

Why, When, and How To Take a Sexual Health History

Nicholas Van Wagoner, MD PhD, FACP
Associate Professor of Medicine

UAB THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM

Knowledge that will change your world

Disclosures

- Research Funding
 - Genocea Biosciences
 - Vical, Inc
- Consulting
 - Genocea Biosciences

Objectives



- Discuss the rationale for obtaining a good sexual history
- Identify the key components of the sexual history
- Understand how to approach the sexual history in diverse patient populations

Polling Question #1

The last time I saw my healthcare provider, I was asked questions related to my sexual history.

- Yes
- No

Polling Question #2

What was the primary focus of the sexual history?

- A. Sexual Risk Taking
- B. Desire
- C. Satisfaction
- D. Performance
- E. Violence
- F. Other

What is Sexual Health?

“. . . state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction, or infirmity”

World Health Organization. Gender and human rights.

http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/index.html.

What is Sexual Health?

- Positive and respectful approach to sexuality and sexual relationships
- Possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence
- Sexual rights of all persons must be respected, protected, and fulfilled

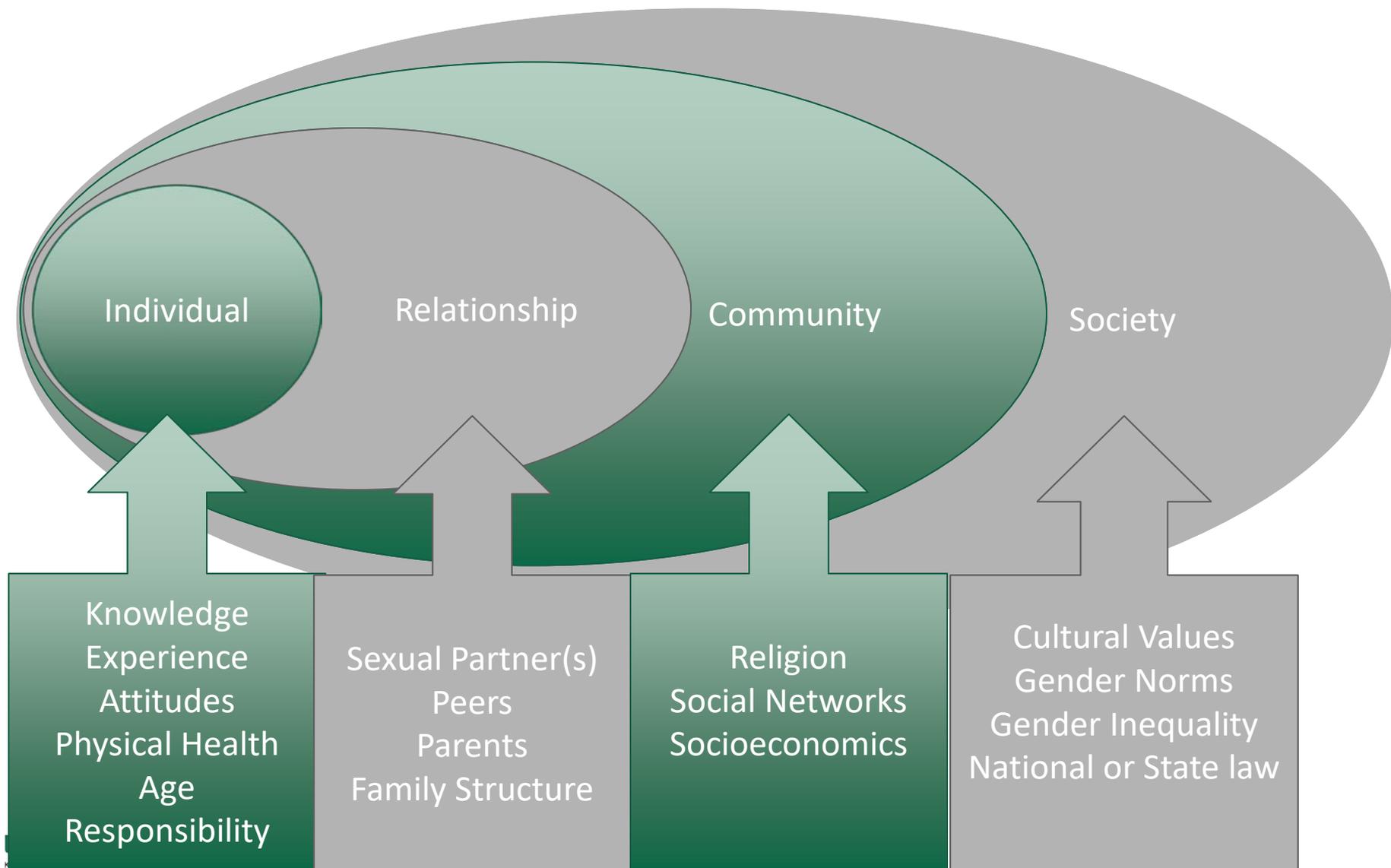
World Health Organization. Gender and human rights.
http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/index.html.

Sexual Health Framework

- Sexual well-being
 - Physical
 - Emotional
 - Mental
 - Social
- Positive
- Respectful
- Pleasurable
- Safe
 - Disease
 - Coercion
 - Discrimination
- Fulfilling



Sexual Health: Beyond the Individual



Sexual Health and Life Stage



The “Why”

Sex is an important aspect of human thought and behavior



People have sex

Male	Females
25% by age 15	26% by age 15
37% by age 16	40% by age 16
46% by age 17	49% by age 17
62% by age 18	70% by age 18
69% by age 19	77% by age 19
85% by 20-21	81% by age 20-21
89% by age 22-24	92% by age 22-24

Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: Men and women 15–44 years of age, United States, 2002. *Advance data from vital and health statistics; no 362*. Hyattsville, MD: National Center for Health Statistics. 2005.

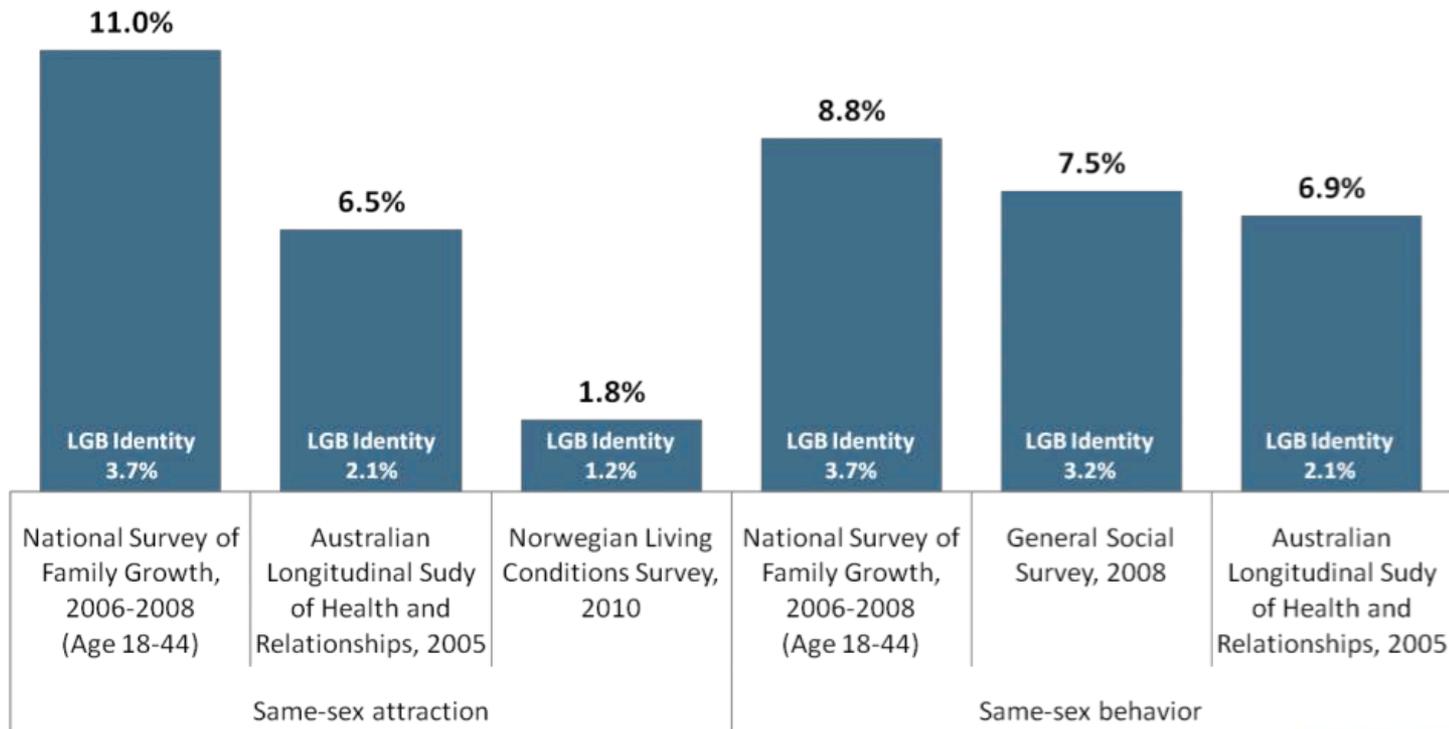
Sexual Behavior among Americans

Percentage of Americans Performing Certain Sexual Behaviors in the Past Year

	14-15		16-17		18-19		20-24		25-29	
	Men	Women								
Masturbated Alone	62%	40%	75%	45%	81%	60%	83%	64%	84%	72%
Masturbated with Partner	5%	8%	16%	19%	42%	36%	44%	36%	49%	48%
Received Oral from Women	12%	1%	31%	5%	54%	4%	63%	9%	77%	3%
Received Oral from Men	1%	10%	3%	24%	6%	58%	6%	70%	5%	72%
Gave Oral to Women	8%	2%	18%	7%	51%	2%	55%	9%	74%	3%
Gave Oral to Men	1%	12%	2%	22%	4%	59%	7%	74%	5%	76%
Vaginal Intercourse	9%	11%	30%	30%	53%	62%	63%	80%	86%	87%
Received Penis in Anus	1%	4%	1%	5%	4%	18%	5%	23%	4%	21%
Inserted Penis into Anus	3%		6%		6%		11%		27%	

National Survey of Sexual Health and Behavior (NSSHB). Findings from the National Survey of Sexual Health and Behavior, Centre for Sexual Health Promotion, Indiana University. Journal of Sexual Medicine, Vol. 7, Supplement 5

Percent of adults who report any same-sex attraction & behavior



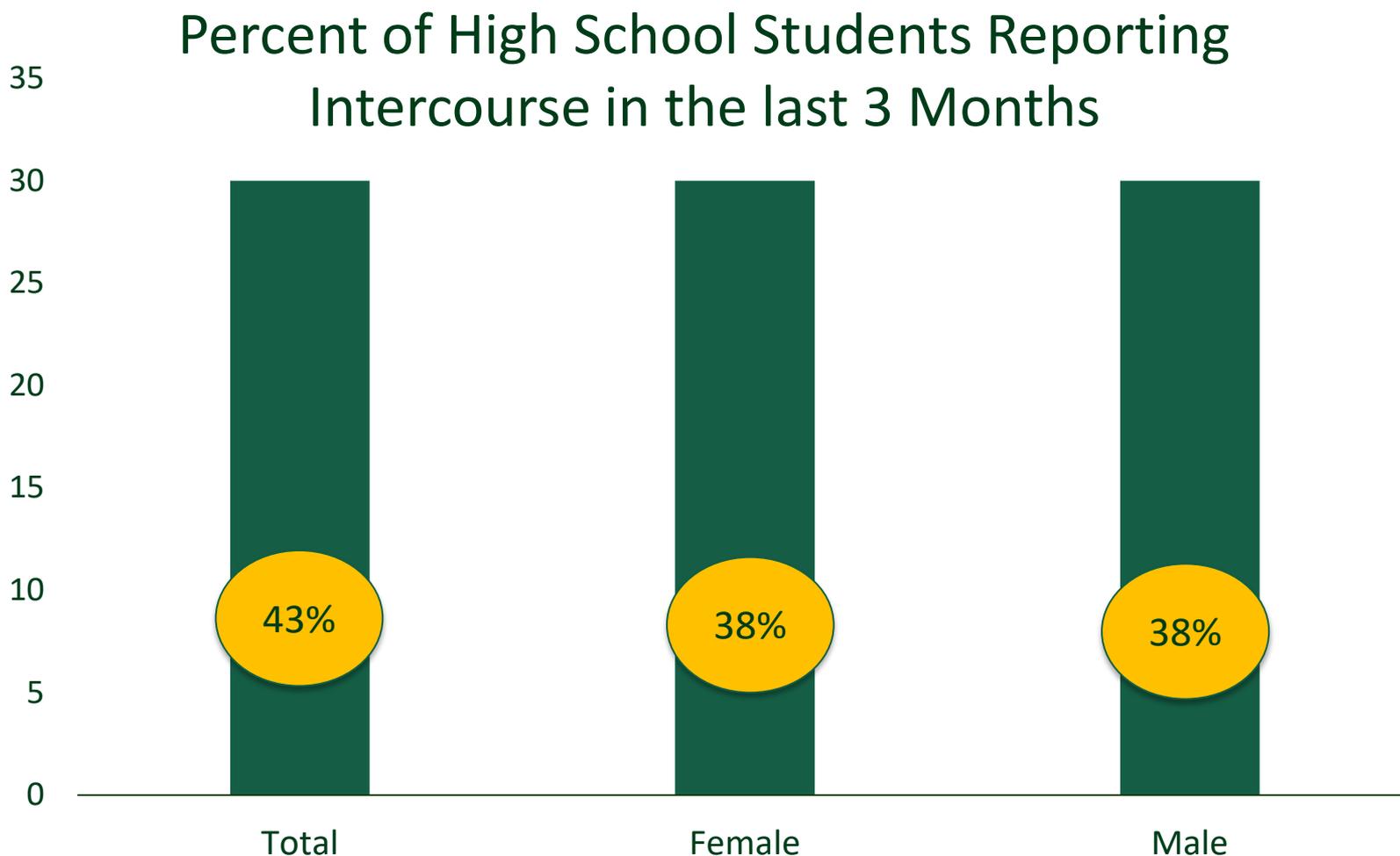
How many people are lesbian, gay, bisexual, and transgender?



by Gary J. Gates, Williams Distinguished Scholar

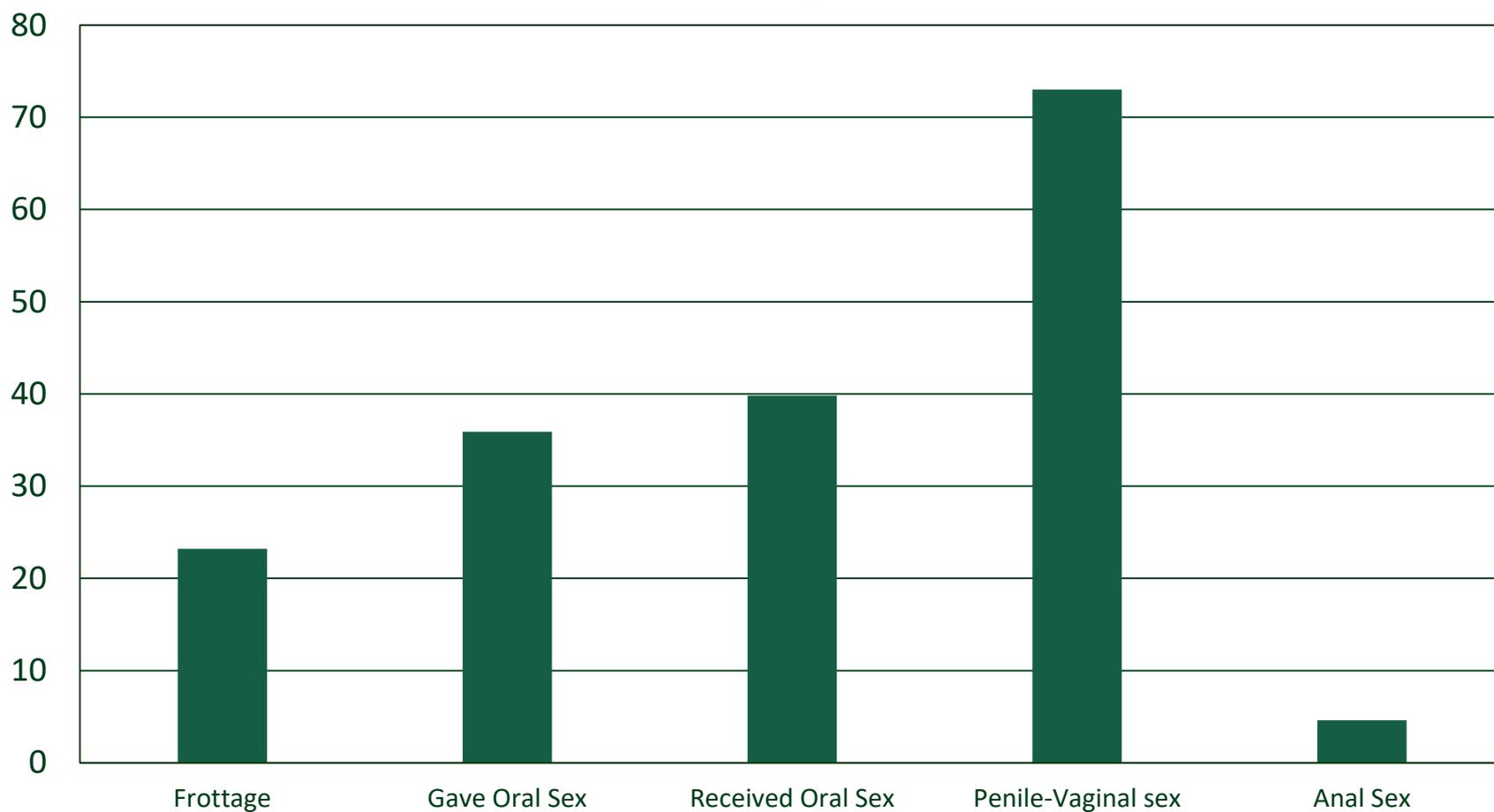
April 2011

We think about sexual health in young people



But what about the not so young?

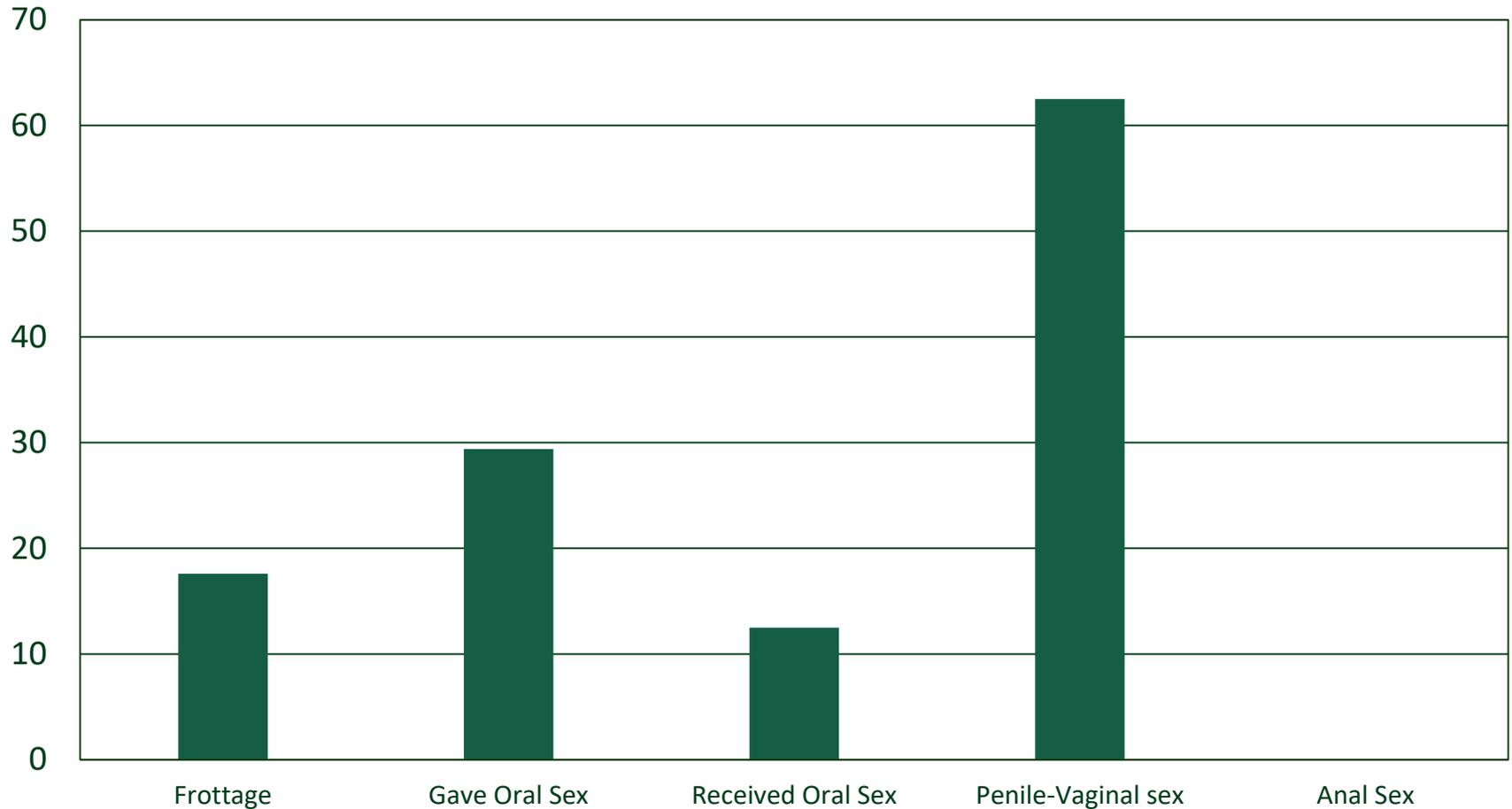
Over the age of 50



Reported in the last year

But what about the not so young?

Over the age of 80



Reported in the last year

The “Why”

Sexual Health, Happiness, and Pleasure



The “Why”

Sex can results in physical and emotional morbidity and mortality

An infographic featuring a grid of human icons. The icons are arranged in a 10x10 grid. The first 7 rows are filled with grey icons, representing 70 million people. The last 3 rows are filled with orange icons, representing 30 million people. A white rectangular box is overlaid on the grid, containing the text: "36.7 million people are living with HIV globally" and "30% don't know their status".

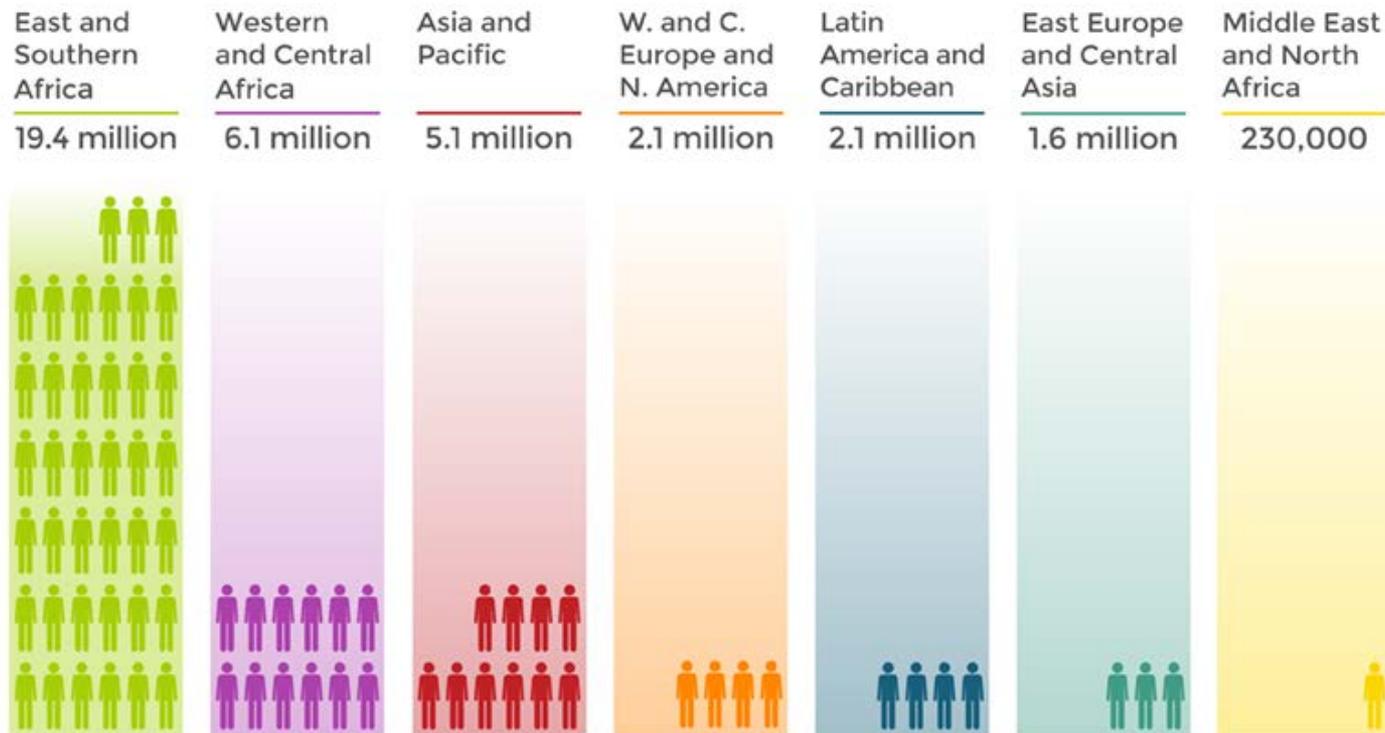
36.7 million people are living with HIV globally
30% don't know their status

AVERT.org Source: UNAIDS Data 2017

The “Why”

Sex can results in physical and emotional morbidity and mortality

Number of people living with HIV in 2016



AVERT.org Source: UNAIDS Data 2017

The “Why”

Sex can results in physical and emotional morbidity and mortality

STDs in the United States

More than 2 million cases of the three nationally reported STDs – chlamydia, gonorrhea, and syphilis – were reported in the United States in 2016, the highest number ever.

The “Why”

Sex can results in physical and emotional morbidity and mortality

Number of Cases in 2016

Chlamydia

1,598,354

Rate per 100,000 people: 497

Gonorrhea

468,514

Rate per 100,000 people: 146

Syphilis (primary and secondary)

27,814

Rate per 100,000 people: 9

Syphilis (congenital)

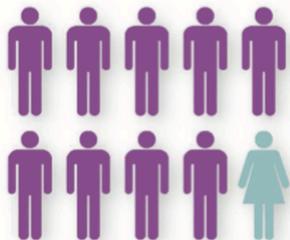
628

Rate per 100,000 live births: 16

The “Why”

Sex can results in physical and emotional morbidity and mortality

STDs accelerating among men, particularly gay and bisexual men



Men accounted for more than **89 percent** (24,724) of all primary and secondary syphilis cases in 2016.



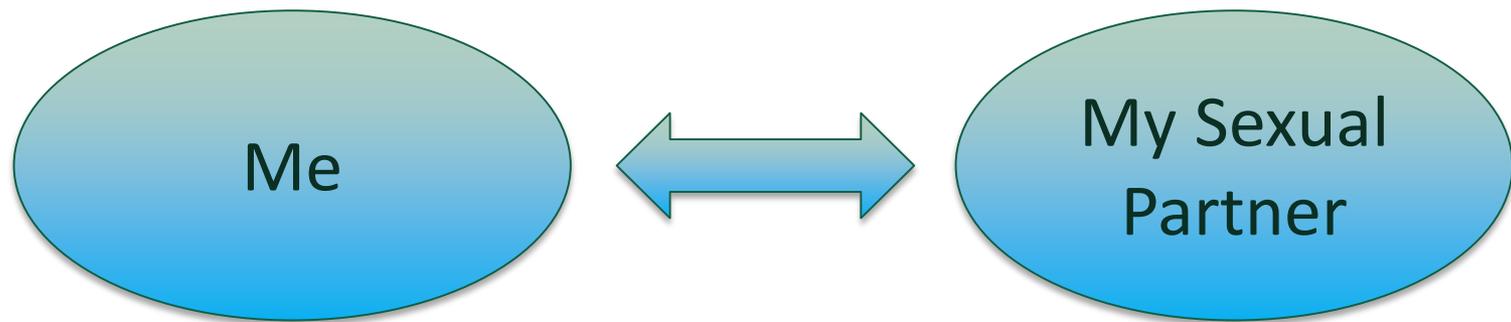
Rates increased among men by **15 percent** – from 14 cases per 100,000 men in 2015 to 16 per 100,000 men in 2016.



Gay, bisexual and other men who have sex with men (MSM)* accounted for **81 percent** (16,155) of male cases where the sex of the sex partner is known in 2016 and over half of primary and secondary syphilis cases overall.

The “Why”

Sex can results in physical and emotional morbidity and mortality



Sexual Disorders in Women

Prevalence of DSM-IV Female Sexual Dysfunction Disorders

Disorder	Estimated Prevalence
Sexual Desire Disorders	
Hypoactive Sexual Desire Disorder	10 – 46%
Sexual Aversion Disorder	Rare
Female Sexual Arousal Disorder	6 – 21%
Female Orgasmic Disorder	4 – 7% (general population) 5 – 42% (primary care setting)
Sexual Pain Disorders	
Dyspareunia	3 – 18% (general population) 3 – 46% (primary care setting) 9 – 21% (postmenopausal women)
Vaginismus	0.5 – 1% (general population) Up to 30% (primary care setting)

Simons et al. Arch Sex Behav. 2001;30(2);177-219
Sexual and gender identity disorders. 4th ed. 2000;493-538
Frank et al. Am Fam. Phys. 2008. 77 (5);

Sexual Disorders in Men

- Massachusetts Male Aging Study (MMAS)
 - 52% reported some degree of Erectile Dysfunction (ED)
 - Complete ED = 10%
 - Moderate ED = 25%
 - Minimal ED = 17%
- National Health and Social Life Survey (NHSLS)
 - Unable to maintain an erection = 10%

Causes of Sexual Disorders

- Cardiovascular Disease
 - “sentinel symptom”
- Neurogenic
- Endocrinologic
 - Diabetic
- Smoking



Medications and Sexual Dysfunction

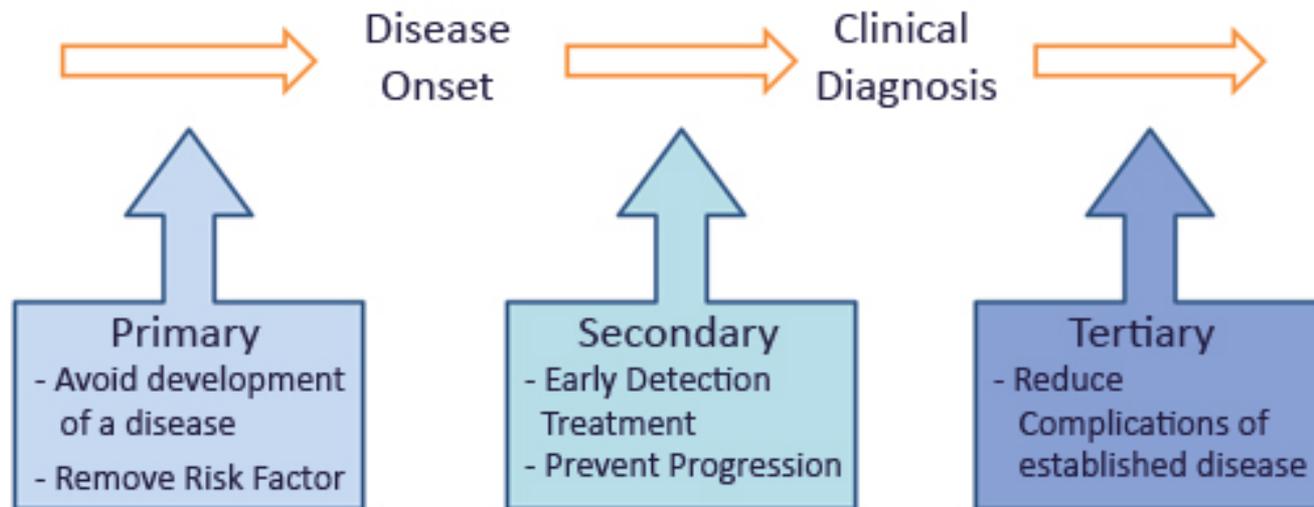
- Diuretics
 - Thiazides
 - Spironolactone
- Antihypertensives
 - Calcium Channel Blockers
 - Methyldopa
 - Clonidine
 - Reserpine
 - Beta Blockers
 - Guanethedine
- Cardiac/antihyperlipidemics
 - Digoxin
 - Gemfibrozil
 - Clofibrate
- Cytotoxic agents
 - Cyclophosphamide
 - Methotrexate
 - Roferon-A
- Anticholinergics
 - Disopyramide
- Anitconvulants
 - Antidepressants
 - SSRIs
 - Tricyclics
 - Lithium
 - MAOI's
 - Tranquilizers
 - Butyrophenones
 - Phenothiazines
 - H2 Blockers
 - Ranitidine
 - Cimetidine
 - Hormones
 - Progesterone
 - Estrogen
 - GnRH agonists
 - 5 α -Reductase inhibitors
 - Cyproterone acetate
 - Recreational
 - Ethanol
 - Cocaine
 - Marijuana

Psychogenic causes of Sexual Dysfunction

- Performance anxiety
- Depression
- Relationship conflict
- Loss of attraction
- Sexual inhibition
- Conflicts over sexual orientation
- Sexual abuse in childhood
- Fear of pregnancy
- Fear of STI's

The “Why” Primary Prevention

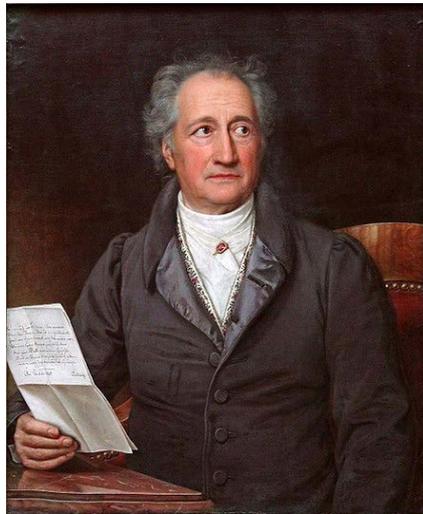
Levels of Prevention Strategies



Education
Vaccination
Condoms
PrEP
Safe Sex Practices

Discuss the rationale for obtaining a good sexual history

Knowing is not enough; we must apply. Willing is not enough; we must do.

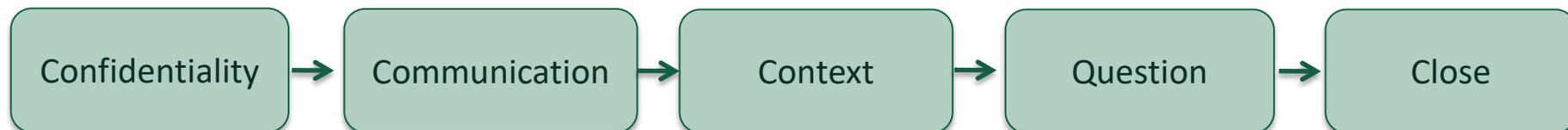


Johann Wolfgang Goethe



Bruce Lee

Identify the key components of the sexual history



French P, Int J STD AIDS 2007 Jan;18
Nausbaum et al. AAFP. 2002. 66;705
[www. Cdc.gov/std/treatment/SexualHistory.pdf](http://www.Cdc.gov/std/treatment/SexualHistory.pdf) accessed 2012

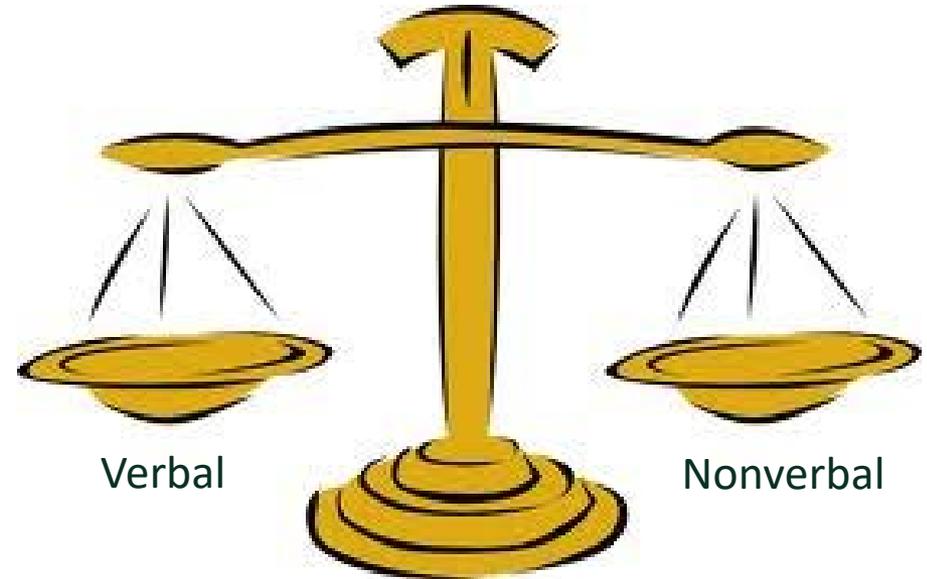


Components of a Sexual History

- Confidentiality
 - Physical Environment
 - Welcoming
 - Comfortable
 - Private
 - Display of confidentiality policy
 - Interpersonal Environment
 - Professional
 - Matter of fact
 - Trusting
 - Nonjudgmental
 - Interruption
 - Observers

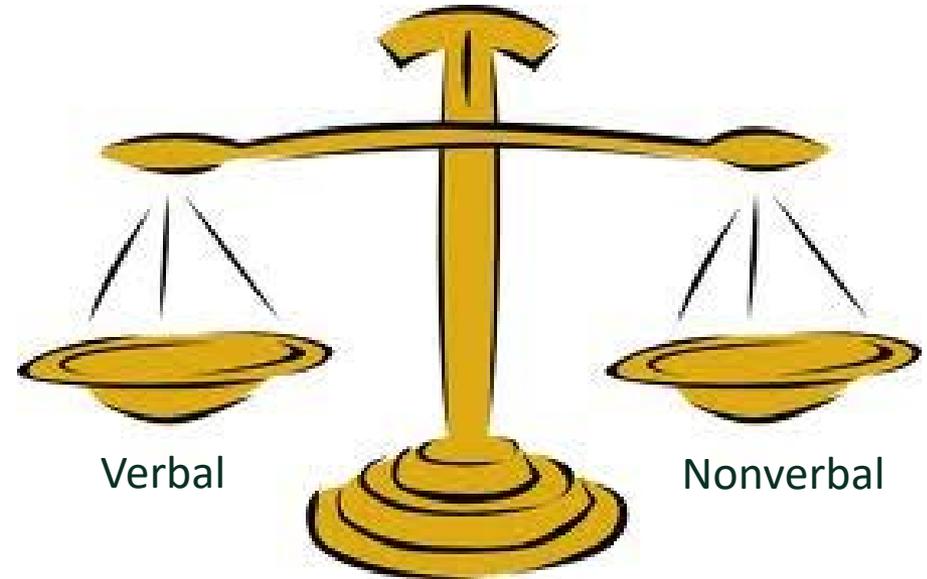
Communication

- Verbal
 - Vocabulary
 - Explicit vs Vague
 - Medical vs Slang
 - Child vs Adolescent vs Adult
 - Opportunity to educate
 - Comfort with words
 - Matter of Fact
 - Ease in use of sexually explicit terminology
 - Clarification
 - Tell me what that means to you?
 - Normalize behavior

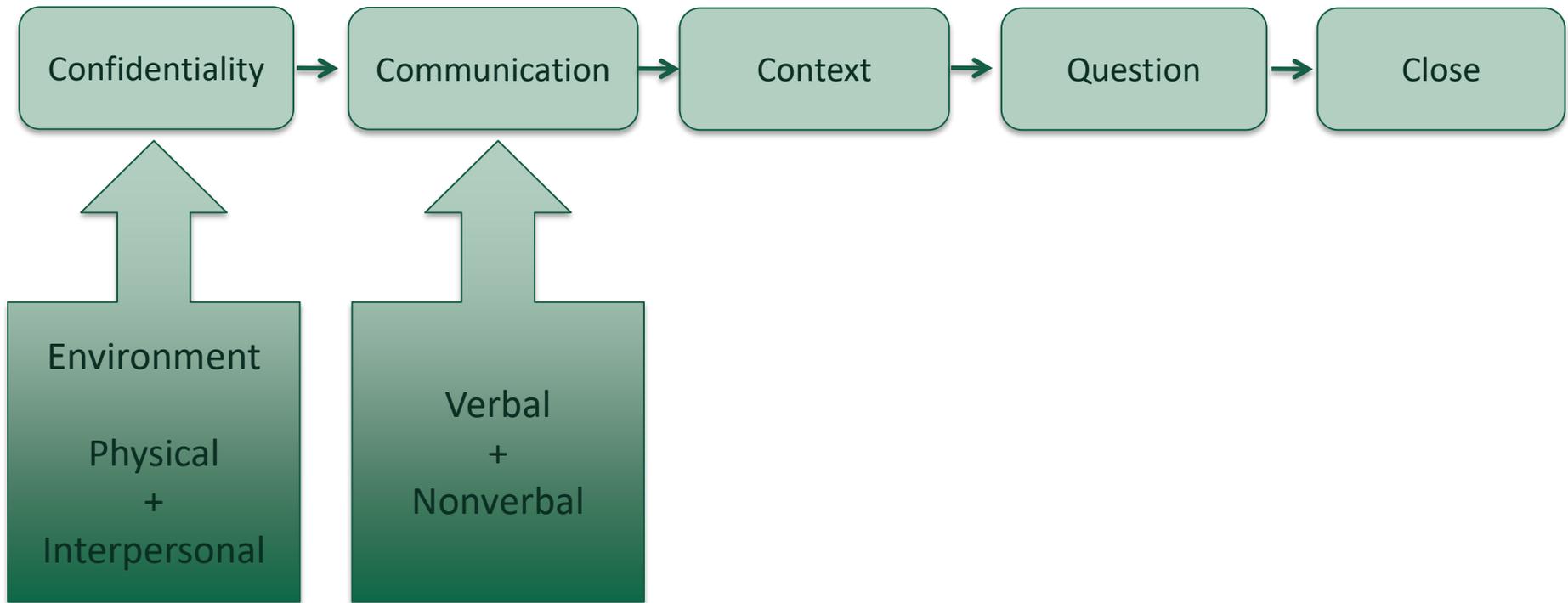


Communication

- NonVerbal
 - Professional
 - Eye contact
 - Blushing
 - Sitting
 - Patient Dressed



Identify the key components of the sexual history



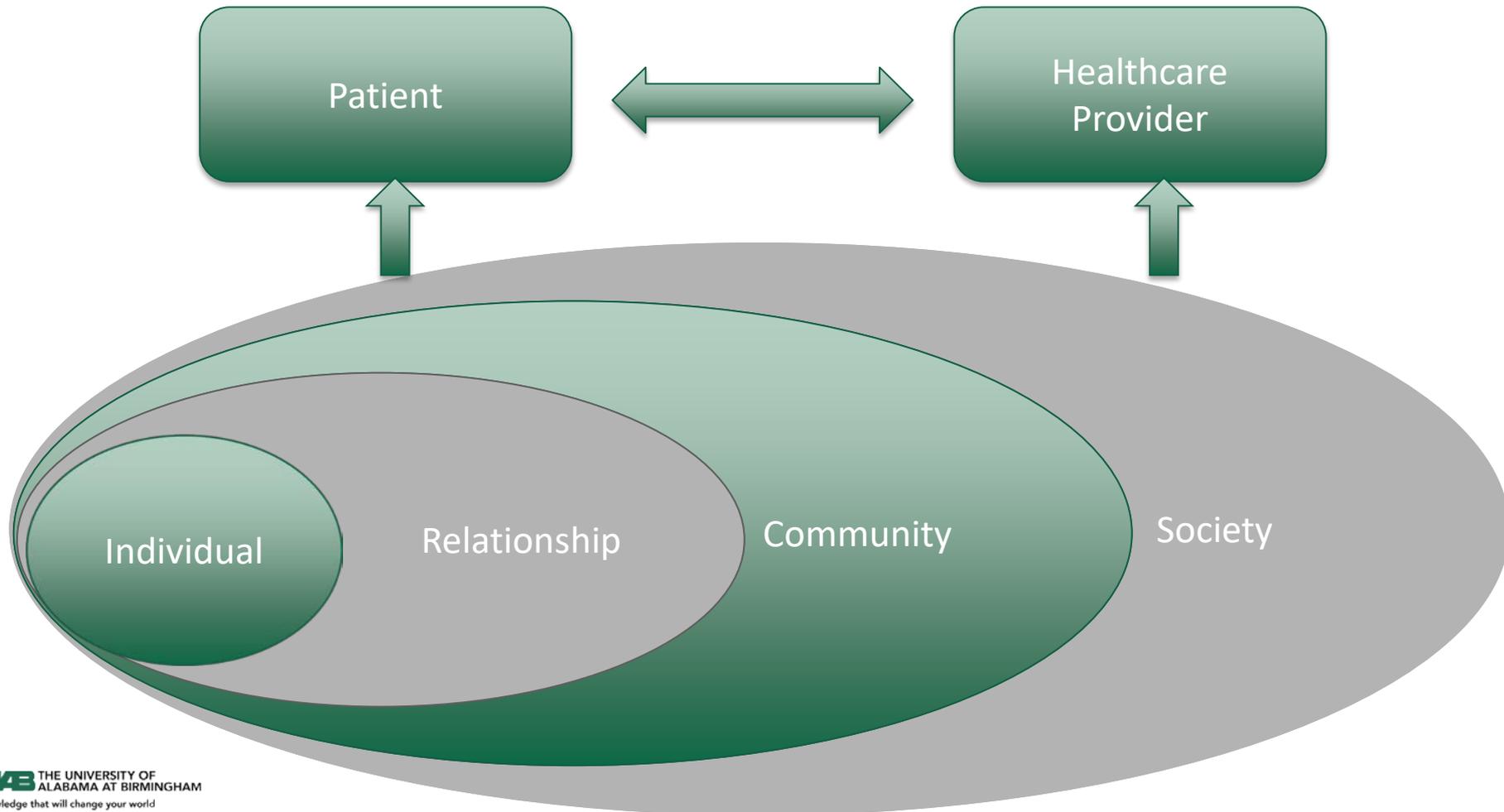
French P, Int J STD AIDS 2007 Jan;18
Nausbaum et al. AAFP. 2002. 66;705
www.Cdc.gov/std/treatment/SexualHistory.pdf accessed 2012

Context: Where and When

- In primary care
 - New patient visit
 - Development/Educational milestones
 - New health related conditions
 - School physical
 - Prior to gynecologic surgery
 - Menopause-related visit
 - Onset of Diabetes
 - Depression screening
 - When patient has a concern
 - May be a subtle complaint
- Sexual Health Clinic
- Fertility Clinic

Context:

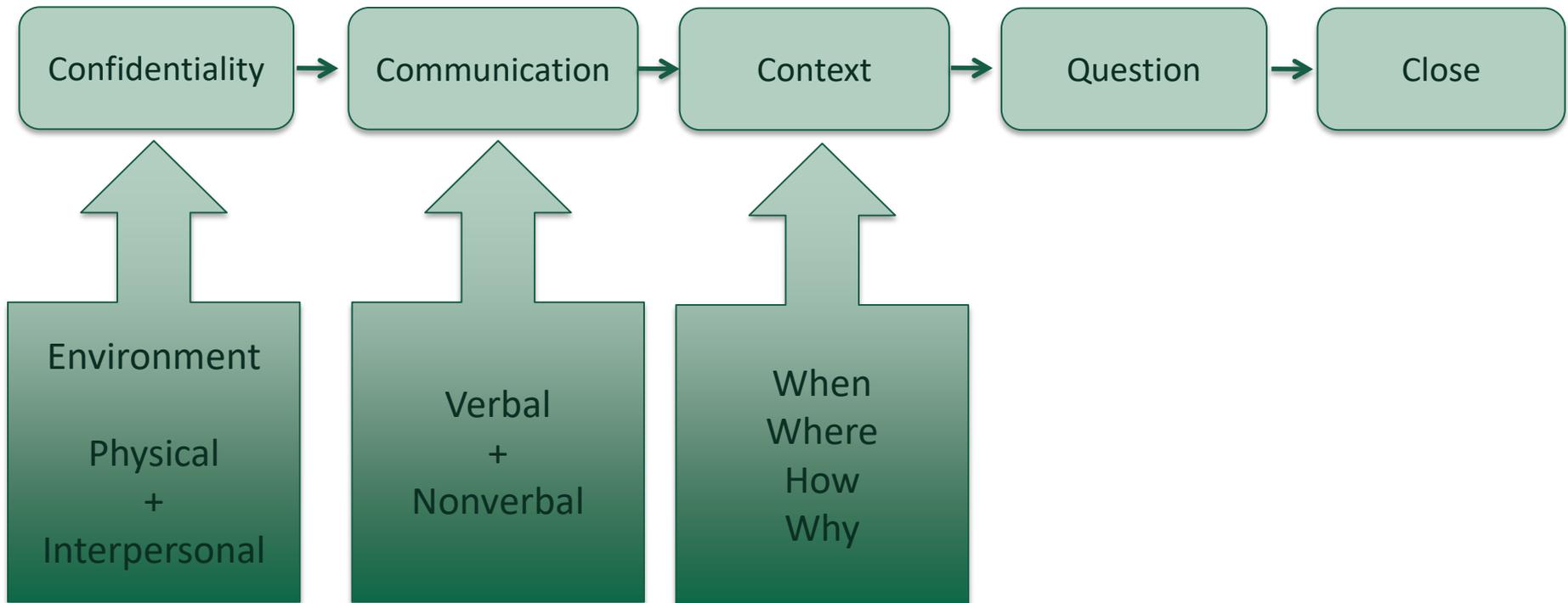
Patients and Providers have their own beliefs and judgments about sexual behavior



Context: Explain Why you're asking

- “Sexual health is important to overall health, so I always ask patients about it. If it’s okay with you, I’ll ask you a few questions about sexual matters now.”

Identify the key components of the sexual history



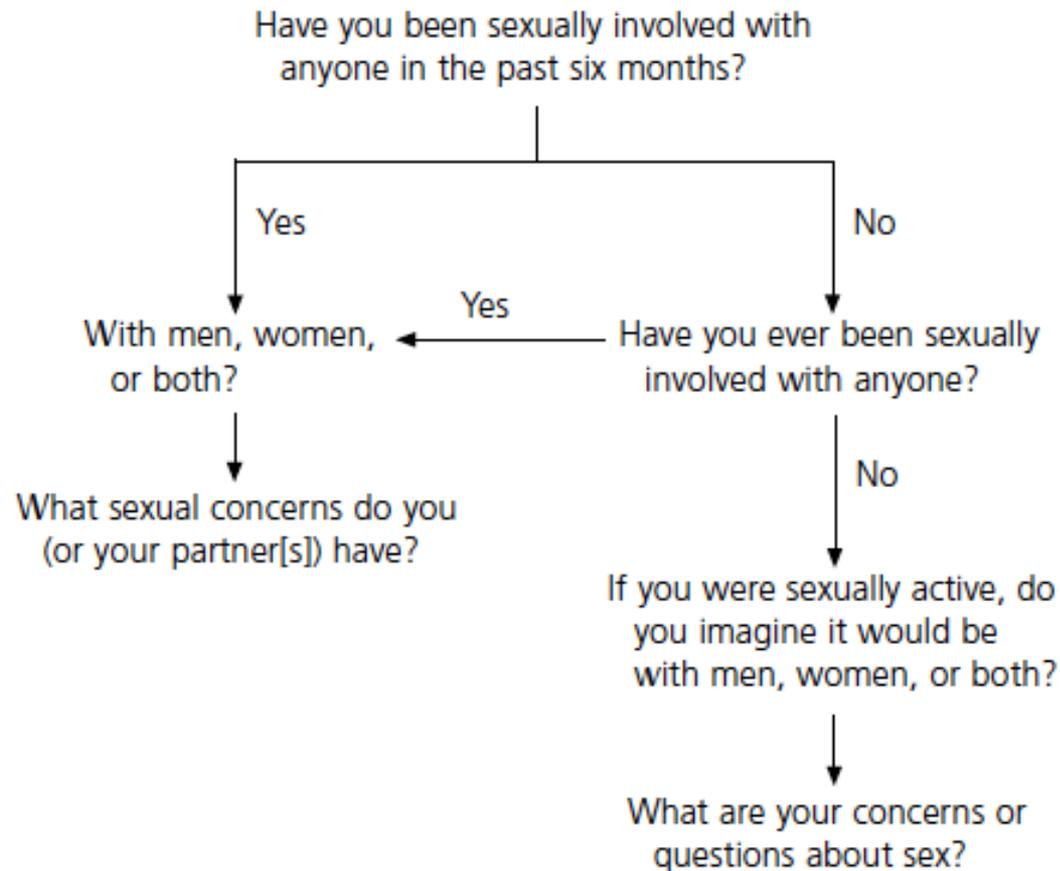
French P, Int J STD AIDS 2007 Jan;18
Nausbaum et al. AAFP. 2002. 66;705
www.Cdc.gov/std/treatment/SexualHistory.pdf accessed 2012

Sexual History Questions

- Start with easy, less personal questions
- Open-ended versus “yes/no”
- Normalize behaviors
- Use gender neutral terminology
- Avoid loaded terms “unfaithful” or “promiscuous”

Sexual Health Screening

Screening for Sexual Health History



The 5 P's for Sexual Behavior History Taking

Partners

- “Do you have sex with men, women, or both?”
- “In the past 3 months, how many partners have you had sex with?”
- “Is it possible that any of your sex partners have had sex with someone else while they were still in a sexual relationship with you?”

Prevention of Pregnancy

- "What are you doing to prevent pregnancy?"

Protection From STI

- "What do you do to protect yourself from STDs and HIV?"

Practices

- "To understand your risks for STDs, I need to understand the kind of sex you have“
- "Have you had vaginal sex, meaning 'penis in vagina sex'?" "Do you use condoms: never, sometimes, or always?"
- "Have you had anal sex, meaning 'penis in rectum/anus sex'?" "Do you use condoms: never, sometimes, or always?"
- "Have you had oral sex, meaning 'mouth on penis/vagina'?"

Past History of STI

- "Have you ever had an STD?"
- “Have any of your partners had an STD?”

Do you have any concerns about your sexual function?

- Patient's perception of the problem
- Timeline
- Context (quality of relationship, stressor)
- Current health problems potentially affecting sexual function
- Components of the sexual response
 - Desire
 - Arousal
 - Orgasm
 - Pain

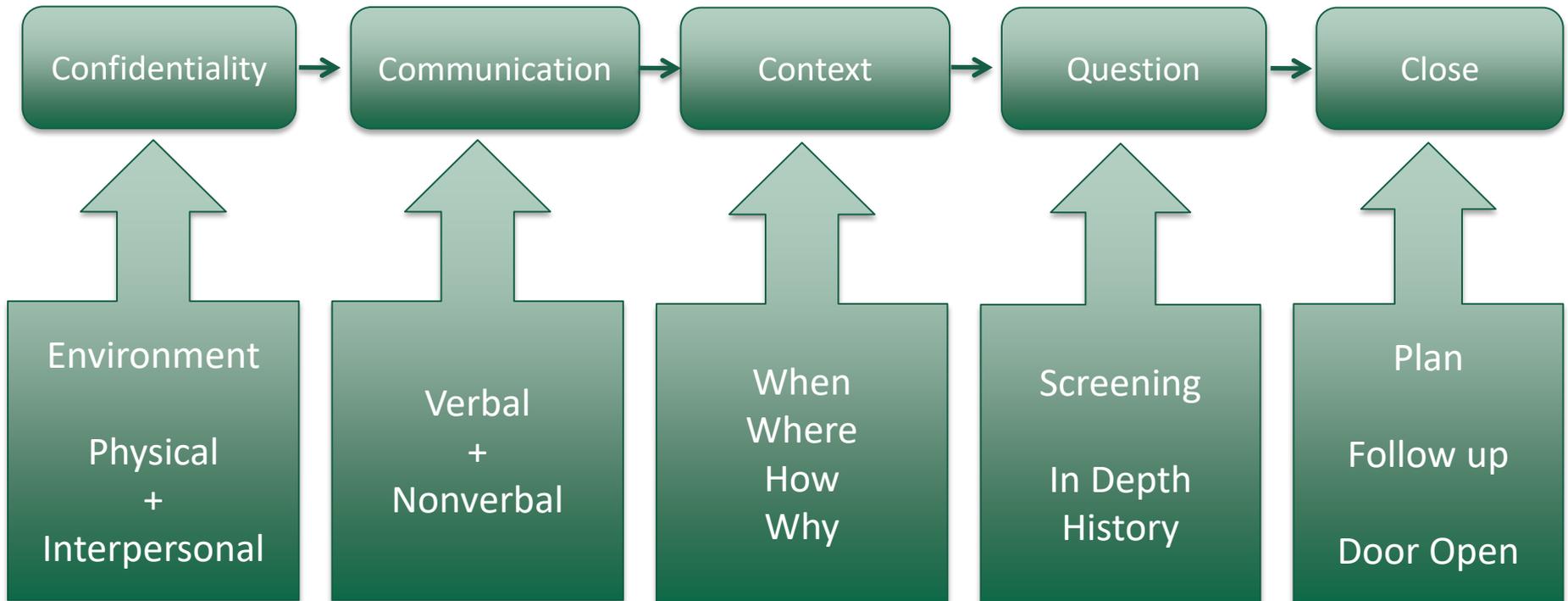
Essential Questions to Include in a Sexual Function Assessment

- How does the patient see or describe the problem?
- How long has the problem been present?
- Was the onset sudden or gradual?
- Is the problem specific to a situation or partner or is it generalized?
- Were there likely precipitating events?
- Are there problems in the patient's primary sexual relationship (or any relationship in which the sexual problem is occurring)?
- Are there current life stressor that might be contributing to the sexual problems, and if so, how is stress perceived and managed?
- Is there some underlying guilt, depression, or anger that is not being directly acknowledged?
- Are there physical problems, such as pain?
- Are there problems with desire, arousal, or orgasm, and can the patient determine the primary problem?
- Is there a history of physical, emotional, or sexual abuse that may be contributing?
- Does the partner have any sexual problems?

Close

- Professional
- If relevant, create a plan
- Follow up
- Keep the door open

Components of the Sexual History



French P, Int J STD AIDS 2007 Jan;18
Nausbaum et al. AAFP. 2002. 66;705

Understand how to approach the sexual history in diverse patient populations

Fallon: (pronouns he, him his)

- Fallon is a 21 year old Trans-Male on hormone affirming therapy. He presents for a routine follow up visit. He has no health concerns today. It has been 6 months since you last saw Fallon. At his last visit, he reported no history of sex but at that visit, he had mentioned an interest in becoming sexually active.
- How do you have a sexual health conversation in a patient-centered, respectful way that allows you to optimally care for Fallon?

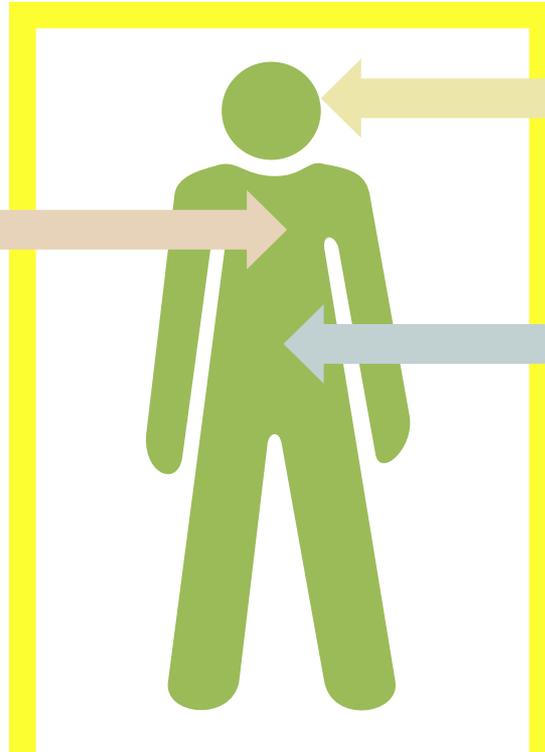
Sexual Health and the Sexual History

- Sexual Health history is an important part of a medical history and physical exam for all patients regardless of gender identify or sexual orientation.
- Important factors to consider
 - Heterogeneity of sexual identities
 - Devise sexual partnerships & practices
 - Sensitivity to language

Reviewing Terminology

Sexual Orientation

- Whom you are physically and emotionally attracted to
- Whom you have sex with
 - How you identify your sexuality



Gender Identity

- What your internal sense tells you your gender is

Sex

- Refers to the presence of specific anatomy. Also may be referred to as 'Assigned Sex at Birth'

Gender Expression

- How you present your gender to society through clothing, mannerisms, etc.

Discussions about sexual health require trust

- Effective use of listening and mirroring
- Acknowledge previous healthcare experiences with respect and advocacy
- Help regulate and pace disclosure and exploration of sexual history



"Doctor, I'm not sure I can trust you."

The Discussion

The CDC's 5 "P"s

1. Partners
2. Practices
3. Protections for STIs
4. Past History of STIs
5. Pregnancy

The 8 "P"s

- 1. Preferences**
2. Partners
3. Practices
4. Protections for STIs
5. Past History of STIs
6. Pregnancy
- 7. Pleasure**
- 8. Partner Violence**

Clinical Interview: The 8“P”s

	“p”	Example Questions
1	Preferences	<ul style="list-style-type: none">• Do you have preferred language that you use to refer to your body (i.e., genitals)?• Are you currently on hormone therapy, have you had any gender confirming surgeries or procedures?
2	Partners	<ul style="list-style-type: none">• How would your partners identify themselves in terms of gender?
3	Practices	<ul style="list-style-type: none">• Do you use toys (dildos or vibrators) inside your [insert preferred language for genitals] or anus, or do you use them on your partners?• Do you have any other types of sex that hasn't been asked about?
4	Protection from STIs	<ul style="list-style-type: none">• Are there some kinds of sex where you do not use barriers? Why?
5	Past history of STIs	<ul style="list-style-type: none">• If yes... Do you remember the site?

Clinical Interview: The 8“P”s

	“P”	Example Questions
6	Pregnancy	<ul style="list-style-type: none">• Have you considered having a child of your own that you would carry?• Have you considered banking gametes?• Have you considered utilizing a surrogate with your egg?
7	Pleasure	<ul style="list-style-type: none">• Do you feel you are able to become physically aroused during sex, such as becoming wet or hard?• How satisfied are you with your ability to achieve orgasm?• Do you have any pain or discomfort during or after orgasm?
8	Partner Abuse	<ul style="list-style-type: none">• Has anyone ever forced or compelled you to do anything sexually that you did not want to do? <p><i>*if yes, check-in before performing a pelvic exam</i></p>

Case 2

- Claire Johnson is a 53 year old woman who divorced 1 year ago after 25 years of marriage. She presents for her annual check up. How do you approach the sexual health history?

Case 2

- Starting the conversation
 - “Sexual health is important to overall health, so I always ask patients about it. If it’s okay with you, I’ll ask you a few questions about sexual matters now.”
 - “In the past year, have you dated anyone or entered any new relationships?” If no, “Why not?”
 - “After ending a long-term relationship, it is very common for someone to have concerns about entering new sexual relationships. Is there anything that concerns you about starting a new sexual relationship?”

Case 3

- Julia is a 24 year old cis-woman who reports sex with both male and female partners. For the last 6 months, she has had a consistent female sex partner. You ask if she has any concerns about her sexual health. She says, “No, the sex is great! Plus, I don’t have to worry about getting anything with another woman.”
- Is she right?

Lesbian, Bisexual, and Other Women Who Have Sex With Women

- Lesbian youth are ½ as likely to have used condoms during their most recent sex.
- Young women who identify as lesbian, bisexual, or unsure are more likely to report multiple sex partners, drug use, pregnancy, STI and coercion into sexual contact.

Lesbian, Bisexual, and Other Women Who Have Sex With Women

- STI Happen (risk varies by specific STI and sexual practice)
 - Bacterial Vaginosis
 - Genital warts/HPV
 - HSV-2
 - HIV
 - Bacterial STI
- Screening doesn't happen as much

Social and Sexual Health Questions for Women Who Have Sex with Women

Questions to ask after assuring the patient about confidentiality:

Are you having or have you ever had sex with women, men, or both?

In the past year, how many persons have you had sex with?

Does your current partner (or do your current partners) have sex with someone other than you?

Have you ever been pregnant? If so, how many times?

How many living biologic children do you have? Any miscarriages or abortions?

Do you have oral sex? Vaginal sex? Anal sex? Other types of sex?

Do you use barrier protection such as condoms, gloves, or dental dams?

Are there times you do not use barrier protection?

Do you use another method of birth control? (if sexually active with men)

Do you (or does your partner) have any plans to conceive in the next 12 months?

Have you ever had a sexually transmitted infection?

Do you ever have sex with strangers or people you do not know well?

Do you have a support system, including family and close friends?

Do you have any concerns about your sexual practices that I have not asked about?

Does your partner:

Physically hurt you?

Insult or talk down to you fairly often?

Threaten you with harm?

Scream or curse at you fairly often?²⁰

In Summary



- Discuss the rationale for obtaining a good sexual history
- Identify the key components of the sexual history
- Understand how to approach the sexual history in diverse patient populations

Resources

- www.cdc.gov
- American Social Health Association
(www.ashastd.org)
- www.iwannaknow.org
- MedlinePlus (www.nlm.nih.gov/medlineplus)