Development Group; British Association for Sexual Health and HIV UK. UK national guideline for the management of gonorrhoea in adults, 2011. *Int J STD AIDS* 2011; **22**(10): 541–547.
- British Association for Sexual Health and HIV. *National guideline on the diagnosis and treatment of gonorrhoea in adults*. Macclesfield: BASHH, 2005. <http://www.bashh.org/documents/116/116.pdf> [accessed 7 Jun 2016].
- Royal College of General Practitioners, British Association for Sexual Health and HIV. *Sexually transmitted infections in primary care 2013*. 2nd edn. Macclesfield: BASHH, 2013. [http://www.bashh.org/BASHH/BASHH\\_Groups/BASHH\\_Primary\\_Care\\_Group.aspx?hkey=1e5feacc-198d-4516-8277-3dc51ade47e8](http://www.bashh.org/BASHH/BASHH_Groups/BASHH_Primary_Care_Group/BASHH/BASHH_Groups/BASHH_Primary_Care_Group.aspx?hkey=1e5feacc-198d-4516-8277-3dc51ade47e8) [accessed 7 Jun 2016].
- Williams T, van Staa T, Puri S, Eaton S. Recent advances in the utility and use of the General Practice Research Database as an example of a UK primary care data resource. *Ther Adv Drug Saf* 2012; **3**(2): 89–99.
- Wetten S, Mohammed H, Yung M, *et al*. Diagnosis and treatment of chlamydia and gonorrhoea in general practice in England 2000–2011: a population-based study using data from the UK Clinical Practice Research Datalink. *BMJ Open* 2015; **5**(5): e007776.
- British Association for Sexual Health and HIV. Chief Medical Officer/Chief Pharmaceutical Officer letter on antimicrobial resistance and gonorrhoea. 2015. [http://www.bashh.org/BASHH/News/News\\_Items/Chief\\_Medical\\_Officer\\_Chief\\_Pharmaceutical\\_Officer\\_Letter\\_on\\_antimicrobial\\_resistance\\_and\\_gonorrhoea.aspx](http://www.bashh.org/BASHH/News/News_Items/Chief_Medical_Officer_Chief_Pharmaceutical_Officer_Letter_on_antimicrobial_resistance_and_gonorrhoea.aspx) [accessed 7 Jun 2016].

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## Correction

In the February 2016 article by Elsey H *et al*. Green fingers and clear minds: prescribing 'care farming' for mental illness. *Br J Gen Pract* 2016; DOI: 10.3399/bjgp16X683749, the third author's name was incorrectly spelled with a 'y'. Her name is 'Rachel Bragg'. This has been corrected in the online version.

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