



Process of care

The sexual health interview

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Disclosures

- Eli Lilly - lecturer, consultant
- Pfizer - lecturer
- Futura Medical – advisory board
- OvacoBio – advisory board
- Astellas – lecturer
- Viatrix - lecturer
- Novo Nordic – stockholder
- Freya – advisory board



Agenda

- Barriers for the sexual health interview
- Tips for the sexual health interview



Barriers for the sexual health interview

- Lack of time
- Lack of privacy
- Afraid to embarrass the patient
- Being embarrassed yourself
- Lack of language
- Lack of knowledge – about the problem and treatment
- “Not so important for the patient”
- “If they have problems they will tell you”



CLINICAL PRACTICE GUIDELINES



The International Society for the Study of Women's Sexual Health Process of Care for the Identification of Sexual Concerns and Problems in Women

Sharon J. Parish, MD; Steven R. Hahn, MD; Sue W. Goldstein, BA; Annamaria Giraldi, MD, PhD; Sheryl A. Kingsberg, PhD; Lisa Larkin, MD; Mary Jane Minkin, MD; Vivien Brown, MD; Kristin Christiansen, MD; Rose Hartzell-Cushanick, PhD; Alyse Kelly-Jones, MD; Jordan Rullo, PhD; Richard Sadovsky, MD; and Stephanie S. Faubion, MD

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Screening and detection – just ask!



- Create a safe atmosphere (time, privacy, attitude)
- Take responsibility for opening the discussion
- Universalize/ normalize – “many women who have reached menopause have concerns about sexuality”
- Ask in the context i.e post partum visits, menopause discussion, relationship discussion – “how is your intimate life after giving birth ?”
- Open ended questions – “do you ?”, “please tell me about it”
- Do not make assumptions, avoid closed questions



4 step model

1. Elicit the patient's story
2. Name and (re)frame attention to sexual concern or problem
3. Empathic witnessing
4. Referral, or assessment and treatment





Step 1 – elicit the story



- Get a narrative description of the problem and its affect on the patient’s life, emotional state and relationship – what is the impact and distress?
- Patient-centered communication. Open ended questions, the patient express what is important
- Ask-tell-ask communication.
- Bring the “pain” into the room. Elicits the distress, normalize, validate the distress



Step 2 - Name and (re)frame attention to sexual concern or problem



- Name the problem or concern
- Re-frame if other equally or more important problems become apparent. I.e. presenting with pain, but turns out to have low desire
- “it seems to me that your pain may be related to you not having desire for sex and therefore problems with lubrication”?



Step 3 - Empathic witnessing



- Powerful and healing
- Commend the patient on her efforts to address and cope with the problems
- “I am impressed with how committed you are in addressing your problem despite it is difficult to talk about”
- Don’t judge the patient
- Is a beginning of the treatment



Step 4 - Referral, or assessment and treatment



- Referral to another specialist
 - Patients may feel rejected, dismissed or afraid of having embarrassed the clinicians
 - Explain why you refer
- Continue with assessment and maybe treatment



Step 4 - Assessment



- Use a clear language
- Be specific and ask details
- Sexual history – sexual responses (desire, arousal, orgasm, pain). Lifelong/ acquired, generalized/situational, distress, start.
- Sexual development and experience. Romantic relationship. Partners problem
- Medical history and medication – identify risk factors
- Behavioral health and psychiatric problems. Trauma, stress, depression, substance abuse
- Social situation. Lifestyle, family issues, relationship.



Wrap up – case formulation



- Make sure you got all important information
- Formulate the problem together with the woman
- Discuss where to start, what to do and make sure you are on the same track – shared decision
- Set realistic goals
- Refer, need additional information?, start treatment, problem solved?
- Follow up?



In summary

1. “Just ask”
2. Elicit the patient’s story
3. Name and (re)frame attention to sexual concern or problem
4. Empathic witnessing
5. Referral, or assessment and treatment



Thank you

Man / Woman with sexual complaints

