

Sexual History Taking to Reduce HIV Risk



Collaborators



Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY





More resources available at the
DC Center for Rational Prescribing

doh.dc.gov/dcrx

| Agenda and Presenters



An interview about the key principles of taking a sexual history

- David Hardy, MD
- Travis Gayles, MD, PhD
- Adriane Fugh-Berman, MD

A discussion of how to implement motivational interviewing

- Susan Wood, PhD

A roleplay to demonstrate key concepts

- Ray Martins, MD
- Luis Felipe Cebas

Course Faculty



- Sarah Calabrese, PhD
- Adriane Fugh-Berman, MD
- Travis Gayles, MD, PhD
- David Hardy, MD
- Ray Martins, MD
- Kofi Onumah, PharmD, RPh
- Caroline Sparks, PhD, MA
- Susan Wood, PhD

Conflicts of Interest Disclosure



- **Adriane Fugh-Berman, MD** has served as a paid expert witness at the request of plaintiffs in litigation regarding pharmaceutical marketing practices.
- **Travis Gayles, MD, PhD** is a Site Principal Investigator for the Gilead Discover Trial, a PrEP drug trial.
- **David Hardy, MD** serves on an Advisory Committee/Board for the following pharmaceutical companies, ViiV Healthcare, Gilead, and Janssen.
- **Caroline Sparks, PhD, MA** is the Chair of the Board for Your Health Concierge.

Important Information



The video will progress at its own pace.



Do not attempt to speed up the video.

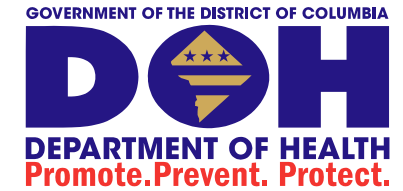


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Course Objectives



1. Describe how provider body language can increase or decrease patient comfort level.
2. Increase accuracy in assessing HIV and STI risk by minimizing barriers to discussing sexual practices.
3. Apply concepts of motivational interviewing to taking a sexual history.
4. Integrate appropriate language into patient interactions.

Taking a Sexual History

| If you don't know a term...

“

**I haven't heard of these
things, could you please
explain it to me?**

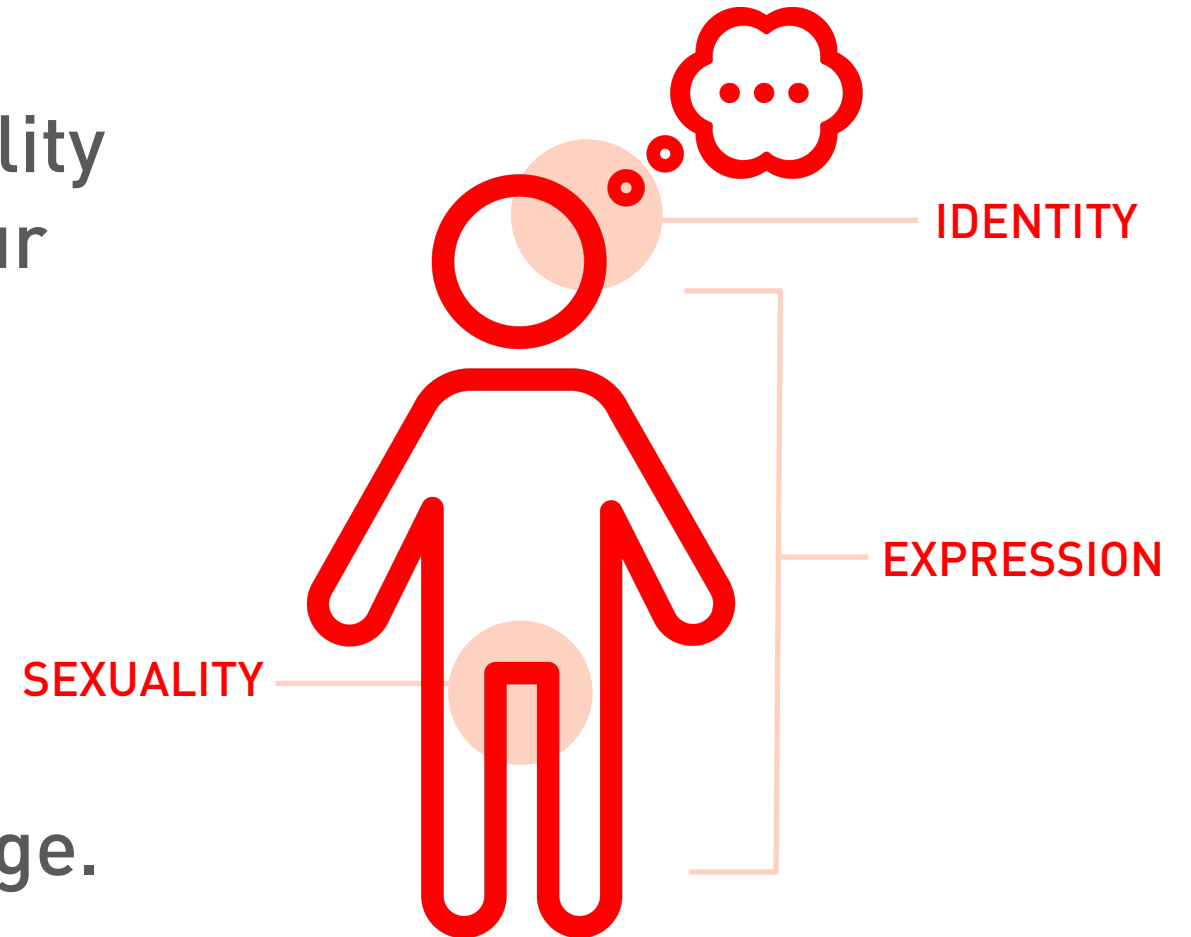
Some Useful Terms to Know



- Top: penetrating partner during sexual activity
- Bottom: receiving partner during sexual activity
- Versatile or Switch: a person who is a 'top' and a 'bottom'
- Rimming/rim job: anal-oral contact or analingus
- Pegging: when a woman wears a strap-on and performs anal sex on a man
- Fisting: the act of putting a fist in the anus or vagina

Avoid assumptions

- Understand the difference between gender and sexuality and how it may apply to your patients.
 - Gender identity
 - Gender expression
 - Sexuality
- Use gender neutral language.



Some Useful Terms to Know



- MTF, transwoman: male-to-female transgender person
- FTM, transman: female-to-male transgender person
- Gender identity: an identity derived from the individual's internal sense of gender
- Genderqueer: a non-binary sense of gender identity and refusal of labels of either “male” or “female”

If someone tells you they are transgender

- “Where are you in the process of affirming your gender identity?”
- “What name do you go by? What pronouns do you use?”
- Top surgery: Reduction or removal of breast tissue (FTM) or inserting breast implants (MTF)
- Bottom surgery: vaginoplasty or phalloplasty



Avoid assumptions



Don't make assumptions about people's sexual practices based on age, race, marital status, gender, or physical appearance.



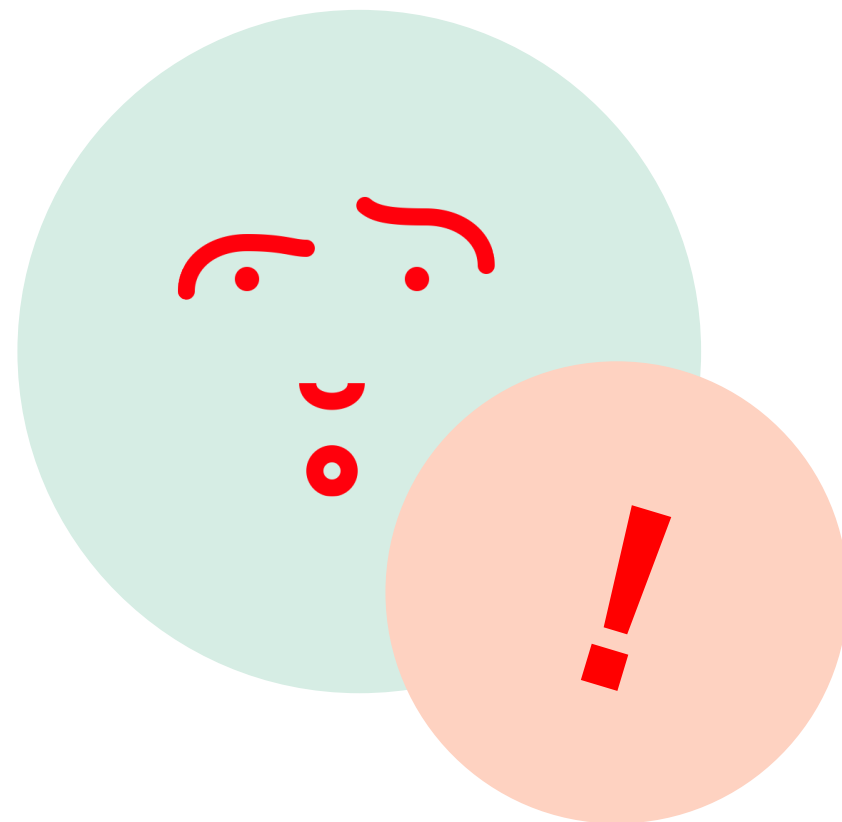
Don't assume patients are either straight or gay.



What people do is more important than labels.

Body Language

- Maintain a relaxed posture.
- Don't change your body language.
- Don't exhibit visible negative reactions.
- Avoid:
 - ✓ Crossed arms
 - ✓ Raised eyebrows
 - ✓ Surprised or judgmental expression
 - ✓ Nervous laughter



Establish Rapport



- Normalize the discussion.
 - Sexual history should be a part of a broader risk assessment.
- Make eye contact with the patient.
- Minimize note-taking, particularly during sensitive questions.
- Don't have the chart or EMR in front of you.
- Provide assurance of **confidentiality**.

Suggested Questions

“I am asking these questions to get to know you better and to give you the best medical advice possible.”

“My doctor asks me about my sex life too.”

“What is your relationship structure?”

“Are you in a relationship that is important to you?”

“Please describe your partners.”

“Have you had sex within the last six months?”

“Are you happy with your sex life?”

Explaining to your patients the importance of a sexual history

“We ask these questions every year because it is common for a person’s behavior to change and a person’s partners to change over time.”

“This is an opportunity for us to discuss ways you want to protect yourself from STDs, unwanted pregnancy, or other things that may concern you. It will also give you an opportunity to talk about problems with, or changes in, sexual desire and functioning.”

Be nonjudgmental and supportive

- Ask contextually appropriate questions.
- Ask open-ended questions.
- Be concrete and specific with your questions.
- Describe how screening tests and results will be delivered.
- And remember, it's a conversation, not a lecture or an interrogation!



Explaining to your patients the importance of a sexual history

“Your sexual health is important for your overall emotional and physical health.”

“As you may know, sexual activity without protection can lead to sexually transmitted diseases. These kinds of diseases are very common and often there is no way for you to tell if you have them. If we don’t catch and treat these diseases, you can become very sick.”

| If a patient declines...



- Ask them if there is another member of the clinical care team with whom they might be more comfortable.
- Wait until the next visit. Take time to build rapport.
- Trust takes time!

How to make your office more LGBT friendly



- Feature material in your waiting room with people from diverse backgrounds, including people of color and same-sex couples.
- Arrange training for staff on LGBT cultural competency.
- Provide resources available specifically for LGBT patients (these can be requested from nonprofit and health groups).
- Display office policies that prohibit discrimination based on sexual orientation and gender identity.
- If possible, offer single-stall unisex bathrooms.

**Don't assume
that condoms
can always
be used**



PrEP vs. PEP



PrEP = PRE-EXPOSURE PROPHYLAXIS

- Initiated before exposure to risk
- Taken daily for as long as a patient is at risk for HIV to provide ongoing protection

VS

PEP = POST-EXPOSURE PROPHYLAXIS

- Taken within 72 hours after exposure or suspected exposure and daily for 28 days



Sexual Risk Assessment

1

Partners

2

Practices

3

Past history
of STIs

4

Protection
from STIs

5

Pregnancy
plans

Myths versus Facts



HIV is an
“old person’s”
disease now



Someone who is
nice and looks
“clean” can’t have
HIV or other STIs

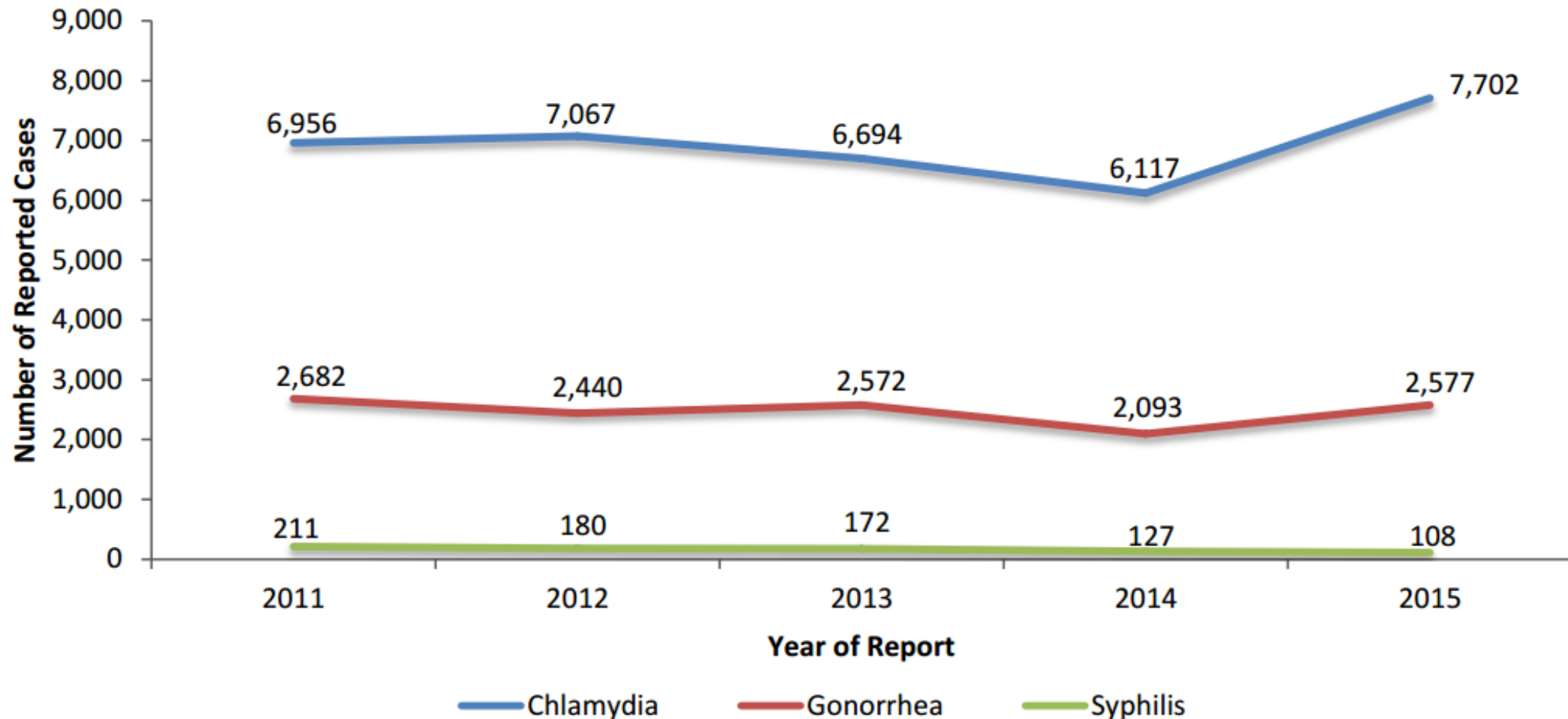


HIV is prevalent
among young
people

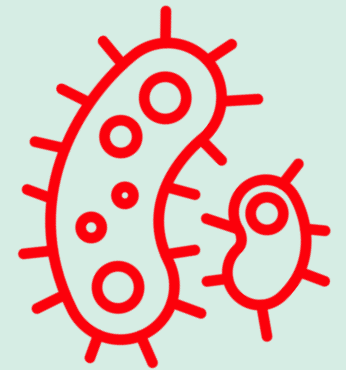


You cannot tell
whether or not a
person has HIV by
looking at them

Reported Cases of STIs in the District of Columbia



**Where something can go,
something can grow.**



Quick Tips



Develop your own style that fits your personality and your patient population. There is no perfect way to talk about sex.



Don't take it personally if your patient lies to you.

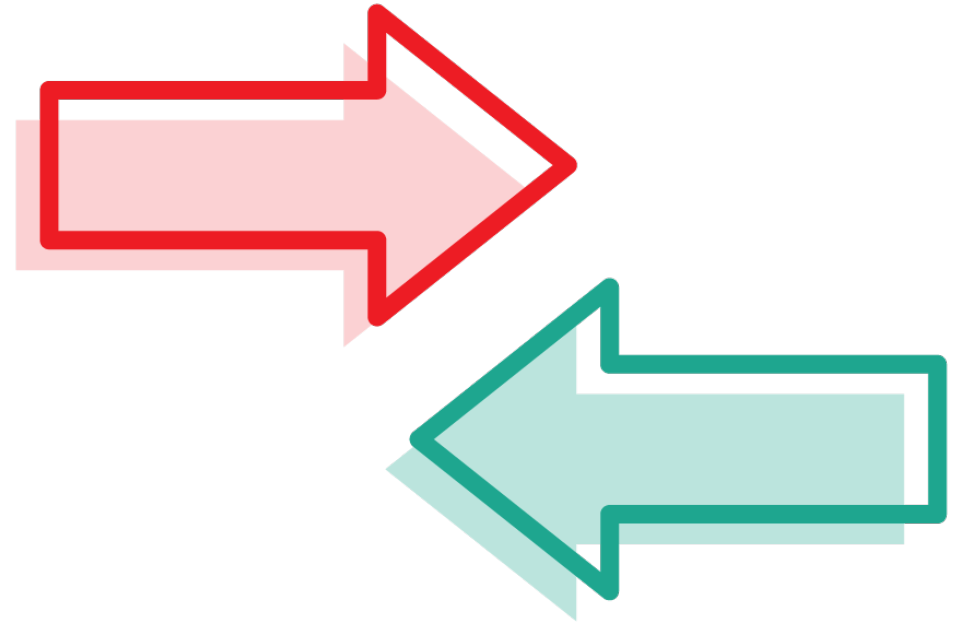


Try to get enough information to know what to screen for.

Motivational Interviewing

What is motivational interviewing?

- A two-way conversation that leads toward change.
- A method that emphasizes interaction.
- A tool that can be integrated into any clinical setting.



Miller and Rollnick 2012

What is the purpose of Motivational Interviewing for HIV risk?

**IDENTIFY
RISK**



**REDUCE
RISK**

Indicators of Change

1

**Does the patient
have the skills to
change?**

Information/
knowledge

2

**Does the patient
have the intent to
change?**

Verbal statement of
intent to change

3

**Can the patient
overcome barriers
to change?**

Unique barriers to
change for a patient

**Who is talking
for change –
you or the
patient?**





DOCTORS TALK IN PAGES. PATIENTS LISTEN IN SOUND BITES.

While clinicians may feel better providing more and more information, this does not necessarily motivate the patient to change.

Motivation Interviewing Works!




- Meta-analyses have shown that motivational interviewing had a significant and **clinically relevant effect in approximately 3 out of 4 studies.**
- 64% of brief encounters showed an effect.
- Motivational interviewing **outperformed traditional advice giving** in the treatment of a broad range of behavioral problems and diseases.

Artinian 2010, Rubak 2005, Pollak 2010, Mosca 2011

Facilitating Lifestyle and Behavior Change


Patients are more likely to act for change after engaging with a provider if counsel is delivered



with the
patient's
permission



in a
neutral
tone



in a manner that
supports patient
autonomy and
choice.

Facilitating Lifestyle and Behavior Change

- Patients are the experts on their life, habits, desires, goals, values, and hopes.
- Most lifestyle change is more about engaging these motivational elements than about imparting knowledge.

FIND OUT:

- What the patient knows
- What the patient wants

Facilitating Lifestyle and Behavior Change

Listen to
your
patient's
thoughts
and
concerns.



Express
empathy.



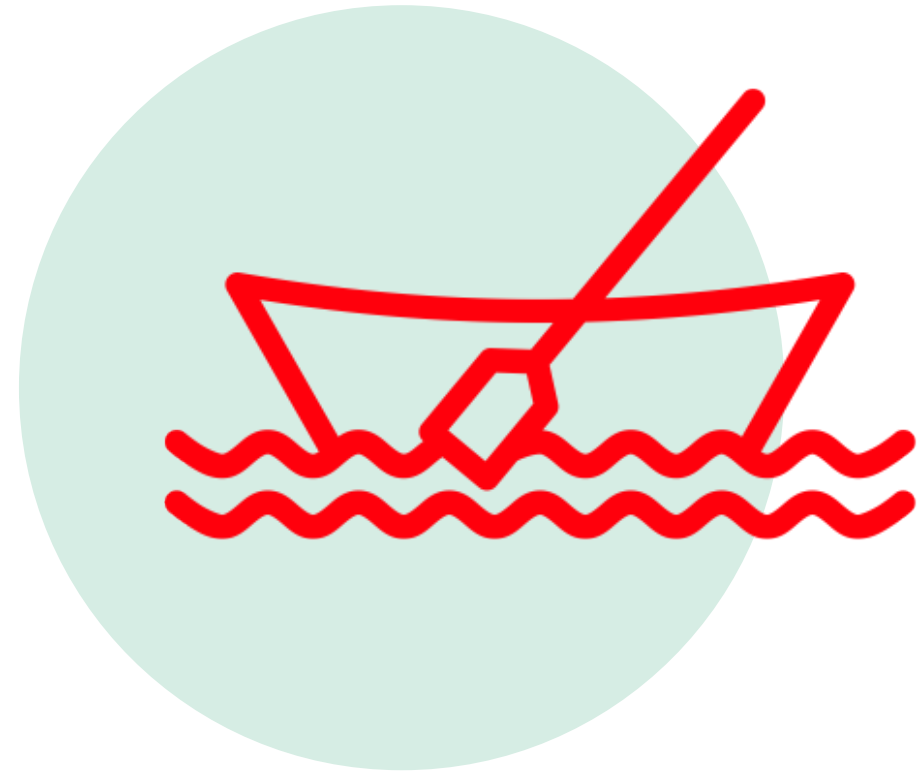
Reassure
patient
that his or
her
experience
is normal.



Give
patient the
opportunity
to tell *you*
what you
want to tell
them.

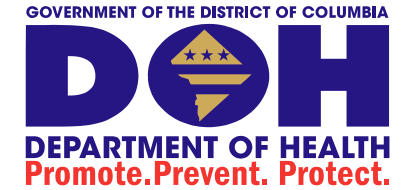
Basics of Motivation Interviewing: OARS

- **O:** Open-ended questions
- **A:** Affirmation
- **R:** Reflective Listening
- **S:** Summarization



Miller and Rollnick 2012

Asking Permission/Patient Autonomy: Sample Questions



“I know you came in today for your Pap, but I’m really concerned about your risk for HIV or other STIs. Would it be all right if we talked about that too?”

“I realize that you are in charge here with your sex life. I want to let you know that I am very concerned about _____.”

Assessing Patient's Knowledge: Sample Questions



? “What do you already know or have you heard about how HIV can be prevented?”

? “What concerns you about the possibility of getting pregnant?”

? “Where would you like to be with your sexual health? What thoughts do you have about getting to that point?”

? “I’ve given you a lot of information here. What are your thoughts about how this applies to you?”

Talking for Change

- If a person talks about their desire, reason, ability, and need to change, she is more likely to change.
- If they are given the chance to say out loud what they intend to do, they are more likely to do it.

Ask directly for a response:

- What concerns do you have about ____?
- What do you think will work best for you? Why?
- Where would you like to start?
- Is this what you are going to do?

OARS: Affirm

AFFIRM:

- + “You are the type of person who takes on challenges and you are ready to take on this one!”
- + “That’s a good suggestion.”
- + “It’s clear that you care about your health.”
- + “I’m glad you’ve thought about this.”

OARS: Reflect



REFLECT:

- ✓ “You’d like to start thinking about a plan.”
- ✓ “You’re feeling ready.”
- ✓ “You would really like to be healthy for yourself and for others.”

OARS: Summarize



SUMMARIZE:

“Let me see if I got it all. You’re concerned about _____ because of _____. You’d like to change that risk factor and you are planning to _____. Did I get it?”

Patient Resistance

Empathize
assure the
patient is
being heard

**Promote self-
belief**
encourage them
to believe that
they can change

Help the patient see
that some behaviors
do not support the
goal they expressed

DC Center for Rational Prescribing



To find more modules, visit

doh.dc.gov/dcrx

Other DCRx Modules



Myths and Facts about Opioids



Getting Patients Off of Opioids



Medical Cannabis: An Introduction to the Biochemistry & Pharmacology



Rational Prescribing in Older Adults



Medical Cannabis: Evidence on Efficacy



Drug Approval and Promotion in the United States



Medical Cannabis: Adverse Effects and Drug Interactions



Generic Drugs: Myths and Facts

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