ACTHIV
THE AMERICAN CONFERENCE FOR THE TREATMENT OF HIV

ACTHIV 2017: A State-of-the-Science Conference for Frontline Health Professionals
50 Shades of Gray: Taking Sexual Health Back

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Anus: Step-child of the body

- Consider body image and body perception in US culture. Lack of health education
- Anus is a nether region of the body in a far off place that is difficult for one to see
- Don’t discuss the anus in polite society
- Anus and rectum are considered dirty
- Used as an epithet
Objectives

Upon completion of this presentation, the learner should be better able to:

1. List two or three common phrases to elicit helpful sexual health information during patient interview

2. Articulate and discuss atypical sexual practices
“I came to this session today because......”
Ewww!

TMI!

Uh??

You what?!

You shouldn’t do that!

Well, if you weren’t having anal sex! It’s not built for that.

(Blank, quiet stare and change the topic)
Sex is typically uncomfortable to talk about

We all want our patients to be happy and healthy

Few of us received skills-building around sexual health, sexual history-taking, or multiculturalism in our professional education

Many patients may be unfamiliar with talking about sex in primary care
Assumptions I hope you make

- Sex is Fun! (and typically free)
- Sex feels good!
- Sex means different things to each person
- Most patients are having sex
- Sex is the 5th Vital Sign
Ways to Create a Welcoming Office Environment

- Display posters or flyers that include LGBT people

- Train support staff on LGBTQ issues

- Display LGBT safe zone or rainbow stickers to highlight staff who have been specially trained to work with LGBTQ patients

- Address confidentiality concerns proactively
How do patients perceive us?
The Gender Unicorn

Gender Identity
- Female / Woman / Girl
- Male / Man / Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other / Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
Communication: Avoiding Assumptions

Don’t Assume:
- all patients are heterosexual
- all patients use traditional labels
- sexual orientation based on appearance
- sexual identity based on behavior (or partner’s gender)
- sexual behavior based on sexual identity
- sexual behavior or identity haven’t changed since last visit
- bisexual identity is only a phase
- transgender patients are gay, bisexual, or lesbian
Mental Health: Assessment

In the primary care setting:

- Ask patient about most pressing mental health concerns
- Assess patient’s degree of comfort with sexual orientation and gender identity

Sample questions:

- At what age did you become aware of your sexuality or sexual orientation? How?
- How do you feel about your sexuality or sexual orientation?
- How do you feel about your gender? Is it different from how others view you? How do you describe your gender?
- How “out” are you now? Who knows about your sexuality/gender?
- What were/are the positive aspects of “coming out”?
- What are/were the negative aspects of “coming out”?
Can patients connect with us?
Are we easy to talk to?
Do we put the patient at ease?
Or is this how patients feel?
Establishing Rapport

You really have to work at this!
What are we asking patients to tell us?
“What do you consider yourself to be?”
- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Other (please specify)
- Don’t know

“What is your current gender identity?”
- Male
- Female
- Female-to-male/transgender male/trans man
- Male-to-female/transgender female/ trans woman
- Neither exclusively male nor female (e.g., genderqueer)
- Other (please specify)
- Decline to answer

“What sex were you assigned at birth?”
How can we transform these questions?
What's the craziest sex story a patient has told you?
Goals of sexual health assessment

- Get to know your patient a little
- Assess intimacy, satisfaction, concerns
- Assess function and risks
- Correct misperceptions
How do we elicit trust?
Information?
“Have you been sexually active in the last year?”

- If, yes
  - “Do you have sex with men, women, or both?”
  - “In the past 12 months how many sexual partners have you had?”

If no,

- “Have you ever been sexually active?”
- “How many partners have you had in your life?”
How can we transform the question?
When/How to Ask

- Review of systems
  - Gastrointestinal, diet, and digestion
  - Dermatological
  - Social Health
  - Sexual Health and violence

Do you have to push or strain? Any cramps or nausea or pain? Anal spasm or sensing you have to go?

Do you see any blood in your stool? Mucous? Discharge? Any lumps, bumps, raw spots?

How many servings of fresh, crunchy vegetables would you say you have in a day? How much water?

Do you have anal sex? Is it pleasurable? Uncomfortable? ********
I like to introduce anal sex in the GI assessment to make it a body part functional assessment. This removes that “gravitas” that can arise during the sexual history.
Dermatologic

- Do you have any burning or itching on your anal or genital skin? Any weird sensations?
- Do you feel any lumps or bumps around there that concern you?
- Do you get any irritations that come and go?
- Do you every get psoriasis or eczema on other parts of your body?
- If having these: How do you wash? Soap? Face cloth? Topicals? Wiping after toileting? How long on the toilet?
Any problems when you pee? Burn? Itch? Trouble going?
Do you sense any problems with the way things function?
Any questions about this part of the body?
Any trouble with orgasm?
Any concerns about how your body parts function during sex? ********
Second reference to sex during a functional assessment. This type of question removes “layer” of whom has contact with your genitalia and just addresses function.

It is also the second time I give patients permission to talk about sex in relation to their bodies and not in any social context.
Sexual Health

- Tell me a little about your love and sex life
- Is there a special someone or someones?
- How long have you been together?
- How do you meet others for socializing, dating, sex?
- Talk to me about any kinds of protections, barriers, preventions you use? Condoms? Without condoms?****
- Anyone ever been mean or violent to you sexually? Not stopped after you said no?
- Are you orgasmic? Is everything working okay?
- Do feel you have any special needs or concerns related to sex and your sex life?
- Do you have any questions or concerns?
I like to open the opportunity to talk about risk taking by asking about the mechanics of sexual protections and avoid terms like Safe Sex, Safer Sex. Again, I focus on activity and function to avoid value judgments.
“Some of my patients tell me…….blah, blah, blah….to get off. I’m wondering if you……..”

“Do you have any specific sex play, or kinks, or questions you like to discuss or ask me about?”
Beyond Missionary Position

- Kink
- Bondage and discipline
- Sadism/masochism
- Physical stimulators
- Polyamory
- Fetish and fetish wear
- Costume play
- Sex worker sex
- Group sex, orgies
How does health status impact sexual desire, sexual practices?
How can we help patient compensate?
Education
Problem-solving
Care-planning that integrates sexual health into plan
Make a welcome and sex positive environment
Don’t make heteronormative assumptions
If you don’t ask they probably won’t tell
Make space for difficult questions and topics. Ask in a variety of ways
Improve your relationship with your patient; improve your data collection, interventions and outcomes
Sexual Health and Your Patients: A Provider’s Guide was supported by cooperative agreement number 5H25PS003610-05 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of Altarum Institute and do not necessarily represent the official views of CDC.

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