Knowing Your Patients: Taking a History and Providing Risk Reduction Counseling

The Fenway Guide to LGBT Health
Module 2
Learning Objectives

At the end of this module, participants will be able to:

- Describe approaches to taking a comprehensive history with lesbian, gay, bisexual, and transgender (LGBT) patients
- Explain approaches to taking a sensitive and thorough sexual history
- Describe strategies for providing relevant sexual risk reduction counseling
Taking a Comprehensive History

- The core comprehensive history for LGBT patients is the same as for all patients

- Varies regarding setting
  - Reason for coming
  - Social and sexual history
  - Past medical history
  - Review lifestyle risk factors
Getting to Know your Patient

- Get to know your patient as a person (e.g., partners, children, jobs)
  - Validates LGBT lives as normal and not focused on sexual behavior
  - Helps assess social adjustment and community support
- Ask open-ended questions
  - Tell me about yourself
  - Who lives in your home with you?
  - Are you involved in a relationship?
  - What kind of work do you do?
- You may learn a lot of what you need to know to guide the rest of the history
Non-judgmental Communication

- Be respectful and empathic
- Ask questions that do not assume heterosexuality
- Ask questions that are non-judgmental and open-ended
- Use gender-neutral language when referring to partners
- Listen first to how your patients describe themselves and their partners; then follow their lead (unless terms sound derogatory)
- If you are not sure what terminology to use, ask your patient!
Talking with Patients: Examples

- Instead of “Are you married?” or “Do you have a boyfriend/girlfriend” ask:
  - “Do you have a partner or spouse?”
  - “Are you currently in a relationship?”; if yes, “Tell me about it.”

- Do not assume a patient calls himself “gay” if he has sex with men. The patient may consider himself heterosexual, bisexual, or some other identity.

- If a female patient refers to her wife, the clinician should also say wife, even if the couple is not legally married.
LGBT Health Concerns

- Substance use: smoking, alcohol, drugs
- Mental health: suicide, anxiety, depression
- HIV/STIs and viral hepatitis (men and transgender)
- Obesity (women)
- Eating disorders (men)
- Cancers: anal in men; breast/cervical in women
- Violence victimization: hate crimes, domestic
LGBT Health Concerns: Sample Questions

- Do you smoke? How many cigarettes do you smoke per day? Have you ever tried quitting?
- On average, how many drinks of alcohol do you have per week?
- Do you struggle at all with depression or feeling down? Do you struggle with anxiety?
- Do you follow a special diet?
- Have you ever binged, purged, or restricted your food intake?
- At any time, has anyone hit, kicked, choked, threatened, forced him or herself on you sexually, touched you in a sexual way that was unwanted, or otherwise hurt or frightened you?
LGBT Life Issues

- Process of coming out as LGBT
- Stigma of living as LGBT (e.g., rejection from family)
- Partnering (marriage, civil unions, other commitment)
- Becoming parents (adoption, insemination, etc.)
- End-of-life/advance directives
- Discrimination in housing, work, children’s education

Clinicians should:
  - Ask questions and listen without judgment or bias
  - Be prepared to make referrals
Taking a Sexual History
Beginning the Sexual History

Begin the sexual history by reassuring the patient that is a routine part of the history, and is confidential.

Now I am going to ask you some questions about your sexual health. These questions are very personal, but are important for me to know to help keep you healthy. I ask these questions of all my patients, and they are just as important as questions about your overall physical and mental health. Like the rest of this visit, this information is strictly confidential. (California STD/HIV Prevention Training Center, 2006)
Questions on Sexual Behavior, Identity, and Desire

- Ask if patient is sexually active:
  - Have you been sexually involved with anyone during the past year, including oral, vaginal, or anal sex, or other kinds of sexual practices?

- If no, ask about past sexual partners:
  - Have you ever been sexually involved with men, women, or both?

- If yes, ask about current sexual partners:
  - Are you sexually involved with women, men, or both?
  - How many sexual partners have you had in the last year?

- Assess patient comfort with sexual identity and desire
  - Do you have any sexual concerns or questions you’d like to discuss?
  - Do you have any concerns or questions about your sexuality? Sexual identity? Or sexual desires?
  - Are your sexual desires for men, women, or both?
  - Do you feel comfortable with your sexuality and sexual identity?

- Use language mirroring the patient’s language
Risk Assessment

- Assess risk for sexually transmitted infections (STIs) and pregnancy (if relevant)
  - *How do you protect yourself from HIV and other STIs?*
  - *…from unplanned pregnancy (if relevant)?*
  - If they use condoms or latex dams, ask: *How often do you use condoms or latex dams when you have sex: all the time, most of the time, once in a while?*
  - If barrier use is not consistent, ask: *When and with whom do you not use condoms or latex dams?*
  - *Have you ever been diagnosed with gonorrhea, Chlamydia, syphilis, trichomonas, HIV, hepatitis, or another STI?*
  - *Has your partner(s) ever been diagnosed…?*
  - *Do you use alcohol or any drugs when you have sex, such as crystal meth, cocaine, ecstasy, poppers, injection drugs, Viagra, others?*
Risk Assessment, cont’d

- For men who have sex with men, assess additional disease prevention practices:
  - *Have you ever had hepatitis B, or ever gotten the hepatitis B vaccine (all 3 doses)?*
  - *Have you ever had hepatitis A, or ever gotten the hepatitis A vaccine (2 doses)?*
  - *Have you ever had an anal Pap smear (to check for anal HPV infection and possible progression to dysplasia or anal cancer)?*
  - *Have you ever been tested for syphilis?*
Sexual Function and Sexual Trauma

- **Assess sexual function**
  - Do you have any concerns about sexual function?
  - Do you have any pain or discomfort during intercourse (anal or vaginal)?
  - Do you have any problems with erection? Ejaculation? Orgasm?
  - Have you had any change in sexual desire?

- **Assess sexual trauma/violence victimization if not covered during earlier history**
  - Has anyone ever forced him or herself on you sexually, or touched you in a sexual way that was unwanted?
Avoid Assumptions; Be Open To What Patients May Tell You!

- Sexual behavior, desire, and identity do not always align
  - A patient who identifies as straight may have (or desire to have) same-sex partners
  - A patient who identifies as gay may have different-sex partners
  - A patient who identifies as bisexual may have only same-sex or only different-sex partners

- Sexual behavior and identity can change over time in any direction

- Sex outside committed relationships happens
- Committed relationships may be with more than one person
- Elderly people have sex
- “Sex” has different meanings to different people (be specific)
Considerations for Transgender Patients

- Gender identity is distinct from sexual orientation (don’t assume transgender people are gay, lesbian, bisexual)
- Transgender people express the same range of sexual behavior and identity as non-transgender people
- Ask about any gender confirmation surgery to help assess sexual risk behaviors and guide your physical examination; do not make assumptions based on stated identity or external appearances
- Examination should focus on organs that are present
  - People who have original sexual organs or breasts that are inconsistent with their gender identity may be extra sensitive to questions about sexual practices and examination of these organs
- Do not hesitate to ask your patients for clarification of certain terms or behaviors. Let them teach you!
Considerations for Bisexual Patients

- Bisexual people may be in a committed relationship, casual relationship(s), or have no relationship, and may have sex one-on-one (more common) or in a group (less common).

- Someone who identifies as bisexual has not always had a sexual relationship with both same and opposite-gender partners.

- Someone who has sex with partners of more than one gender does not always identify as bisexual.

- Approach each patient as an individual and respect how they identify their sexual orientation. Avoid any assumptions, and use the history to get accurate information about sexual practices.
Confidentiality

- Assure patients that the medical history is confidential
- If patient expresses concern during the history, provide affirmation after they disclose information:
  - “I’m glad you told me this.”
  - “I know this wasn’t easy for you to tell me, and I appreciate your honesty.”
- Assure patients that information related to sexual identity or behavior will not be shared with parents, spouse, partner, or other family members
- Work with staff to ensure that billing for STD testing will not be seen by spouse or parents
Confidentiality and Medical Records

- If a patient worries that sensitive information is going in their medical record, explain the following:
  - What information you believe is clinically relevant to include in the record for continuity of care and good medical practice,
  - Who has access to medical records, and
  - What the privacy protections are for medical records in your practice.

- Consider not documenting the patient’s sexual or gender identity if doing so would prevent them from being forthright
Providing Sexual Risk Reduction Counseling and Discussing HIV Testing
# Magnitude of Risk

<table>
<thead>
<tr>
<th>Sexual Contact Type</th>
<th>Risks</th>
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</thead>
<tbody>
<tr>
<td><strong>Unprotected intercourse</strong></td>
<td><strong>High risk of:</strong> HIV, gonorrhea, Chlamydia, HPV, herpes, syphilis, hepatitis B, trichomonas (vaginal-penile only)</td>
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<tr>
<td>anal-receptive</td>
<td></td>
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<tr>
<td>anal-insertive</td>
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<tr>
<td>vaginal-penile</td>
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<tr>
<td><strong>Unprotected oral intercourse</strong></td>
<td><strong>Reported risk of:</strong> HIV</td>
</tr>
<tr>
<td></td>
<td><strong>Risk of:</strong> HPV, herpes, syphilis, gonorrhea, Chlamydia</td>
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<tr>
<td></td>
<td><strong>Note:</strong> pharyngeal and genital infection possible</td>
</tr>
<tr>
<td><strong>Unprotected oral-anal contact</strong></td>
<td><strong>Risk of:</strong> hepatitis A, intestinal parasites, enteric infections</td>
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# Magnitude of Risk, cont’d

<table>
<thead>
<tr>
<th>Sexual Contact Type</th>
<th>Risks</th>
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<tbody>
<tr>
<td><strong>Unprotected sexual contact between women</strong></td>
<td><strong>Risk of:</strong> HPV, bacterial vaginosis, genital herpes, Chlamydia, trichomonas, HIV</td>
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<tr>
<td>Sharing sex toys</td>
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<tr>
<td>Digital-genital contact</td>
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<td>Vagina-vagina contact</td>
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<tr>
<td><strong>Wet (French) kissing</strong></td>
<td><strong>No known risk of HIV</strong></td>
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<td></td>
<td><strong>Risk of:</strong> herpes (HSV-1)</td>
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STI Risk: Women who have Sex with Women (WSW)

In addition to risk of STIs listed in previous slide, it is important to note that:

- Many WSW have a history of sex with men, increasing their risk of HIV infection and other STIs
- Women who have sex with women and men report higher rates of anal sex with men compared to women who have sex only with men (Scheer et al, 2001)
Common Misconceptions about Risk

- I can’t get HIV/STIs if I am the “top” (insertive partner in anal sex)
- I can’t get STIs from oral sex

**HIV- men:**
- I don’t need to use condoms with HIV- partners
- My partner didn’t say he’s HIV+, so he must be HIV-
- I don’t need to use condoms with an HIV+ partner if he is taking anti-retrovirals and his viral load is undetectable

**HIV+ men:**
- I don’t need to use condoms with HIV+ partners
- My partner didn’t want to use a condom, so he must be HIV+ too

**Women**
- Women don’t need to use protection with other women
- Women don’t need condoms for anal sex
Safer Sex Guidance

- Assess patient’s risk and risk-taking behaviors with a thorough history
- Assess patient’s perception of risk for STIs, HIV
- Guide patient toward appropriate prevention strategies using a harm reduction approach (see next slide), based on individual readiness for change and comfort with risk
Safer Sex Guidance, cont’d

- Behavioral risk reduction approaches:
  - Abstinence
  - Monogamy with uninfected partner
  - Reduce number of partners
  - Low-risk sexual practices
  - Consistent and correct use of barrier methods
  - Cease engaging in one form of high-risk activity
  - Avoid excessive substance use

- Advise having a proactive plan to protect self and partners
- Counsel on correct use of barrier protection
- Educate on availability of post-exposure prophylaxis (PEP) for high-risk HIV exposure (e.g. condom break, post-coital HIV disclosure)
Safer Sex Education and Counseling for WSW

- Counseling can focus on minimizing sexual transfer of vaginal fluids and menstrual blood
  - Latex barriers (gloves, dental dams for oral-vaginal or oral-anal sex, condoms with insertive objects/sex toys that are shared)
  - Lubricants to reduce tearing, abrasions
  - Clean insertive objects/sex toys with 1/10th bleach/water solution after use

- Based on history, counsel about safer sex with men, including safer anal sex
Further Resources

- AMA’s Patient Sexual Health History: [www.bigshouldersdubs.com/clients/AMA/23-AMA-HealthHistory.htm](http://www.bigshouldersdubs.com/clients/AMA/23-AMA-HealthHistory.htm)
- Centers for Disease Control and Prevention, Sexually Transmitted Diseases: [www.cdc.gov/std](http://www.cdc.gov/std)
- See Handout 2-A for more