



How to Take a Compassionate & Comprehensive Sexual History

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Objectives

At the end of this presentation, the participants will be able to:

- State the importance / reasons for taking effective sexual history
- Identify the components of sexual history
- Demonstrate effective sexual history communication skills.

Introduction

- Sexual health is ability to embrace and enjoy our sexuality.
- It has profound influence over the individual's physical and psychological wellbeing
- The global ramifications of STIs and HIV are evident in both social and economic terms
- Sexual history taking holds the key to the practice of sexual health medicine- basis for diagnosis and treatment, education and sexual health promotion

Why Take Sexual History ?

- Identify and treat sexual dysfunction
- Strategy for primary and secondary prevention of STIs, including HIV
- Information that will guide STI risk reduction.
- To identify the anatomic sites that are appropriate / suitable for STD screening

Why Take Sexual History ?

- Improve opportunity for early diagnosis, treatment of STDs and prevent associated morbidity
- Answer patient's personal questions about sexual Health.
- Identification of persons at higher risk for unplanned pregnancies, STIs and victim(s) of sexual abuse

Coverdale, et al (1997). Sexually transmitted Disease and family planning counselling of psychiatric pat. Aust.NZJ psy. 31:285-290

Global and Economic STI impact

- 20 Million new STD infections a year
- Annual direct cost 16 Billion dollars
- 1.2 Million persons - 13 years and older are living with HIV infection in United States
- **1n 2015,13% (1 in 8) of those infected with HIV are unaware of their infection.**
- 39,513 new HIV infection in 2015
- Estimated lifetime cost of treating HIV is \$379,000 (in 2010 dollars) CDC,2015
- In 2011, 45% (2.8M) of pregnancies were unintended
- Over 3 million persons infected with hep c

Are You Taking the Sexual History of Your Patients?

Sexual History taking and STI screening in patients initiating Erectile Dysfunction medication Therapy

Mean age (range), y	57.4 (26–83)
Marital status, n (%)	
Married	133 (52.8)
Divorced/Separated	85 (33.7)
Single	21 (8.3)
Widowed	13 (5.2)
Race/Ethnicity, n (%)	
White	137 (54.4)
Black/African American	108 (42.9)
Other	7 (2.8)
Non-Hispanic*	247 (99.6)
Comorbidities, n (%)	
CAD	38 (15.1)
Diabetes	68 (27.0)
Hypertension	180 (71.4)
Peripheral vascular disease	9 (3.6)
Renal insufficiency	10 (4.0)
HIV	4 (1.6)
Any substance use [†] , n (%)	124 (49.2)
Tobacco	105 (84.0)
Alcohol	60 (48.4)
Drugs	19 (15.3)
Provider type, n (%)	
Primary care	222 (88.1)
Urology	12 (4.8)
Other	18 (7.1)

*No data available for 4 patients.

[†]No data available for 2 patients.

CAD indicates coronary artery disease.

Sexual Health Screening During the 24 months Surrounding Erectile Dysfunction medication Prescription

	Baseline (n* = 176)	Initial (n* = 240)	Follow-Up (n* = 166)
Sexual history	3 (1.7)	7 (2.9)	5 (2.3)
Risk counseling	0	2 (0.8)	0
ED effect assessed	N/A	N/A	43/219 (19.6)

*Data not available for some patients at baseline, initial, and/or follow-up.

N/A indicates not applicable.

Holman, Katherine et al, 2013 STD vol 40(11) P836 -838

STI Screening During the 24 months Surrounding Erectile Dysfunction medication Prescription

STI Screening	Baseline (n = 252)	Follow-Up (n = 250)
<i>C. trachomatis</i>	5 (2.0)	6 (2.4)
<i>N. gonorrhoea</i>	6 (2.4)	6 (2.4)
Syphilis	25 (9.9)	18 (7.2)
HIV	7 (2.8)	12 (4.8)
HSV-2	0 (0)	1 (0.4)

*n = number of patients screened.

Holman, Katherine et al, 2013 STD vol 40(11) P836 -838

What We Don't Talk about When We Don't Talk about Sex: Results of a National Survey of U.S. Obstetrician/Gynecologists

- 1,154 practicing U.S. ob/gyns (53% male; mean age 48 years) was surveyed regarding their practices of communication with patients about sex. Survey response rate was 65.6%.
- 63% routinely assess patients' sexual activities;
- 40% routinely asked about sexual problems.
- 28.5% asked about sexual satisfaction
- 27.7% asked about sexual orientation/identity
- 13.8% asked about pleasure with sexual activity
- 25% of ob/gyns reported they had expressed disapproval of patients' sexual practices.

Sobecki, Janelle N. MA et al, Journal of Sexual Medicine. 9(5):1285-1294, May 2012.

Why are we not taking Sexual History?

- Lack of understanding of relevance of sexual health to overall health
- Uneasiness of clinicians and patients with a difficult and sensitive subject
- Lack of time
- Fear of offending the patient
- Medical / nursing school curricula design

Principles involved in taking a Comprehensive Sexual History

- Ensure privacy and confidentiality.
- Be professional.
- Be open minded and non-judgmental.
- Recognize non-verbal cues.
- Ask only appropriate questions.
- Explain procedures and treatments thoroughly.

Jones, R and Barton R: Introduction to taking and principles of sexual Health(2004). PostGrad Med. J 80:444-446

Effective Communication Skills

- Initial contact with the patient is important for obtaining accurate sexual history.

Pay attention to the following;

- Initial greeting of the patient
- Maintain eye contact
- Ask for the patient's permission to open discussion – sensitive and personal subject

Effective Communication Skills

- Start with open-ended questions
- Use closed-ended questions – to elicit specific information
- Use language that is appropriate.

Effective Communication Skills

- Non-judgmental
- Be respectful and sensitive
- Gender identity and orientation
- Be aware of non-verbal cues
- Be sensitive to cultural issues
- Listen attentively- use clarification and validation techniques

The 5 “Ps” of Sexual Health

- Partners
- Practices
- Protection from STIs
- Past History of STIs
- Prevention of pregnancy

CDC: A Guide to Sexual History Taking: <http://www.cdc.gov/std/treatment/SexualHistory.pdf>

Partners

- Number and gender of partner(s)
- Length of relationship
- Partner's risk factors
- Explore condom use or lack of

CDC: A Guide to Sexual History Taking: <http://www.cdc.gov/std/treatment/SexualHistory.pdf>

Dialogue – Partners

- Are you currently sexually active ?
- How many partners have you had in the last 30, 60, 90 days and in the last one year?
- Are your partners male, female or both?
- Do you have vaginal sex, meaning penis in the vagina; oral sex meaning penis in your mouth or anal sex meaning penis in your anus

CDC: A Guide to Sexual History Taking: <http://www.cdc.gov/std/treatment/SexualHistory.pdf>

Practices

- Sexual practices will guide the assessment of patient's risks, including drug use
- risk-reduction strategies and vaccinations
- the determination of necessary testing/ identification of anatomical sites for STD testing.

CDC: A Guide to Sexual History Taking: <http://www.cdc.gov/std/treatment/SexualHistory.pdf>

Dialogue – Practices

- *I am going to be more explicit here about the kind of sex you've had over the last 12 months to better understand if you are at risk for STDs.*
- *What kind of sexual contact do you have or have you had? Genital (penis in the vagina)? Anal (penis in the anus)? Oral (mouth on penis, vagina, or anus)?*

CDC: A Guide to Sexual History Taking: <http://www.cdc.gov/std/treatment/SexualHistory.pdf>

Protection from STIs

- Explore the subjects of abstinence, monogamy, condom use, the patient's perception of his or her own risk and his or her partner's risk, and the issue of testing for STDs, Anal cytology screen, etc
- Explore the need for vaccinations; HPV, Hep A and B, meningococcal vaccine

Dialogue – Protection from STIs

- *Do you and your partner(s) use any protection against STDs? If not, could you tell me the reason? If yes, what kind of protection do you use?*
- *How often do you use this protection? If “sometimes,” in what situations or with whom do you use protection?*

Past History of STIS

- Record history of previous STIs
- Previous STIs increase risk of future STIs
- Date of diagnosis and treatment
- If syphilis- stage, RPR titer and treatment

Dialogue – Past History of STIS

- *Have you ever been diagnosed with an STD? When? How were you treated?*
- *Have you had any recurring symptoms or diagnoses?*
- *Have you ever been tested for HIV, or other STDs?*
- *Has your current partner or any former partners ever been diagnosed or treated for an STD? Were you tested for the same STD(s)?*
- *If yes, were you treated ?*

Prevention of Pregnancy

- Ask About contraceptive use and compliance
- Identify pregnancy or pregnancy risk
- Avoid drugs contraindicated in pregnancy
- Provide contraceptive education
- Identify unmet contraceptive use – including emergency contraception.
- Ask men about contraception and provide information – male methods of contraception

Dialogue – **Prevention of Pregnancy**

- *Are you currently trying to conceive or father a child?*
- *Are you concerned about getting pregnant or getting your partner pregnant?*
- *Are you using contraception or practicing any form of birth control? Do you need any information on birth control?*

CDC: A Guide to Sexual History Taking: <http://www.cdc.gov/std/treatment/SexualHistory.pdf>

Concluding Sexual History Dialogue

- Thank the patient for his / her time and cooperation
- *What other concerns or questions regarding your sexual health or sexual practices would you like to discuss?*
- *Establish how test result will be communicated*

Conclusion

Sexual history taking is the foundation for;

- Gaining information regarding the patient's risks and routes for acquiring an infection.
- Setting the agenda for risk reduction counseling.
- Treatment of STIs and associated morbidity.
- It is an essential skill that all clinicians must strive to improve for the general health of the patient and the community.

Case for Discussion

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References

- Brook, Gary et al: 2013. UK National Guidelines for Consultations Requiring Sexual History taking: Clinical Effectiveness Group. British Association for Sexual health and HIV
- Covedale, John H, Balon, Richard, Roberts, Laura (2011). Teaching Sexual History-Taking: a Systematic Review of Educational Programs. Association of American Colleges Publication. Vol 86(12)PP 1590 – 1595
- Coverdale J, Fallon, I, and Urbott, DS (1997). Sexually Transmitted disease and family planning counselling of psychiatric patient in New Zealand. Aust. NZL Psychiatry. 31:285-290
- Coverdale JH, Bayer TL, McCullough LB, et al. Sexually transmitted disease prevention services for female chronically mentally ill patients. Community Ment Health J 1995; 31:303–315.
- Centers for Disease Control and Prevention (CDC). A Guide to Sexual History Taking:
<http://www.cdc.gov/std/treatment/SexualHistory.pdf>
- Gebo KA, Fleishman JA, Conviser R, Hellinger J, Hellinger FJ, Josephs JS, Keiser P, Gaist P, Moore RD; HIV Research Network. [Contemporary costs of HIV healthcare in the HAART era.](#) AIDS 2010; 24(17): 2705-2715.
- Holman, Katherine et al, (2013) Sexual History taking and STI screening in patients initiating erectile dysfunction medication Therapy. STD vol 40(11) P836 -838
- Jones, R and Barton R: Introduction to taking and principles of sexual Health(2004). PostGrad Med. J 80:444-446
- King, C et al. Sexual Risk Behaviors and Sexually Transmitted Infection Prevalence in an Outpatient Psychiatry Clinic. Sexually Transmitted Diseases Issue: Volume 35(10), October 2008, pp 877-882
- Richard Pessagno (2013) Don't be embarrassed: Taking sexual History. Nursing. 43(9) 60-64
- Sobecki, Janelle N. MA et al, (2012) What We Don't Talk about When We Don't Talk about Sex: Results of a National Survey of U.S. Obstetrician/Gynecologists. Journal of Sexual Medicine. 9(5):1285-1294,
- Satterwhite CL, et al. Sexually transmitted infections among U.S. women and men: Prevalence and incidence estimates, 2008. Sex Transm Dis 2013