



TAKING A SEXUAL HISTORY WITH OLDER ADULTS

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Background

- Sexual health is an integral part of overall health across the lifespan
- Research supports that many older adults continue to be sexually active throughout all decades of life
- Older adults are more likely to have limited knowledge about STI's and HIV
- Older adults are more vulnerable to transmission and sometimes are diagnosed late due to provider's lack of knowledge concerning risks
- 17% of newly diagnosed HIV infection in Americans are in the 50 and older group

Need

- HIV and STI prevention and control guidelines require a comprehensive sexual history for all adults
- All adults should be advised about risks and risk reduction
- Sexual health discussions between clinicians and older adults are suboptimal
- The sexual history should be incorporated as a routine part of the medical history
- Effective interventions are needed to increase screening and testing for older adults is necessary

Sexual History-Taking Practices

- Understanding about how older adults and HCP engage in dialogue about sexual health is limited
- Most studies regarding sexual history taking have relied on self-report measures and chart reviews
- One study explored the content and context of physician-patient sexual health discussions during periodic health exams to answer 2 questions
 - At what frequency are components of sexual history taking addressed?
 - What patient, physician and visit factors contributed to sexual history taking

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- Transcribed audio recordings of 483 periodic health exams(PHEs) were analyzed with permission from patients
- Analyses revealed that approximately one-half of the PHEs included some discussion about sexual health with physicians initiating, but only 10% of patients were specifically asked if they were sexually active
- The most frequent health topic was history of abnormal pap smears
- The second topic was sexual performance

Sexual History-Taking Practices

- Another study looked at Nurse Practitioners' sexual history taking with adults over 50 years of age.
- The study involved a random sample of 500 American Academy of Nurse Practitioners members, using a mailed questionnaire.
- Only 2% of respondents indicated they always conduct a sexual history, while 23.4% never or seldom do such an assessment

Provider Barriers

- Misconceptions
- Inadequate training of providers
- Limited communication skills
- Insufficient knowledge about sexual health
- Lack of preventive discussion about sex
- Time constraints
- Personal factors (age and gender)

Patient Barriers

- Reluctance due to embarrassment
- Younger caregiver doing the assessment
- Opposite gender

Goals

- Reduce the risk of transmission of STI's and HIV in older adults
- Improve provider comfort level in obtaining a sexual history
- Increase early diagnosis and linkage to care

Tips

- Consider the “don’t ask, don’t tell” attitude exhibited by some older adults
- Establish rapport
- Pay attention to verbal and non-verbal cues
- Engage the patient; maintain eye contact, avoid rushing and interrupting, use frequent brief affirmative responses
- Maintain an open mind and accepting attitude
- Never make assumptions about the patient’s sexual orientation

How to Start (Dialogue Examples)

- As part of your physical, I will ask you questions about your sexuality. I take this history for all my patients to understand their sexual health and risk for sexually transmitted diseases and to provide complete and appropriate care. All information will remain strictly confidential.
- I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important to your overall health

How to Start (Dialogue Examples)

- I ask these questions of all my adult patients, regardless of age, gender or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?

Sexual History Taking Methods

- Ask patient if they are sexually active
- Last sexual encounter and Gender of current partner
 - Number of current partners in the past 6 month
 - Type of sexual behaviors (anal, vaginal or oral)
 - Condom use
 - Issues with sexual well-being (discomfort, erectile dysfunction)
- Assess and enhance patient's knowledge of safer-sex practices

Summary

- Healthcare providers are in an optimal position to help address sexual risk by doing comprehensive assessments and providing sexual health information
- Healthcare providers should increase self-efficacy for assessing sexual health
- Older adults should be empowered to seek information from their health-care providers
- Routine testing should be included for all adults

References

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