

Sexual Health and Sexual History: Asking the Tough Questions

**Satellite Conference and Live Webcast
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Produced by the Alabama Department of Public Health
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Faculty

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Nick Van Wagoner: Disclosures

- Will not discuss commercial products and/or services
- No commercial interest or affiliation
- Will not discuss off-label or investigative product use

Objectives

- Discuss the rationale for obtaining a good sexual history
- Identify the key components of the sexual history
- Practice techniques that foster patient trust and communication
- Ask effective questions related to sexual health

What Is Sexual Health?

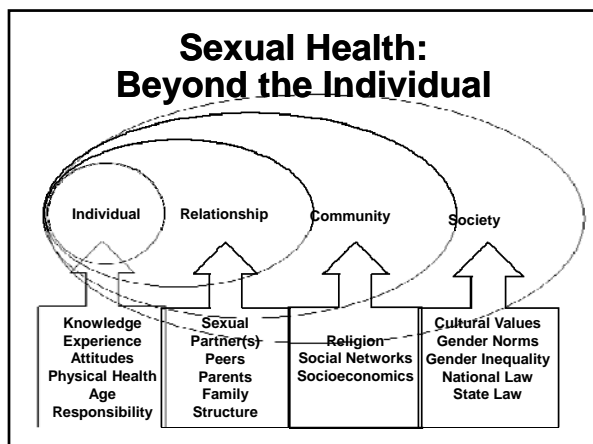
*“ . . . state of physical, emotional, mental and social well-being in relation to sexuality.
It is not merely the absence of disease, dysfunction, or infirmity.”*

– World Health Organization. Gender and Human Rights.
http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/index.html.

What Is Sexual Health?

- Positive and respectful approach to sexuality and sexual relationships
- Possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence
- Sexual rights of all persons must be respected, protected, and fulfilled

– World Health Organization. Gender and Human Rights.
http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/index.html.



Reasons to Ask: Sex Is an Important Aspect of Human Thought and Behavior

How Often Do the Majority of Men Think About Sex?

A. Every 10 seconds

B. Several times a day

C. Once a week

D. They never stop
(How do they get any work done?)

How Often Do the Majority of Men Think About Sex?

B. Several times a day

- 54%: daily/several times/day
- 43%: few times/week or month
- 4%: <1/month

- Kinsey Report: Sexual Behavior in the Human Male

What Percent of Women Think About Sex Everyday?

A. 100%

B. 86%

C. 48%

D. 19%

What Percent of Women Think About Sex Everyday?

C. 48%

- But think more often about sex
appeal than men

- Kinsey Report: Sexual Behavior in the Human Male

Which of the Following Statements Are True?

- A. Over half of all spending on the internet is related to sex
- B. US pornography revenues are estimated to exceed the combined revenues of companies like ABC, CBS, and NBC

Which of the Following Statements Are True?

- C. 42% of adolescent internet users (10-17) report exposure to pornography in the last year
- D. Males account for 77% of the time spent on the internet at sexually explicit sites

Which of the Following Statements Are True?

- A, B, C, and D are all true

- www.kinseyinstitute.org

People Have Sex

Male	Females
25% by age 15	26% by age 15
37% by age 16	40% by age 16
46% by age 17	49% by age 17
62% by age 18	70% by age 18
69% by age 19	77% by age 19
85% by 20-21	81% by age 20-21
89% by age 22-24	92% by age 22-24

Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: Men and women 15-44 years of age, United States, 2002. Advance data from vital and health statistics; no 362. Hyattsville, MD: National Center for Health Statistics. 2005.

Sexual Behavior Among Americans

Percentage of Americans Performing Certain Sexual Behaviors in the Past Year

	14-15		16-17		18-19		20-24		25-29	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Masturbated Alone	62%	40%	75%	45%	81%	60%	83%	64%	84%	72%
Masturbated with Partner	5%	8%	16%	15%	42%	36%	44%	36%	45%	48%
Received Oral from Women	12%	1%	31%	5%	54%	4%	63%	9%	77%	3%
Received Oral from Men	1%	10%	3%	24%	6%	58%	6%	70%	5%	72%
Gave Oral to Women	8%	2%	18%	7%	51%	2%	55%	9%	74%	3%
Gave Oral to Men	1%	12%	2%	22%	4%	49%	7%	74%	5%	76%
Vaginal Intercourse	9%	11%	30%	30%	53%	62%	63%	80%	86%	87%
Received Penis in Anus	1%	4%	1%	5%	4%	18%	5%	23%	4%	71%
Inserted Penis into Anus	3%		6%		6%		11%		7%	

National Survey of Sexual Health and Behavior (NSSHB). Findings from the National Survey of Sexual Health and Behavior. Centre for Sexual Health Promotion, Indiana University. Journal of Sexual Medicine, Vol. 7, Supplement 5

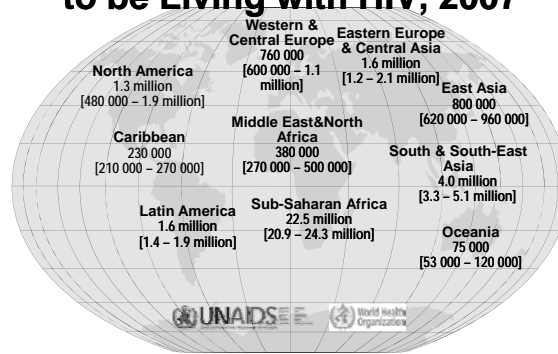
Reasons to Ask: Sex Can Result in Physical and Mental Morbidity and Mortality

- HIV
- Chlamydia
- Gonorrhea
- Syphilis
- Human Papilloma Virus
- Herpes Simplex Viruses

Adults and Children Estimated to be Living with HIV, 2007

- Total cases: 33.2 (30.6 – 36.1) million
- New cases: 2.5 million new cases
- Total deaths: 2.1 (1.9 – 2.4) million

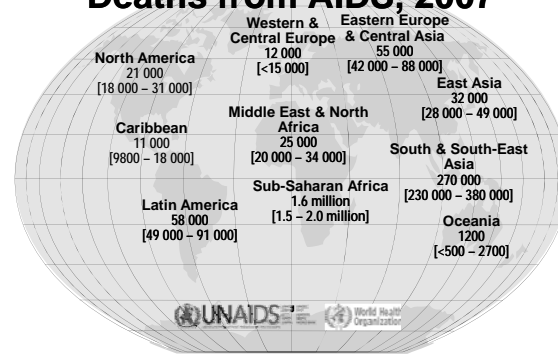
Adults and Children Estimated to be Living with HIV, 2007



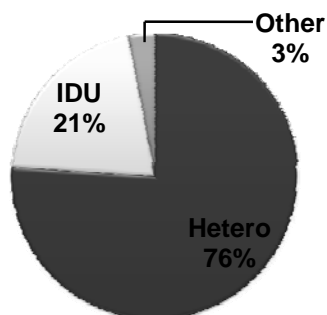
Estimated Adult and Child Deaths from AIDS, 2007

- Total deaths: 2.1 (1.9 – 2.4) million

Estimated Adult and Child Deaths from AIDS, 2007



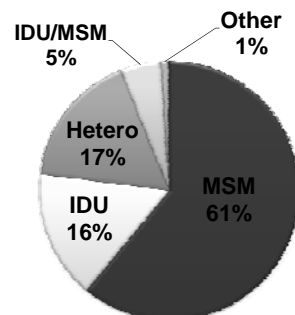
HIV/AIDS Prevalence by Risk (2001-2004)



Females (N = 45,000)

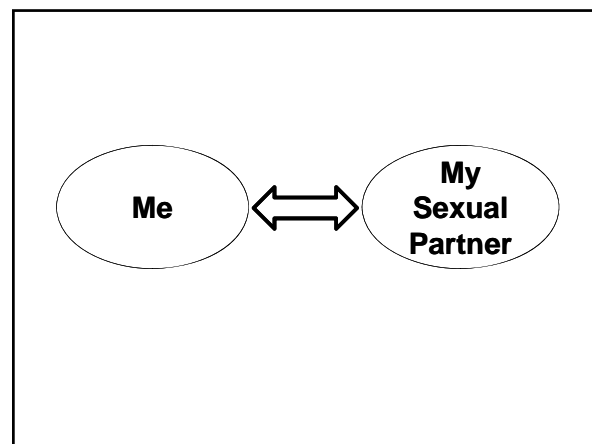
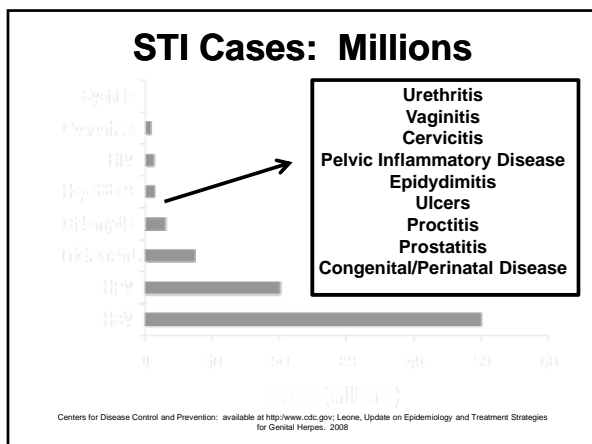
MMWR, Nov 18, 2005

HIV/AIDS Prevalence by Risk (2001-2004)



Males (N = 112,000)

MMWR, Nov 18, 2005



Reasons to Ask: High Prevalence of Sexual Dysfunction

*“Man survives earthquakes,
experience the horrors of illness, and
all the tortures of the soul.
But the most tormenting tragedy
of all time is, and will be,
the tragedy of the bedroom.”*

– Tolstoy

Sexual Disorders in Women

Prevalence of DSM-IV Female Sexual Dysfunction Disorders

Disorder	Estimated Prevalence
Sexual Desire Disorders	
Hypoactive Sexual Desire Disorder	10 – 46%
Sexual Aversion Disorder	Rare
Female Sexual Arousal Disorder	6 – 21%
Female Orgasmic Disorder	4 – 7% (general population) 5 – 42% (primary care setting)
Sexual Pain Disorders	
Dyspareunia	3 – 18% (general population) 3 – 46% (primary care setting) 9 – 21% (postmenopausal women)
Vaginismus	0.5 – 1% (general population) Up to 30% (primary care setting)

Simons et al. Arch Sex Behav. 2001;30(2):177-219; Sexual and gender identity disorders. 4th ed. 2000:493-538; Frank et al. Am Fam. Phys. 2008; 77 (5):

Sexual Disorders in Men

- Massachusetts Male Aging Study (MMAS)
 - 52% reported some degree of Erectile Dysfunction (ED)
 - Complete ED = 10%
 - Moderate ED = 25%
 - Minimal ED = 17%

Sexual Disorders in Men

- National Health and Social Life Survey (NHSLS)
 - 10% unable to maintain an erection

Causes of Sexual Disorders

- **Cardiovascular Disease**
 - “Sentinel symptom”
- **Neurogenic**
- **Endocrinologic**
- **Diabetic**
- **Smoking**

Causes of Sexual Disorders



Medications and Sexual Dysfunction

- **Diuretics**
 - **Thiazides**
 - **Spironolactone**

Medications and Sexual Dysfunction

- **Antihypertensives**
 - **Calcium Channel Blockers**
 - **Methyldopa**
 - **Clonidine**
 - **Reserpine**
 - **Beta Blockers**
 - **Guanethedine**

Medications and Sexual Dysfunction

- **Cardiac/antihyperlipidemics**
 - **Digoxin**
 - **Gemfibrozil**
 - **Clofibrate**

Medications and Sexual Dysfunction

- **Cytotoxic agents**
 - **Cyclophosphamide**
 - **Methotrexate**
 - **Roferon-A**

Medications and Sexual Dysfunction

- Anticholinergics
 - Disopyramide
 - Anitconvulants

Medications and Sexual Dysfunction

- Antidepressants
 - SSRIs
 - Tricyclics
 - Lithium
 - MAOI's

Medications and Sexual Dysfunction

- Tranquilizers
 - Butyrophenones
 - Phenothiazines
- H2 Blockers
 - Ranitidine
 - Cimetidine

Medications and Sexual Dysfunction

- Hormones
 - Progesterone
 - Estrogen
 - GnRH agonists
 - 5 α -Reductase inhibitors
 - Cyproterone acetate

Medications and Sexual Dysfunction

- Recreational
 - Ethanol
 - Cocaine
 - Marijuana

Psychogenic Causes of Sexual Dysfunction

- Performance anxiety
- Depression
- Relationship conflict
- Loss of attraction
- Sexual inhibition
- Conflicts over sexual preference

Psychogenic Causes of Sexual Dysfunction

- Sexual abuse in childhood
- Fear of pregnancy
- Fear of STI's

Reasons to Ask: Prevalence of Sexual Dysfunction

- Organic disease
- Psychiatric disease
- Medication side effects

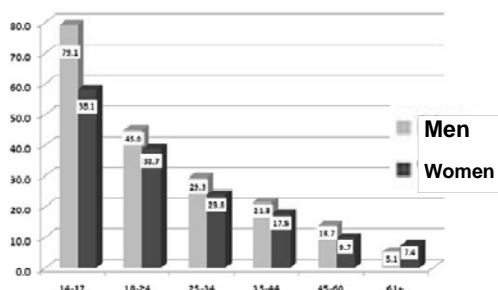
Reasons to Ask: Primary Prevention

- Vaccination
- Education
- Contraceptive/safer sex practices
- 1 in 2 sexually active young people will get an STD by 25
 - Most won't know it

Condoms

- Condoms reduce risk of HIV and STI transmission

Condom Use Rates by Age & Gender
(% of past ten vaginal intercourse acts that included condom use)
(N = 3457)



National Survey of Sexual Health and Behavior (NSSHB). Findings from the National Survey of Sexual Health and Behavior. Centre for Sexual Health Promotion, Indiana University. Journal of Sexual Medicine, Vol. 7, Supplement 5

Condoms

- Which of the following is (are) common condom use errors?
 - A. Using a damaged condom
 - B. Not checking the expiration date
 - C. Not discussing condom use with partner prior to sex
 - D. Putting on condom after starting sex

Condoms

- E. Taking condom off prior to the end of sex
- F. Not leaving space at the tip of the condom
- G. Placing the condom upside down on the penis and then having to flip it over
- H. All of the above

Condoms

- Which of the following is (are) common condom use errors?
- H. All of the above

<http://newsinfo.iu.edu/news/page/normal/4334.html>, "Condom, erection-loss study identifies possible path to risky behavior," Indiana University Press Release (2006)

Reasons to Ask: Sexual Health and Happiness

SEX is like PIZZA.
 When it's good, it's good.
 And when it's bad,
 it's still pretty good!

Reasons to Ask

- Physical and mental morbidity and mortality
- Prevalence of sexual dysfunction
 - Organic disease
 - Psychiatric disease
 - Medication side effect

Reasons to Ask

- Sexual health and happiness
- A part of overall health
- Responsibility and risk management
- Primary prevention
- Patient safety

Components of the Sexual History



French P, Int J STD AIDS 2007 Jan;18: Nausbaum et al. AAFP. 2002. 66:705; www. Cdc.gov/std/treatment/SexualHistory.pdf accessed 2012

Components of a Sexual History

- Confidentiality
 - Physical environment
 - Welcoming
 - Comfortable
 - Private
 - Display of confidentiality policy

Components of a Sexual History

- Interpersonal environment
 - Professional
 - Matter of fact
 - Trusting
 - Nonjudgmental
 - Interruption
 - Observers

Communication

- Verbal
 - Vocabulary
 - Explicit vs. vague
 - Medical vs. slang
 - Child vs. adolescent vs. adult
 - Opportunity to educate

Communication

- Comfort with words
 - Matter of fact
 - Ease in use of sexually explicit terminology
- Clarification
 - Tell me what that means to you?
- Normalize behavior

– Kinsberg. 2006. ObstetGynecolClinNAM. 33:535.

Communication

- Nonverbal
 - Professional
 - Eye contact
 - Blushing
 - Sitting
 - Patient dressed

– Kinsberg. 2006. ObstetGynecolClinNAM. 33:535.

What Made it Easier for Patients to Discuss Sexual Concerns?

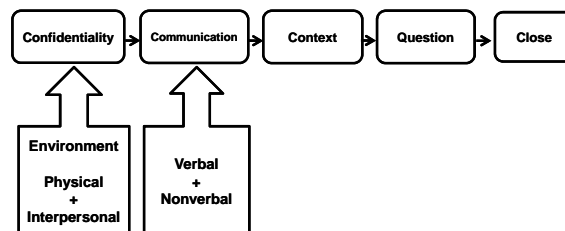
- Physician had seen the patient before
- Physician knows patient
- Physician seems concerned about sexual wellness
- Physician has professional demeanor

What Made it Easier for Patients to Discuss Sexual Concerns?

- Physician seems comfortable
- Physician seems kind and understanding

– Risen. 1995. Psych Clinic of North. 18:39.

Components of the Sexual History



French P, Int J STD AIDS 2007 Jan;18; Nausbaum et al. AAFP. 2002. 66:705; www. Cdc.gov/std/treatment/SexualHistory.pdf accessed 2012

WHO Recommendation

- The World Health Organization has called for healthcare providers to take the lead in addressing the sexual health concerns of patients. What percent of Americans aged 40-80 years old report that a physician has inquired about sexual concerns in the past 3 years?

A. 0% B. 14% C. 35% D. 50% E. 76%

WHO Recommendation

B. 14%

- Barriers
- Insufficient medical education or training
- Lack of confidence
- Underestimate prevalence of sex dysfunction
- Time pressure

WHO Recommendation

- Few perceived treatment options
- Patient discomfort
- Our beliefs about sex

– The Pfizer Global Study of Sexual Attitudes and Behaviors.
<http://www.pfizerglobalstudy.com/study/study-results.asp>

Context: Where and When

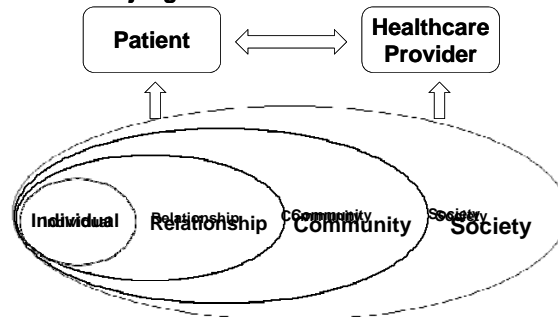
- In primary care
 - New patient visit
 - Development/educational milestones
 - New health related conditions
 - School physical
 - Prior to gynecologic surgery

Context: Where and When

- Menopause-related visit
- Onset of diabetes
- Depression screening
- When patient has a concern
 - May be a subtle complaint
- STD clinic
- Fertility clinic

Context: How

Patients and providers have their own beliefs and judgments about sexual behavior



Context: Explain Why

“Sexual health is important to overall health, so I always ask patients about it. If it’s okay with you, I’ll ask you a few questions about sexual matters now.”

Context: Explain Why

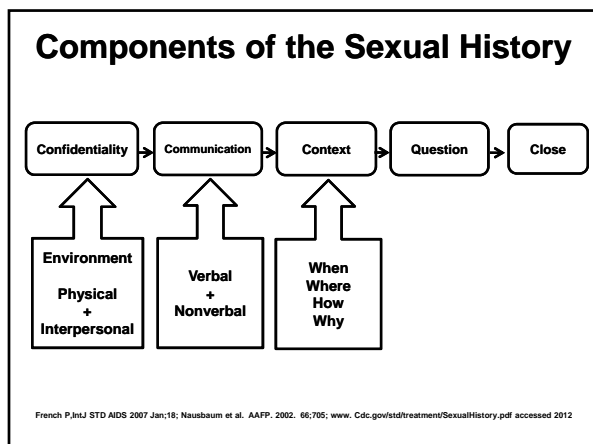
“I am now going to ask you some questions about sex. I know that these are very personal questions. The only reason that I am asking these questions is to make sure that I am addressing all of your health needs, including your sexual health.”

Context of the Sexual History

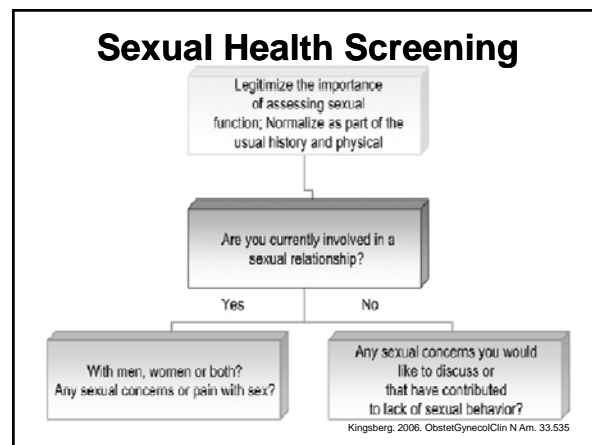
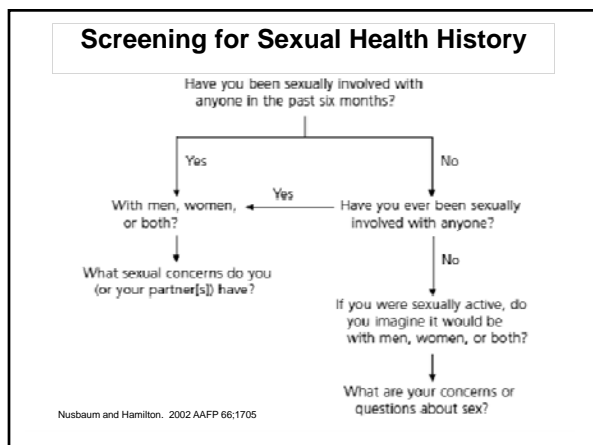
- When
 - Routine healthcare or patient specific concerns?
- Where
 - In a primary care or STD clinic?

Context of the Sexual History

- How
 - How do I and my patient perceive sexual behavior?
 - How are they similar or different?
- Why
 - Does the patient understand why I am asking?
 - Do I understand why I am asking?



- ### Sexual History Questions
- Start with easy, less personal questions
 - Open-ended questions
 - Normalize behaviors
 - Use gender neutral terminology
 - Avoid loaded terms “unfaithful” or “promiscuous”



- ### Sexual History for Screening and Diagnosis of STI's
- The 5 “P”s
 - Partners
 - Practices
 - Protection from STIs
 - Past history of STIs
 - Prevention of pregnancy

- ### Sexual History for Screening and Diagnosis of STI's
- The 5 “P”s: Partners
 - Ask the tough questions
 - Who do you have sex with?
 - Men, women, or both?
 - How many partners?
 - Consensual/nonconsensual?

Sexual History for Screening and Diagnosis of STI's

- Do you pay for sex?
- Are you paid for sex?
- Where do you meet your partners?

Sexual History for Screening and Diagnosis of STI's

- The 5 "P"s: Practices
 - Ask the tough questions
 - What kind(s) of sex do you have?
 - Penile-vaginal?
 - Oral?
 - Oral-vaginal?
 - Oral-penile?

Sexual History for Screening and Diagnosis of STI's

- Anal?
 - Receptive?
 - Insertive?
- Frottage?
- Do you use drugs or alcohol during sex?

Sexual History for Screening and Diagnosis of STI's

- The 5 "P"s: Protection from STIs
 - Ask the tough questions
 - How do you protect yourself against STIs?
 - What kind of condoms do you use?
 - Male/female?

Sexual History for Screening and Diagnosis of STI's

- When do you use condoms?
- How do you open a condom package?
- How do you put a condom on?
- Do you use lubrication?

Sexual History for Screening and Diagnosis of STI's

- The 5 "P"s: Prevention of pregnancy
 - Ask the tough questions
 - Do you use birth control?

Personal History: Birth Control

- Diaphragm
- Oral contraceptives
- Transdermal patch
- Intrauterine device
- Subdermal contraceptive implant
- Intramuscular injection

Personal History: Birth Control

- Tubal ligation
- Spermicides
- Hysterectomy
- Partner had a vasectomy

Sexual History for Screening and Diagnosis of STI's

- The 5 "P"s: Past history of STIs
 - You are more likely to be diagnosed with an STI if you have previously had an STI

Sexual History for Sexual Dysfunction

- Patient's perception of the problem
- Timeline
- Context
 - Quality of relationship, stressor
- Current health problems potentially affecting sexual function

Sexual History for Sexual Dysfunction

- Components of the sexual response
 - Desire
 - Arousal
 - Orgasm
 - Pain

Essential Questions to Include in a Sexual Assessment

- How does the patient see or describe the problem?
- How long has the problem been present?
- Was the onset sudden or gradual?
- Is the problem specific to a situation or partner or is it generalized?

Essential Questions to Include in a Sexual Assessment

- Were there likely precipitating events?
- Are there problems in the patient's primary sexual relationship (or any relationship in which the sexual problem is occurring)?

Essential Questions to Include in a Sexual Assessment

- Are there current life stressors that might be contributing to the sexual problems, and if so, how is stress perceived and managed?
- Is there some underlying guilt, depression, or anger that is not being directly acknowledged?

Essential Questions to Include in a Sexual Assessment

- Are there physical problems, such as pain?
- Are there problems with desire, arousal, or orgasm, and can the patient determine the primary problem?

Essential Questions to Include in a Sexual Assessment

- Is there a history of physical, emotional, or sexual abuse that may be contributing?
- Does the partner have any sexual problems?

– Basson R. www.medicalsexuality.org Kinsberg. 2006. *Obstet and Gyn Clinics of N. Am.* 33:535

Sexual Symptom Checklist

Please answer the following questions about your overall sexual function in the past 3 months or more.

1. Are you satisfied with your sexual function?
 Yes No
If No, please continue.
2. How long have you been dissatisfied with your sexual function?

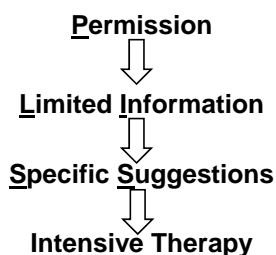
- 3a. The problem (8) with your sexual function is: (mark one or more)
 1. Problems with little or no interest in sex
 2. Problems with decreased genital sensation (feeling)
 3. Problems with decreased vaginal lubrication (dryness)
 4. Problems reaching orgasm
 5. Problems with pain during sex
 6. Other: _____
- 3b. Which problem is most bothersome (*circle*) 1 2 3 4 5 6 7
4. Would you like to talk about it with your doctor?
 Yes No

From Hatzichristou D, Rosen RC, Broderick G, et al. Clinical evaluation and management strategy for sexual dysfunction in men and women. *J Sex Med* 2004; 1:57

Close

- Professionalism
- If relevant, create a plan
- Follow-up
- Keep the door open

The PLISSIT Model



Annon JS. *J Sex Ed & Ther.* 1976.

PLISSIT Level One: Permission

“... What you are doing is not wrong or unusual.”

PLISSIT Level Two: Limited Information

“... It is not at all uncommon for men and women in their 60s and 70s to have sexual intercourse on a regular basis.”

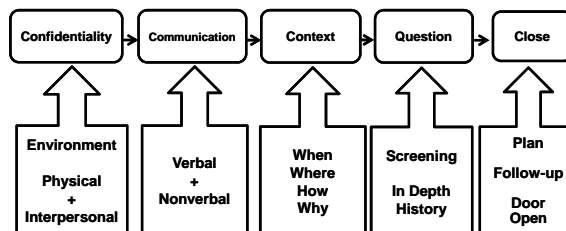
PLISSIT Level Three: Specific Suggestions

“... Today there are a number of effective ways to treat erectile dysfunction that you might want to consider.”

PLISSIT Level Four: Intensive Therapy

“... I would like to refer you to someone else who I believe is better qualified to help you solve this problem.”

Components of the Sexual History



French P. *Int J STD AIDS* 2007 Jan;18: Nausbaum et al. *AAFP.* 2002. 66:705. www. cdc.gov/std/treatment/SexualHistory.pdf accessed 2012

Objectives

- **Discuss the rationale for obtaining a good sexual history**
- **Identify the key components of the sexual history**
- **Practice techniques that foster patient trust and communication**
- **Ask effective questions related to sexual health**

Resources

www.cdc.gov
American Social Health Association
www.ashastd.org
www.iwannaknow.org
MedlinePlus
www.nlm.nih.gov/medlineplus