Taking a Sexual History

When taking a medical history from a patient, it is all too easy to forget or ignore the relevance of taking a sexual history from a patient. The detail needed is dependent on the individual patient and their presenting symptoms, but sexually transmitted infection should always be kept in mind as a possible cause. Are you able to name a medical specialty in which a sexual history could be considered completely irrelevant? Eg.

- Dermatology eg. HIV, Syphilis, GC
- Ophthalmology eg. HIV, Chlamydia, GC
- Rheumatology eg. Chlamydia, GC, HIV
- Gastroenterology eg. HIV, Hepatitis
- Haematology eg. HIV
- Psychiatry eg. HIV, syphilis

Many doctors feel uncomfortable about asking patients sexually explicit questions, or asking gay men about sexual behaviour. The less frequently these questions are asked, the more uncomfortable the clinician may feel when asking these questions. This can turn what should be a perfectly normal, open consultation into a painfully awkward consultation for all concerned.

It is necessary to ask very personal questions when taking a sexual history. It is wise to warn the patient that you are going to ask these questions and to explain why they need to be asked.

GOLDEN RULES FOR SEXUAL HISTORY TAKING

- Assume NOTHING
- Demonstrate that you’ve heard it all before- even if you haven’t!
- Try not to look shocked or surprised
- Do not appear judgemental
- Reassure the patient about the confidentiality of all that is discussed

Provided that you do this, a patient will usually respond quite openly and comfortably.

You may not need to ask all the points listed below with every patient. It is advisable to start off with least intrusive questions such as reason for attendance or more details about presenting complaint before leading into more specific questions about sexual practices. As described below it is important to establish the detail of sexual practices but asking a patient ‘do you have anal sex’ as your opening question for a sexual history may be quite off-putting for the patient.

Ask straightforward questions when discussing sexual practices, so as to avoid misunderstandings. Use the right terminology.

NOT: “What sort of sex do you have?”
Ask: “Do you have vaginal/ oral/ anal sex?”

NOT: “Do you use protection or not?”
Ask: “Did you use a condom?”
NOT: Are you gay?
Ask a male patient – have you ever had sex with a man
Or is your partner male or female?

We take a sexual history to find out the:

1. Risk of exposure to certain infections and the risk of pregnancy
   Where were their sexual contacts from?
   Condom use – everytime, sometimes
     - condom accidents

2. Sites exposed to infection - so we know which sites samples need to be taken from
   Oral/ vaginal/ anal
   Insertive/ receptive/ both ways
   Oral-genital contact ‘rimming’
   Mutual masturbation/ fingering

3. Contact Tracing - is it possible to contact the sexual contacts to advise them to seek treatment themselves
   Regular/ Casual/ Known/ Unknown/ Contactable

4. Alcohol and recreational drug use - to alert us to those individuals who may be at higher risk of acquiring STIs
   Studies have shown that alcohol and other drug use are related to less consistent condom use among young men, and to a higher number of sex partners among both young men and women.
   Occasionally asking these questions may alert you to the vulnerability of the patient in front of you, something that might otherwise have gone unnoticed.

Remember that most patients come for a reason; something has prompted them to make the appointment or come into the clinic, anything from reading an advert about STIs, symptoms persisting since an undisclosed sexual assault or recent irritation from thrush.

This also presents an opportunity for health promotion. The majority of patients know very little about STIs or prevention and it may be relevant to discuss or offer hepatitis B vaccination.
Some patients are not willing to offer information freely and may have come with a pre-planned narrative. Try to elicit the reason for their attendance to ensure that their concerns are addressed and any unfounded fears put to rest.

Bear in mind a psychosexual problem as a possible cause for their symptoms.

**Sexual History Taking**

Age
Sex
Presenting Complaint
- Symptoms
- Duration
- Associated features eg deep dyspareunia in women or testicular pain in men
Last Sexual Contact

• When
• Who with - gender of partner, regular/ casual/ known
• Type of sex - oral/ vaginal/ anal
• Condoms - always/ sometimes/ never? Any condom accidents?

Previous Sexual Contacts in the last 3 months
(as for Last sexual contact)

Past History

• Of STIs and treatment of client and partner
• Medical history
• Medications
• Allergies

HIV Risk assessment

• Previous test
• Risk factors - Men that have sex with men/HIV positive partner/ partner from high prevalence area/ injecting drug use/ sex work
• Window period
• Expectation of result
• Support

Female Patients

• LMP, Menstrual cycle and any IMP/PCB
• Contraception: method correct usage
• Cervical Cytology
• Obstetric history

Abbreviations

LSI/ PSI  Last/ Previous Sexual Intercourse
RMP/ RFP  Regular male/ female partner
CMP/ CFP  Casual male/ female partner
AI-I  Anal intercourse insertive
AI-R  Anal intercourse receptive
OI  Oral intercourse
VI  Vaginal intercourse
STI  Sexually transmitted infections
LMP  Last Menstrual period
IMB/ PCB  Intermenstrual/ postcoital bleeding