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Despite providers’ concerns about addressing the psychosocial effects of HPV and encouraging behavioral change, few routinely provide the three interventions that could potentially have the greatest impact in these areas: role-playing, referring patients to a support group and providing joint counseling to a patient and her partner. Support groups can be a useful source of information and peer support for young women who may feel alienated as a result of their HPV diagnosis; the successful use of an HPV support group run by a nurse practitioner on a college campus has been documented. Role-playing and joint counseling can help empower young women with HPV and can help them develop the skills they need to discuss their condition with their partner and take preventive measures.

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Further study with a larger sample is needed to clarify the effects of providers’ characteristics on their counseling attitudes and practices. A qualitative study exploring why providers choose the practices they do and their perceived constraints on these practices would be helpful in further examining these issues.

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### Table 5. Percentage of providers, by issues they consider the most challenging aspects of managing HPV infection (N=119)

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<tr>
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(25%) and improving patients’ compliance with treatment and follow-up care (24%). Providers cited their patients’ low level of knowledge of HPV, high-risk behaviors and feelings of “invincibility” as contributing to these challenges. A substantial proportion of providers also mentioned HPV educational efforts (19%) and provider or professional issues such as time constraints, lack of resources and burnout due to large numbers of patients with HPV (19%). Other responses related to patients’ financial concerns and issues with sexual partners.

### Discussion

The results of our study suggest that providers generally perceive HPV infection as having a significant psychosocial impact on college-age women and agree that it is important to provide infected women with emotional support and education. Nonetheless, the extent to which they provide pertinent interventions is often limited.

Providers expressed overwhelming agreement that HPV infection results in feelings of anger, guilt, blame and fear in their patients; they also indicated a high level of agreement that the disease raises concerns about self-image, sexuality and sexual functioning among young women. Furthermore, the infection’s emotional and psychosocial impact was the most frequently reported challenge of HPV management. When viewed from this context, it is somewhat disconcerting that in practice, fewer than half of providers discuss these issues with all of their patients.

Consistent with findings elsewhere in the literature, providers reported a high level of misinformation held by their patients regarding HPV. Therefore, it is not surprising that patient behavioral change, compliance and education were among the most commonly reported challenges of HPV management. However, our findings suggest that providers often miss opportunities to offer patient education.

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