

A psychoeducational programme increased knowledge and decreased sexual risk behaviours in young adults with genital herpes

Swanson JM, Dibble SL, Chapman L. *Effects of psycho-educational interventions on sexual health risks and psycho-social adaptation in young adults with genital herpes.* *J Adv Nurs* 1999 Apr;29:840-51.

QUESTION: In young adults with genital herpes, does a group psychoeducational intervention led by nurses decrease sexual health risk and improve psychosocial adaptation?

Design

Randomised (allocation concealed)*, unblinded, controlled trial of 6 months duration.

Setting

A metropolitan area on the west coast of the US.

Patients

252 adults (mean age 27 y, 77% women, 80% white, 70% single, 84% employed, 10% lesbian or gay, mean education 15 y, mean annual income US\$22 000) with confirmed symptomatic genital herpes diagnosed within the previous 5 years. Adults with histories of inpatient treatment for psychiatric conditions or alcohol or drug abuse were excluded. Follow up was 87%.

Intervention

131 adults were allocated to the group psychoeducational sessions. The intervention consisted of three 90 minute group sessions led by a nurse and emphasised problem solving, skills building, and peer and professional support. Topics included information and feelings about herpes, how to disclose the diagnosis to others, prevention of transmission of the disease, safe sexual behaviour, and substance abuse. Resource materials were provided. 121 adults were offered the same intervention after the 6 month study was complete (control group).

Main outcome measures

Sexual health risks measured using the Herpes Knowledge Scale to assess knowledge; the Sexual Health Risks questionnaire to measure sexual behaviour (condom and spermicide use, number of sexual partners, and disclosure of herpes status); the Protection from Sexually Transmitted Disease questionnaire to measure self efficacy about prevention or transmission of genital herpes and other sexually transmitted diseases (STDs); and psychosocial adaptation measured using the Profile of Mood States checklist and Beck Depression Inventory.

Main results

All analyses were adjusted for baseline scores. By 6 months, adults in the psychoeducational intervention group had higher knowledge scores (mean 95% v 91% correct, $p < 0.001$), used condoms more often (87% v 74% of the time, $p < 0.001$), used spermicide more often (41% v 20% of the time, $p < 0.001$), and planned to tell potential sexual partners about herpes more often ($p = 0.024$). Similar results were shown at 3 months. The groups did not differ for number of sexual partners in the previous 3 months; number, length, or severity of outbreaks in the previous 3 months; mood states (anxiety, depression, anger, fatigue, vigour, or confusion); total mood disturbance; depression; or feelings of self efficacy to prevent transmission of STDs.

Conclusion

A nurse led psychoeducational intervention for young adults with genital herpes increased knowledge of the disease and decreased sexual risk behaviours, but did not improve psychosocial adaptation.

*Information provided by author.

COMMENTARY

Genital herpes is a chronic, viral STD characterised by painful vesicles that rupture to produce ulcers, usually on the genital skin. Stressors associated with the disease include the fear of telling new sexual partners¹ and depression.² Swanson *et al* evaluated a group psychoeducational intervention to reduce sexual health risk behaviours and improve psychosocial adaptation of young adults with genital herpes.

Psychoeducational interventions are used to increase coping skills, acceptance of the illness, and cooperation with treatment and rehabilitation.³ This type of intervention has been used successfully to address sexual issues such as AIDS and STDs.⁴

Swanson *et al* used various tools to measure the outcomes of interest. The generalisability of the study to other populations is limited because the sample included English speaking, literate participants, of whom 77% were women and 80% were white. The 6 month follow up duration was short, and no cost effectiveness analysis of the psychoeducational intervention was provided. Although the intervention was successful in decreasing sexual health risks, it did not have an effect on any of the measures of psychosocial adaptation. This was probably because the participants in this study were already in the normal range for these measures.

The results suggest that a psychoeducational intervention can be used by nurses in the community with young adults who have genital herpes and that a group intervention is possible with this population despite the stigmatisation associated with the disease.

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- 3 Goldman CR. Toward a definition of psychoeducation. *Hospital and Community Psychiatry* 1988;39:666-8.
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