ADVANCING EXCELLENCE IN SEXUAL AND GENDER MINORITY HEALTH

Taking an Affirming Sexual History

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NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

HARVARD MEDICAL SCHOOL

Learning objectives

1. Describe the importance of taking a comprehensive sexual history
2. Outline the components of a comprehensive sexual history.
3. Demonstrate the use of inclusive sexual history questions.

Why take a sexual history?

- Sexual health is an integral part of overall health.
- Patients want to discuss sexual health with their clinicians.
- Several disparities that affect sexual and gender minority populations relate to sexual health.
- Multiple recommended primary care interventions hinge upon the sexual history (STI screenings, vaccines, PrEP).

Case 1

- A 47-year-old man with HTN presents with diarrhea
- One week of watery stools up to 8 times per day; no fevers, blood, nausea, vomiting
- No recent travel, no sick contacts, no changes in diet
- Takes lisinopril; no new medications
- Works in an office, divorced, lives with 4-year-old daughter, no tobacco and minimal alcohol
- History of cryptosporidiosis 5 years ago

Case 1, continued

- Stool culture negative; stool Giardia antigen positive
- Treated with metronidazole with resolution of symptoms

- Sexual history:
  - Cisgender male and female partners
  - Oral-anal contact
  - Rarely uses condoms
  - Identifies as bisexual
- Counseled about sexually-transmitted GI pathogens; screened for other STIs; started PrEP

Case 2

- A 27-year-old woman presents for an annual examination; no complaints
- No chronic medical problems
- Takes a multivitamin
- Works for an NGO; no smoking; one glass wine daily

Case 2, continued

- Sexual history:
  - Provider: “Are you sexually active?”
  - Patient: “Yes.”
  - Provider: “Do you use contraception?”
  - Patient: “No.”
  - Provider: “Are you interested in getting pregnant?”
  - Patient: “No.”
  - Provider: “I would strongly recommend some form of contraception, like birth control pills or an IUD. What do you think?”
  - Patient (exasperated): “I’m lesbian, and my partner is a woman. It’s really not necessary.”

Eliciting the sexual history

Tips for eliciting the sexual history

1. Make it routine, confidential, and free of assumptions related to age, anatomy, gender, ability.

2. The more often you take the sexual history, the easier it will become.

3. Explain to patients why it is important.

4. Ask about sexual function and satisfaction, not just STI risk.

Tips, continued

1. Ask open ended questions, at least initially.

2. Normalize “less desired” responses: “Many people do not use condoms every time they have sex. How often do you use condoms?”

3. Mirror patients’ language, if possible.

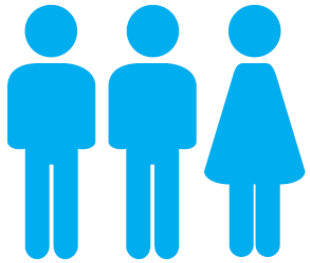
4. Don’t be so concerned about asking something in the “right” way that the conversation becomes a robotic rather than a professional but natural interaction.

Tips, continued

1. Consider giving patients the option to answer questions indirectly: “I recommend screening for gonorrhea and chlamydia at all sites that might have been exposed. For example, if someone puts their mouth on another person’s penis, I would test the mouth…Which of these sites should you have tested today?”

2. Tone and rapport matter as least as much as the questions themselves.

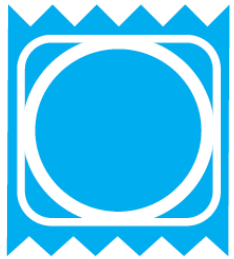
A comprehensive sexual history consists of the 5 Ps.



Partners

Practices

Past History of STDs



Protection from STDs

Pregnancy Plans

Getting started

- “I’d now like to ask some questions about your sexual history in order to ensure that I recommend the best preventive care for you.”

- “Have you had sex in the past year?”

- “When I use the word sex, I mean…”

Obtaining more information

- “How many people have you had sex with in the past year?”
- “What is/are the gender(s) of the people you have had sex with?”
- “What types of sex do you have? For example…”
- “Has anyone put their penis in your rectum?” (or some other similarly specific question, if necessary)

Obtaining more information

- “Some surgeries can alter the genitals or affect sexual function. Have you had any such surgeries?”
- “Do you ever have sex when you’re drunk or high?”
- “Do you ever trade sex for drugs, money, or something else that you need?
- Have you ever had an infection spread by sex, like chlamydia or herpes?

Obtaining more information

- “Have any of your partners in the past year told you they’ve had an infection?”
- “As far as you know, do any of your partners have HIV?”
- “How often do you use condoms for sex?”
- “How do you decide when to use condoms?”
- “What is your approach to avoiding STDs?”

In general, please avoid:

QUESTIONS	DOWNSIDES
Are you sexually active?	No timeframe, vague
Do you have a girlfriend, husband, etc?	Assumes heterosexuality
Do you have sex with men, women, or both?	What about trans and/or non-binary people?
Do you use protection?	Protection is more than condoms – PrEP, OCPs, etc.
You haven't had other partners, right?	Conveys a judgement and leads to a "correct" answer
Have you had insertive/receptive anal intercourse?	Patients may not understand these terms

When should you take a comprehensive sexual history?

- As part of a comprehensive medical history at an initial visit
- For any sexually-focused chief complaint*
- At most visits, for those taking PrEP or at high risk for STIs
- Periodically (annually?) for established patients

*Many chief complaints warrant a sexual history: Examples

EXAMPLE	RATIONALE
Diarrheal illness	Sexually transmitted GI pathogens
Mono-like illness	Could be acute HIV
Undifferentiated febrile illness	Could be syphilis, HIV, etc.
Desire for gender-affirming hormone therapy	Hormones can impact sexual function
Substance use disorder	May impact sexual risk; potential for transactional sex

Case 3

- A 37-year-old man with untreated chronic HCV presents to initiate suboxone.
- Uses heroin daily
- Takes no prescribed medications
- Unemployed, homeless

Question:

“How do you afford heroin?”

Answer:

Sex work, multiple cisgender male and female partners, some with HIV and hepatitis

What are the barriers to taking a sexual history?

- Time?
- Clinician discomfort?
- Patient discomfort, or the expectation thereof?
- Doubts about the relevance of the information to a patient's care?

Are patients more honest with computers?

Studies of CASI versus clinician history in sexual health clinics show that CASI users more commonly disclosed:

- Sex with same-gender partners
- Oral sex
- Transactional sex
- Higher numbers of sexual partners

Ghanem KG, Sex Transm Infect, 2005; Kurth AE, Sex Transm Dis, 2004; Tideman RL, Sex Transm Infect, 2007

Disparities

MSM account for < 10% of the male population but

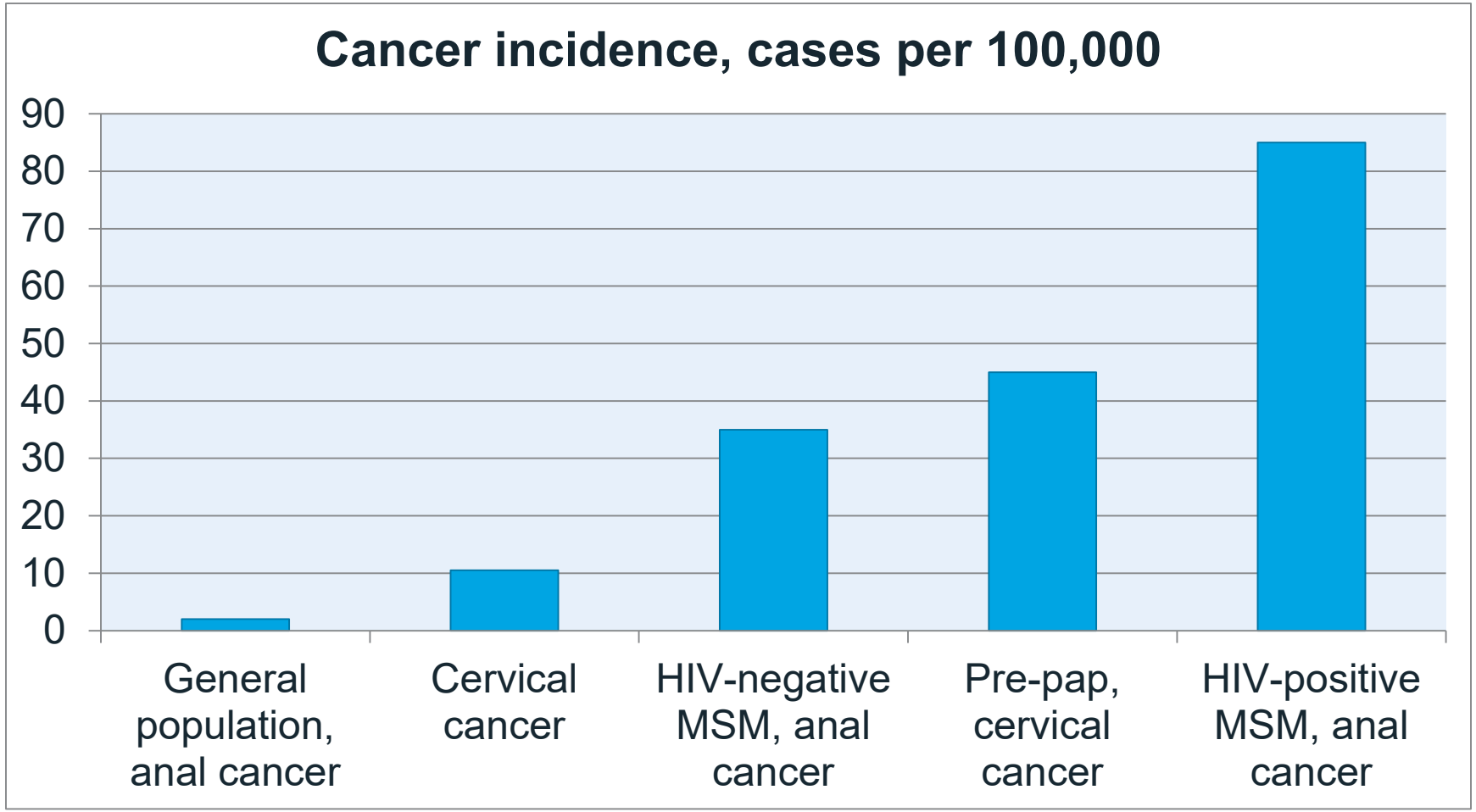
- 58% of new syphilis infections
- 70% of new HIV infections

In addition:

- Antibiotic-resistant gonorrhea is more common among MSM than MSW.
- Outbreaks of sexually-transmitted HCV have been reported in HIV-infected MSM.

1. www.cdc.gov
2. Kirkcaldy RD, et al. Neisseria gonorrhoeae antimicrobial resistance among men who have sex with men and men who have sex exclusively with women: the Gonococcal Isolate Surveillance Project, 2005-2010. Ann Intern Med. 2013;158:321.
3. CDC. Sexual transmission of hepatitis C virus among HIV-infected men who have sex with men – New York City, 20015-2010. MMWR. 2011;60(28):945.

MSM face an increased risk of anal cancer.



D'Souza G, et al. Incidence and epidemiology of anal cancer in the Multicenter AIDS Cohort Study. J Acquir Immune Defic Syndr. 2008;48(4):491.

HIV disproportionately burdens transgender women.

- **21.6%** = HIV prevalence among transgender women in high-income countries
- **56.3%** = HIV prevalence among African-American transgender women in the United States
- Transgender women may be less likely than others to be diagnosed.

Baral SD, 2013
Herbst JH, et al. Estimating HIV prevalence and risk behaviors among transgender persons in the United States: a systematic review. AIDS Behav. 2008;12(1):1.

Clinical guidelines

Yearly STI screening for sexually-active MSM

- HIV serology
- Syphilis serology
- NAAT for *Chlamydia trachomatis* and *Neisseria gonorrhea* at all exposed sites
- At least once: Hepatitis B serologies

2015 Sexually Transmitted Disease Treatment Guidelines. CDC. Available at: www.cdc.gov/std/tg2015/default.htm

Hepatitis A
Hepatitis B
Human papillomavirus
Meningococcus, in some areas

1. Workowski KA, Berman S. Sexually transmitted diseases treatment guidelines, 2010. MMWR. 2010;59:RR-12.
2. FDA licensure of quadrivalent human papillomavirus vaccine (HPV4, Gardasil) for use in males and guidance from the Advisory Committee on Immunization Practices (ACIP). MMWR. 2010;59(20):630-632.

Take-home points

- The core sexual history does not differ between LGBT and non-LGBT patients.
- Rather than following a script, have a few opening questions in mind.
- Avoid assumptions about sexual behavior and partners.
- Appropriate STI screening, vaccination, and PrEP all rely upon taking a sexual history.