Workshop 5: A Structured Sexual Health Interview

"Challenges in sexual health interview"

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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

Inadequate knowledge/skills

Fear of embarrassing patient

Lack of awareness of co-morbid conditions

Consider other issues as higher priorities

Assume reimbursement poor

Few FDA approved treatments - 26:2, ♂ ♀

Korenman, SG, 1998; Brokeman, CPM et al, 1994; Eid JF et al, 2001; Baum, N et al, 1998.

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.

HSDD Dialogue Study Results

- 23% of visit (3.9 minutes) discussing sexual health
- 93% of questions closed-ended
- Few empathic closed-ended comments observed
- Only 1% of positive responses to closed-ended questions about sexual problems prompted an open-ended follow-up question
- 48% of visits included questions about life impact & distress
- 51% of PVIs revealed new information about patient's emotions, relationship, partner, sexual function

Parish et al. ISSWSH Annual Meeting, Feb. 2010.

HSDD Dialogue Study Results, contd.

- 55% of physician-patient pairs not aligned about patient's level of distress.
- MDs (0) do not learn/advise about primary vs. secondary (postmenopausal orgasm phase)
- Discussions limited/vague and lacking detailed advice or follow up plans
- Benefit/risk discussion focused on benefit (20/22- 90%)
- Patients and physicians were satisfied with discussions
  - 33% very satisfied, 60% moderately satisfied, no-one dissatisfied
  - 68% had never discussed this with any physician before

Parish et al. ISSWSH Annual Meeting, Feb. 2010.
Parish. SMSNA Annual Meeting, May 2014

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.

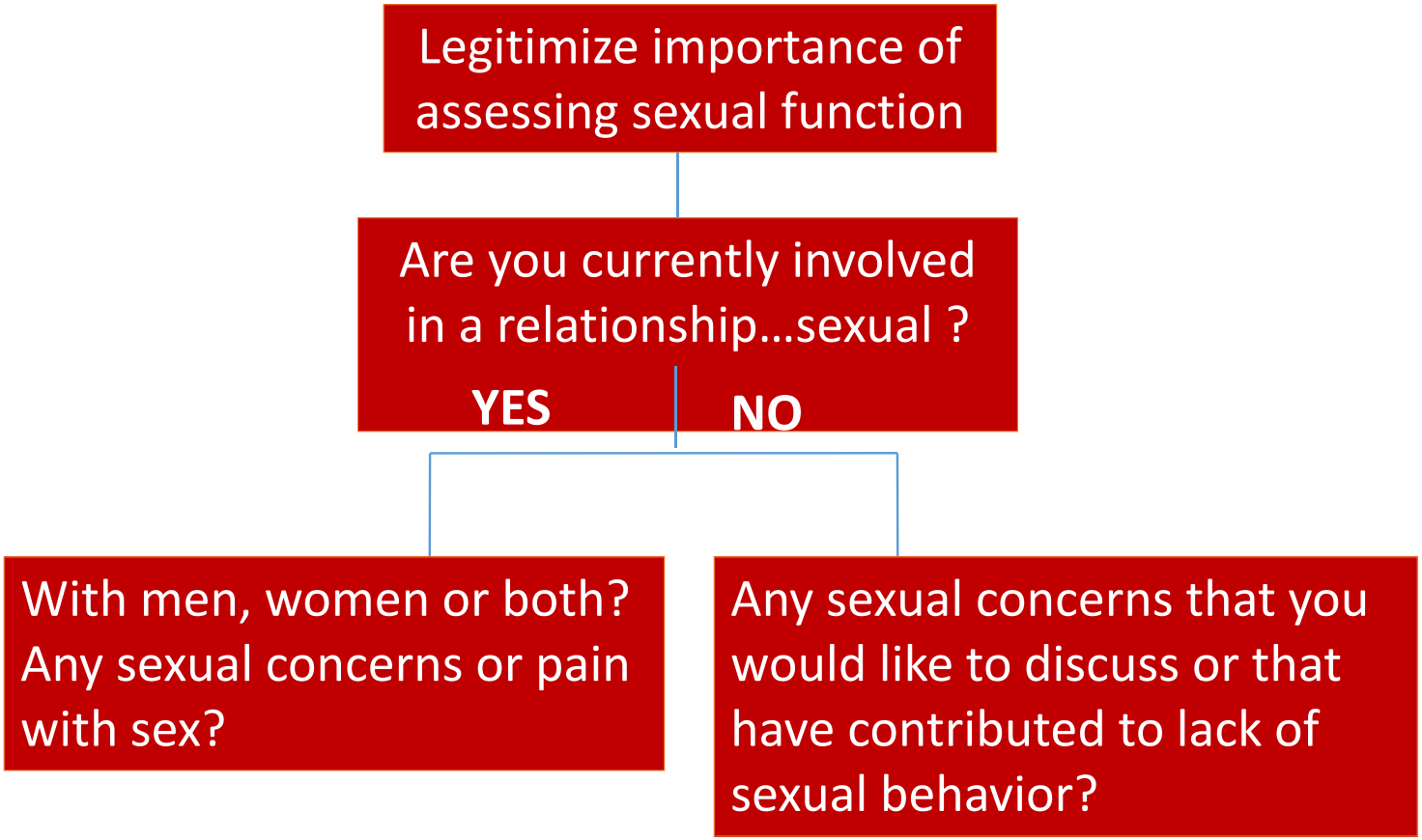
“ALLOW” Algorithm

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

I just don't want to have sex with Peter the way I used to. It's got me so down, and he's so… (pause). It's just no good now.

- 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

Couple Interview

- Try to complete individual interview of each partner
- Emphasize that sexual problems are a “couple” issue
  - Allows provider to see emotional reactions
  - View couple discrepancies
  - Observe verbal and non-verbal cues
- Set realistic expectations
- Don’t underestimate environmental sexuality
  - Stress/fatigue/children
- Begin with effective communication skills
- Focus on a common goal

Leiblum & Wiegel. World J Urol 2002.

Office-Based Counseling: PLISSIT Model

Permission to talk about sexual issues, reassurance, empathy

Limited **I**nformation

- e.g., education about genital anatomy or educational resources

Specific **S**uggestions

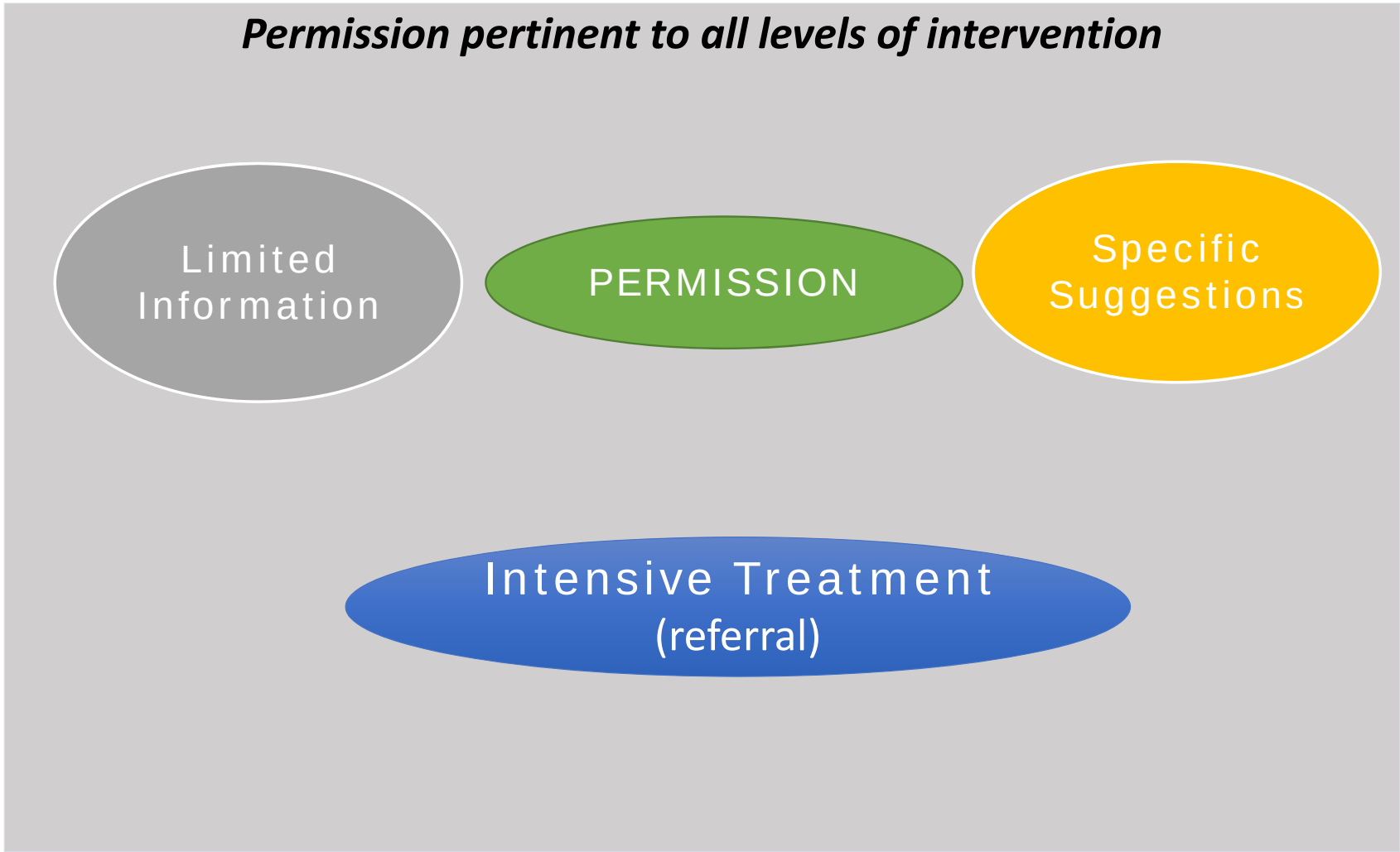
- e.g., use of lubricants, altering position

Intensive **T**herapy

- e.g., referral for psychotherapy

Annon, 1976

Ex: Plissit Communication Tool For Sexual History



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

TELL Customize your message to the level of patient understanding

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

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