

SHIP

Sexual Health Risk
Assessment for
Practice Nurses



By the end of today you should be able to:

- ✦ Recognise the value of a rapid sexual health risk assessment in general practice
- ✦ Use strategies to bring up the topic of sexual health, even when patients are not expecting it
- ✦ Identify a 'model' rapid risk assessment for use in general practice
- ✦ Develop and use strategies for managing your patients' sexual health needs

Benefits of rapid SH risk assessment

- ✦ Avoids **misjudgments** and **wrong assumptions**
- ✦ Raises **patient awareness** and **understanding** of sexual health risks – & supports informed choice
- ✦ Identifies:
 - who needs **sexual health advice** - & who doesn't!
 - who to **offer tests** (with and without symptoms)
- ✦ Supports **clinical decisions**
 - eg differential diagnoses, contraceptive choice, tests choice & result interpretation, support partner notification
- ✦ Clarifies **why offer of tests** has been **declined**
 - Good reasons or poor ones?



Creating the right environment

Communication & consultation skills

All the usual stuff AND:

- ✦ **Consider the patient's own prejudices & judgements**
- ✦ **Permission giving – if you don't ask they won't tell**
- ✦ **Collaborative decision making**

Confidential and non-judgmental

The accompanied patient



Opportunities to meet patients' needs occur:



In practice information



In reception



In the consultation



When do we talk about sex?




- ✦ **Patient cue**
- ✦ **Relevant clinical indicators**
e.g. symptoms, evidence of contraception problems
- ✦ **Clinician awareness of risk groups**
e.g. young person, international traveller
- ✦ **Routinely in a range of consultations?**
e.g. contraception, cervical smears, new patient checks



Raising the subject with an asymptomatic patient



Jon Jay, 19 year old student

✦ Jon sees you for travel vaccinations before his extended trip to North & South America



June Dunnock, 19 years old

✦ June wants to start the contraceptive pill

Thelma Thrush, 44 years old

✦ Thelma may have TV on her smear





Raising the subject 'Out of the blue' with an asymptomatic patient

Make it ROUTINE:

As part of this [eg new patient check] we routinely ask everyone questions about their sexual health. Do you mind if I run through these questions with you?

STIs are very common, easily transmitted and often have no symptoms, so we like to discuss risk with all our newly registered patients




Raising the subject 'Out of the blue' with an asymptomatic patient

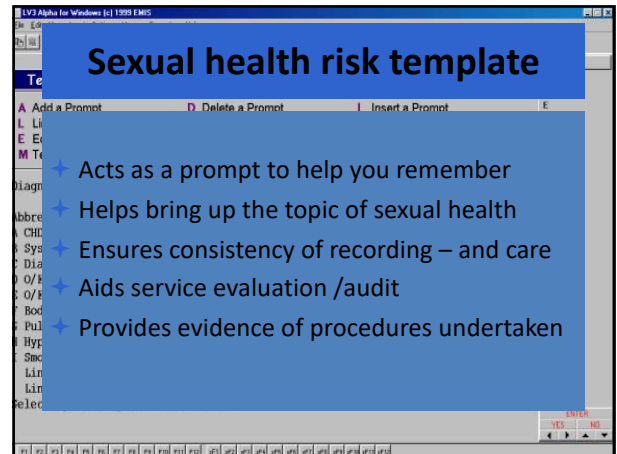
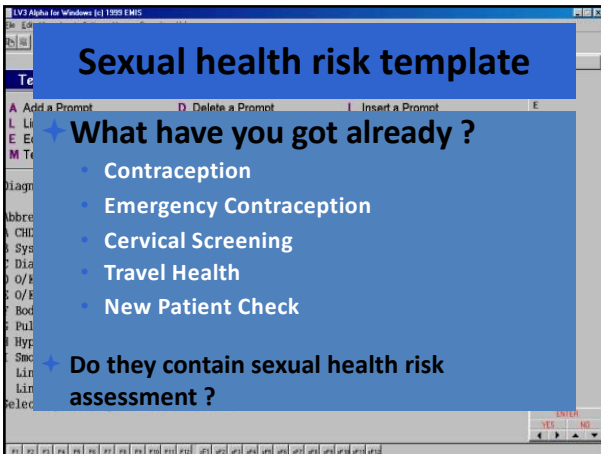
SHARE YOUR KNOWLEDGE of incidence and prevalence


You're travelling to an area with high levels of STIs. Could I talk with you about whether you are likely to be at risk?

Signpost to online services

We find a lot of patients like the convenience of sexual health testing online. Could we talk about whether a test is appropriate for you?






You see Rosa, 17 years old 

She has discomfort when she pees. She was seen recently by a colleague and was prescribed Nitrofurantoin.

Her MSU specimen showed white cells, but no bacterial growth. Therefore she may have Chlamydia. You need to check if she is at risk of Chlamydia in order to know whether to offer her a test.


How are you going to manage the transition from talking about UTIs to talking about an STI?

Suggest the actual phrases you would use – use quotation marks!






Raising the subject 'Out of the blue' with a patient with symptoms

- Use symptoms to put an STI in context, as only one possible cause amongst others
- Make it clear that you do not know if the patient is at risk until you have asked questions to assess **their** risk
- Patients can then see that no assumptions have been made about their individual level of risk i.e. they have not been judged by appearance



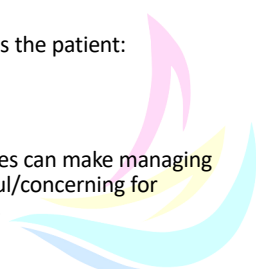
The accompanied patient

- How should we manage this?
- 15y old attends with her mum, has heavy periods...

Summary: Raising the subject

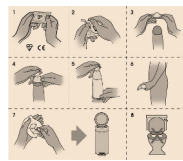
- Sexual histories need to be taken in a range of clinical situations
- In the GP context sometimes the patient:
 - is not expecting it
 - is accompanied
- Some simple verbal strategies can make managing these situations less stressful/concerning for clinicians and patients alike!



Rapid sexual health risk assessment

Sexual health risk assessment

Partner history + Condom use



+ when last STI tests

Partner history

Do you have a partner at present?
 Is it a sexual relationship?
 Is your partner male or female?
 How long have you been together?
 Have you had any other partners in that time? Has he/she?

Assessing blood borne virus risk:

Have you ever had sex with someone from another country?
 Which country?
 Have you ever had sex with a man? [To men, if not already disclosed]
 Have you ever injected drugs or shared drug taking equipment?

Have you ever had sex you didn't want/agree to?
 Add questions about future risk if relevant



Why is country of origin and ethnic origin important to clinicians?

Where are you or your family from?

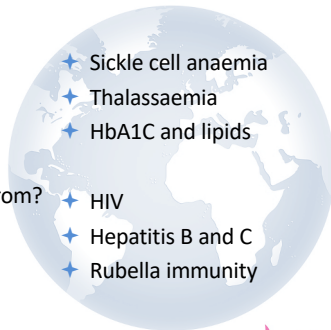
Genetic factors

- Sickle cell anaemia
- Thalassaemia
- HbA1C and lipids

Which country are you from?

Infection

- HIV
- Hepatitis B and C
- Rubella immunity



High risk areas for Hepatitis B & C



Islington Public Health



Condom questions

- ✦ Do you ever use condoms?
- ✦ Are there times when you haven't managed to use condoms?
- ✦ Most couples don't manage to use condoms 100% of the time – do you?
- ✦ Do you have any questions about condom use?
- ✦ If you have anal sex don't forget to use lube



Go back to the most recent risk for the infection you are thinking of

It's faster than you think...!

Rapid SH risk assessment



Do you have a partner at present?
 Is it a sexual relationship?
 Is your partner male or female?
 How long have you been together?
 Have you had sex with any other people in that time? Has he/she?

Have you ever had sex with someone from another country?
 Which country?
 Have you ever had sex with a man? [To men, if not already disclosed]
 Have you ever injected drugs or shared drug taking equipment?

Do you use condoms? Are there times you haven't managed to?

When was the last time you had an STI test? Clarify details

Does your method of contraception suit you? Discuss efficacy
 How would you feel about a pregnancy right now?

Rapid SH risk assessment



Do you have a partner at present?
 Is it a sexual relationship?
 Is your partner male or female?
 How long have you been together?
 Have you had sex with any other people in that time? Has he/she?

Have you ever had sex with someone from another country?
 Which country?
 Have you ever had sex with a man? [To men, if not already disclosed]
 Have you ever injected drugs or shared drug taking equipment?

Do you use condoms? Are there times you haven't managed to?

When was the last time you had an STI test? Clarify details

Does your method of contraception suit you? Discuss efficacy
 How would you feel about a pregnancy right now?

Phone calls can be perfect for taking a sexual history!

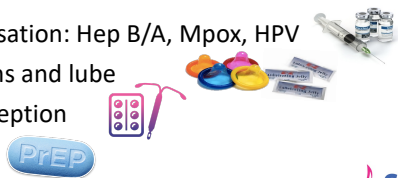
If you identify someone with sexual health risk, discuss...

- ✦ Their individual risk
- ✦ STI testing and treatment



Consider...

- ✦ Immunisation: Hep B/A, Mpox, HPV
- ✦ Condoms and lube
- ✦ Contraception
- ✦ PrEP



**Leanne Swallow, 21 years old
 Wants emergency contraception**

Please summarise her risk!

*>1 sexual partner in the last 12 months
 Erratic condom use*

Which investigations?



Sexual health risk

- Change in partner: in last 3m or since last test
- >1 partner in the last year
- STI contact / STI diagnosis

Very high sexual health risk, e.g.:

- Men with multiple male partners
- Sex-promoting drug use (chemsex)
- Sex workers

HIV & viral hepatitis risks may be years ago
Degree of condom protection depends on use



Summary of tests for Leanne

- Chlamydia +/- gonorrhoea test
 - Women self taken VV swab
- HIV
- Syphilis if very high risk
- Hepatitis B & C if risk group



Thelma Tern HPV & TV-like organisms on smear

Please summarise Thelma's risk!

New male partner in last 12 months

No condoms

Relevant signs/symptoms: she has an STI!!

Which investigations?



Sexual health risk

- Change in partner: in last 3m or since last test
- >1 partner in the last year
- STI contact / STI diagnosis

Very high sexual health risk, e.g.:

- Men with multiple male partners
- Sex-promoting drug use (chemsex)
- Sex workers

HIV & viral hepatitis risks may be years ago
Degree of condom protection depends on use



Summary of tests for Thelma

- Chlamydia +/- gonorrhoea test
 - Women self taken VV swab
- HIV
- Syphilis if very high risk
- Hepatitis B & C if risk group

And for those with signs or symptoms...

- High Vaginal Swab for TV only

How would you manage Thelma if she had had no new partners since her divorce last year?



Time for sexual health promotion!

Jon, 26 years old Travel vaccs

Please summarise his risk!

One episode SI only!

2 years ago!

No condoms

Does he need investigations?



Sexual health risk

- Change in partner: in last 3m or since last test
- >1 partner in the last year
- STI contact / STI diagnosis

Very low

Jon Jay 18y
Risk very low!

Sexual hepatitis risks may be years ago
Degree of condom protection depends on use



Jon Jay has a technical risk

- ✦ He could in theory still have chlamydia/gonorrhoea or HIV from sex 2 years ago
- ✦ Need nice balance in looking after him

You'd have to be VERY unlucky to have caught an infection back then. I'm sure you are fine! Should we still test anyway? Then you'll know you're all clear before you go on your big trip.



If Jon really wants tests you could offer...

- Chlamydia +/- gonorrhoea test
 - Men: first pass urine after no PU for >1 hour
- HIV
- Hepatitis B & C if risk group

What if it was a **man** Jon had had sex with 2 years ago?



June Dunnock, 19 years old Would like to start the pill

Please summarise her risk!

Mutually first partners
Apparent MM
Condom problem on one occasion

Which investigations?



The patient at 'no apparent risk'

- ✦ Mutually monogamous, mutually first sexual relationship
 - ✦ No risk since last test
 - ✦ Never had sex: 10% of 16-44yrs old
 - ✦ 'Perfect' condom use
- Beware risk unwanted pregnancy!

Remember HIV also transmitted by needle sharing

Remember future risk!

Natsal 2014



The patient at 'no apparent risk'

- ✦ Try not to disbelieve the history your patient gives!
- ✦ Recognition that the patient is at no apparent risk
 - empowers the patient
 - reinforces messages about how to keep safe
- ✦ Useful phrase

From what you tell me.....

If such a patient has symptoms or signs which strongly suggest an STI (eg PID) then acknowledge they are at low risk, but offer a test anyway so an STI can be 'ruled out'



Summary of tests for June

Asymptomatic patients – No risk STI

BE BRAVE!

DON'T TEST for STIs!



Vaginal discharge

What if June presents with a vaginal discharge?



Know your symptoms and signs!

NOT STI

Eg Shaving rash

Might or might not be STI

Eg Vaginal discharge
Dysuria in a woman

IS an STI

Eg Genital warts
Penile discharge
Dysuria young man

Rapid risk assessment helps differentiate STI? Or not?

Vaginal discharge is most commonly NOT an STI in the general practice context



Know your symptoms and signs!

NOT STI

Might or might not be STI

Vaginal discharge

Rapid risk assessment finds low / no risk



Know your symptoms and signs!

NOT STI

Eg Pearly penile papules

Might or might not be STI

Eg Vaginal discharge
Dysuria in a woman

IS an STI

Eg Genital warts
Penile discharge
Dysuria young man

What if Jon Jay had presented with discharge from penis?



Which tests for which patients?

Conduct rapid sexual health risk assessment

Do you have a partner at present? Is it a sexual relationship? Is your partner male or female?
How long have you been together?
Have you had any other partners in that time? Has he/she?
Have you ever had sex with someone from another country? Which country?
Were you born overseas? Which country?
Have you ever had sex with a man? (Do not, if not already disclosed)
Have you ever injected drugs or shared drug-taking equipment?
Do you use condoms?
Have you ever had sex without a condom / problems with condoms?
Young people: check age of partner; explore to see if coercion; low threshold to assess alcohol

Sexual health risk
- Change in partner in last 3m or since last test
- ≥1 partner in the last year
- STI contact / STI diagnosis

Very high sexual health risk, e.g.:
- Men with multiple male partners
- Sex promoting drug use (chambers)
- Sex workers
- HIV & viral hepatitis risks may be years ago
- Degree of infection protection depends on use

No apparent sexual health risk

Signs or symptoms

Suggestive of STI
Highly likely: eg penile discharge, warts, ulcers
Possible: ITD, TPID symptoms, IMB, persistent/recurrent vaginal discharge
From what you tell me you're at very low risk but can I suggest we do some tests to rule out...?

Sexual health risk

Asymptomatic

Chlamydia (if gonorrhoea test - Women self taken VV swab - Men first pass urine after no PU for ≥1 hour
- HIV
- Syphilis if very high risk (see box above)
- Hepatitis B & C if risk group

Signs or symptoms

From what you tell me you're at very low risk but do you mind if we do a test to rule out...?