

Building Skills in Sexual Health Session #6

Sexual History Taking

Friday, January 19, 2023

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WELCOME!!!

Washington State Department of Health, the Washington Association for Community Health, and the Washington AIDS Education and Training Center are partnering to offer a monthly webinar series that will aid primary care health care professionals and organizations in Washington leverage the whole care team to address patients' sexual health.



WELCOME!!!

Third Friday of each month

July 2023 through May 2024

(No session in December)

Most sessions 90-minutes

Clinical information

Resources



Logistics

Zoom Meeting

The session is being recorded

We encourage you to have your camera on

Q/A and Chat

Mute and unmute yourself

Evaluations

- In session
- AAFP CE Credits

Logistics

All MWAETC events are intended for healthcare and allied health professionals and organizations.

–If you are a representative from a commercial entity we kindly request that you log off from the conference

Data Considerations

Data in this presentation offer a limited perspective of how systemic, social, and economic factors impact health. We recognize that racism, not race, creates and perpetuates health disparities.



To Learn More:

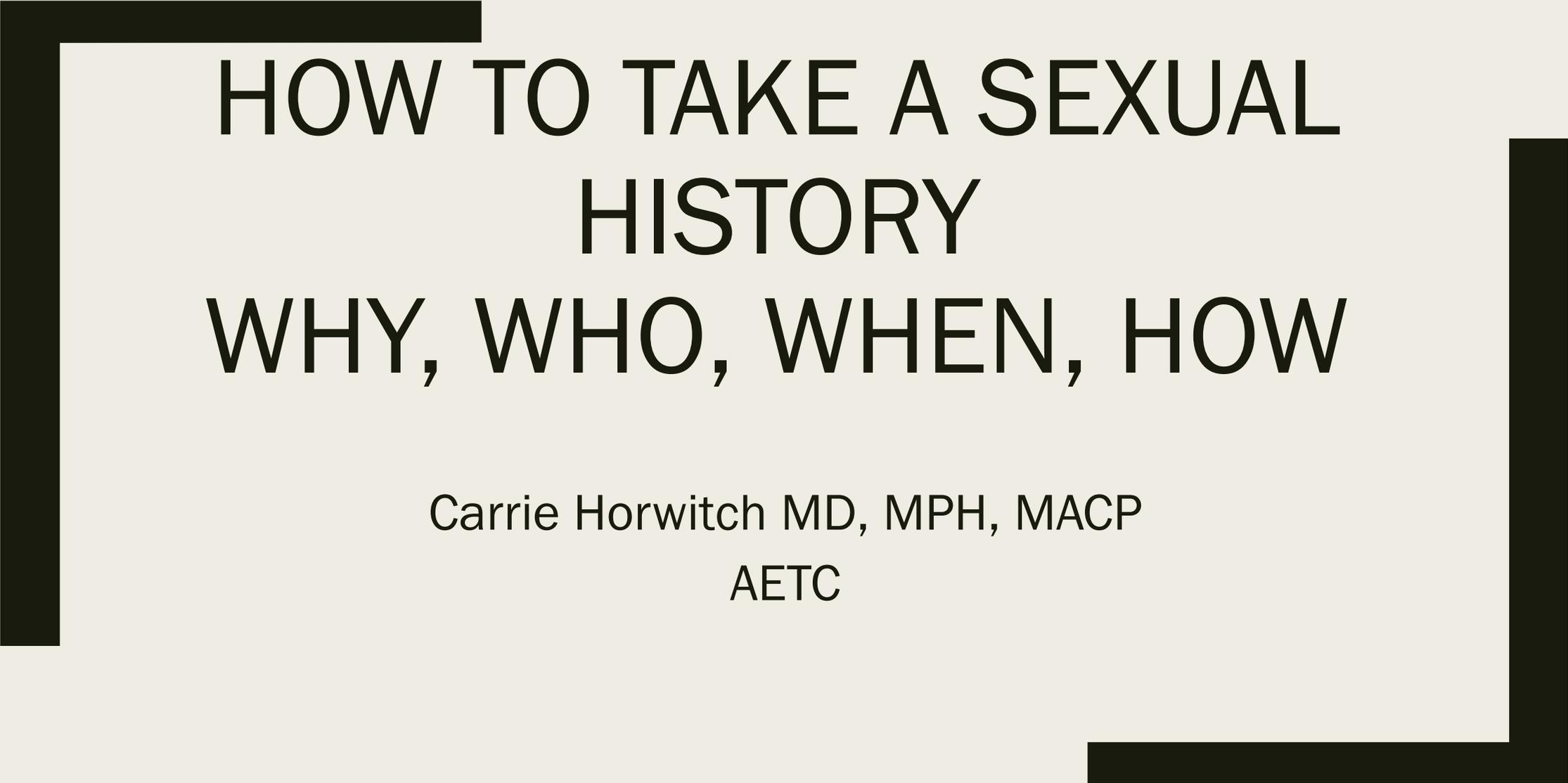
<https://www.cdc.gov/minorityhealth/racism-disparities>

Acknowledgment

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The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.



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HOW TO TAKE A SEXUAL HISTORY

WHY, WHO, WHEN, HOW

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AETC

Disclosures

- No disclosure to report
- Picture slides are from Internet sites-please do not reproduce. They are for education purposes only.

Objectives

- Discuss Why to take a sexual history
- Discuss Who should have a sexual history
- Discuss When to take a sexual history
- Discuss How to take a sexual history

Definitions

- Sexual orientation or sexual preference: who a person is romantically /sexually attracted to
- Gender identity: internal sense of self and how they fit in world from perspective of gender

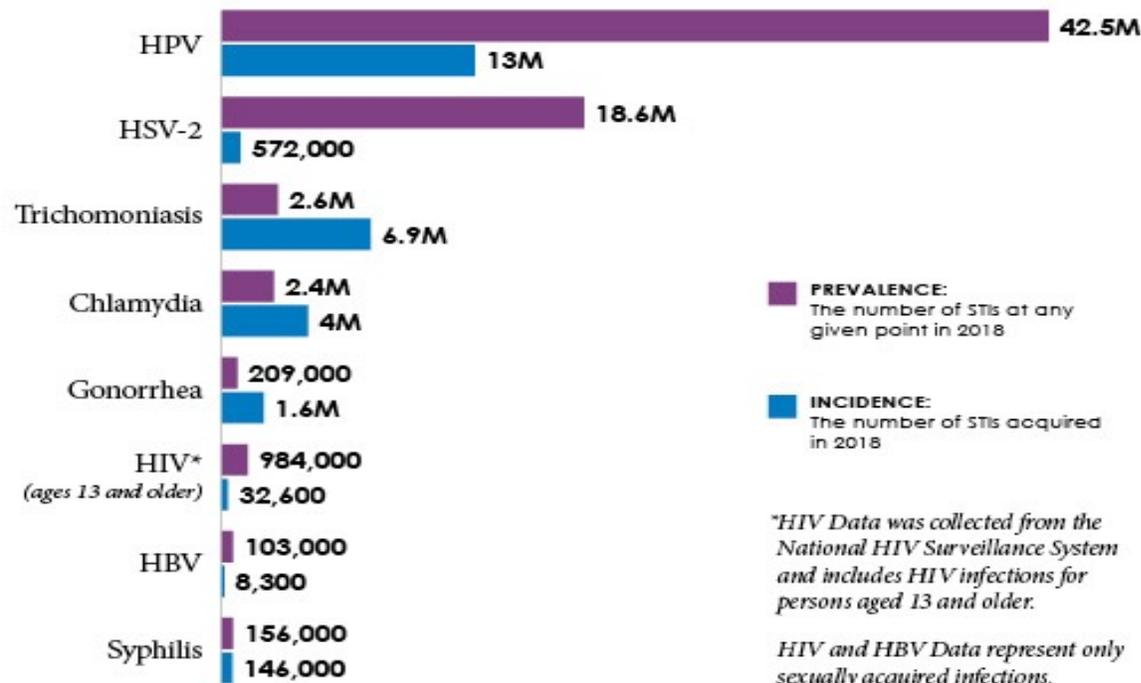
Epidemiology: International

- >500 million with HSV
- 82 million cases of GC
- 129 million cases of Chlamydia
- 7.1 million cases of syphilis
- >300 million women with HPV
- >200 million with Hepatitis B
- 37.7 million living with HIV, 1.5 million new infections annually
- Source: WHO 2020 data

National-data from 2018

LATEST CDC ESTIMATES REVEAL NEARLY 68 MILLION STIs IN THE U.S., AND MORE THAN 26 MILLION NEW INFECTIONS

Estimated number of new and existing sexually transmitted infections



For more information visit www.cdc.gov/nchstp/newsroom

National-data from 2018

STIs REMAIN COMMON AND COSTLY TO THE NATION'S HEALTH

STIs IN 2018
(PREVALENCE)



Nearly 68 million infections

ANNUAL NEW STIs
IN 2018
(INCIDENCE)



26 million

STIs acquired in 2018

DIRECT LIFETIME
MEDICAL COSTS OF
2018 NEW STIs



Nearly
16 billion

Total medical costs
(in 2018 dollars)



For more information visit www.cdc.gov/nchhstp/newsroom

Washington State 2022 data

- Chlamydia: cases 28,708
 - *Rate 365 per 100,000*
- Gonorrhea: cases 11,392
 - *Rate 144.9 per 100,000*
- Syphilis: cases 1915
 - *Rate 24.4 per 100,000*
- Congenital syphilis: cases 52
- HIV: cases 421

Why take a sexual history?

- Part of the general preventive care exam
- Preventable diseases and treatable conditions
 - *Many infections are asymptomatic*
 - *Common cause of morbidity and mortality*
- Opportunity for safe sex and contraception education
- Identifies those at risk for STDs including HIV
- Partner notification
- Discover issues of sexual (dys)function
- Discover issues of prior or current abuse

Prevention of STDs

- Abstinence or delay in age of first contact
- Condom use
- HPV vaccination
- HAV, HBV vaccination
- STD screening-treat asymptomatic pts/partners
- HIV testing
- PrEP-pre-exposure prophylaxis for HIV

Sexual abuse of children

- Prevalence unknown: 2005 study confirmed 80,000 cases in US
- Presence of GC, Chlamydia, syphilis, acquired HIV, or Trichomonas is indicative of sexual contact
- HPV, HSV and BV may be due to abuse but can occur without sexual contact
- Studies suggest 12-25% of girls and 8-10% of boys have been sexually abused by 18yo
 - Source: Clin Microbiol Rev 2010;23(3)

Prevalence of sexual concerns

Ende J et al. Arch Intern Med 1984;144:588-561

- >50% of pts had sexual concerns
 - *No difference based on gender, age, or education*
 - *Slightly less concern by widowers than other marital status*

Concerns included sexual dysfunction, gender identity, STD risk, contraception, abuse

The average % of MDs that take a sexual history?

- A. 5-15%
- B. 20-35%
- C. 50-65%
- D. >75%

Barriers to sexual history

- Not seen as relevant
- Inadequate training
- Embarrassment
- Fear of offending patient
- Time constraints
- Too personal

Who should have a sexual history?

- Anyone who has not had sex yet?
 - *Remember adolescents/teens are at increased risk of STDs/HIV*
 - *Can do both STD and contraception prevention*
- Anyone who is currently having sex?
 - *Test appropriately*
- Anyone who has ever had sex?
 - *Age should not limit your taking a sexual history*
 - *Being married/single/widowed/divorced is a social history it does not tell you about risk factors*

Case One

- 73 yo widowed male presents to the hospital with fever, worsening shortness of breath. PMH: CAD, CHF
- Meds: ASA, metoprolol, simvastatin, ace inhibitor, PPI
- SH: NS, no etoh, no ivdu, widowed 3 yrs ago
- T 38.5 BP 130/90 HR 90, pt looked unwell, lungs with rales, mild pitting edema, faint rash on upper chest
- Labs: BNP elevated, trop neg, cbc/cmr/ lactate nl,
- CXR: mild pulmonary edema, no infiltrates
- Rapid influenza negative

Who needs sexual histories?

Examples of clinical presentations of STIs

- Acute mononucleosis
- Fatigue
- Fevers
- Rashes/skin lesions
- Pharyngitis
- Diarrhea
- Arthralgias/Arthritis/vasculitis
- Abdominal pain
- Hearing loss
- Weight loss
- Dementia
- Vision Loss
- Hair loss
- Renal insufficiency
- Elevated liver function tests
- Neuropathies
- Cardiomyopathy
- Sexual function concerns: ED, vaginal dryness
- Genital lesions or discharge
- Pelvic pain
- Abnormal PAP

Case 2

- 41 yo married man comes to clinic with his wife. He is c/o sore throat and low grade fever. He says he is monogamous with his wife
- PE: T 99F
- Pharynx has ulcer, mild cervical lymphadenopathy



Case 3

- 32 yo male presents w/2 day h/o blurry vision, floaters and occ blue tint to his vision. No fevers, chills, no rashes. Pt is seen in clinic and had normal looking eye exam. No other findings noted. He was seen by Ophthalmology and no acute findings were noted. No testing was done
- Pt returned one week later with rash and vision getting worse



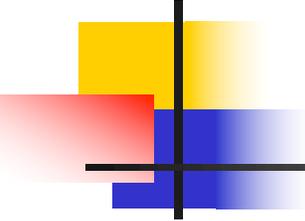
Psoriasis vs syphilis ?



Pityriasis rosea vs syphilis?



Case 4



- 25 yo male c/o redness and discharge from the eye x 1 day. No past h/o STD
- Pt had new sexual contact 10 days ago including oral sex with female partner
- PE: afebrile
- Exam: notable for erythematous conjunctiva with discharge noted



When to take a sexual history

Which of the following has been shown to be the best time to take a history?

- A. Annual preventive exam
- B. Any visit with clinician
- C. During the social history portion
- D. During the review of systems
- E. During the clinical exam

When to take a sexual history?

- When it is most appropriate and comfortable for the clinician and patient

How to take a sexual history-key information

- Partners-current and past
- Practices: oral, rectal, vaginal, etc
- Prevention of pregnancy
- Protection from STDs-condoms, PrEP
- Past history of STDs-could include hepatitis B or C
- Sexual (dys)function
- Hx of trauma (abuse)

Before any sexual history questions

- Introduce yourself
- Ask patient their preferred name and pronoun
- Patient should be clothed (especially if first time visit)
- Agenda setting for patient concerns for that visit
- Patient should be alone in room
- Maintain professional verbal and non-verbal communication

Which is the most reliable question for assessing sexual risk behavior

- A. Are you sexually active?
- B. Are you in a mutually monogamous relationship?
- C. How many partners have you had?
- D. I have no idea

Role Play

Are you sexually active?

- No I only have sex once per week
- No I'm married
- No I just lie there (from HH)

Are you in a mutually monogamous relationship?

- Yes.... One partner at a time per week
- Yes... but we have an open relationship
- Yes... but have oral sex with others

The Problem

- No studies to show the “best” questions to ask for a sexual history
- No studies to show which questions lead to the most accurate response
- Students and residents do not observe attendings taking sexual histories

Suggested history questions

- Do you have any questions/concerns about sexual function that you want to discuss?
- Have you ever had sex?
- Do you currently have a sexual partner (contact)?
- Have you had a new sexual contact in past...mo/yr
- Do you have any sexual contacts outside of your stable relationship?
- Are your partners male body/female body or both?
- Do you engage in oral sex? Rectal sex? Vaginal sex? (or alternative what body parts do you use for sex?)
- Questions may need to be modified for cultural appropriateness

Examples of words to avoid using

- Gay
- Bi
- Risky sex
- Lesbian
- Transgendered
- High risk behavior
- “alleged”
- Top or Bottom
- Adultery
- Drug user
- Prostitute
- Addict
- Swinger

- What are words you recommend avoiding??

Caveats to sexual history taking

- Always be respectful-cultural competence
- Always Be Non-judgmental, no moralizing
- Make no assumptions
- Use Ask..Listen approach
- Professional verbal and non-verbal communication
- Don't type into computer when getting history
- Ensure record is confidential
- At one visit get lifetime history
- Follow up visits can get interim history

Take Home Points

- Sexual history is as important to our patients health as smoking/alcohol/drug use/medications etc
- STDs can present in many forms
- Everyone should have a comprehensive sexual history taken
- Repeat history at future visits
- Respect patients preferences
- Be mindful of cultural differences
- The more the clinician practices this skill the easier it becomes

