A survey of patients with genital herpes indicates they want treatment, but cost factors into their decision making.

Medical treatment for genital herpes typically consists of oral antiviral medications that are either taken episodically (at the beginning of an outbreak) or as a daily, suppressive therapy regimen where intended to reduce or eliminate outbreaks altogether. Suppressive therapy is especially helpful in those who have frequent or severe outbreaks. Also, research with couples discordant for HSV-2 (where only one partner has the virus) has shown that suppressive therapy reduces transmission to uninfected partners. Genital herpes symptoms are often mild (and often unrecognized) and outbreaks tend to decrease in both severity and frequency over time, so treatment isn’t always indicated in each case.

In this study published in *Sexually Transmitted Diseases*, 154 subjects with genital herpes (and residing in the United States or United Kingdom) completed questionnaires that asked their preferences of three treatment regimens—episodic therapy, suppressive therapy plus episodic therapy (extra pills following an outbreak), and no treatment— that were presented in the context of “attributes” such as medical outcomes (including the chance of recurrences and transmission to a partner), convenience, and cost associated with each option.

Regardless of whether they were currently on episodic therapy, suppressive therapy, or receiving no treatment at all, patients in each group indicated a preference to receive some type of genital herpes antiviral treatment. Those receiving episodic therapy were largely indifferent regarding their current treatment regimen versus suppressive therapy; however, those receiving suppressive therapy strongly indicated a desire to remain on their daily regimen. Those receiving no treatment were more likely to be in favor of episodic therapy.
For many, cost impacted their decision on a treatment regimen: fewer than half of all subjects indicated they would choose suppressive therapy if their out-of-pocket would run $90 per month, but a majority in each treatment group indicated they would prefer suppressive therapy were it freely available.

Reference