

Let's Talk About Sex: Implementation of a Healthcare Provider-Based Educational Training Module to Improve Sexual Health Communication

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INTRODUCTION

- **Patient-physician communication related to sexual health history (SHH) taking is severely lacking and inadequate for the proper assessment, diagnosis and treatment of sexual dysfunctions (SD), most notably erectile dysfunction (ED).**
- This leads to significant impairments in patient quality of life, barriers to the physician-patient relationship and lost opportunities to employ preventive lifestyle modifications to reduce cardiovascular disease (CVD) in an economy where prevention is paramount and healthcare costs are exponentially rising.
- ED is an early clinical manifestation of atherosclerosis, and has been shown to precede cardiovascular events, such as angina, MI, and stroke by 2-3 years.
- This represents a tremendous opportunity for early identification of ED, and implementation of preventive interventions to reduce CVD.
- Educational training modules (ETM) teaching effective phrasing and communication styles have proven to initiate positive patient-physician correspondence and improve comfort level surrounding sexual health conversations.

BACKGROUND

- The importance of sexuality does not decrease significantly in old age.
- Many older adults are sexually active and greater than 50% of adults between the ages of 65 to 74 admit to having sex, while over half of them report having at least one sexual problem.
- ED is the most common sexual dysfunction in older men with greater than 50% or 18 million American men aged 40–70 years old affected with some degree of ED.
- With ED representing a precursor to CVD, atherosclerosis and angina, it is imperative to obtain a SHH routinely during office visits as part of the complete medical history.
- However, physicians commonly hesitate to address sexual issues with their patients, despite patient preference for doctors initiating such conversations.
- **Even in the urology office, where urologists are confronted with sexual dysfunctions, patients are not bringing up the issue and the doctors are not asking about it.** (Fig 1)
- Communication skills can be learned, improving the comfort level of both patient and physician in addressing sexual health.
- ETM have been proven to initiate positive patient-physician correspondence and many of these modules have been requested by patients and physicians.

OBJECTIVE

To define barriers to sexual health communication (SHC), improve physician comfort and communication skills in initiating SHH taking and discussing sexual health with their patients, and to improve the detection/documentation of SD, translating into improved patient care

METHODS

An evaluative study of Before – After Intervention Design

Assessing Barriers:

- A 24-question survey was distributed to HCPs and patients in a urology clinic as well as electronically posted to an online social networking site.
- Respondent demographics, beliefs/ views towards SHC, barriers to SHC, and prevalence of SD were collected.
- Participation was voluntary and non-incentive driven.

Intervention Implementation:

- HCPs in the urology clinic setting will be presented a 1-hour ETM on SHC, problem identification, SHH taking, cultural sensitivity, and ethical issues in SD management.

Assessing Change:

Pre- and post-ETM-intervention surveys will be given.

6-mos post ETM-intervention survey with concurrent retrospective review of ICD codes specific for diagnosis/treatment of SD/ ED.

RESULTS FROM PART 1: ASSESSING BARRIERS

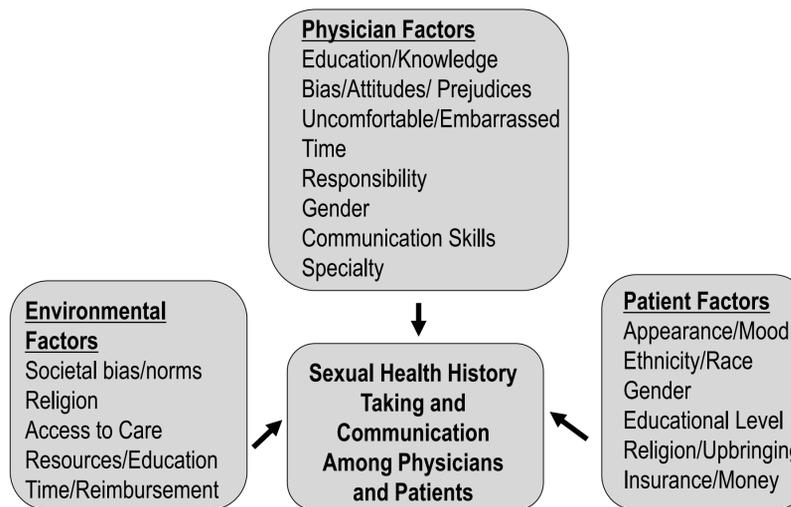


Fig1. Key determinants related to SHH taking & communication among Physicians & Patients.

Patient Demographics	N & %
Total Responses	177 (100%)
Males	94 (53%)
Females	83 (47%)
Avg Age	50yr [Std Dev 19]
Pts with PCP	164 (93%)

Perceived Barriers	Response	%
What would be reasons you would NOT bring up SH/ SD with your HCP?	Uncomfortability and embarrassment	46%
	Helplessness	27%
	Feeling Judged by PCP	19%
	Do not feel my HCP would know what to do	19%

Survey Questions	Response	%
Does your HCP ask you about your SHH?	Yes	47%
	No	53%
Do you wish your HCP asked you about your SHH?	Yes	68%
	No	32%
Do you feel HCPs SHOULD ask their pts about their SHH?	Yes	90%
	No	10%
Who would you feel more comfortable discussing your SHH with?	Female Physician	62%
	Male Physician	38%
Do you suffer from any SD?	Yes	58%
	No	42%
If so, which SD? [Most Common Listed]	Reduced Sexual interest/desire	35%
	ED	35%
	Problems achieving orgasm	27%
Did you bring this issue up with your HCP?	Yes	26%
	No	73%
Is your SH important to you?	Very Important	60%
	Important	23%

CONCLUSION

There is a lack of SHH taking and communication among patients and their physicians.

Patients desire Physician initiated SHH taking and communication

Prevalence of SD is common.

SH is very important or important to the majority of people, thus prompting the importance of SHH taking and communication and implementation of such models to improve upon this.

ETMs and patient questionnaires can work to initiate positive patient-physician SHC and have been shown to translate into improved detection/documentation of SD, and may enhance the patient-physician relationship and improve patient care, and further results from this study may corroborate these findings.

IMPLICATIONS / FUTURE WORK

The results of this study may lead to advances in areas of research...

To maximize opportunities to employ preventive lifestyle modifications to patients to reduce and prevent CVD risk factors, as well as other comorbidities which share common risk factors with ED

To improve patient reported satisfaction with level of care and communication with physicians surrounding their sexual health

To devise new educational programs in medical education systems to incorporate a stronger sexual medicine training curriculum

To destigmatize the taboo nature of sexual medicine communications and expand sexual medicine awareness and interest.

SUPPORT

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