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The whole is greater than the sum of its parts: A mixed methods systematic review of quality of life and genital herpes.

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Our review¹ *‘The impact of primary and recurrent genital herpes on the quality of life of young people and adults within primary care and genito-urinary medicine settings: A mixed methods systematic review’* was a long time in gestation. Over twenty years ago, as a nurse specialising in sexual health, the lead author was often struck by the physical, psychological and social distress caused by genital herpes with, seemingly, very few interventions that could be offered. Two decades later, the field has moved on but, as we identify in our review, the stigma and distress remain. This brief commentary outlines what we currently know about genital herpes, what we learnt in conducting a JBI mixed methods systematic review and what we found regarding its impact.

Globally, herpes simplex virus (HSV), or “herpes”, is very common. HSV type 1 (HSV-1) is most often transmitted orally, causing infection in or around the mouth, but it can also cause genital herpes. HSV type 2 (HSV-2) is mainly transmitted sexually and leads to genital herpes. The most recent epidemiological data indicates that genital herpes caused by HSV-2 affects approximately 491 million people aged 15–49 years worldwide.²

Physical symptoms of a primary episode include multiple painful lesions on the external genitalia, cervix, rectum, thighs, and buttocks.³ Some people also experience dysuria, vaginal, or urethral discharge and systemic symptoms such as fever and malaise. Health Related Quality of Life (HRQoL) can also be significantly impacted with adverse psychosocial outcomes being reported.¹

A mixed methods approach was chosen for this review, with the question lending itself to a convergent segregated approach. As indicated in the JBI methodological guidance,⁴ this method is appropriate where the focus of the review is on different aspects of the phenomenon of interest. In this review we were interested in both the effects of genital herpes on HRQoL and other well-being outcomes, the effectiveness of interventions to improve HRQoL and the perceptions and experiences of those with genital herpes on the impact it had on their HRQoL. Through conducting separate quantitative and qualitative syntheses, we were able to integrate the sets of findings to increase our overall understanding of the impact of genital herpes on young people and adults and identify research gaps. An important addition to this review was the inclusion of descriptive and observational studies, in the initial protocol we had not included these, but on searching we realised there was a significant body of literature using these methodologies which resulted in a protocol amendment. Omitting these studies would have resulted in the review not telling the full story.

Due to the heterogenous nature of the included experimental studies we were unable to use statistical pooling, so findings from the experimental, descriptive and observational studies

were presented in narrative form. JBI SUMARI (JBI, Adelaide, Australia) was used to pool the qualitative findings which were synthesized using the meta-aggregative approach resulting in a meta-synthesis. The two narrative summaries for the cross-sectional studies and the experimental studies were then juxtaposed with the two synthesised findings from the qualitative meta-synthesis producing an overall 'configured analysis'. This enabled us to produce a final narrative identifying where the syntheses of quantitative data and meta-aggregation of qualitative data complemented or contradicted each other and where there were gaps, for example stress and anxiety which were identified in the quantitative but not in the qualitative studies. The use of the JBI mixed methods approach allowed us to explore a range of aspects related to HRQoL in genital herpes which would not have been possible through a single method review.

The integration of quantitative and qualitative evidence revealed a consensus that a diagnosis of genital herpes has a significant emotional impact for individuals and disclosure is stressful, affects relationships and HRQoL. We also identified that there is insufficient knowledge concerning which interventions best improve HRQoL and an update of the search for the past two years (2020 to 2022) did not find any further evidence. Nicholson and O'Farrell 2021 suggest that few sexual health clinics offer psychological support and that awareness needs to be raised regarding the psychological distress experienced of those living with genital herpes.⁵ We would concur, and we hope that the findings of our review stimulate discussion, action and further research in the field.

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