

ISSUES IN COUNSELLING

KEY POINTS

- Providing accurate up-to-date information in a non-judgmental way is key to assisting a person to understand and come to terms with herpes.
- The psychological morbidity of a diagnosis often far outweighs physical symptoms.
- Recommended resource for patients www.herpes.org.nz or the Herpes Helpline tollfree **0508 11 12 13**.

Genital herpes is a common and, medically speaking, usually a relatively minor condition in people who are sexually active. However, conditioning and social values contribute to individuals having a range of emotional responses when given a diagnosis of genital herpes.¹⁰⁴⁻¹⁰⁷

EMOTIONS RELATED TO THE DIAGNOSIS OF GENITAL HERPES

- Some people cope well without any problems, however for others a diagnosis of genital herpes may be the most challenging health disruption they have experienced, given the stigma and societal conditioning associated with it.
- The diagnosis of genital herpes can provoke confusion and a grief reaction causing feelings such as guilt, anger, fear, shock, denial and a sense of injustice.
- Common concerns of patients relate to social stigma, transmission, fear of rejection upon telling potential sexual partners, and how herpes will affect their sex life and social activities.^{106,108}
- Patients with genital herpes are usually very concerned about the diagnosis, and its potential impact on their relationships.^{109,110}
- The diagnosing clinician should address patient concerns at the first presentation, even if the patient is referred elsewhere for counselling.¹¹¹
- Herpes Helpline tollfree **0508 11 12 13** provides counselling and education in both acute and non-acute situations.
- Not all patients will take up the offer of initial counselling and support. It is very important to advise all patients of resources as these are often accessed at a later date, for example, when establishing a new relationship or wanting to conceive. www.herpes.org.nz

Successful psychosocial management of genital herpes is time-intensive. The impact of the diagnosis is influenced by the person's coping strategies, level of social support and underlying beliefs about sexuality and sexual health. A diagnosis of herpes can also trigger worries about:

- Acquisition of HIV or other STIs.
- They are seen as promiscuous and that the doctor has a low opinion of them.¹¹²
- In all cases (whether primary, non-primary or first symptomatic reactivation), the emotional consequences and perceived social stigma of the infection should be addressed. No matter the time since diagnosis, do not assume that another clinician has spoken with the person about genital herpes.^{109,113}

PATIENTS' CONCERNS ARE PREDOMINANTLY ABOUT RELATIONAL ISSUES

- Fear of discovery – when and how to tell a partner
- Intimate relationships and sex life affected
- Social activities and lifestyle altered
- Social stigma of STI
- Condition is 'incurable'
- Fear of transmission or contagion
- Fear of disclosure and subsequent rejection
- Inaccurate online material may exacerbate above points

Reassure patients that they are not alone in having genital herpes. The NZ Herpes Foundation www.herpes.org.nz or Helpline tollfree **0508 11 12 13** provide specialist support, education and counselling, or refer for specialist counselling at the local sexual health clinic. Advise about reputable internet resources and stress that the online 'cure' claims are not scientifically supported.

The above section on counselling is based on internationally accepted standards of practice. **GRADE C**

KEY INFORMATION FOR HEALTH PROFESSIONALS TO GIVE PATIENTS IN COUNSELLING

The following information contributes significantly to people being able to normalise the meaning of a viral STI. The challenge for health professionals is to convey that they understand that a relatively innocuous infection in medical terms may, however, be experienced as life changing for the person. The following points are most likely to be effective when they are incorporated into the acknowledgement of the above psychosocial points:

Herpes is common, manageable and treatable.

- Herpes simplex virus (HSV) causes cold sores on the mouth and cold sores (herpes) on the genitals. It is two strains of the same virus. HSV-1 causes most oral cold sores and causes 50% of genital herpes (through oral to genital transmission). HSV-2 mostly causes genital herpes.
- It is a very common, relatively medically insignificant infection, but can cause significant psychosocial morbidity when it causes genital symptoms.
- Up to one in three people have genital herpes, but only 20% of them experience symptoms (this includes genital herpes caused by both HSV-1 and HSV-2).
- Most people (80%) who become infected with genital herpes will not have any symptoms, or have such mild symptoms that they will not be recognised or diagnosed as genital herpes. 75% of herpes is acquired from partners unaware they have it.
- For most people who experience symptoms, genital herpes is a sometimes-recurring cold sore on the genitals. It does not affect your overall health or longevity of life.
- A small percentage of people who get genital herpes may experience problematic recurrences.
- There is effective oral anti-viral treatment available.
- People who experience a first episode of genital herpes will get better, lesions will heal and there will be no evidence of the initial lesions left.
- Most people who experience a first episode of HSV-2 will have recurrences, but they are generally milder than the first episode. HSV-1 tends to cause fewer recurrences than HSV-2.
- Getting genital herpes in a long-term relationship does not mean that the other partner has been unfaithful. However, a full sexual health screen may be reassuring.
- Where both partners in a long-term relationship have the virus, use of condoms is not necessary as they cannot reinfect each other.
- It is advisable to avoid sexual contact when lesions are present, as friction may delay healing.
- Oral to genital transmission of HSV-1 is very common through oral sex. This can happen when cold sores are not causing symptoms.
- Genital herpes does not affect your fertility or stop you having children. Vaginal delivery is usual for most women with a history of genital herpes.
- Genital herpes does not stop you having sex.
- Anybody with genital herpes, whether they get symptoms or have never had symptoms, may shed the virus from time to time with no symptoms present.
- There is no evidence that genital herpes causes cancer of the cervix.
- Condoms reduce the risk of transmission. The use of condoms in a long-term relationship should be a matter of discussion between the individuals. It is advisable to avoid genital-to-genital contact, even with a condom, until any lesions are completely healed.
- Even if the virus is passed on, the most likely outcome is that the person will never experience symptoms.
- Ensure patients have access to the NZHF patient pamphlets and/or the Helpline tollfree **0508 11 12 13**, or www.herpes.org.nz.

Herpes in pregnancy

- Neonatal herpes is serious but extremely rare; one in 10,000 live births.
- The commonest cause of neonatal herpes is a woman experiencing a first episode (often asymptomatic) in the last trimester. Early medical management will minimise the risk.
- Recurrent herpes in pregnancy has a much lower risk of transmission. Maternal antibodies contribute to protecting the baby and viral shedding in recurrences is low. It is important to notify the health professional(s) managing the pregnancy of the previous history.
- Vaginal delivery is usual for most women with a history of genital herpes.
- While neonatal herpes is rare, it is important that parents are instructed on which symptoms to look out for if there is any possibility of transmission. Knowledge of the early symptoms of neonatal herpes will enable such infants to present early and will increase the likelihood of a good outcome for the infant.