SEXUAL HEALTH:

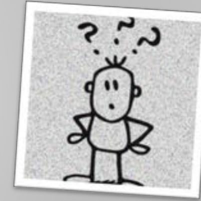
A NECESSARY PART OF THE HISTORY AND PHYSICAL EXAM

Dr. Chevelta A. Smith
LECOM Adjunct Professor OB/Gyn
LECOM Primary Care Conference

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

WHAT IS SEXUAL HEALTH?



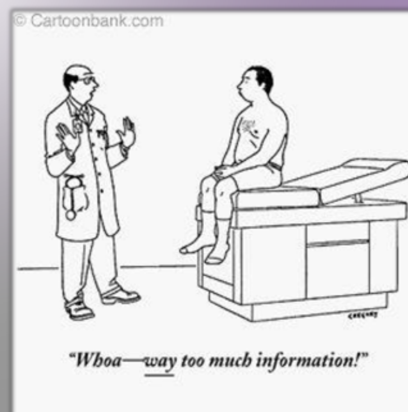
- "Sexual health is a state of well-being in relation to sexuality across the life span that involves physical, emotional, mental, social, and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a positive, equitable, and respectful approach to sexuality, relationships, 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/ADVISORY COMMITTEE ON HIV, VIRAL HEPATITIS, & STD PREVENTION & TREATMENT

Douglas JM Jr., Fenton KA. Understanding Sexual Health and Its Role in More Effective Prevention Programs. Public Health Rep 2013:128 Suppl 1:1-4.

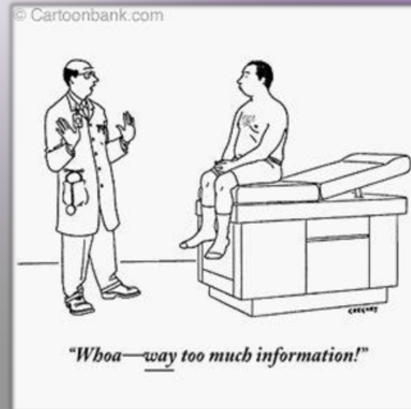
WHY IS SEXUAL HISTORY SO IMPORTANT?

- ***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?

SEXUAL HEALTH FUNDAMENTALS

Talking With Patients About Sexuality and Sexual Health

- 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

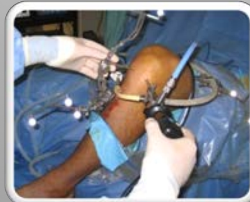
WHO SHOULD OBTAIN SEXUAL HEALTH HISTORY?

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

Mary C. Politi, PhD.[1], Melissa A. Clark, PhD[2], Gene Armstrong, BA[2], Kelly A. McGarry, MD[3], and Christopher N. Sciamanna, MD, MPH[4]

[1]Centers for Behavioral and Preventive Medicine, The Miriam Hospital, Brown Medical School, Providence, RI, USA; [2]Department of Community Health and Center for Gerontology and Health Care Research, Brown University, Providence, RI, USA; [3]Division of General Internal Medicine, Brown Medical School and Rhode Island Hospital, Providence, RI, USA; [4]Division of General Internal Medicine and Public Health Sciences, Penn State College of Medicine, Hershey, PA, USA.

- **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

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Table 1. Participant Characteristics

	Total Sample (N=40)	WPW* (N=19)	WPM* (N=21)
Age in years (mean)	55.0 (SD 9.75)	54.4 (SD 7.59)	55.5 (SD 11.54)
Marital status			
Never married	16 (40.0%)	11 (57.9%)	5 (23.8%)
Previously married (widowed, divorced, legally separated)	24 (60.0%)	8 (42.1%)	16 (76.2%)
Level of formal education			
High school, some college, or technical training	11 (27.5%)	2 (10.5%)	9 (42.9%)
College degree or more	29 (72.5%)	17 (89.5%)	12 (57.1%)
Working full-time or part-time			
Yes	27 (67.5%)	14 (73.7%)	13 (61.9%)
No	13 (32.5%)	5 (26.3%)	7 (38.1%)
Insurance Status			
Insured	36 (90.0%)	18 (94.7%)	18 (85.7%)
Uninsured	4 (10.0%)	1 (5.3%)	3 (14.3%)
Living Arrangement			
Alone	19 (47.5%)	6 (31.6%)	13 (61.9%)
With a Partner	15 (37.5%)	11 (57.9%)	4 (19.0%)
Other	6 (15.0%)	2 (10.5%)	4 (19.0%)
Children Birthed			
0	21 (52.5%)	13 (68.4%)	8 (38.1%)
1 or more	19 (48.5%)	6 (31.6%)	13 (61.9%)
Race			
White, Not Hispanic	39 (97.5%)	19 (100%)	20 (95.2%)
Black, Not Hispanic	1 (2.5%)	0 (0%)	1 (4.8%)

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

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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

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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. . .”

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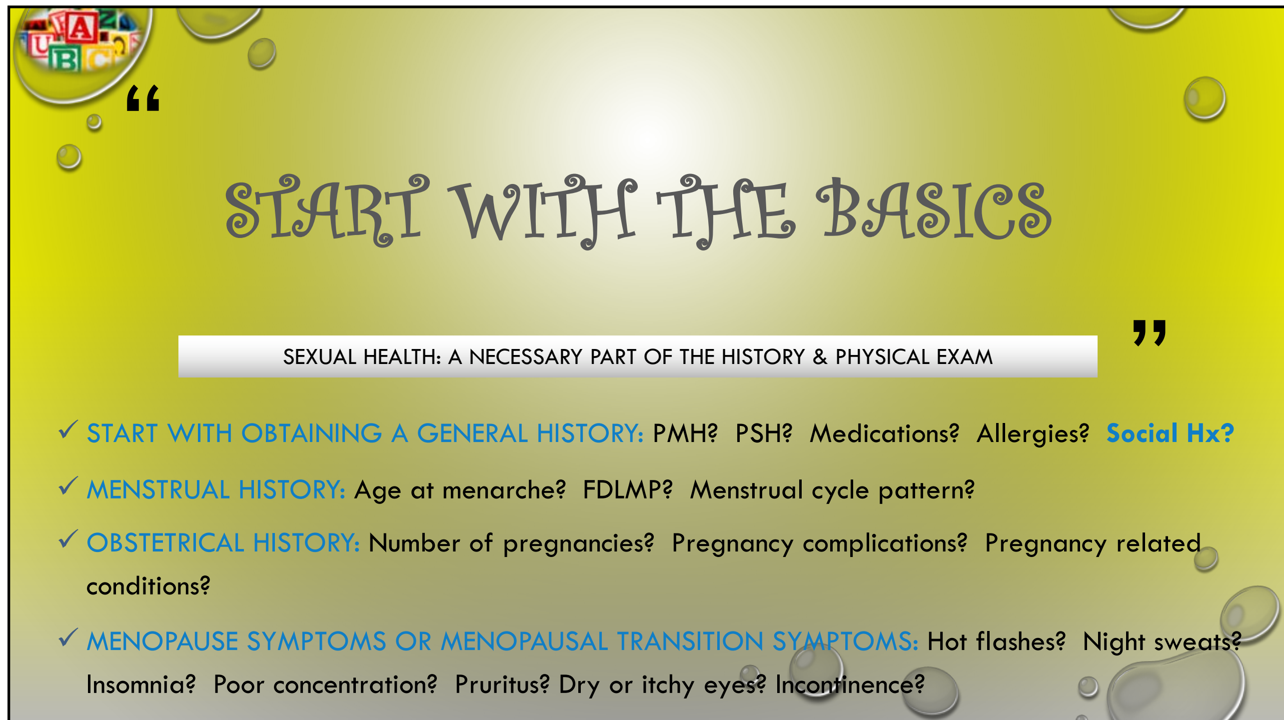
PCPs ASKING ABOUT SEXUAL HX (cont'd)

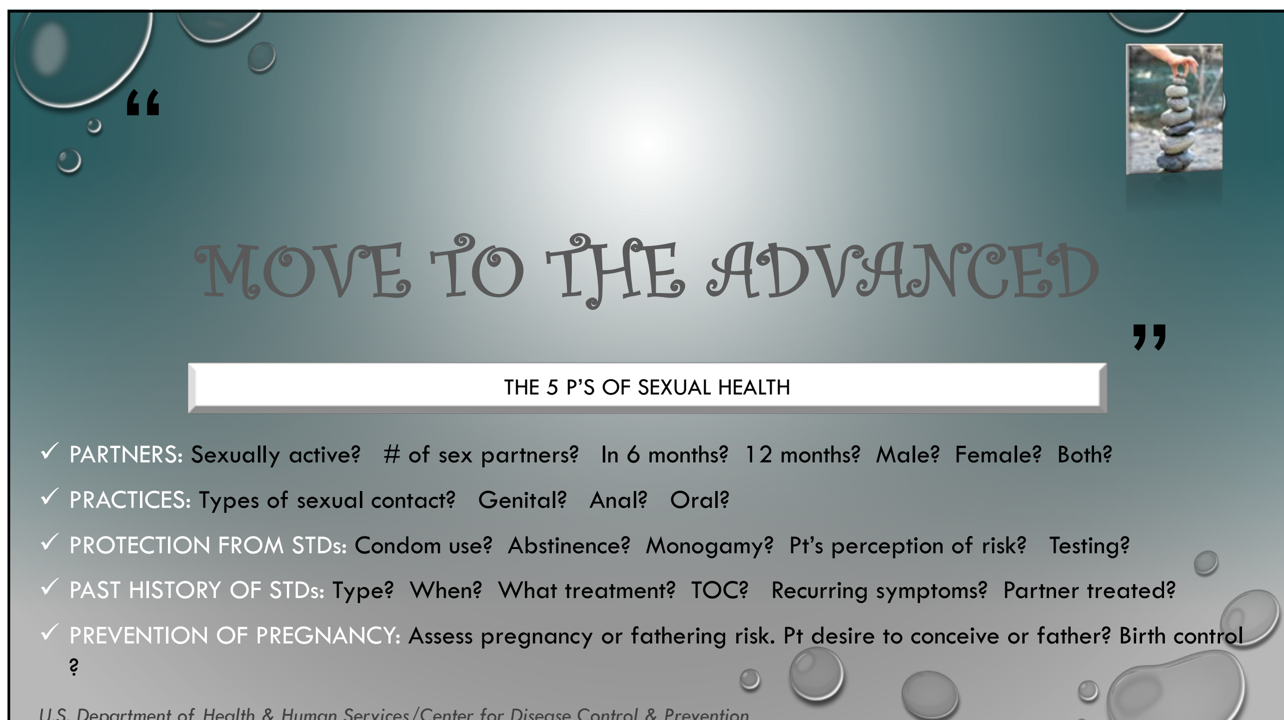
- ". . .If I had chronic UTIs. Maybe psychologically if I lived alone and had any depressive symptoms."
- "Not out of the blue, a doctor should ask you a question in that area, if he had no reason to. If he had a reason to, if he suspects you got a STD, then that's a whole different ballgame."
- "OB/Gyn 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."

LET'S GET STARTED

With Taking A Sexual History. . .

What Tools Are You Using?


START WITH THE BASICS
SEXUAL HEALTH: A NECESSARY PART OF THE HISTORY & PHYSICAL EXAM
✓ START WITH OBTAINING A GENERAL HISTORY: PMH? PSH? Medications? Allergies? Social Hx?
✓ MENSTRUAL HISTORY: Age at menarche? FDLMP? Menstrual cycle pattern?
✓ OBSTETRICAL HISTORY: Number of pregnancies? Pregnancy complications? Pregnancy related conditions?
✓ MENOPAUSE SYMPTOMS OR MENOPAUSAL TRANSITION SYMPTOMS: Hot flashes? Night sweats? Insomnia? Poor concentration? Pruritus? Dry or itchy eyes? Incontinence?

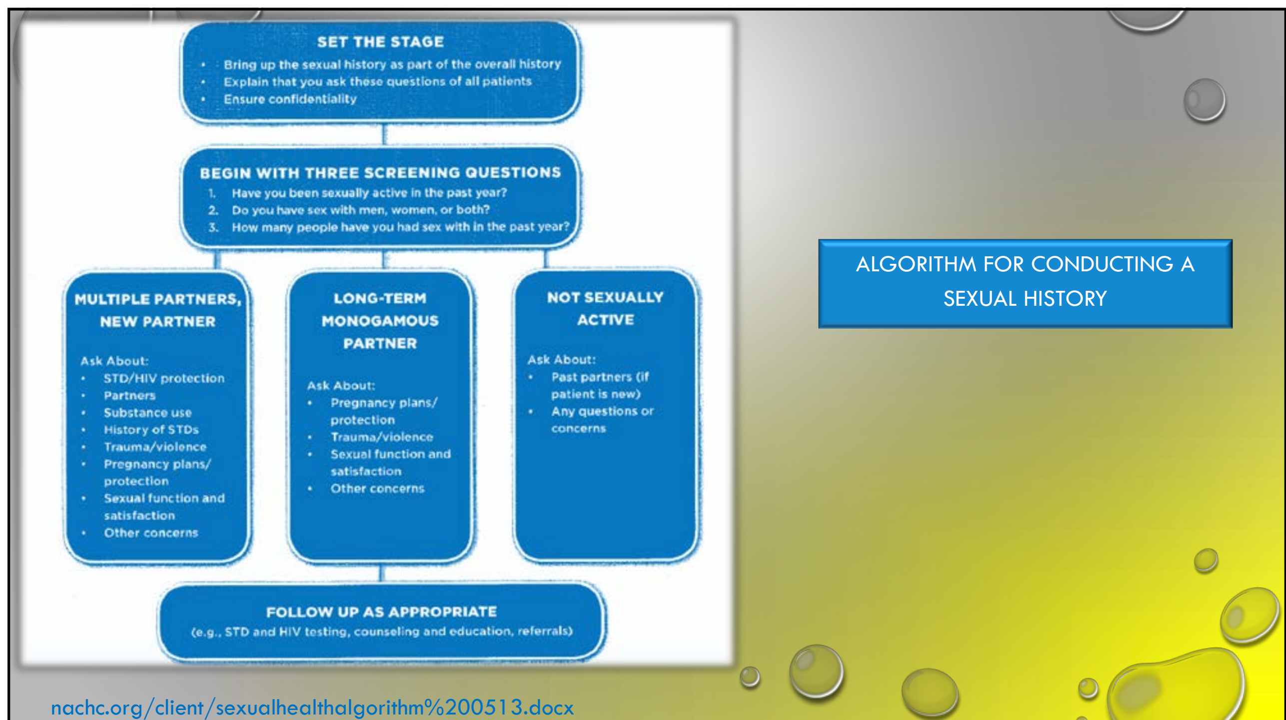

MOVE TO THE ADVANCED
THE 5 P'S OF SEXUAL HEALTH
✓ PARTNERS: Sexually active? # of sex partners? In 6 months? 12 months? Male? Female? Both?
✓ PRACTICES: Types of sexual contact? Genital? Anal? Oral?
✓ PROTECTION FROM STDs: Condom use? Abstinence? Monogamy? Pt's perception of risk? Testing?
✓ PAST HISTORY OF STDs: Type? When? What treatment? TOC? Recurring symptoms? Partner treated?
✓ PREVENTION OF PREGNANCY: Assess pregnancy or fathering risk. Pt desire to conceive or father? Birth control ?
U.S. Department of Health & Human Services/Center for Disease Control & Prevention

THE 5 P's QUESTIONNAIRE

A Guide To Asking

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

Adapted from the CDC; Sexually Transmitted Diseases Treatment Guidelines, September 28, 2006. For more information, visit www.cdc.gov.



ALGORITHM FOR CONDUCTING A SEXUAL HISTORY

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

National Coalition for Sexual Health. Sexual Health and Your Patients: A Provider's Guide

Sexual History

"END WITH THE COMPLICATED"

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

2/26/2018 Obtaining a sexual history in MSM - Print Article - The Clinical Advisor

QUESTION	RATIONALE
What type of lubrication do you use during sexual encounters? • Oil-based lubricant • Water-based lubricant • Silicone-based lubricant • Saliva	Patient needs to be counseled on the appropriate use of lubricant, including the potential risks associated with oil-based lubricant, condoms, and sex toys, and potential disease transmission associated with saliva.
What anal hygiene method do you use (if any)? • Douche • Enema • Laxative	Patient should be educated on the potential risk of dehydration with laxative use. Patient should be informed not to do this the day before Hemoccult or anal Pap screening.
Do you participate specifically in: • Rimming • Fisting • Watersports • Sounding • Barebacking • Anodigital penetration	Patient needs to be educated on the specific risks of disease transmission and tissue injury associated with the act in which they participate.
Do you/have you ever use(d) alcohol and/or drugs during sexual intercourse?	Patient needs to be informed of the increased risk of disease transmission if drugs and/or alcohol are used during sexual intercourse.

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

RADIOLOGIST DECLINED

RECOMMENDATION

LABS – TSH, CBC, PROLACTIN, HCG

REPEAT SONO

UTERINE SAMPLING

CONSERVATIVE TREATMENT:

NSAIDS, LYSTEDA, OCPS, LNG IUD

SURGICAL MANAGEMENT:

UTERINE ABLATION

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 RIGHT 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

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

COUNSELED EXTENSIVELY FOR RISKS OF UTERINE OR CERVICAL CA, INFECTION, READMISSION, INCREASED MORBIDITY, DEATH, ETC.

MANAGING YOUR VIEWS

HISTORY

38 Y.O. G0P0 DESIRES REMOVAL OF MIRENA IUD & "PERMANENT BIRTH CONTROL"

TRANSGENDER MALE

HX OF NORMAL MENSES

1-2 DAYS OF SPOTTING FOR MENSES W/IUD

PMH – ASTHMA

MEDS-PROVENTIL, SINGULAIR

SOC – NOT SEXUALLY ACTIVE, NO TOBACCO USE

CHALLENGE

TRANSGENDER 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 WITH LNG IUD IN WHICH SHE HAS MOSTLY BEEN AMENORRHEIC

RECOMMENDATION

REFERRAL FOR GENDER REASSIGNMENT

PATIENT DECLINES – AS SHE IS SELF DEFINED AS "GENDER NEUTRAL"

CONTINUE WITH MIRENA IUD

***ACOG COMMITTEE OPINION #512,**

DECEMBER 2011

TREATMENT

HYSTEROSCOPIC REMOVAL OF IUD W/ INSERTION OF NEW IUD

REFERRAL TO OB/GYN FOR HYSTERECTOMY (GENDER AFFIRMING SX) IN GEOGRAPHICAL AREA WHERE PATIENT WILL BE MOVING TO

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 HIRSUTISIM. ALSO SEVERE HIRSUTISM NOTED ON LEGS AND PERINEUM.

STAGE 3 ON INNER THIGHS.

NO ACANTHOSIS NIGRICANS

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 OH PROGESTERONE ORDERED-325

REFERRED TO ENDOCRINOLOGIST

IUD TO INDUCE AMENORRHEIC STATE. DISCUSSED IT DOES NOT TREAT PCOS.

MANAGING YOUR VIEWS

HISTORY

18 y.o. G1P1 PPD#2 s/p SVD

CHALLENGE

- Transgender male
- ? "Mom or No mom!"
- How do you counsel appropriately for postpartum discharge? Contraception?

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

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- 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 LGBT 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

Dr.

Chevelta A. Smith

Medical Doctor, Motivator, Mentor

drchevelta.com

THANK YOU!