Highlights from this issue

doi:10.1136/sextrans-2017-053429

Jackie A Cassell

Over three decades after the first recognition of HIV related disease, we are in a completely different place. HIV is no longer the harbinger of almost inevitable decline and death, and our patients are getting older. This success story brings with it new challenges for genitourinary medicine and beyond in the UK. Many patients who had a close brush with death at the tipping point, as highly active antiretroviral therapy was rolled out in 1996–1997 are now close to or after retirement, looking forward to years they never expected to have. Frailty is a term that few of today's senior physicians learnt in their early medical posts. It denotes people at risk of declining health and function, a useful category for today's geriatricians and GPs who work daily with the challenges of a diverse and growing ageing population. Wright and Lever's educational article [1] on the assessment and management of frailty in HIV patients is timely as changes in the training curriculum provide new opportunities for HIV and STI doctors to maintain their physicianly skills. The very skills we need to be good general physicians for patients who did not expect to live so long are likely also to reconnect us with a wider range of colleagues. They in turn still have much to learn from genitourinary medicine about how to respond sensitively and appropriately to people of all sexual and cultural identities.

Gonorrhoea is rarely out of the headlines in *Sexually Transmitted Infections*, as the spectre of untreatable disease casts new shadows. The role of pharyngeal gonorrhoea as a major reservoir has become increasingly apparent[2] as we see again in a cohort study by Schim van der Loeff and colleagues. This month Chow *et al*[3] present a survey of men who have sex with men (MSM) exploring willingness to change behaviour to reduce its risk. Other papers include Ong's study of *Neisseria gonorrhoeae* DNA load in symptomatic and asymptomatic men,[4] and an important systematic review of the quality of clinical practice guidelines.[5]

Gonorrhoea is of course only one STI, but like syphilis—and unlike chlamydia—it is exquisitely sensitive to changes in the effectiveness of treatment, and in access to services. We are reminded of the 'bad old days' before access targets which transformed the front entrance to STI services, in a mystery shopper study by Foley *et al*.[6] Again there are emerging concerns about UK services, the consequences of which are reflected on in an accompanying letter.[6]

Other research topics this month include dual syphilis and HIV screening and diagnostics,[7 8] HIV post-exposure prophylaxis for MSM,[9] and concordance between partners for *Trichomonas vaginalis*.[10] We also have some thought provoking reflections for our clinical readers about anal cancer in women,[11] a challenging perspective on medical communication from a linguist[12] and of course our much loved Clinical Round-Up.[13]

Do keep your thoughts coming in. We always welcome new ideas for educational content, letters and of course clinical research. Never hesitate to contact me by Twitter, e-mail or just the old fashioned telephone.

I can't quite sign off without telling you about the Venereology Concert Party—one of the final celebrations of this Centenary year. This BASHH entertainment will take place at Apothecaries Hall, on Friday 17th November just after the BHIVA conference. If you want new memories of that very special exam hall, make sure you pick up this hot ticket from the BASHH website. Hosted by the inimitable Laura Waters, this is not an event to miss…

Handling editor Jackie A Cassell

Twitter @sti_bmj

Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.

REFERENCES

1 Levett T, Wright J. How to assess and manage frailty in patients with HIV. *Sex Transm Infect* 2017;93:476–7.
2 Hananta IPY, De Vries HJC, van Dam AP, *et al*. Persistence after treatment of pharyngeal gonococcal infections in patients of the STI clinic, Amsterdam, the Netherlands, 2012-2015: a retrospective cohort study. *Sex Transm Infect* 2017;93:467–71.
3 Chow EP, Walker S, Phillips T, *et al*. Willingness to change behaviours to reduce the risk of pharyngeal gonorrhoea transmission and acquisition in men who have sex with men: a cross-sectional survey. *Sex Transm Infect* 2017;93:499–502.
4 Priest D, Ong JJ, Chow EP, *et al*. *Neisseria gonorrhoeae* DNA bacterial load in men with symptomatic and asymptomatic gonococcal urethritis. *Sex Transm Infect* 2017;93:478–81.
5 Dickson C, Arnason T, Friedman DS, *et al*. A systematic review and appraisal of the quality of practice guidelines for the management of Neisseria gonorrhoeae infections. *Sex Transm Infect* 2017;93:487–92.
6 Foley E, Furegato M, Hughes G, *et al*. Inequalities in access to genitourinary medicine clinics in the UK: results from a mystery shopper survey. *Sex Transm Infect* 2017;93:472–5.
7 Obure CD, Gaitan-Duarte H, Losada Saenz R, *et al*. A comparative analysis of costs of single and dual rapid HIV and syphilis diagnostics: results from a randomised controlled trial in Colombia. *Sex Transm Infect* 2017;93:482–6.
8 Taylor MM, Peeling RW, Toskin I, *et al*. Role of dual HIV/syphilis test kits in expanding syphilis screening. *Sex Transm Infect* 2017;93:458–9.
9 Palich R, Martin-Blondel G, Cuzin L, *et al*. Experiences of HIV postexposure prophylaxis (PEP) among highly exposed men who have sex with men (MSM). *Sex Transm Infect* 2017;93:493–8.
10 Bochner AF, Baeten JM, Rustagi AS, *et al*. Partners in Prevention HSV/HIV Transmission Study and Partners PrEP Study Teams. A cross-sectional analysis of Trichomonas vaginalis infection among heterosexual HIV-1 serodiscordant African couples. *Sex Transm Infect* 2017;93:520–9.
11 Solomon D, Stanley M, Robinson AJ. Anal cancer in women: are we appropriately identifying the risks? *Sex Transm Infect* 2017;93:455–6.
12 Galasinski D. Language matters: a linguist's view on medicine. *Sex Transm Infect* 2017;93:456–7.
13 Haddow L, Herbert S. Clinical round up. *Sex Transm Infect* 2017;93:148.