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May 13-14, 2011
Orlando, FL

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Prevention for Positives: How to Perform a Sexual History Interview


Carlos E. Rodríguez-Díaz, PhD, MPHE, MCHES, CCHP
Research Fellow, University of Puerto Rico – School of Public Health
Faculty, Puerto Rico – Florida Caribbean AETC

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Objectives

1. Consider HIV status and patients' sexual practices as part of health care and disease prevention recommendations.
2. Discuss sexual practices commonly seen in the community.
3. Present effective approaches to obtain a sexual history.



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What is prevention?

- **Efforts designed to protect individuals and populations from actual or potential health threats and their harmful consequences.**
 - Primary, secondary, and tertiary prevention



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Prevention: Above and Beyond

- **Health protection**

The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.

- **Health promotion**

The process of enabling people to increase control over, and to improve their health.

Ottawa Charter for Health Promotion, 1986; World Health Organization, 1998



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Prevention with Positives (PwP):

- HIV prevention efforts have targeted those considered to be at risk for exposure to HIV.
- In late 1990s efforts began to include individuals who were HIV+.
- In 2003, the CDC recommended that HIV prevention incorporated into the medical care of HIV+ persons.

Gilliam & Straub, 2009



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Prevention and HIV

Demystifying the practice

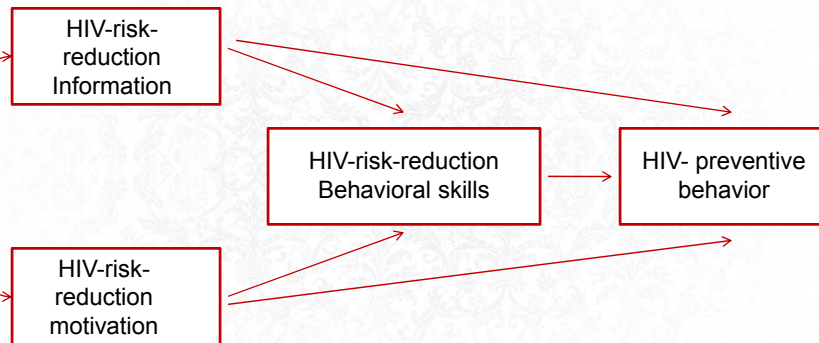
- Prevention of HIV transmission is not easy.
- Adherence to ART can be difficult.
- Multiple factors affect HIV prevention.



Secondary prevention of HIV

Targeted interventions for
people with HIV/AIDS (PLHA)

Fundamental determinants of HIV-risk and preventive behaviors among PWHA



Fisher & Fisher, 1992; Fisher & Smith, 2010



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PwP Interventions

- Goals are:
 1. Limiting HIV transmission from PWHA to others
 2. Protect the health of PWHA
- These interventions can be effective, perhaps even more than interventions targeting HIV-uninfected individuals.

Fisher, Smith, & Lenz, 2010



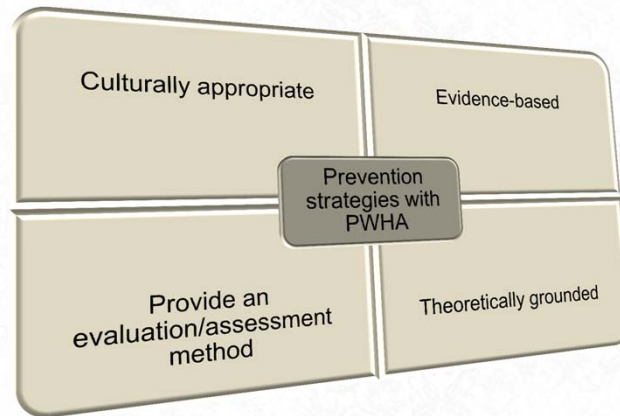
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Good practices



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Lessons learned

- Seroadaptation is evolving.
- Individuals are incorporating preventive practices to their repertoire that are not been studied.
 - New forms of using/administering drugs
 - Penetration without ejaculation or withdrawing the penis before ejaculation

Among others

McConnell et al., 2010



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Challenges

- Understand why, when, and under what conditions PWHA practice risk.
- Design, implement and evaluate, and when effective disseminate widely
- PwP interventions targeting diverse populations
 - Targeting to those PWHA at greatest risk
- The knowledge on the cost-effectiveness of this interventions is limited

Fisher & Smith, 2010; Galárraga et al., 2009



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Opportunities for Positive Prevention

INTEGRATING SEXUAL HEALTH CARE



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Coming to Terms

Sexual health

The experience of the ongoing process of physical, psychological, and socio-cultural well being related to sexuality.

Sexual activity

Sexual activity is a behavioral expression of one's sexuality where the erotic component of sexuality is most evident.



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Coming to Terms (cont.)

Sexual practices

A pattern of sexual activity that is exhibited by an individual or a community with enough consistency to be expected as a behavior.

Safer sex

A term used to specify sexual practices and sexual behaviors that reduce the risk of contracting and transmitting sexually transmitted infections, especially HIV.



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Coming to Terms (cont.)

Responsible sexual behaviors

- Are expressed at individual, interpersonal and community levels.
- It is characterized by autonomy, mutuality, honesty, respectfulness, consent, protection, pursuit of pleasure, and wellness.



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Our Patients have Sexual Practices!

Oral sex

- 18% of 16 to 17yo males and 22% 16 to 17yo females performed oral sex with another sex partner.
- More than 50% of women and men ages 18 to 49 engaged in oral sex.

Herbenick et al., 2010; Reece et al., 2010



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Our Patients have Sexual Practices!

(cont.)

Vaginal sex

- Over 70% of males 20 to 39yo and women 20 to 29yo engaged in vaginal intercourse during the last year.
- 25% of men and 22% of women reported consistent condom use during past 10 vaginal intercourse.

Herbenick et al., 2010; Reece et al., 2010



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Our Patients have Sexual Practices!

(cont.)

Anal sex

- More than 20% of men ages 25 to 49yo and women ages 20 to 39yo reported anal sex in the past year.
- 26% of men and 13% of women reported consistent condom use during past 10 anal intercourse.

Herbenick et al., 2010; Reece et al., 2010



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Our Patients have Sexual Practices!

(cont.)

Risky sexual practices	Male (%)	Female (%)
≥7 Sexual partners	47.8	13.2
Same sex partners	6	3
Sexual activity under the influences of drugs	15.9	4.1
Sexual activity with a partner with Hx of STI	9.4	4.7
Have participated in sex parties	6	0.8
Have participated in orgies or swinger	2.7	0.7
Have use sex toys	5.0	17.9



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It's OK to Talk about Sex!

Starts by taking a good sexual health history of your patients.

- Its part of doing prevention and providing health care!

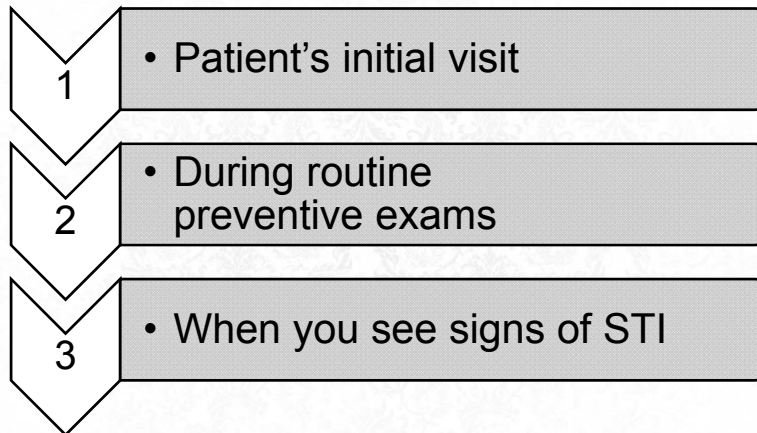


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When to take a sexual history?



CDC, 1999

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Sexual Health History

- **Starts with the name of how the person wants to be named**
 - Particularly important to transgender people
- **Use inclusive non-stigmatized language**
 - Partner vs. husband or wife
 - Promiscuous

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Sexual Health History (cont.)

Sexual identity	Male, Female, transsexual
Gender identity	Feminine, masculine, or a combination
Sexual orientation	Heterosexual Homosexual (gay or lesbian) Bisexual Queer Questioning

Sexual Health History (cont.)

- **Sexual violence**
- **Hx of Sexually Transmitted Infections (STI)**
- **Clinical syndromes**
 - Dysfunctions, dyspareunia, hypoactivity, dysphoria, among others
- **Reproductive health**
 - Pregnancy (previous and current)
- **Circumcision**
- **Sources of sexual health information**

Sexual Health History (cont.)


- **Sexual partners**
 - Steady, regular, or new
 - Risky practices
 - Substance use (IVDU vs. non-IVDU)
 - Sex work
 - Partner's sexual history

Sexual Health History (cont.)

- **Age of sexual initiation**
- **Types and frequency of sexual practices**
 - Amount of events/practices
 - Last 6 or 3 months
 - Last sexual encounter
 - Preventive practices
 - Condom use
 - Sexual exclusivity
 - Use of other forms of prevention

General Guidance

TAKING A SEXUAL HISTORY



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Who is Uncomfortable?

Dialogue with your patient:

I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.

Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Do you have any questions before we get started?

CDC, 1999



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The 5 “P”s of Sexual Health

Partners

Practices

Protection from STI/HIV

Past history of STI

Prevention of pregnancy

CDC, 1999



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Partners

- If only one sex partner is noted over the last 12 months, be certain to inquire about the length of the relationship.
 - Ask about the partner’s risk factors, such as current or past sex partners or drug use.
- If more than one partner is noted in the last 12 months:
 - Explore for more specific risk factors, such as condom use (or non-use) and partner risk factors.

CDC, 1999



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Partners (cont.)

Are you currently sexually active?
(Are you having sex?)

In the past 12 months, how many sex partners have you had?

If no, have you ever been sexually active?

Are your sex partners men, women, or both?

CDC, 1999



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Practices

- If the patient has been sexually active in the last 12 months you may want to explore further his or her sexual practices and condom use.
- Asking about other sex practices will guide the assessment of patient risk, risk-reduction strategies, the determination of necessary testing, and the identification of anatomical sites from which to collect specimens for STI testing.

CDC, 1999



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Practices (cont.)

I am going to be more explicit here about the kind of sex you've had over the last 12 months to better understand if you are at risk for STI.

What kind of sexual contact do you have or have you had? Genital (penis in the vagina)? Anal (penis in the anus)? Oral (mouth on penis, vagina, or anus)?

CDC, 1999



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Protection from STI and HIV

- To learn more about the patient's sexual practices, use open-ended questions.
 - Based on the answers, you may discern which direction to take the dialogue.
- You will need to determine the appropriate level of risk-reduction counseling for each patient.

CDC, 1999



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Protection from STI and HIV (cont.)

Do you and your partner(s) use any protection against STI?

If so, what kind of protection do you use?

If not, could you tell me the reason?

How often do you use this protection?

CDC, 1999



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Past history of STI

Have you ever been diagnosed with an STI? When? How were you treated?

Have you ever been tested for HIV, or other STI? Would you like to be tested?

Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI?

CDC, 1999



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Prevention of Pregnancy

- Based on partner information from the prior section, you may determine that the patient is at risk of becoming pregnant or of fathering a child.
 - If so, first determine if a pregnancy is desired.
- Recommendations should consider HIV status.

CDC, 1999



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Prevention of Pregnancy

Are you currently trying to conceive or father a child?

Are you using contraception or practicing any form of birth control? Do you need any information on birth control?

Are you concerned about getting pregnant or getting your partner pregnant?

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Completing the History

What other things about your sexual health and sexual practices should we discuss to help ensure your good health?

What other concerns or questions regarding your sexual health or sexual practices would you like to discuss?

CDC, 1999



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More than History

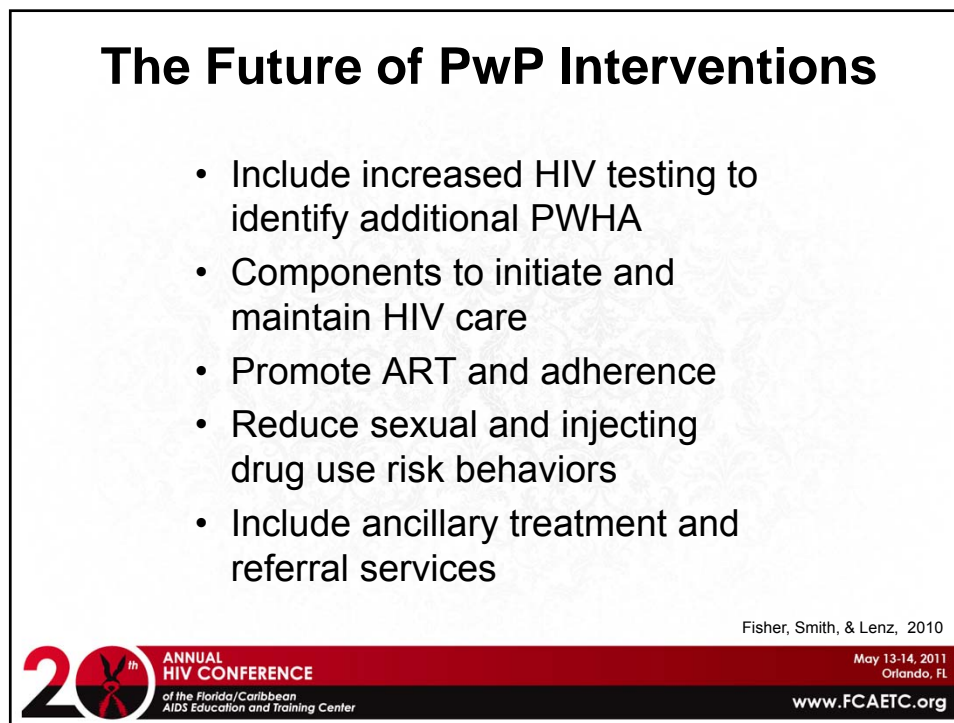
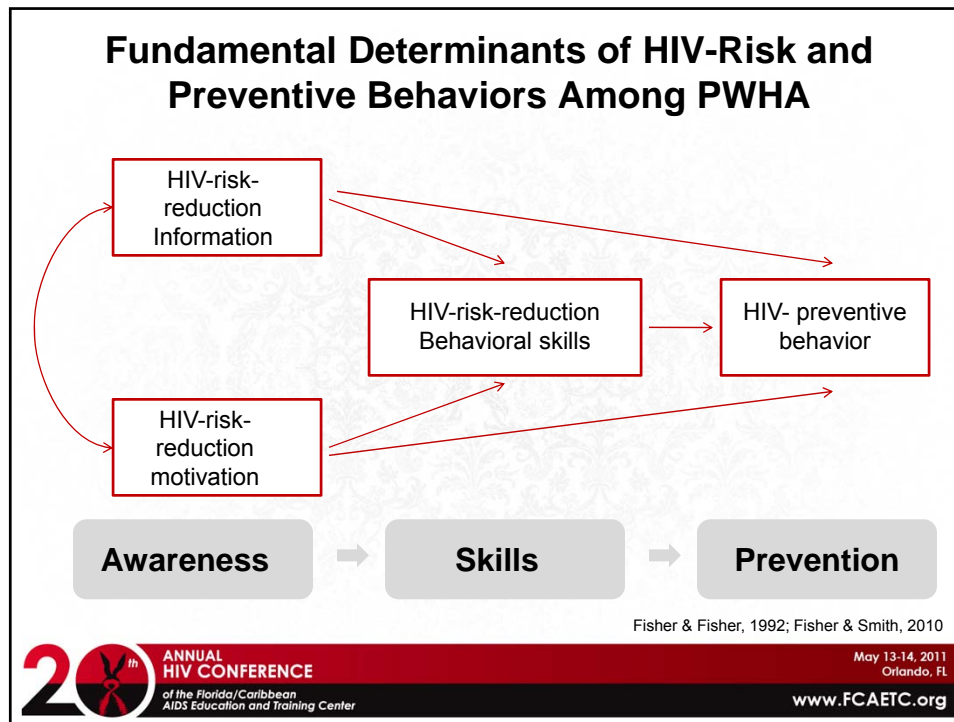
- Thank the patient for being open and honest.
- Praise any protective practices.
- Encourage testing.
- Your expression of concern may help the patient accept a counseling referral, if one is recommended.

CDC, 1999



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How Sexual Health Care and PwP Works Together?

Lydia

- 35yo women. Heterosexual and married to a man for the last 7 years. Diagnosed with HIV 12 months ago. She is currently on treatment. She feels uncomfortable about using a condom when having sex with her husband.
- Lydia suspects she got infected while having a relationship with another man that was not her husband. Her husband does not know about this. As she and her husband are both HIV+, the physician has assumed that she got infected after her husband who has history of IVDU. The physician hasn't asked Lydia about her sexual practices.



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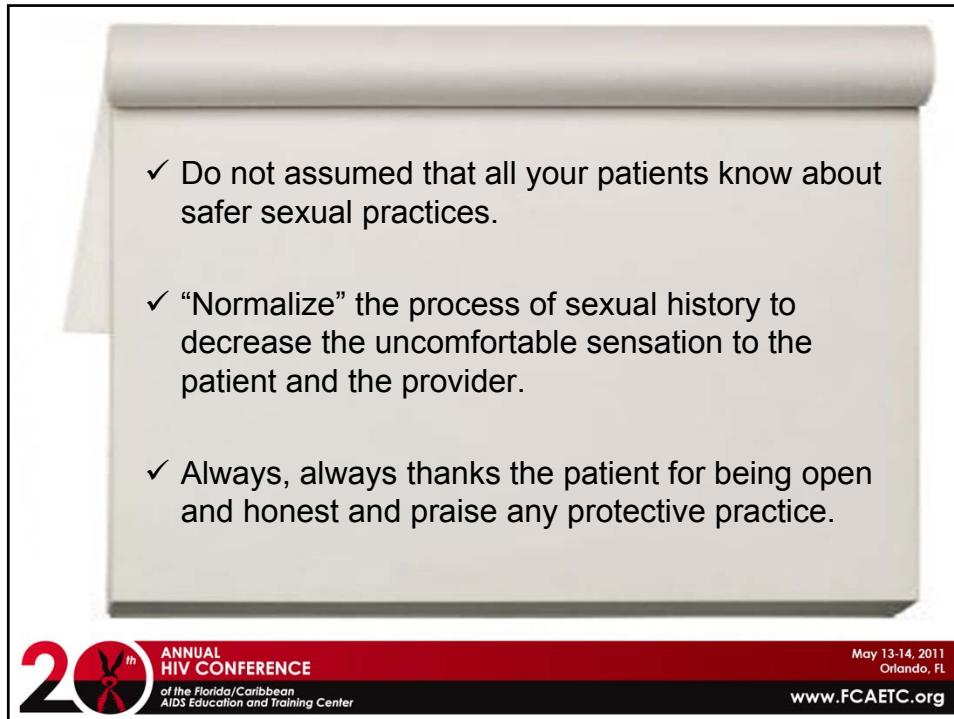
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- ✓ A good sexual history is a fundamental part of the prevention process in a clinical health care setting.
- ✓ The 5 “P”s of sexual history: **Partners, Practices, Protection from STI/HIV, Past history of STI, Prevention of pregnancy.**
- ✓ Use open-ended questions to learn more about the patient’s sexual practice.



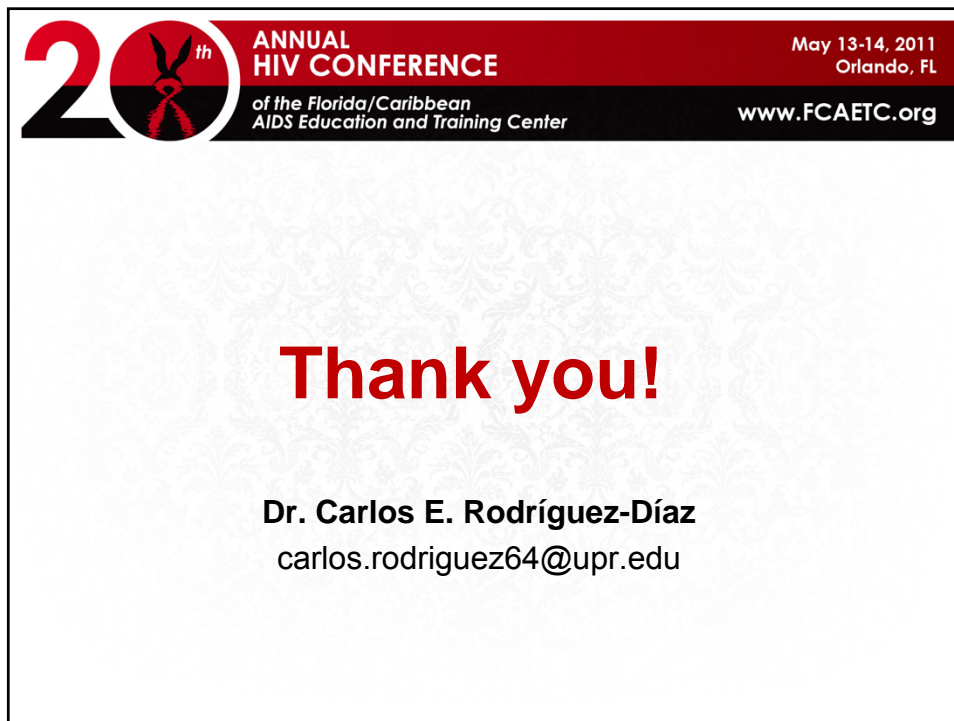
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- ✓ Do not assumed that all your patients know about safer sexual practices.
- ✓ “Normalize” the process of sexual history to decrease the uncomfortable sensation to the patient and the provider.
- ✓ Always, always thanks the patient for being open and honest and praise any protective practice.

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Thank you!

Dr. Carlos E. Rodríguez-Díaz
carlos.rodriguez64@upr.edu

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