

Sexual Advice Association

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How to take a sexual history: a guide for health professionals

Taking a sexual history frequently bothers health professionals because they may not have been taught how to do it. They may be embarrassed about asking intimate questions, or they feel the patient may be embarrassed as well. Sexual problems are not simply a life style issue as they can adversely affect quality of life and erectile dysfunction is now thought to be an early marker of heart disease. Here are a few techniques to make it easier.

The majority of patients prefer to see the health professional first on their own, especially if a discharge or possibly a sexually transmitted infection is involved. Starting with a social history and asking about work will give useful background information and helps to put the medical problems into perspective.

- greet the patient warmly
- the patient should be helped to be made as relaxed as possible..
- look for physical signs of nervousness and embarrassment such as a flushed neck or nervous hand movements,.
- don't ask any patient questions, especially personal ones, with them lying on a couch and you looming over them.
- do not be judgemental about a patient's sex life

Techniques for finding out the problem

- Patients often have difficulty in starting a conversation. Pick up clues and clarify them..
- Try and find out precisely what the patient is talking about before you examine them. Don't jump to the wrong conclusions: 'I think I am impotent' can often really mean 'I have premature ejaculation'
- Asking open questions such as 'How can I help you?' or 'tell me what problems you are having' allows a person to tell the story in their own words
- Try not to use medical terms, as the patient may not sure what you mean.
- Do not be judgemental, especially with adolescents and older or disabled people, and particularly of their sexual habits
- An embarrassed and anxious adolescent can appear very truculent and irritating, and an older or disabled person can be quite unnecessarily ashamed of having to ask for advice.

- Respect patient's silence as during that time they may be formulating their thoughts on how to answer your question.
- Postural echo This technique will tell you when patients are fully at ease. If they are, they will sit in an exact mirror image of you. It can also be used to make someone feel easier, if you adopt their position in reverse.
- Repetition of the last word or phrase is a valuable technique to get the patient to expand on what he or she is trying to say. When used deliberately, it can be a very powerful tool to get history one would not normally elicit.

When to stop

Know when to stop asking questions especially if the patient is finding your queries intrusive. Change the subject.

What you need to ask about in the medical history

The problem

- the problem as the patient sees it
- the severity of the symptoms and their duration
- the relationship, its duration and the age and gender of the partner, with details of any possible cultural or religious differences
- number and gender of current sexual partners
- if multiple current partners, is the problem restricted to one partner?
- previous sexual partners and any problems experienced with them
- do the partners have a problem?
- the type of intercourse – vaginal, oral or anal
- history of sexual abuse and assault

Contraception and STIs

- forms of contraception, and use of a condom with a new partner, despite having no need for contraception
- concerns about sexually transmitted infections, previous sexually transmitted infections and treatments

Current and past medical and social history

- any genital surgery
- for women their obstetric, gynaecological and menstrual history
- concomitant medical conditions such as diabetes, cardiovascular disease, cancer, depression
- drugs: prescribed and recreational
- Work and social stresses
- Presence of children still at home

Agreeing a management plan

Once the history has been taken, a plan of management should be explained to the patient. Once you have their approval of what is to come, you will find that agreement will be easier with the management plan whether this involves drug or psychological therapies or both combined.

Conclusion

A good history, carefully taken, will give the diagnosis in the majority of problems, and can save a lot of repetitious questioning and missed diagnoses, while enabling the patient to be more comfortable about discussing a potentially embarrassing issue.

For fuller details see:

Taking a sexual history -

Tomlinson JM in ABC of Sexual Health 2nd Ed Oxford *Blackwell-Wiley* 2005

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