



How to Take a Compassionate and 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 in a safe and responsible manner.
- Sex has profound influence over the individual's physical and psychological wellbeing.
- Poor sexual health decisions can result in STIs.
- 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 ?

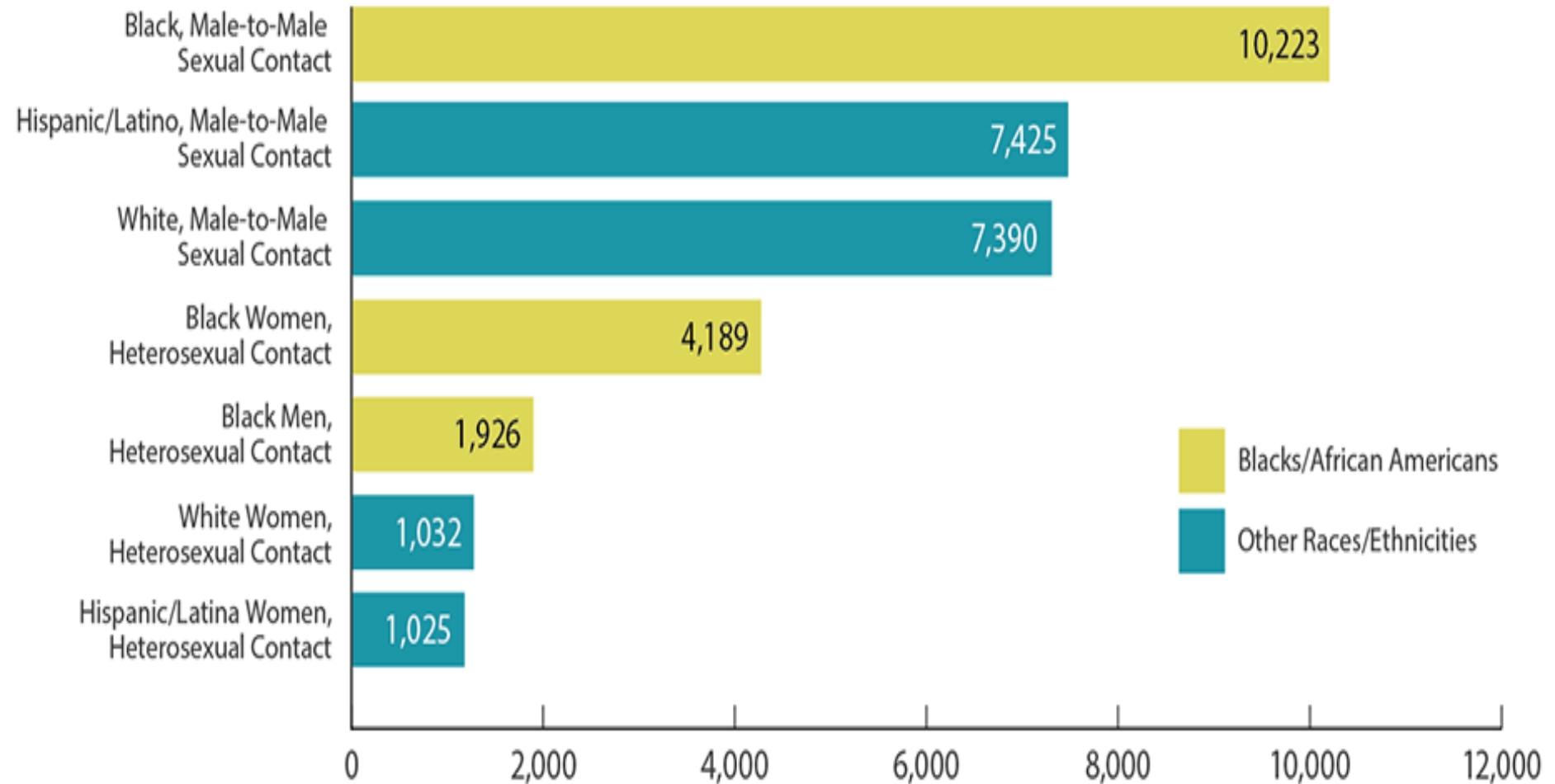
- Improve opportunity for early diagnosis, treatment of STDs and prevent associated morbidity
- Answer patient's personal questions about sexual Health.
- Identification of persons at higher risk for unplanned pregnancies, STIs and victim(s) of sexual abuse

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
- 1.1 Million persons - 13 years and older are living with HIV infection in United States
- **1n 2015, 15% of those infected with HIV are unaware of their infection.**
- 39,782 new HIV infection in 2016. 17,528 were AA
- 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

HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2016



HIV and African Americans

- At the end of 2014, an estimated 471,500 African Americans were living with HIV (43% of everyone living with HIV in the United States), and 16% were unaware of their infection.
- 59% AA received HIV medical care in 2014, 46% were retained in HIV care, and 43% had a suppressed viral load.
- In 2015, 3,379 African Americans died from HIV disease, accounting for 52% of total deaths attributed to the disease that year.

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2016](#)

STD in United States:2017

- 2,295,739 million STD cases in 2017
- 1,708,569 cases of Chlamydia
- 555,608 cases of Gonorrhea
- 30,644 cases of primary and secondary syphilis
- 918 cases of congenital syphilis

- Tennessee placed #22 in the country with 665.5 cases per 100,000 people
- Memphis was #1 in the state more than 11,000 infections

Are Clinicians Doing a Good Job Taking the Sexual History of Patients?

Mentimeter

What are some of the reasons why
Clinicians do NOT take sexual
history of their patients?

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, Pneumococcal 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 potential 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.

Acknowledgment

My sincere thanks to the patients and staff at Vanderbilt Comprehensive Care Clinic,
Southeast AIDS Education and Training Center (SE AETC)
Vanderbilt University TN AIDS Education and Training Center (TN AETC)

Finally, my sincere thanks to each and every person present this morning for this conference.

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