

Psychosexual distress following routine primary human papillomavirus testing: a longitudinal evaluation within the English Cervical Screening Programme

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May 12, 2020

Abstract

Objective: To assess psychosexual distress among women receiving different human papillomavirus (HPV) and cytology results in the context of the English HPV primary screening pilot, shortly after women received their results and 6 and 12-months later. **Design:** Longitudinal, between-groups study. **Setting:** Five sites in England where primary HPV testing was piloted. **Population:** Women aged 24-65 years (n=1133) who had taken part in the NHS Cervical Screening Programme. **Methods:** Women were sent a postal questionnaire soon after receiving their screening results and 6 and 12-months later. Data were analysed using linear regression models to compare psychosexual outcomes between groups receiving six possible screening results. **Main Outcome Measures:** Psychosexual distress, assessed using six items from the Psychosocial Effects of Abnormal Pap Smears Questionnaire (PEAPS-Q). **Results:** At all three time-points, there was an association between screening result and overall psychosexual distress (all $p < 0.001$). At baseline, psychosexual distress was significantly higher among women with HPV and normal cytology ($B=1.15$, 95% CI:0.961-1.337), HPV and abnormal cytology ($B=1.02$, 95% CI:0.783-1.266) and persistent HPV ($B=0.90$, 95% CI:0.703-1.102) compared with the control group (all $p < 0.001$). At 6 and 12-month follow-up the pattern of results was similar, but coefficients were smaller. **Conclusions:** Our findings suggest that while simply participating in HPV testing does not appear to cause psychosexual distress, receiving an HPV-positive result does, particularly in the short-term. Developing interventions to minimise the psychosexual burden of testing HPV-positive will be essential to avoiding unnecessary harm to the millions of women taking part in cervical screening.

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