Sexual History Taking to Reduce HIV Risk
Collaborators

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

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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.
- The post-test will only unlock after viewing the entire video.
- The video can be paused and resumed later.
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

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

- **X** HIV is an “old person’s” disease now
- **X** 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

- **Chlamydia**:
  - 2011: 211
  - 2012: 180
  - 2013: 172
  - 2014: 127
  - 2015: 108

- **Gonorrhea**:
  - 2011: 2,682
  - 2012: 2,440
  - 2013: 2,572
  - 2014: 2,093
  - 2015: 2,577

- **Syphilis**:
  - 2011: 6,956
  - 2012: 7,067
  - 2013: 6,694
  - 2014: 6,117
  - 2015: 7,702
Where something can go, something can grow.
Quick Tips

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

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

3. 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.

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.”
“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
To find more modules, visit
doh.dc.gov/dcrx
Other DCRx Modules

- Myths and Facts about Opioids
- Medical Cannabis: An Introduction to the Biochemistry & Pharmacology
- Medical Cannabis: Evidence on Efficacy
- Medical Cannabis: Adverse Effects and Drug Interactions

- Getting Patients Off of Opioids
- Rational Prescribing in Older Adults
- Drug Approval and Promotion in the United States
- Generic Drugs: Myths and Facts

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