Sexual Health Interview

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Disclosures

- **Scientific Advisory Boards:**

Sprout, Pfizer, SST, Emotional Brain

Objectives

Explain the rationale and context for sexual history taking and sexual health communication in clinical settings

Describe recommended screening strategies and sexual problem assessment

Discuss patient centered counseling approaches applied to the sexual health encounter

Why Assess Sexual Function?

Sexuality is important to quality of life.

Sexual health is a basic human right.

Sexual problems are common.

Inquiry legitimizes and validates the problem.

Patients may be hesitant to bring up the topic: It is up to YOU!

You cannot treat a problem if you don’t know it exists.

Assessing sexual function improves patient satisfaction with HCP.

http://www.who.int/reproductivehealth/en

Barriers to Addressing Sexual Health

HCP embarrassment

Discomfort with opposite gender, < 18 or > 65 ys

Fear of embarrassing/ offending patient

Inadequate training in sexual health

Deficits in communication skills

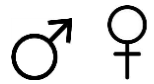
Knowledge gap between sexual medicine developments and clinician's skills

Lack of awareness of co-morbid conditions

Consider other issues as higher priorities

Assume reimbursement poor

Few FDA approved treatments, barriers to access



Korenman SG, 1998; Eid JF et al. 2001; Baum N et al, 1998. *Altholf et. al. 2013

Whom do Patients Ask?

Physician specialties approached for help.

Who did you ask for help?(n =3,807)

Gynecologist/obstetrician 42% (1,616)

General practitioner 24 % (925)

Psychiatrist 12% (439)

Urologist 3% (107)

Endocrinologist 8% (116)

Other 8% (297)

Did not seek help 40% (1,519)

Berman. Seeking help for sexual complaints. Fertil Steril 2003.

PCPs and Routine Sexual History Taking

50 Lisbon PCPs, questionnaire

Medical issues triggered questions about sexuality

- DM, medications with sexual side effects
- Contraception

Routine sexual history taking motive: 22%

Low use of clinical guidelines (24%)

- Lack of time, accessibility

*Sexual history taking improves detection and satisfies patients

Ende 1986. Ribeiro et al. J Sex Med 2014;11:386-393.

Do Gyns Talk About FSD?

341 Swiss Gynecologists, self-report questionnaire

7.9% Gyns routinely explored sexual issues

<20% patients raised topic

28% offered specific appointments; 85% made referrals

Sexual physiology and basic counseling offered by 65-70%

Sex therapy recommended by 14%

Gyns with extensive training more likely to ask (78 vs. 22%)

Barriers: other priorities, time, “language”

Kottmel et al. J Sex Med 2014:11:2048-2054.

What Ob-Gyns Don't Talk About…

>1000 US Ob-Gyns (53% male)

Survey regarding communication practices about sex

Reported routinely asking about:

- Patients' sexual activities (63%)
- Sexual problems (40%)
- Sexual satisfaction (28.5%)
- Sexual orientation/ identity (27.7%)
- Pleasure with sexual activity (13.8%)
- Expressed disapproval of patients' sexual practices (25%)

Sobecki et al. J Sex Med 2012;9:1285-1294.

Sexual Medicine Communication Tasks

Screen and identify sexual concerns

Diagnose sexual problems, assess causes & factors

Delineate impact and distress, empathically witness, offer support & partnership

Reframe attention to sexual problem

Explain impact of medical problem and/or treatment on sexual health

Obtain informed consent for procedure or therapy

Explain treatment and/or behavioral advice

Recommend referral

When to Take a Sexual History…

Health-related conditions/life events

Prenatal/postpartum, infertility, menopause visit

Chronic illness follow-up

Related to urological or gynecologic surgery

New patient or annual gynecologic visit

Basson R. Clin Updates Women's Healthcare. 2003; 1:1-84

Principles for Sexual History Taking

Patients prefer HCP to initiate topic and advise (90%)

Use simple, direct language

Compassionate honesty, normalizing statements

Declare & demonstrate lack of embarrassment

Be aware of patient's cultural background

Ensure confidentiality

Avoid judgementalism & assumptions

May reverse open to close cone

Athanasiadis et al. J Sex Med 2006;3:47-55.
Sadovsky R, Nusbaum M. J Sex Med 2006;3:3-11.

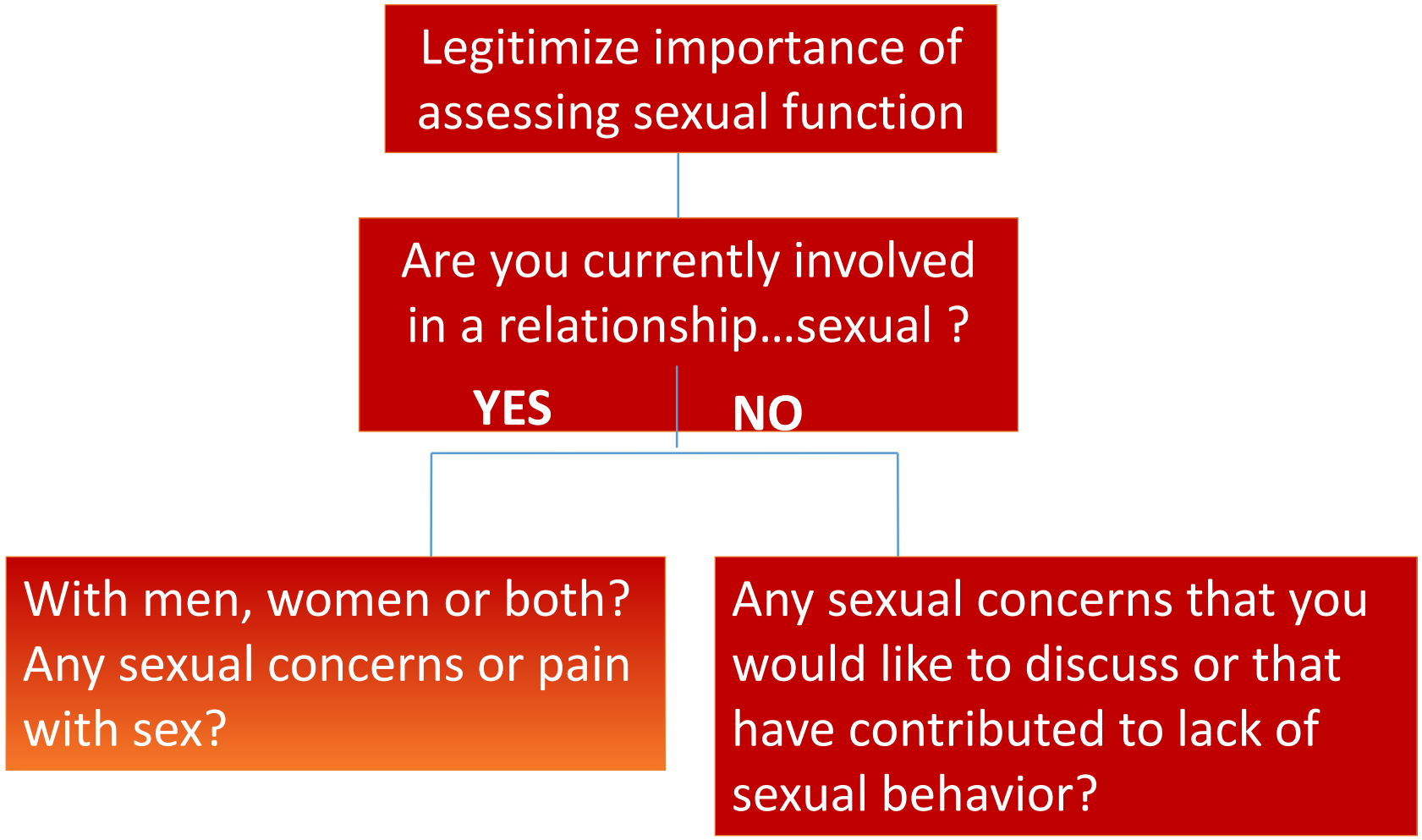
“ALLOW” Algorithm

Managing sexual dysfunction in the office setting:

- **“A”**: Ask
- **“L”**: Legitimize
- **“L”**: Limitations → Refer
- **“O”**: Open up for further discussion and evaluation
- **“W”**: Work together to develop a treatment plan

Sadovsky R, Mulhall JP. Int J Clin Pract.

Basic Screening for Sexual Function



Kingsberg S. Sex, Reprod, Menopause 2004;2(4):1–5.

Screening for Sexual Dysfunction

- **Normalize/universalize** conversations about sexual health issues
- Start with open-ended **ubiquity-style question**
  - "Many women with diabetes have sexual problems, how about you?"
  - Some men notice changes in their erections with prostate cancer treatment. How about you?
  - Higher yield than direct question
- Continue inquiry with specific questions
  - Are you having any problems with desire/ interest in sex?
  - Are you having any problems with lubrication/ dryness?
  - Are you having any problems with orgasm or coming?
- Follow-up positive response with open-ended *invitation*, "Tell me about it."

Sadovsky et al. J Sex Med 2006;3:795-803.

Sexual Problem Assessment

- Nature of the problem
- Phases affected and pain
- Single vs. combined (sequence)
- Lifelong vs. acquired (timeline)
- Generalized vs. situational
- Sudden vs. gradual (predisposing, precipitating, maintaining)
- Contributing factors (psychological, biological, socio-cultural, lifecycle)
- Impact & Distress
- Exacerbating and alleviating factors
- Partner response/related issues
- Treatments and their efficacy

Sadovsky et al. J Sex Med 2006;3:795-803.

Sexual Dysfunction vs. Concern

Fantasy

Disparate needs

Timing

Communication

Knowledge

Technique

Fidelity

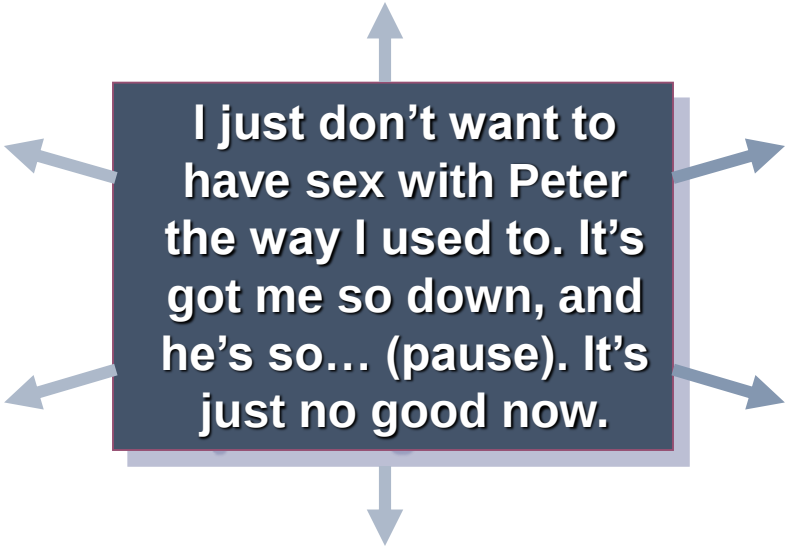
Personal/societal attitudes

Following the Narrative Thread: Which Way Do You Want To Go?

- Tell me about not wanting?
  - Low desire
  - Coercion

- Tell me about Peter?
  - Situational or generalized
  - Relationship issues

- The way you used to?
  - Frequency
  - Technique
  - Enthusiasm/desire



- He's so …, you were saying?
  - Understanding
  - Angry
  - Different
  - The problem

- Tell me about feeling down?
  - Distress about low desire
  - Depression

- Tell me about being no good now?
  - Change in arousal or orgasm
  - Change in relationship
  - ED, He's no good now

Emotionally Supportive Communication: "NURSE"

- **Name**
- **Understand**
- **Respecting**
- **Support**
- **Explore**

- **Confirm understanding & alignment of patient's feelings**
- **Validate: normalize & universalize**
- **Empathically witness patient's efforts**
- **Offer partnership and actions (treatment)**

Smith RC. Patient-centered interviewing: an evidence-based method. Philadelphia: 2002
Smith et al. Patient Educ Couns. 2000;39:27-36.

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Using the NURSE process

- **Name:** I can see you are very upset about your last sexual experience with George.
- **Understand:** I can understand why it would be physically painful and emotionally upsetting to try to initiate sex without any preparation for dealing with your symptoms.
- **Respect:** It is great that you took the step to come in and speak to me about it.
- Support: I am here to help.
- **Explore:** We can explore possible solutions, such as discussing how you feel about agreeing to sexual activity or how you might be more physically comfortable.

Decision for Treatment is a Balance Between Perceived Need & Concerns

Shared Decision-making

Perceived need for treatment

Concerns about treatment

MI Tool for Sexual Health Counseling
ASK-TELL-ASK

Ask what the patient already knows:
"Tell me what you know about lubricants …"

Customize your message to the level of patient understanding

Ask the patient to repeat key elements, about emotional reaction, intention

Kemp, Floyd, McCord-Duncan, & Lang, 2008

Sexual Interview Communication Skills Strategies

- **Detection & diagnosis**
  - Open-ended questions, listening, empathic delineation
  - Normalizing & universalizing inquiry and problems
  - Ubiquity statement followed by open-ended question(s)
  - “Tell me about a typical sexual experience”
- **Evaluation**
  - Open-ended questions about impact and distress
  - Clarifying questions, summarizing statements
- **Patient-centered education/intervention**
  - Normalizing statements, treatment options, benefit-risk, shared decision making, ask-tell-ask

Validated Tools to Assess FSD

Validated Tool	Assessment Area
Decreased Sexual Desire Screener (DSDS)[1]	**Brief diagnostic tool for Hypoactive Sexual Desire Disorder (HSDD)**
Female Sexual Function Index (FSFI)[2,3*]	**Desire, arousal, orgasm, and pain**
Female Sexual Distress Scale-Revised (FSDS-R)[4]	**Distress**

***FSFI questionnaire and scoring key available at: www.fsfi-questionnaire.com.**

1. Clayton AH, et al. *J Sex Med*. 2009;6:730-738. (B)
2. Meston CM. *J Sex Marital Ther*. 2003;29:39-46. (B)
3. Rosen R, et al. *J Sex Marital Ther*. 2000;26:191-208.(B)
4. Derogatis L, et al. *J Sex Med*. 2008;5:357-364. (B)

Decreased Sexual Desire Screener (DSDS)

1. In the past, was your level of sexual desire/interest good and satisfying to you?	No □	Yes □
2. Has there been a decrease in your level of sexual desire/interest?	No □	Yes □
3. Are you bothered by your decreased level of sexual desire/interest?	No □	Yes □
4. Would you like your level of sexual desire/interest to increase?	No □	Yes □
5. Please check all the factors that you feel may be contributing to your current decrease in sexual desire/interest:		
A. An operation, depression, injuries, or other medical condition	No □	Yes □
B. Medications, drugs or alcohol you are currently taking	No □	Yes □
C. Pregnancy, recent childbirth, menopausal symptoms	No □	Yes □
D. Other sexual issues you may have (pain, decreased arousal, orgasm)	No □	Yes □
E. Your partner's sexual problems	No □	Yes □
F. Dissatisfaction with your relationship or partner	No □	Yes □
G. Stress or fatigue	No □	Yes □

If "NO" to Q1, 2, 3, or 4 = Not generalized acquired HSDD

If "YES" to all Q1–4 and "NO" to all Q5 factors = clinician to use best judgment to confirm a diagnosis of generalized acquired HSDD

If "YES" to all Q1–4 and "YES" to any Q5 factor = clinician to use best judgment to determine diagnosis*

Co-morbid conditions such as arousal or orgasmic disorder do not rule out a concurrent diagnosis of HSDD

Clayton et al. J Sex Med 2009;6:730-738.

Female Sexual Function Index (FSFI)

19-item, multidimensional self-report instrument

Assesses 6 key domains over 4 weeks

- Desire, subjective arousal (physical & mental), lubrication, orgasm, satisfaction, pain

FSD defined < 26.5

Use in clinical trial & community populations, multinational, heterosexual & homosexual women

Limitation: physiologic, genital aspects; current ftn

www.fsfiquestionnaire.com

Rosen et al. J Sex Marital Ther 2000; 26:191-208.