

From Top to Bottom: Discovering the Versatility of Taking a Patient- Centered Sexual History (and Why How You Ask Matters)

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Disclosures

- I am a contracted speaker with Gilead Sciences, Inc.

Objectives

- At the end of this presentation, the participations will be able to :
 - State the importance/reason for taking an effective sexual history
 - Identify the components of a sexual history
 - Demonstrate effective sexual history communication skills
 - Describe reason for increased risk of STIs and HIV among adolescents and adults
 - List important aspects of a detailed sexual history of adolescents and adults, including sexual and gender minority individuals
 - Identify approaches to improve sexual health

Introduction

- Sexual health is the ability to enjoy and embrace our sexuality as individuals, in a responsible and safe way
- Sexual health has a profound influence over an individuals psychological as well as physical and overall wellbeing
- *Poor* sexual health decisions can result in STIs
- *There are both national and global ramifications of STIs and HIV, both socially, medically and economically*
- *Sexual history taking is the foundation and key to the practice of sexual health medicine. It is the basis for diagnosis and treatment, education, and sexual health promotion*

Sexual Health is....

- “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”
(WHO, 2006a)

● https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/ ●

Why Take a Sexual History?

- Identify and treat sexual dysfunction
- Discuss strategy and approaches for prevention of STIs, including HIV
- Provide information that can guide reduction in STI risk
- To identify the anatomic sites that are appropriate for STI screening
- Improve opportunity for early diagnosis and treatment of STIs and prevent STI associated morbidity
- To answer a patient's personal questions about their sexual health
- Identify persons at higher risk for unplanned pregnancies, and victims of sexual abuse and assault
- Document rationale for expensive testing
- Determine appropriate immunizations
- Determine appropriate screening, diagnostics and treatment
- Because it is a part of a routine medical history taking
- Because it's our responsibility to do it

● Coverdale, et al (1997). Sexually transmitted Disease and Family Planning of psychiatric pat. Aust. NZJ psy●
31:285-290

Why is a routine sexual history important for patient health?

- Asking our patients about sexual partners and practices is patient-centered care.
- In a survey of 500 men and women over age 25, 85% of respondents expressed an interest in talking to their providers about sexual concerns, even though 71% thought their provider would likely dismiss their concerns.
- A sexual history followed by appropriate, targeted discussion about ways to stay healthy can enhance the patient-provider relationship.
- It's an opportunity to discuss HIV, STIs, viral hepatitis, as well as connect patients to treatment and care
- It's a way to assess for testing and vaccinations
- Many STIs can be "silent" and go unnoticed for long periods of time until they lead to more serious illness.

Setting the Stage

Terminology and Definitions

Sex Assigned
at birth

Gender
Identity

Gender
Expression

Sexual
Orientation

Center of Excellence for Transgender Health. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. <http://transhealth.ucsf.edu/trans?page=guidelines-terminology>. Accessed April 9, 2017

Terminology and Definitions

Sex Assigned at Birth

Based on external genitalia, as well as chromosomes and gonads

Gender Identity

Gender Expression

Sexual Orientation

Center of Excellence for Transgender Health. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. <http://transhealth.ucsf.edu/trans?page=guidelines-terminology>. Accessed April 9, 2020

Terminology and Definitions

Sex Assigned at birth

Gender Identity

A person's internal sense of self and how they fit into the world, from the perspective of gender

Gender Expression

Sexual Orientation

Center of Excellence for Transgender Health. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. <http://transhealth.ucsf.edu/trans?page=guidelines-terminology>. Accessed April 9, 2020

Terminology and Definitions

Sex Assigned at birth

Gender Identity

Gender Expression

The outward manner in which an individual expresses or displays their gender.

May include choices in clothing, hairstyle, speech and mannerisms

Sexual Orientation

Center of Excellence for Transgender Health. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. <http://transhealth.ucsf.edu/trans?page=guidelines-terminology>. Accessed April 9, 2020

Terminology and Definitions

Sex Assigned at birth

Gender Identity

Gender Expression

Sexual Orientation

Describes sexual attraction only, and is not directly related to gender identity or gender expression

Center of Excellence for Transgender Health. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. <http://transhealth.ucsf.edu/trans?page=guidelines-terminology>. Accessed April 9, 2020

Transgender sexual health

- Not all primary care providers and clinical care team members can expect to become experts in transgender identity and health, especially overnight
- Come to the conversation with comfort talking to people of different gender identities with empathy and respect.
- When initiating and taking a sexual history, keep in mind:
 - Have a good rapport with the patient before asking about sexual practices or doing a physical exam.
 - Be sure you use the patient's preferred name when talking to them
 - Ask what pronouns your patients prefer to use for themselves.
- Like anyone else, a transgender person may have partners who are cismale, cisfemale, or transgender.
- When asking about sexual practices, use open-ended questions instead of specific questions about anal, oral, and vaginal sex.
- A transgender person might consider themselves straight, gay, lesbian, bisexual, or other. Remember that this can evolve over time.
- Transgender women (male-to-female) statistically have a higher risk for HIV and STDs. Transgender women may become involved in sex work as a means of survival, and/or use drugs to cope with societal rejection

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6368014/>

• https://www.lgbthealtheducation.org/wp-content/uploads/COM-827-sexual-history_toolkit_2015.pdf •

Access 4/22/2020

Question 1

- Are clinicians doing a Good Job Taking a Sexual history from their patients?

Question 2

- Why are some of the reasons that clinicians do NOT take a sexual history of their patients?

- Lack of understanding of relevance of sexual health to overall health
- Uneasiness of clinicians and patients to have conversations that have a difficult and sensitive subject
- Lack of time
- Fear of offending the patient with the questioning
- Advanced Practice clinicians school curricula design
- Underestimation of a patient's risk for sexual health complications

Promotion of Sexual Health Starts With Taking a Sexual History

Taking a sexual history is recommended for all adult and adolescent patients as part of ongoing primary care¹

Barriers to Taking a Sexual History

Urgent care issues¹

Provider discomfort or anticipated patient discomfort¹

Patients may not be comfortable talking about their sexual history, sex partners, or sexual practices²

Benefits of Taking a Sexual History

Opportunity to build patient trust¹

Opportunity for risk-reduction counseling²

Opportunity to assess birth control needs²

Opportunity for supporting consistent and correct condom use¹

Identification of:

- Individuals at risk for STIs, including HIV²
- Appropriate anatomical sites for certain STI tests²
- Appropriate prevention methods¹

¹ Centers for Disease Control and Prevention. Pre-exposure prophylaxis for the prevention of HIV infection in the United States–2014: a clinical practice guideline. <http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>. Accessed April 22, 2020

² Centers for Disease Control and Prevention. A guide to taking a sexual history. <https://www.cdc.gov/std/treatment/sexualhistory.pdf>. Accessed April 2, 2020

Sexual History Excuses

- I'm in a hurry & patients are waiting
- I'll do it next time
- It isn't relevant to the patient's illness, that's not why they are here
- The patient doesn't have a sexual complaint
- I respect the patient's privacy
- I forgot
- If I ask sexual questions the patient might be embarrassed
- Her gynecologist takes care of that

Real Reasons We Avoid Taking a Sexual History

- I don't know how to go about it
- I don't always take a complete history, and I don't know how to talk about it
- I have never asked sexual questions before; how do I start now?
- I forgot because I was more interested in the other problem which was pressing at the time
- I would feel embarrassed talking to a patient about this, especially given their age
- What if I uncovered a problem and I had no idea how to handle it?
- I don't know how to refer patients to these services
-

Principles involved in taking a Comprehensive Sexual History

- Ensure Privacy and Confidentiality
- Be professional
- Recognize non-verbal cues
- Be open minded and non-judgmental
- Ask only appropriate questions & explain why you are asking
- Gender identity and orientation
- Be aware of non-verbal cues
- Be sensitive to cultural issues
- Listen attentively – use clarification and validation techniques
- Explain procedures for testing, and treatment thoroughly
- Maintain eye contact

● Jones, R and Barton R: Introduction to take and principles of sexual health (2004), Postgrad Med. J 80:444-446 ●

Understanding Patient Fears

- LGBTQI+, especially transgender persons, have fear of discussing sexual health. Here are some reasons:
 - Being turned away, treated differently, or refused care
 - Having to teach their provides or care team about trans people
 - Being asked unnecessary questions
 - Being misgendered
 - Being assaulted by a patient or staff member
 - Being ridiculed

<https://www.lgbthealtheducation.org/resources/in/transgender-health/type/webinar/> Access March 29, 2020

The New “P’s” of sexual history taking

- Pronouns
- Partners
- Parts
- Practices
- Protection from STIs
- Past history of STIs
- Prevention of Pregnancy
- Pleasure
- Intimate Partner Violence/Abuse

● CDC: A Guide to Sexual History Taking. <https://www.cdc.gov/std/treatment/sexualhistory.pdf> ●

Pronouns

- What are your pronouns?
- What name do you use?

Partners

- How many partners have you had in the last 3 months?
- What are the genders of your partner(s)?
 - Non-binary, transgender, agender, etc.
- Length of relationship
- Partners risk factors
- Have you experienced physical, sexual, or emotional violence from a partner?

• CDC: A Guide to Sexual History Taking. <https://www.cdc.gov/std/treatment/sexualhistory.pdf> •

Consensual Non-Monogamy

- About a 20% of people have engaged in sexual non-monogamy at some point in their lives and 5% do at any given time.
- If a patient is in a relationship, always ask about monogamy
 - How many partners have you had in the last XXX time (always start with a lesser time interval)
 - Do you have other relationships, or does your partner have other relationships?
- Consensual non-monogamy (CNM) comes in many forms
 - Ranges from “we don't talk about it”, “we always talk about it”, “we only engage together”, “when medically necessary” (where one partner has something which prevents them from meeting their partners sexual needs).
- CNM couples tend to have similar rates of STIs to monogamous couples because they are more likely to be engaged in ongoing sexual health care, i.e. getting screened and treated.
- CNM express jealousy at a similar rate to monogamous couples

Parts

- What words do you prefer to use for your body parts?
- Have you had any top or bottom surgeries before? If so, what types of surgeries? What body parts do you still have?

Practices

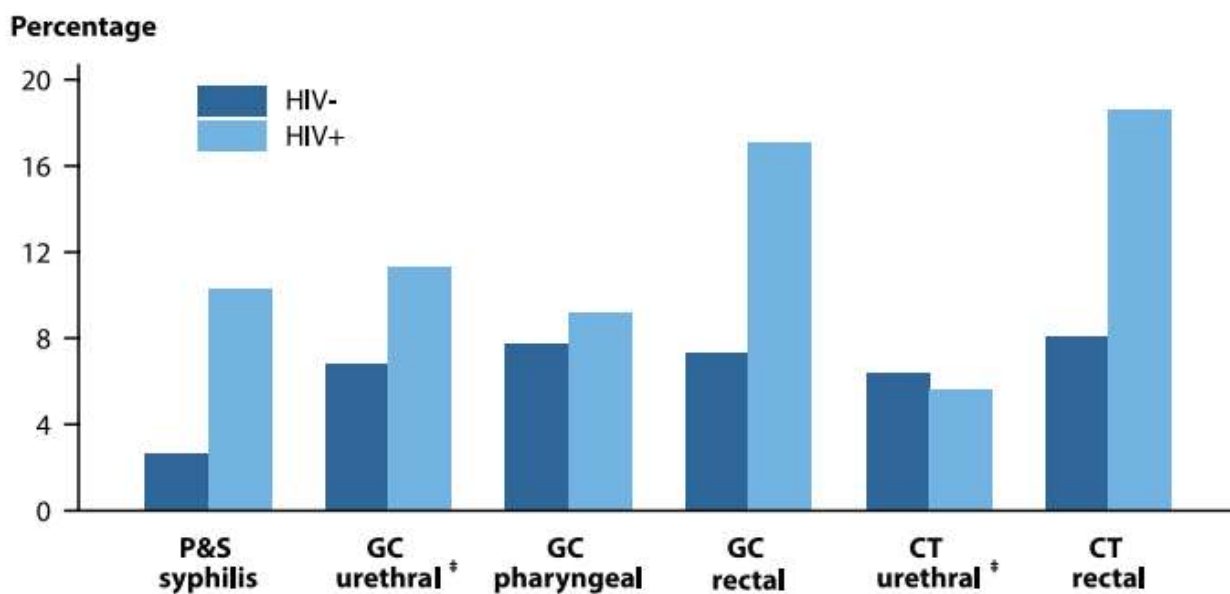
- Sexual practices will guide the assessment of patient's risk, including substance use
- Risk-Reduction strategies and vaccinations (HPV, Hepatitis B, Hepatitis A)
- The determination of necessary testing and identification of anatomical sites for STI screening, including Hepatitis C
- Ask about any use of toys during sex or play

• CDC: A Guide to Sexual History Taking. <https://www.cdc.gov/std/treatment/sexualhistory.pdf> •

Practices - Dialogue

- What kinds of sex are you having?
- What behaviors might expose you to your partners' fluids?

Figure Y. Proportion of MSM* Attending STD Clinics with Primary and Secondary Syphilis, Gonorrhea (GC) or Chlamydia (CT) by HIV Status[†], STD Surveillance Network (SSuN), 2015



* MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM).

[†] Excludes all persons for whom there was no laboratory documentation or self-report of HIV status.

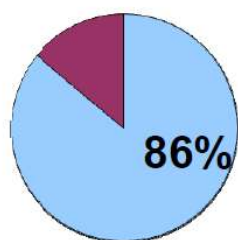
[‡] GC urethral and CT urethral include results from both urethral and urine specimens.

NOTE: See section A2.2 in the Appendix for SSuN methods.

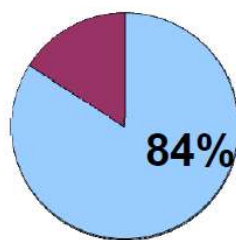
• <https://www.cdc.gov/std/stats/archive/STD-Surveillance-2015-print.pdf> Page 80 •

Majority of Rectal Infections in MSM are Asymptomatic

Rectal Infections



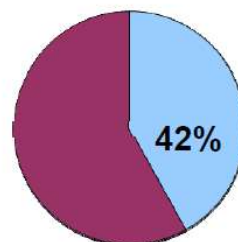
Chlamydia
n=316



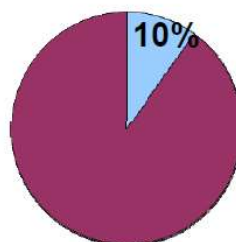
Gonorrhea
n=264

Asymptomatic
Symptomatic

Urethral Infections



Chlamydia
n=315



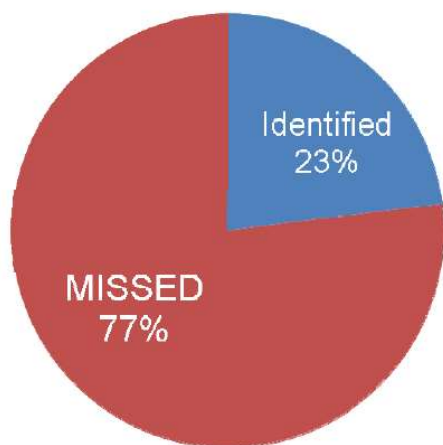
Gonorrhea
n=364

Clinical Infectious Diseases, Volume 41, Issue 1, 1 July 2005, Pages 67–74,
<https://doi.org/10.1086/430704>

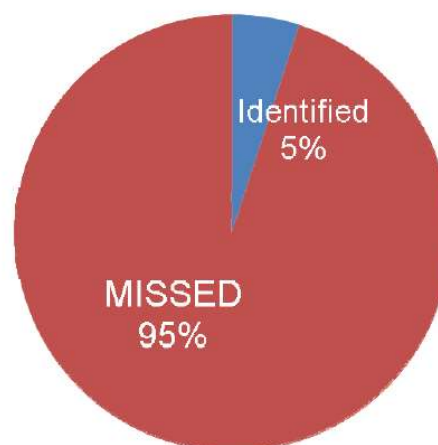
Kent, CK et al, *Clin Infect Dis* July 2005



**Proportion of CT/GC MISSED if screening only performed at urethral site (urine), San Francisco, 2008-2009
n=3398 patient visits**



Chlamydia



Gonorrhea

Among asymptomatic MSM

Marcus, Julia L. MPH^{*}; Bernstein, Kyle T. PhD, ScM[†]; Kohn, Robert P. MPH^{*};

Liska, Sally DrPH^{*}; Philip, Susan S. MD, MPH^{*} Infections Missed by Urethral-

Only Screening for Chlamydia or Gonorrhea Detection Among Men Who Have

Sex With Men, Sexually Transmitted Diseases: October 2011 - Volume 38 - Issue

10 - p 922-924 doi: 10.1097/OLQ.0b013e31822a2b2e

Marcus et al, STD Oct 2011; 38: 922-4



**Positivity of Extragenital Screenings (CT/GC) of
Diamond Head Health Center STD Clinic MSM Patients
October 2014-December 2014**

Urethral Symptomatic			Urethral Asymptomatic		
Oral GC	Rectal GC	Rectal CT	Oral GC	Rectal GC	Rectal CT
19% (11/58)	17% (10/58)	22% (13/58)	12% (7/58)	7% (4/58)	17% (10/58)

https://www.acha.org/documents/Programs_Services/webhandouts_2016/TU1-338_Park.pdf

Slide courtesy of Luke Hasty, PhD



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Syphilis cases in Allegheny County up 90 percent in single year

October 27, 2016 5:04 PM

By Jill Daly / Pittsburgh Post-Gazette

Numbers of syphilis cases continue to rise dramatically in Allegheny County, far outpacing national rates, according to an announcement from the county Health Department today.

From a historic low in 2001, the disease has been hitting new high levels every year, according to the U.S. Centers for Disease Control and Prevention. In the nation, between 2014 and 2015, primary and secondary syphilis cases went up 19 percent.

In the same period, Allegheny County reported a 90 percent increase of both primary and secondary cases. Total numbers went from 68 primary and secondary cases to 129 cases. Of these cases, 93 percent were among men and most were men who have sex with men. Also in the county, 45 percent of the people with primary or secondary syphilis were HIV positive and that group is relatively young: 62 percent were under 30.

“In this age of social media and anonymous sex online applications, we are concerned that individuals are not protecting themselves and are unaware of the STD status of their partners,” county Health Director Karen Hacker said in the statement. “It has also become more difficult to conduct successful investigations and ensure that both the patient and their partners are treated, given the anonymity.”

<https://www.post-gazette.com/news/health/2016/10/27/Syphilis-cases-in-Allegheny-County-up-90-percent-in-2016-15/stories/201610270240>

Syphilis in Allegheny County

- In the nation, between 2014 and 2015, primary and secondary syphilis cases went up 19 percent.
- In the same period, Allegheny County reported a **90 percent increase of both primary and secondary cases**. Total numbers went from 68 primary and secondary cases to 129 cases. Of these cases, 93 percent were among men and most were men who have sex with men. Also in the county, 45 percent of the people with primary or secondary syphilis were HIV positive and that group is relatively young: 62 percent were under 30.

Protection from STIs

- How do you protect yourself against HIV and STIs?
- Explore subjects of abstinence, monogamy, condom or other use, use of PrEP for HIV prevention, the patient's perception of his /her/their own risk, and his/her/their partner's risk , and the issue of testing for STIs, anal cytology screen, etc.
 - Do you and /or your partner (S) use any protection against STI? If not, are you comfortable in sharing the reason? If yes what kind of protection do you use?
- How often do you use protection – sometimes, always or never. If sometimes, in what situations or with whom do you use protection?
- Explore the need for vaccination: HPV, Hep A, Hep B, meningococcal, pneumococcal

Past History of STIs

- Record history of previous STIs, including date and treatment
- Previous STIs increase risk for future STIs
- Gonorrhea
- Chlamydia
- Syphilis – titer, treatment history, staging
 - Primary
 - Secondary
 - Tertiary
- HSV
- Trichomonas
- Mycoplasma Genitalium

Dialogue – Past History of STIs

- Have you ever been diagnosed with an STI? When? How were you treated?
- Have you had any recurring symptoms, or any STIs that you have had more than once?
- Have you ever been tested for HIV or other STIs?
- Are you interested in testing today?
- Have your current partner(s) or any former partners that you know of ever been diagnosed or treated for an STI? Were you also tested? If yes, were you treated?

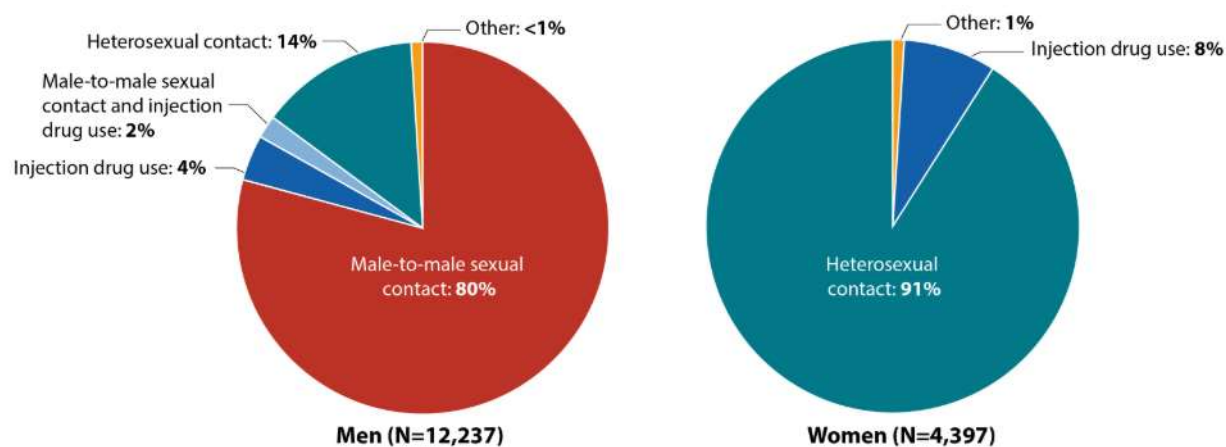
National and Economic Impact of STIs

- 2.295 million new STIs (CDC, 2017)
 - Gonorrhea: 555, 608 cases – 6.3% increase among men, 17.8% increase among women since 2016/19
 - Chlamydia: 1, 708, 569 cases – 6.9% increase from 2016
 - Syphilis: 30, 644 cases of primary and secondary (76% increase from 2013)
 - Increase of 8.6 % among MSM; 17.8% among MSW, and 24.9% among ciswomen from 2016
- Annual direct cost of \$16 billion US dollars
- 1.1 million persons aged 13 years of age and older are living with HIV infection in the United States
- In 2015, 15% of those living with HIV were unaware of their infection/status
- There were 38, 739 new HIV infections in 2016. 16, 400 were in African Americans
- Estimated lifetime cost of treating HIV is \$379,000 (in 2010 dollars), CDC, 2015
- In 2011, 45% (2.8 million) pregnancies were unintended
- Over 3 million people infected with Hepatitis C
- https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf
- <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

Blacks/African Americans account for a higher proportion of new HIV diagnoses and people living with HIV, compared to other races/ethnicities.

In 2017, blacks/African Americans accounted for **13% of the US population** but **43% (16,694) of the 38,739 new HIV diagnoses in the United States** and dependent areas.

New HIV Diagnoses Among Blacks/African Americans by Transmission Category and Sex in the US and Dependent Areas, 2017



Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2017](#). [PDF – 6 MB]. *HIV Surveillance Report* 2018;29.













Protection from Pregnancy





- Ask about contraception use and compliance
- Identify current pregnancy or factors for being at risk for pregnancy
- Avoid medications or substances contraindicated in pregnancy
- Provide contraception education
- Identify unmet contraception use – including emergency contraception
- Ask men about contraception and protective information about male methods

Dialogue – Prevention of Pregnancy

- Are you currently trying to conceive or father a child, or have plans or desires to have (more) children?
- Are you concerned about getting pregnancy or getting your partner pregnant?
- Are you using contraception or practicing any form of birth control?
- Would you like any information on birth control?
- How would you feel about the pregnancy if you were to get pregnant right now, or get someone else pregnant right now?
- What are you doing to prevent yourself or your partner from getting pregnant?
- Do not assume that LGBT patients are not interested in having children. For all patients, be sure to have adoption, insemination, and surrogacy referrals on hand.

HOW WELL DOES BIRTH CONTROL WORK?

HOW WELL DOES BIRTH CONTROL WORK?					What is your chance of getting pregnant?
<p>★★★★★</p> <p>Really, really well</p>	 The Implant Works, hassle-free... Up to 5 years	 IUDs Up to 7 years	 Copper IUD Up to 12 years	 Sterilization Forever	<p>Less than 1 in 100</p>
<p>★★★★☆</p> <p>Pretty well</p>	 The Pill For it to work best, use it... Every. Single. Day.	 The Patch Every week	 The Ring Every month	 The Shot Every 3 months	<p>6-9 in 100, depending on method</p>
<p>★★★☆☆</p> <p>Not as well</p>	 Pulling Out	 Fertility Awareness	<p>Use a condom with any other method for protection from STDs.</p>  		<p>12-26 in 100, depending on method</p>
<p>For each of these methods to work, you or your partner have to use it every single time you have sex.</p>					<p>FYI, without birth control, over 90 in 100 young people get pregnant in a year.</p>

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<https://beyondthepill.ucsf.edu/educational-materials>

Pleasure

- 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?

Intimate Partner Violence/Abuse

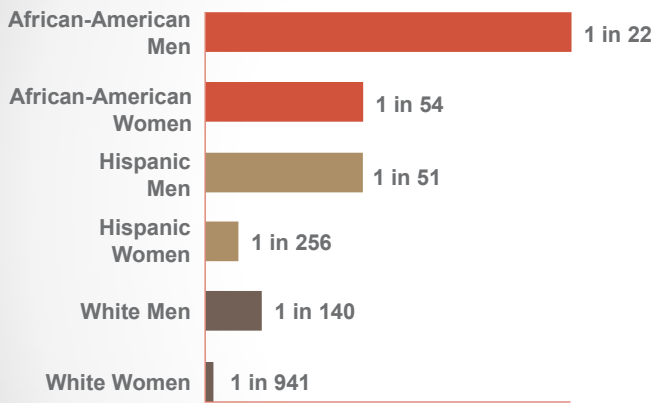
- Have you ever been forced, compelled, or coerced into doing something sexually that you were not interested in doing or felt safe or comfortable doing?

Concluding the conversation

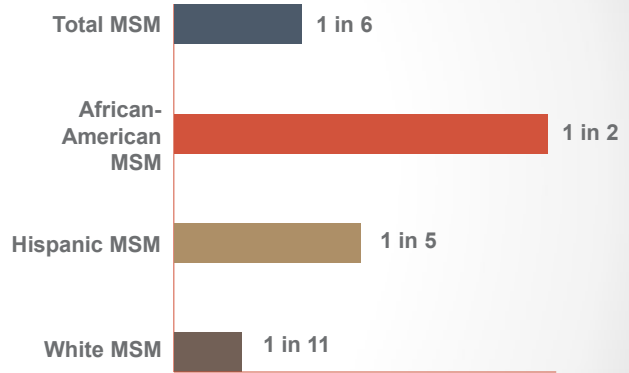
- Thank the patient for his/her/their time and engagement
- Ask:
 - What other concerns or questions regarding your sexual health or sexual practice would you like to share or talk about?
 - How they would like test results to be communicated
 - HIV testing that is negative can be communicated over the phone
 - HIV testing that is reactive/confirmed positive needs to be communicated face to face
- Always ask: Is there anything else that I should know?

Lifetime Risk of HIV Diagnosis

Lifetime Risk of HIV Diagnosis by Race/Ethnicity¹



Lifetime Risk of HIV Diagnosis Among MSM by Race/Ethnicity¹



- The overall lifetime risk of HIV in the United States is 1 in 106¹
- African-American men have highest lifetime risk of HIV of all races and ethnicities (1 in 22)¹
- African-American MSM (1 in 2) and Hispanic MSM (1 in 5) have even higher lifetime risk of HIV¹
- Racial disparities along the HIV care continuum might reflect differences in access to and use of health care and treatment²

1. Hess K, et al. 2017. Lifetime Risk of Diagnosis of HIV Infection in the United States. *Ann Epidemiol* 27(4): 238-243;

2. White House Office of National AIDS Policy. National HIV/AIDS Strategy for the United States: Updated to 2020. <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update>. Published January 2017.

Education

- Some patients want to understand the difference between HIV prevention and STI prevention.
- You can share:
 - It is not likely that you will get HIV from oral sex. However, giving and receiving oral sex can spread STIs, including gonorrhea, chlamydia, syphilis, herpes
 - Sharing sex toys without condoms or other latex barriers can put you at risk for STIs
 - Condoms greatly reduce the risk of STIs, but it is still possible to get them through areas not covered by the condom
 - having an STI increase the chance that you could get HIV
- Educate patients on PrEP for HIV prevention, TasP for HIV prevention (U=U), but that these modalities do not decrease the risk of other STI transmission

Resources for Further Learning

- **Resources for Further Learning**
- NATIONAL HIV/STD INITIATIVES
- National HIV/AIDS Strategy www.whitehouse.gov/administration/eop/onap/nhas
- CDC's HIV/AIDS Testing Recommendations www.cdc.gov/hiv/topics/testing/guideline.htm
- Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis www.aids.gov/news-and-events/hepatitis/
- NACHC video series on HIV and Related Issues www.nachc.com/clinical-issues.cfm
- TAKING A SEXUAL HISTORY
- Patient sexual health history: What you need to know to help. (free training video) American Medical Association: www.bigshouldersdubs.com/clients/AMA/23-AMA-HealthHistory.htm
- CDC's A Guide to Taking a Sexual History. (Brochure) www.cdc.gov/std/treatment/SexualHistory.pdf
- The Proactive Sexual Health History. (Journal article) Margaret R.H. Nusbaum, Carol D. Hamilton, *Am Fam Physician*. 2002 Nov 1;66(9):1705-1713. www.aafp.org/afp/2002/1101/p1705.html

Conclusion

- Sexual history taking is a foundation for:
 - Providing patient-centered, holistic care
 - Setting the opportunity to discuss perceived risk and provide support, resources, and education for patients to take their sexual health into their own hands
 - Screening for STIs, and discussing immunizations and other prevention strategies for sexual health and well-being
 - Growing and learning as a care provider
 - Opportunities to improve the health of the patient, as well as the local, national and global community

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