



Tips for covering sexual health in consultations

Kirsty Armstrong is an Advanced Nurse Practitioner in Out of Hours, Primary and Urgent Care and a Lecturer in Primary and Urgent Care, along with leading our Sexual Health Update days. Here she shares her advice on how to raise sexual health in consultations and highlights some hot topics in the field. The next Sexual Health Update for Practice Nurses runs on 31 October.

Guidelines for raising sexual health problems in history taking

The PLISSETT model gives some guidance on how to introduce sexual health into the consultation with subtlety. This model talks about giving permission to discuss sexual health and then some guidance on how to incorporate the questions into the consultation with patients. There is no easy way to introduce sexual health into the conversation and patients can become defensive and incredulous when discussing transmission of sexual diseases. Staying calm, being open to the patient's emotions and remaining factual and helpful are all essential tools for managing these consults. Questions must be relevant, accurate, detailed and management should be able to recall/review a full and accurate record if and when required.

Essential details for sexual health consulting include:

Reason for presenting on the day.

Past medical history of note, medications, allergies, surgery, gynae history in females to include pregnancies and LMP, cytology, smoking/drugs and alcohol use for all patients.

Symptoms - in as much detail as possible e.g. discharges, systemic symptoms.

Types of intercourse - vaginal, anal, oral, use of sex toys, heavy petting, skin to skin contact.

Contraception or protection used.

Past sexually transmitted infections, treatment, contact tracing.

The patient's own concerns.

This list is not exhaustive but intends to be a guide only and is taken from many different sources used by the author including personal preference of questioning.

Grooming

Grooming of children and young adults has become more prominent issue in recent years, following a number of high-profile cases, where schools, health and social services failed to spot or intervene in it. So, what should you look for?

Here are some good guidelines taken from the NSPCC to raise awareness for you and your colleagues. Remember that the type of relationship can be disguised as romantic, mentor like, an older sibling type figure or an authority figure, where a young adult has been missing this in their life.

Things to watch out for include:

Being very secretive about how they're spending their time, including when online.

Having an older boyfriend or girlfriend.

Having money or new things like clothes and mobile phones that they can't or won't explain.

Underage drinking or drug taking.

Spending more or less time online.

Being upset, withdrawn or distressed.

Sexualised behaviour, language or an understanding of sex that's not appropriate for their age.

Spending more time away from home or going missing for periods of time.

Having difficult conversations about these events is also well covered on the NSPCC website, which is a good place to look for support and guidance.

Sexual health and travel

The ease with which we can book our holidays abroad is no secret but often the diseases we might encounter or bring home with us may be life changing or even life threatening. Several cases of 'untreatable' gonorrhoea have been diagnosed in the UK recently. During travel

health consultations it is advised to discuss safe sex. This includes taking and using British kite-marked condoms, awareness of blood borne viruses and their transmission, and the need to be honest and seek advice on return from holiday if there are symptoms and where to go to get these symptoms checked. As clinicians we also need to be non-judgemental/ageist and not consider that the 25-year-old male is more risk prone than the 25-year-old girl or 75-year-old widow travelling on her own.

Management of sexual health dysfunction in men and women

With the availability of sexual health drugs, such as Viagra, over the counter it is possible that the core reasons for sexual dysfunction are overlooked. Conditions such as vaginismus and erectile dysfunction are problems that can be linked to long term conditions such as depression, diabetes, heart disease, hypertension and anxiety, even the menopause. These can be the root cause of sexual dysfunction. Seeking advice in primary care is an excellent start where self referral for mental health problems can be initiated. Other helpful tools are the common assessments that can be undertaken in general practice to exclude long term conditions. The British Association for Sexual Health and HIV (BASSH) have some nice resources for clinicians to brush up on the skills needed to deal with these types of presenting complaints.

Hot topics in sexual health - HPV in boys and PrEp in MSM

The vaccination of boys in schools with the human papilloma virus (HPV) from September 2019 is a welcome addition to the wonderful arsenal that is the Department of Health's universal and national vaccine programme. This is discussed really well by Michele Olphonse in this YouTube video clip. Vaccination for boys in year 8 has been discussed often by the Joint Committee of Vaccination and Immunisation and has been shown to reduce cases of HPV related cancer considerably. Two vaccines will be offered at appropriate intervals in Year 8.

The PrEp programme for men who have sex with men (MSM) is discussed in detail here on the accredited PrEp Impact Trial website. The trial is still in progress and so far has recruited many more to the study than was initially considered possible. The accredited Impact Trial website should be your first point of call for information, and where you direct any patients who are interested in accessing PrEp.