Sexual Health: A Necessary Part of the History and Physical Exam

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LECOM Adjunct Professor OB/Gyn
LECOM Primary Care Conference

- Review the definition of sexual health
- Discuss the importance of obtaining a sexual history with your patients
- Evaluate the difference between obtaining a General vs. Sexual history
- Provide examples and an approach on how to obtain a thorough sexual history
- Discuss the barriers to obtaining SHIR (Sexual Health & Intimate Relationship) information
- Review how physicians can obtain a complete sexual history despite having conflicting views
- Review resources available to assist primary care providers in discussing sexual health with patients
WHAT IS SEXUAL HEALTH?

“Sexual health is a state of well-being in relation to sexuality across the life span that involves physical, emotional, mental, social, and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a positive, equitable, and respectful approach to sexuality, relationships, and reproduction, that is free of coercion, fear, discrimination, stigma, shame, and violence. It includes the ability to understand the benefits, risks, and responsibilities of sexual behavior; the prevention and care of disease and other adverse outcomes; and the possibility of fulfilling sexual relationships. Sexual health is impacted by socioeconomics and cultural contexts— including policies, practices, and services— that support healthy outcomes for individuals, families & their communities.”

– CDC/HRSA/ADVOSRY COMMITTEE ON HIV, VIRAL HEPATITIS, & STD PREVENTION & TREATMENT

WHY IS SEXUAL HISTORY SO IMPORTANT?

- Allows the physician to identify:
  - Risks for STDs
  - Presence of STD and/or Treatment
  - Presence of Domestic Violence
  - Depression and Suicidal Ideations
  - Sexual Dysfunction
  - Cancer risks
- Helps patients to understand normal and abnormal changes within their bodies
- Open discussion about sexual health, improves sexual health for patients
WHY IS SEXUAL HISTORY SO IMPORTANT?

- **Specifically:**
  - Assess for HIV
  - Provide counseling and education for HIV
- Patients desire their health providers to discuss sexual health:
  - 500 surveyed men & women revealed that 85% desire to discuss sexual concerns with their provider
  - 71% felt the provider would disregard their sexual concerns

Marwick, C. Survey says patients' expect little help on sex. JAMA. 1999, 281:2173-4

HOW DO YOU GET YOUR SEXUAL HEALTH INFORMATION?
THE MAIN DIFFERENCE BETWEEN TAKING A GENERAL VS. SEXUAL HEALTH HISTORY

Can you identify what it is?

- Providers say they don’t raise sexuality issues because they:
  - Fear offending the patient
  - Lack the training & skills to deal with these concerns
  - Are uncomfortable with the subject
  - Have no treatment to offer
  - Feel constrained by time

- 68% of patients surveyed reported that they do not raise the sexuality issues for fear of embarrassing a provider.

www.arhp.org/factsheets
WHO SHOULD OBTAIN SEXUAL HEALTH HISTORY?

ORTHOPEDIC?  UROLOGIST?  PRIMARY CARE?

GYNECOLOGIST?  ORTHOPEDIC?  ER DOCTOR?

HOLD UP!
WAIT A MINUTE!

IS IT NECESSARY?
Patient–Provider Communication About Sexual Health Among Unmarried Middle-aged and Older Women

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• DESIGN:
  • Interview based
  • 40 unmarried women
  • Ages 40-75 years old
  • Comparison between 19 “sexual minority” women & 21 heterosexual women

Patient–Provider Communication About Sexual Health Among Unmarried Middle-age and Older Women

Table 1. Participant Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Total Sample (N=40)</th>
<th>WPW* (N=19)</th>
<th>WPM* (N=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years (mean)</td>
<td>65.0 (SD 9.73)</td>
<td>54.4 (SD 7.56)</td>
<td>55.5 (SD 11.54)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>16 (40.0%)</td>
<td>11 (57.9%)</td>
<td>5 (23.8%)</td>
</tr>
<tr>
<td>Previously married</td>
<td>24 (60.0%)</td>
<td>8 (42.1%)</td>
<td>16 (76.2%)</td>
</tr>
<tr>
<td>(separated, divorced, legally separated)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of formal education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school, some college, or technical training</td>
<td>11 (27.5%)</td>
<td>2 (10.5%)</td>
<td>9 (42.9%)</td>
</tr>
<tr>
<td>College degree or more</td>
<td>29 (72.5%)</td>
<td>17 (89.5%)</td>
<td>12 (57.1%)</td>
</tr>
<tr>
<td>Working full time or part-time</td>
<td>27 (67.5%)</td>
<td>14 (73.7%)</td>
<td>13 (61.9%)</td>
</tr>
<tr>
<td>Yes</td>
<td>27 (67.5%)</td>
<td>14 (73.7%)</td>
<td>13 (61.9%)</td>
</tr>
<tr>
<td>No</td>
<td>13 (32.5%)</td>
<td>10 (52.6%)</td>
<td>7 (38.1%)</td>
</tr>
<tr>
<td>Insurance Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured</td>
<td>36 (90.0%)</td>
<td>18 (94.7%)</td>
<td>16 (76.2%)</td>
</tr>
<tr>
<td>Uninsured</td>
<td>4 (10.0%)</td>
<td>1 (5.3%)</td>
<td>3 (14.3%)</td>
</tr>
<tr>
<td>Living Arrangement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>10 (47.6%)</td>
<td>6 (31.6%)</td>
<td>14 (66.7%)</td>
</tr>
<tr>
<td>With a Partner</td>
<td>15 (57.1%)</td>
<td>11 (57.9%)</td>
<td>4 (19.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>6 (15.0%)</td>
<td>2 (10.5%)</td>
<td>4 (19.0%)</td>
</tr>
<tr>
<td>Children Ever Married</td>
<td>21 (52.5%)</td>
<td>13 (68.4%)</td>
<td>8 (38.1%)</td>
</tr>
<tr>
<td>0</td>
<td>19 (48.5%)</td>
<td>6 (31.6%)</td>
<td>13 (61.9%)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, Not Hispanic</td>
<td>29 (72.5%)</td>
<td>19 (100%)</td>
<td>20 (95.2%)</td>
</tr>
<tr>
<td>Black, Not Hispanic</td>
<td>1 (2.5%)</td>
<td>0 (0%)</td>
<td>1 (4.8%)</td>
</tr>
</tbody>
</table>

*WPW = Women who partner with women; WPM = Women who partner with men.
RESULTS

THEME 1:

- Middle-aged and older unmarried women vary widely in their definition of “personal information” and “intimate relationships.”

THEME 2:

- Not all middle-aged and older unmarried women think primary care providers should ask about sexual history.

PERSONAL INFORMATION

- “Medical problems I may be experiencing that I wouldn’t share just share in general conversation.”
- “— Personal information is anything other than my name, address, phone number.”
- “...personal hx, family hx, sexual orientation, how much I sleep, smoking, drinking...”
- “...if I’m living with someone or have a sexual partner”

PCPs ASKING ABOUT SEXUAL HX

- “They (clinicians) should ask everyone about relationships... because they have a strong influence on your physical health.”
- “Many of the concerns are about STDs and the transfer of AIDS”
- “I think it is important, but I wouldn’t approach it on my own.”
- “It would only be important if a problem was discovered...”
PCPs ASKING ABOUT SEXUAL HX (cont'd)

• “...if I had chronic UTIs. Maybe psychologically if I lived alone and had any depressive symptoms.”

• “Not out of the blue, a doctor should ask you a question in that area, if he had no reason to. If he had a reason to, if he suspects you got a STD, then that’s a whole different ballgame.”

• “OB/Gyn issues, if they happen to interfere with my diabetes management. I'll bring it up with my PCP. For the most part, I like to focus on OB/Gyn issues, gynecological issues with my OB/Gyn.”

• “I think a gynecologist need to know more intimate details about you.”
START WITH THE BASICS

SEXUAL HEALTH: A NECESSARY PART OF THE HISTORY & PHYSICAL EXAM

✔ MENSTRUAL HISTORY: Age at menarche? FDLMP? Menstrual cycle pattern?
✔ OBSTETRICAL HISTORY: Number of pregnancies? Pregnancy complications? Pregnancy related conditions?

MOVE TO THE ADVANCED

THE 5 P'S OF SEXUAL HEALTH

✔ PREVENTION OF PREGNANCY: Assess pregnancy or fathering risk. Pt desire to conceive or father? Birth control?
THE 5 P’s
QUESTIONNAIRE
A Guide To Asking

<table>
<thead>
<tr>
<th>The 5 P’s</th>
<th>Open-ended Questions to Ask</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners</td>
<td>• “Do you have sex with □ men, □ women, or □ both?”  □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>• “In the past 2 months, how many partners have you had sex with?”</td>
</tr>
<tr>
<td></td>
<td>• “In the past 12 months, how many partners have you had sex with?”</td>
</tr>
<tr>
<td>Prevention of Pregnancy</td>
<td>• “Are you or your partner trying to get pregnant?”  □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>• “If no, what are you doing to prevent pregnancy?”</td>
</tr>
<tr>
<td>Protection from STIs</td>
<td>• “What do you do to protect yourself from STIs (sexually transmitted infections) or HIV?”</td>
</tr>
<tr>
<td>Practices</td>
<td>• “To understand your STI risk, I need to understand the kind of sex you had recently:”</td>
</tr>
<tr>
<td></td>
<td>• “Have you had vaginal sex?”  □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>• “If yes, do you use condoms?”  □ never □ sometimes □ always</td>
</tr>
<tr>
<td></td>
<td>• “Have you had anal sex?”  □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>• “If yes, do you use condoms?”  □ never □ sometimes □ always</td>
</tr>
<tr>
<td></td>
<td>• For condoms answers, if yes, “Why don’t you use condoms?”</td>
</tr>
<tr>
<td></td>
<td>• “If sometimes, in what situations with whom, do you not use condoms?”</td>
</tr>
<tr>
<td></td>
<td>• “Have you had oral sex?”  □ Yes □ No</td>
</tr>
<tr>
<td>Past history of STIs</td>
<td>• “Have you ever had a sexually transmitted infection?”  □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>Name of infection(s):</td>
</tr>
</tbody>
</table>

Altered from the CDC; Sexually Transmitted Diseases Treatment Guidelines, September 18, 2005. For more information, visit www.cdc.gov.

SET THE STAGE
- Bring up the sexual history as part of the overall history
- Explain that you ask these questions of all patients
- Ensure confidentiality

BEGIN WITH THREE SCREENING QUESTIONS
1. Have you been sexually active in the last year?
2. Do you have sex with men, women, or both?
3. How many people have you had sex with in the past year?

MULTIPLE PARTNERS, NEW PARTNER
- Ask About:
  • STDs/HIV protection
  • Partners
  • Substance use
  • History of STIs
  • Trauma/violence
  • Pregnancy plans/ protection
  • Sexual function and satisfaction
  • Other concerns

LONG-TERM MONOGAMOUS PARTNER
- Ask About:
  • Pregnancy plans/ protection
  • Trauma/violence
  • Sexual function and satisfaction
  • Other concerns

NOT SEXUALLY ACTIVE
- Ask About:
  • Past partners (if relevant)
  • Any questions or concerns

FOLLOW UP AS AppROPRIATE
(e.g., STD and HIV testing, counseling and education, referrals)

nachc.org/client/sexualhealthalgorithm%200513.docx
END WITH THE COMPLICATED

SEXUAL HEALTH: A NECESSARY PART OF THE HISTORY & PHYSICAL EXAM

- **NATAL SEX**: Sex assigned at birth (male/female)
- **GENDER IDENTITY**: Internal sense of being male, female, both, neither, or other
- **SEXUAL ORIENTATION**: Lesbian? Gay? Heterosexual? Bisexual?
- **TRANSGENDER**: A discordance between a person’s natal sex & gender. May have any sexual orientation

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END WITH THE COMPLICATED

OBTAINING A SEXUAL HISTORY IN MEN HAVING SEX WITH MEN (MSM)

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>RATIONALE</th>
</tr>
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<tbody>
<tr>
<td>What type of lubrication do you use during sexual encounters?</td>
<td>Patient needs to be counseled on the appropriate use of lubricant, including the potential risks associated with oil-based lubricants, condoms, and sex toys, and potential disease transmission associated with saliva.</td>
</tr>
<tr>
<td>• Oil-based lubricant</td>
<td></td>
</tr>
<tr>
<td>• Water-based lubricant</td>
<td></td>
</tr>
<tr>
<td>• Silicone-based lubricant</td>
<td></td>
</tr>
<tr>
<td>• Salsa</td>
<td></td>
</tr>
<tr>
<td>What anal hygiene method do you use (if any)?</td>
<td>Patient should be educated on the potential risk of dehydration with laxative use.</td>
</tr>
<tr>
<td>• Douche</td>
<td>Patient should be informed not to do this the day before Htnocut or anal Pcr screening.</td>
</tr>
<tr>
<td>• Doucha</td>
<td></td>
</tr>
<tr>
<td>• Limena</td>
<td></td>
</tr>
<tr>
<td>• Laxative</td>
<td></td>
</tr>
<tr>
<td>Do you participate specifically in:</td>
<td>Patient needs to be educated on the specific risks of disease transmission and tissue injury associated with the act in which they participate.</td>
</tr>
<tr>
<td>• Reversing</td>
<td></td>
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<tr>
<td>• Threading</td>
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<tr>
<td>• Waterports</td>
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<tr>
<td>• Scissoring</td>
<td></td>
</tr>
<tr>
<td>• Fisting</td>
<td></td>
</tr>
<tr>
<td>• Rectal bagging</td>
<td></td>
</tr>
<tr>
<td>• Analged penetrations</td>
<td></td>
</tr>
<tr>
<td>Do you have any sexual activity involving alcohol or drugs during sexual intercourse?</td>
<td>Patient needs to be informed of the increased risk of disease transmission if drugs and/or alcohol are used during sexual intercourse.</td>
</tr>
</tbody>
</table>
**Barriers to Obtaining Sexual Health and Intimate Relationship Information**

**Physician**
- Fear
- Stereotypes: (race, age, socioeconomical, religious, or gender driven)
- Medical intake forms
- Male providers
- Primary Care Physicians
- Personal views
- Lack of education

**Patient**
- Fear
- Lack of privacy
- Shame
- Language barrier
- Past experiences & Upbringing
- Forgetfulness
- Lack of education

Another barrier to sexual health

Provider focus
MANAGING YOUR VIEWS

HISTORY
47 Y.O. G0 REFERRED FOR 2ND OPINION – FIBROIDS
MENSES IRREGULAR FOR 2 YRS
HMB/ 2 MENSES, MO / CLOTS
VIRGIN
PMH – DEPRESSION, PTSD, CHRONIC PAIN DUE TO BEING “BEAT UP” IN IRAQ
SONO (10 MOS. AGO) – 8 CM UTERUS, ~2 CM FIBROID
REFERRED TO IR FOR UAE
RADIOLOGY CHALLENGE
TSH ELEVATED – 6.43, HGB – 12.7
PCP STARTED SYNTHROID
PT STILL WITH COMPLAINT OF SPOTTING, INCREASED PELVIC PAIN
SONO – 4.3 CM MASS ?FIBROID
F/U – MRI – 4CM RIG HT FUNDAL FIBROID
5.1 CM LEFT PEDUNCULATED FIBROID, UT – 8 CMS
VIRGIN
UNMARRIED
CULTURAL/RELIGIOUS BELIEFS
MAINTAINING PATIENT’S SEXUAL HEALTH VALUES W/O COMPROMISING STANDARD & QUALITY OF CARE

RECOMMENDATION
LABS – TSH, CBC, PROLACTIN, HCG
REPEAT SONO
UTERINE SAMPLING

CONSERVATIVE TREATMENT:
NSAIDS, LYSTEDA, OCPS, LNG IUD

SURGICAL MANAGEMENT:
UTERINE ABALATION

CHALLENGE
TREATMENT
PT DESIRED DEFINITIVE THERAPY
DECLINED – PAP, UTERINE SAMPLING, EUA, OR PREP OF VAGINA
DISCUSSED TLH – DECLINED FOR SAME REASON AS TVH
PLANNED TAH. BS
CO UNSEEN EXTENSIVELY FOR RISKS OF UTERINE OR CERVICAL CANCER, INFECTION, READMISSION, INCREASED MORTALITY, DEATH, ETC.

MANAGING YOUR VIEWS

HISTORY
38 Y.O. G0P0 DESIRES REMOVAL OF MIRENA IUD & “PERMANENT BIRTH CONTROL”
TRANSgend MALE
HX OF NORMAL MENSES
1-2 DAYS OF SPOTTING FOR MENSES W/IUD
PMH – ASTHMA
MEDS-PROVENTIL, SINGULAIR
SOC – NOT SEXUALLY ACTIVE, NO TO BACCO USE

CHALLENGE
TRANSgend MALE DESIRING TO NO LONGER HAVE MENSES
REQUESTING UTERINE ABLATION OR Hysterectomy
NO GYN COMPLAINTS, HX OF AUB OR ABNORMAL MENSES
HAS HAD GOOD RESULTS W/IUD IN W HICH SHE HAS MOSTLY BEEN AMENORHEIC

RECOMMENDATION
REFERRAL FOR GENDERN REASSIGNMENT
PATIENT DECLINES – AS SHE IS SELF DEFINED AS “G ENDERN NONUTRAL”
CONTINUE W/IUD MIRENA IUD

ACOG COMMITTEE OPINION #512, DECEMBER 2011

RECOMMENDATION

TREATMENT
HYSTEROSCOPIC REMOVAL OF IUD W/ INSERTION OF NEW IUD
REFERRAL TO O/B/GYN FOR HYSTERECTOMY (GENDER AFFIRMING SX) IN GEOGRAPHICAL AREA WHERE PATIENT WILL BE MOVING TO

*ACOG COMMITTEE OPINION #512, DECEMBER 2011
## Managing Your Views

### History

#### 25 Y.O. G0 Presents for Annual Exam
- Gyn Hx: Irregular Menses (Oligomenorrhea)
- Virgin - Uses Sex Toys
- Does Not Use Tampons
- No Tob or Etoh Use
- PE - Moderate Amount of Upper Lip Hirsutism
- Stage 2: Upper and Lower Abdominal Hirsutism. Also Severe Hirsutism Noted on Legs and Perineum.
- Stage 3 on Inner Thighs.
- No Acanthosis Nigricans

#### 18 y.o. G1P1 PPD#2 s/p SVD
- Transgender male
- ? “Mom or No mom!”
- How do you counsel appropriately for postpartum discharge?

### Recommendation

- Suspicion of PCOS Discussed
- PCOS Labs Drawn

### Challenge

- Free Testosterone Elevated - 7.2
- DHEAS - 497
- OCPS CI - Migraines with Aura
- Agender - Considered Gender Reassignment.
- Desired No Menses
- Desires Hirsutism
- Felt “Betrayed by my body” upon having menarche

### Treatment

- Initiated Testing for CAH
- 17 O H Progesterone NE Ordered - 325
- Referred to Endocrinologist
- IUD to Induce Amenorrheic State. Discussed it does not treat PCOS.

---

### Managing Your Views

#### History

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- Initiated Testing for CAH
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WAYS TO IMPROVE OBTAINING SHIR INFO

• Health care providers to participate in sexual health focused CMEs
• Be aware of and manage your own personal views, biases, & stereotypes during patient encounters/ care
• Respect patient values and lifestyles, yet know when to intervene
• "Acknowledge patient feelings, attitudes, & norms"
• Establish rapport with your patient's prior to discussing sexual health issues when possible
• Be a good listener
• Implement honest, yet caring responses to your patients
• Be willing to be open and vulnerable with your patients without crossing professional boundaries.
• Recognize that your personal views/ values do not need to be compromised to provide excellent care

Objectives

➢ Review the definition of sexual health
➢ Discuss the importance of obtaining a sexual history with your patients
➢ Evaluate the difference between obtaining a General vs. Sexual history
➢ Provide examples and an approach on how to obtain a thorough sexual history
➢ Discuss the barriers to obtaining SHIR (Sexual Health & Intimate Relationship) information
➢ Review how physicians can obtain a complete sexual history despite having conflicting views
➢ Review resources available to assist primary care providers in discussing sexual health with patients
RESOURCES

NATIONAL COALITION FOR SEXUAL HEALTH. Sexual health & your patients: a provider’s guide

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES CENTER FOR DISEASE CONTROL AND PREVENTION. A guide to taking a sexual history

NATIONAL LG BT HEALTH EDUCATION CENTER. A PROGRAM OF THE FENWAY INSTITUTE.

ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS.

WHAT YOU NEED TO KNOW: Talking to patients about sexuality and sexual health

ACOG BULLETINS: Sexual Health, Healthcare For Transgender Individuals, Care For Transgender Adolescents

THANK YOU!