Canadian Family Medicine Clinical Card

A19/A20 2011
www.learnfm.ca

Leung WPH
Nixon L
Keegan DA

Sexual Health History

TIPS FOR TAKING A SEXUAL HISTORY

1. Interview in private w pt fully dressed
2. Ask permission to take a sexual history
3. Normalize sexual history as routine care
4. Reaffirm and explain confidentiality
5. Connect sexual hx with medical and social hx
6. Use and explain medical terminology
7. Clarify pt's vocabulary, if vague or slang

Legal reporting obligations:

1. Risk of harm to self or others
2. Reportable diseases (e.g. G&C, syphilis, HBV, HCV, HIV; see provincial guidelines)
3. Suspected child abuse
4. Age of consent in Canada: 16; 14-15 (partner's age within 5 yrs) 12-13 (partner's age within 2 yrs)

CORE SEXUAL HISTORY

STI Risk

1. "In the past 12 months, have your partners been men, women, or both?"
2. "Have you had more than one partner in the last 12 months?"
3. "Do you have oral, vaginal, and/or anal sex?"
4. "Have you ever been tested for/ had a sexually transmitted infection?"
5. "How do you protect yourself from sexually transmitted infections?"
6. "What method do you use for contraception?"

Function

7. "Do you have any intent to have children?"
8. "How satisfied are you with your/your partner's sexual function?"
9. Ask specifically about problems with desire/arousal/orgasm (give examples).
10. Review meds for sexual side effects (e.g. SSRI, ß-blocker, HCTZ, opiates).
11. Women: ObsGyne hx (Pap smear, LNMP, Gravida:Para).

SPECIAL POPULATIONS

Diabetes mellitus	–♂: ED (vascular in T2DM; neuropathic and hypogonadism in T1DM) –♀: Depression, decreased interest, dryness, anorgasmia
CAD, HTN	–ED (1° due to neurovascular dz, 2° due to medications)
Depression/ anxiety	–Decreased interest and arousal (1° effect) –Problems with arousal and climax (2° effect due to medications)
Hx of STI or IV drug use	–STI risk assessment –Screen for other STIs (HBV, HCV, HIV, G&C, syphilis)
Adolescent	–Normalize sexual development and behaviour where appropriate –Ensure opportunity for 1-on-1 discussion (without caregiver) –Counsel on safe sex
Postpartum	–Screen for depression, address complications from pregnancy/delivery –Counsel on contraception (condoms, progestin-only pill)
Older adults	–Screen for ED, dryness/dyspareunia, ↓mobility, depression/anxiety –Review medications for sexual side effects

COMMON SEXUAL COMPLAINTS

Erectile dysfunction (ED)	–Determine organic vs. psychogenic –Clarify onset, situation specific, desire, morning/nocturnal erections –Organic: DM, CAD, HTN, hypogonadism, smoking, alcohol, meds, drugs –Psychogenic: depression, anxiety, stress
Premature ejaculation (PE)	–Determine 1° or 2°, onset, situation or partner specific –Rule out comorbid sexual dysfunction (e.g. ED, decreased desire); if no comorbidities, PE usually not due to organic disease
Dyspareunia (pain during sex, F or M)	–Characterize pain (OPQRSTU, superficial vs. deep, 1° vs 2°) –♀: dryness, atrophy; vulvodynia, vaginitis, vaginismus, PID, endometriosis, fibroids, adnexal pathology, traumatic delivery, GU –♂: dryness, phimosis, balanitis, prostatitis, epididymitis –Hx of sexual assault or trauma
Decreased desire	–Organic: hypoandrogenism, menopause, dyspareunia, medications –Psychogenic: relationship factors, depression, anxiety, trauma

Key References: Kingsberg SA. Taking a sexual history. *Obstet Gynecol Clin N Am*. 2006;33(4):535-47. Nusbaum NRH, Hamilton CD. The proactive sexual health history. *Am Fam Physician*. 2002; 66(9):1705-12. Tideman R, et al. Use of the Delphi sorting technique to establish a core sexual history. *Int J STD AIDS*. 2006;17(3):170-2.