

Responding to Your Patients' Questions

This section prepares you or other members of your care team to answer common patient questions. The following questions are found in *Take Charge of Your Sexual Health: What you need to know about preventive services*, a consumer guide developed by the National Coalition for Sexual Health.

Some questions are straightforward and have a sample response. For questions that are more nuanced, key information and recommended actions are provided to help you shape an appropriate response.

Questions about screening and testing

“What tests are you giving me?”

“How are they done?”

“When and how will I get my result?”

What you need to know before you can answer:

- Your patient’s sexual history
- Your patient’s history of past tests
- The tests your clinic or office uses and the method used to collect the specimen needed for each test
- Your office’s policy on how test results are communicated to patients and the next steps

What you should do:

- Take a sexual history to identify who should be screened and which anatomical sites to test
- Develop an office policy that outlines a process for how different test results are communicated to patients, if you do not have one already

Questions about sexually transmitted infections

<p>“Should I be tested for STIs, including HIV?”</p> <p>“Which ones?”</p>	<p>What you need to know before you can answer:</p> <ul style="list-style-type: none">• Your patient’s sexual history• Your patient’s history of past tests• The tests your clinic or office uses and the method used to collect the specimen needed for each test• Your office’s policy on how test results are communicated to patients and the next steps	<p>What you should do:</p> <ul style="list-style-type: none">• Take a sexual history to identify who should be screened and which anatomical sites to test• Develop an office policy that outlines a process for how different test results are communicated to patients, if you do not have one already
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<p>“Should my partner get tested, too?”</p>
<p>What you need to know before you can answer:</p> <ul style="list-style-type: none">> Your patient’s test result<ul style="list-style-type: none">• A negative test means the current partner is most likely not infected. You might encourage testing anyway if the partner has never been tested, particularly for HIV.• A positive test result means the current partner will likely need to be tested and treated.> Which STI the patient has (with a positive result)<ul style="list-style-type: none">• Recommendations for partner notification and evaluation vary depending on the infection and length of time since exposure. For complete information on management of sex partners, refer to the CDC’s Sexually Transmitted Diseases Treatment Guidelines, 2015.

<p>“How often should I be tested for STIs?”</p>
<p>What you need to know before you can answer:</p> <ul style="list-style-type: none">• Clinical guidelines for different STIs and their recommended periodicity• Your patient’s history of past tests• Your patient’s risk factors

“Are there any vaccines I should get to protect myself from STIs?”

(Or, a parent might ask about vaccinations for an adolescent)

Sample response for the parent(s) of an adolescent:

“I recommend that all my adolescent patients receive the HPV vaccine. It is very safe and effective. This vaccine consists of three shots and protects against the human papillomavirus, which can cause cancer. If your son/daughter hasn’t been fully vaccinated against hepatitis A or B, I also recommend those vaccines.”

Sample response for a young adult (up to age 26 for females and age 21 for most males):

“The HPV vaccine is an important way to protect yourself against some forms of cancer and genital warts. If you haven’t received the full three doses, let’s give you the remaining doses so you’re fully protected.”

Note: Young adults born outside the United States or born in the United States to parents from a hepatitis B-endemic country may not have been vaccinated against hepatitis B. Test these patients first for hepatitis B and give the first dose of vaccine concurrently.

Sample response for an adult:

The hepatitis B vaccine protects against the hepatitis B virus, which can be transmitted through sexual activity. If you weren’t vaccinated as a child, you may need it to stay healthy. Let’s talk about your risk factors to see if you need it. If you do, we’ll test you first to see if you’re immune.”

Note: Recommend the hepatitis A vaccine to all MSM and those who use illicit drugs, have chronic liver disease, receive clotting factor concentrates, plan to travel to a hepatitis A-endemic country, or express a desire to be vaccinated.

“How can I protect myself from getting STIs?”

What you need to know before you can answer:

- Your patient’s risk
- Safer sex practices
- Your patient’s vaccine status

Sample Response:

“The most effective ways to prevent STIs are not having sex, having sex with only one partner who does not have an STI and only has sex with you, and using a condom correctly every time you have sex. Before having sex with a new partner, each person should get tested for HIV and screened for STIs. That way, a previously unknown STI can be treated. If your partner has an STI, use a condom every time you have sex and abstain from sex during an infectious period, such as with herpes, or until his or her treatment is completed. You can also protect yourself from hepatitis A and B by being fully vaccinated.”

(If the patient is eligible, add “Getting vaccinated against HPV is also very important. HPV is extremely common and can cause cancer and genital warts.”)

“If I have an STI, can it be treated?”

Sample response:

“All STIs can be treated, but the treatment varies depending on the STI. Some infections are very easy to treat and can be cured. Others, like HIV, cannot be cured and but can be effectively managed through treatment.”

PREVENTING HIV INFECTION THROUGH PRE- AND POST-EXPOSURE PROPHYLAXIS

Discuss pre-exposure prophylaxis (PrEP) with HIV-negative patients at high risk for HIV infection. These patients include:

- MSM who report having anal sex without a condom in the past 6 months, having any STI in the past 6 months, or being in a relationship with an HIV-positive male partner
- Men and women who report (a) seldom using condoms with one or more partners who are of unknown HIV status or are at risk of HIV infection or (b) being in a sexual relationship with an HIV-positive partner
- Men who report having sex with both men and women
- Injection drug users who report sharing equipment, having been in a treatment program, or engaging in sexual risk behaviors

For more information on PrEP, visit <http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>

Evaluate patients who are concerned about recent exposure to HIV through unprotected sexual intercourse to determine whether post-exposure prophylaxis (nPEP) is warranted. For more information on nPEP, visit <https://stacks.cdc.gov/view/cdc/38856>.

Questions about contraceptives

“What are the most effective forms of birth control?”

Sample response:

“The most effective reversible forms of birth control are the IUD, or intrauterine device, and the implant. The IUD is a small T-shaped plastic device that goes into the uterus. The copper IUD is effective for up to 10 years, and the hormonal IUD is effective for 3–5 years, depending on which one you use. The implant is a matchstick-sized rod that goes under the skin in the arm and releases hormones. It is effective for up to 3 years. These devices can be easily removed if you (or ‘your partner’ if talking to a male patient) decide to get pregnant. Permanent contraception (or ‘sterilization’) is a good option if you know you don’t want (more) children.”

“What are the best options for me?”

What you need to know before you can answer:

- Your patient’s contraceptive preferences, contraceptive history, medical history and use of medications, risk factors, plans to have children, and frequency of intercourse.
- See the CDC’s report [Providing Quality Family Planning Services](#) for guidance on delivering these services.
- Information about different contraceptive methods, including effectiveness, side effects, contraindications, and how it must be used to be effective.

EMERGENCY CONTRACEPTION

Emergency contraception (EC) can be prescribed to women who are concerned about becoming pregnant after having unprotected sex.

Three forms of EC exist:

1. Pills containing levonorgestrel (available over the counter)
2. Pills containing ulipristal acetate (available by prescription only)
3. The copper IUD

EC in oral form can be taken up to 120 hours after unprotected sex, but it is most effective if taken as soon as possible. The copper IUD can be inserted up to 5 days after unprotected sex to prevent pregnancy.

“How and where can I get affordable contraceptives?”

Sample response:

“Most health plans cover all FDA-approved contraceptives at no cost. Check with your individual plan to make sure. You can also get lower-cost contraceptives at Planned Parenthood clinics, community health centers, and local public health clinics.”

“What are the side effects of different contraceptives?”

Sample response:

“Hormonal methods often reduce menstrual cramps and PMS symptoms, and lead to lighter or fewer periods. These methods may initially cause spotting, nausea, and breast tenderness, but these symptoms usually subside after a few months. Barrier methods, like condoms, diaphragms, and cervical caps, don’t contain hormones so they don’t cause those side effects. But, they are more difficult to use and are less effective. However, condoms are the only method that also protect against STIs.”

Questions about partner issues

“What if my partner doesn’t want to use a condom?”

Sample response:

“Emphasize that using a condom keeps both of you safe and that refusing to use one concerns you. Try to address why your partner doesn’t want to use a condom, which could include concerns about size, comfort, and fit, or issues around trust. Remember that it’s your decision whether or not to have sex.”

Note: Determine whether to recommend PrEP to reduce the chance of becoming infected with HIV.

“I want my partner and me to get tested for STIs before we have sex for the first time. How should I bring up the topic?”

Sample response:

“When you are alone and feel comfortable, say that you want to talk about something important. You could say that you’ve learned that many people who have an STI don’t know it, and you want to make sure that neither of you has one. Suggest getting tested together so that if either of you has an STI, you can start treatment right away before serious health problems arise and before transmitting it to the other.”

“I’m married and I assume my spouse is only having sex with me. Should I still be tested for STIs?”

Sample response:

“I recommend that all my patients get tested for HIV and other STIs at least once. If you’ve previously been tested and those results were negative and you don’t suspect that your spouse has other sexual partners, then you probably don’t need to be tested. However, we can test you if you are very concerned.”

Note: Female patients aged 24 and younger should be screened annually for chlamydia and gonorrhea.

“My partner cheated on me and I’m worried I might have an STI. Which STIs should I be tested for?”

Sample response:

“I can understand why you’re worried. I recommend that you get screened for HIV, chlamydia, gonorrhea, syphilis, and hepatitis B (if not immune to hepatitis B). This panel covers a range of sexually transmitted infections.”

Note: For MSM who ask this question, also recommend pharyngeal and anal testing for gonorrhea and anal testing for chlamydia if they reported receptive anal or oral sex. Recommend hepatitis C screening to everyone born between 1945 and 1965.



Reporting Communicable Diseases

Remember that many states require health care providers to report positive cases of chancroid, chlamydia, gonorrhea, HIV infection, and syphilis to the local health department. Check with your state health department for information on the reporting process and specific requirements.

“How do I tell my partner if I test positive for an STI?”

What you need to know before you can answer:

> Which STI the patient has

- If a patient has HPV: A female partner who tests positive for HPV should not encourage her male partner to get tested. HPV testing is not available for males.
- If a patient has chlamydia or gonorrhea: Consider expedited partner therapy (EPT) for patients who do not think their heterosexual partner(s) will present for evaluation and you practice in a state where EPT is legal. (Note that EPT is not routinely recommended for MSM due to the higher likelihood of partners being co-infected with HIV or syphilis.) Visit CDC’s [EPT Web page](#) to learn more.

> What partner notification services your health department offers and the process by which disease intervention specialists (DIS) work with patients and providers.

Sample response for telling a new partner:

“You might say that you have something very important and personal to talk about, and then simply say what STI you have. Just be direct and honest. Educate your partner about your STI, and encourage him or her to ask questions. Be prepared for him or her to want some time to think about it.”

Sample response for telling a current or former partner:

“Although disclosing that you’ve been diagnosed with an STI is very difficult, it is important to have this conversation right away. If you want to tell your partner yourself, say that you have something very important to talk about, and then simply say that you’ve been diagnosed with an STI and which STI that is. Just be direct and honest. Encourage your partner to get tested so that he or she can get treated if they also test positive. Be prepared for a range of reactions. However, if you’re worried that the person will react badly, you can bring him or her here and I can help you have this conversation. Or, specially trained staff from the health department can work with you to find and anonymously notify your partner. There are also websites that anonymously let people know they’ve been exposed to an STI. [InSPOT.org](#) and [SoTheyCanKnow.org](#) are two that I’m aware of.”

Note: DIS are trained public health professionals who work with index patients to locate and notify sex partners who have been exposed to some STIs (HIV; syphilis; and possibly chlamydia and gonorrhea, depending on the case specifics and available resources). They can also counsel located partners and refer them to medical services for testing and treatment.

Questions about sexual functioning or performance

**“My sex drive is lower than normal.
What’s the deal?”**

(Or, sex or masturbation may no longer be pleasurable.)

Sample response:

“Medications, chronic illnesses, aging, stress, and fatigue can all reduce your interest in sex. Let’s talk about what might be relevant for you. I recommend that we screen you for depression and run some tests to find out whether you have any unknown health problems, like diabetes or a thyroid condition. (If appropriate, add “We may also need to adjust any medications you’re on.”)”

“Having sex hurts. What’s the problem?”

Sample response for women:

“A number of things can cause pain during intercourse. Using a lubricant may help if penetration is painful. If the pain is deeper, it could be caused by an infection or an issue with your sexual organs, such as fibroids or endometriosis. Describe the pain, and we’ll try to find the cause.”

Sample response for men:

“Pain during intercourse is often caused by an infection or inflammation. Tell me what your pain feels like and when you feel it and we’ll figure out what might be causing the problem.”

Note: To help transgender patients who are experiencing painful intercourse, you will need to know their anatomy and what kinds of sex they have.

“I’m being treated for another illness or disease, and I’m wondering how that will affect my sex life.”

What you need to know before you can answer:

- What your patient is being treated for and how his or her treatment regimen may impact his or her sexuality, including physical and psychological effects
- Which medications can have sexual side effects and which alternatives you could suggest

**“I was told my prostate was enlarged.
Will this affect my sex life?”**

Sample response:

“An enlarged prostate should not affect your sex life. However, treating an enlarged prostate may cause sexual side effects. Some medications can reduce sexual desire and prostate reduction surgery may cause erectile dysfunction. Treatments for an enlarged prostate can also cause retrograde ejaculation, which is when the semen goes into your bladder. This condition doesn’t affect sexual performance, but may cause infertility.”