

# Voluntary course SuSe 21: Sexual anamnesis



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## Involvements



- Institut of general medicine
- Skill lab
- „Mit Sicherheit Verliebt Würzburg“ in cooperation with „Deutschen Aids Hilfe Berlin e.V.“



### current anamnesis (block 1)

What? Where? When, since when? How? How long?  
Triggered/aggravated/improved by what? Where from (subjective concept of illness)?

### background anamnesis (block 1)

Previous experience with symptoms?  
Previous diseases and treatments?  
Acute and chronic diseases?  
Operations, accidents?  
Risk factors (e.g. hypertension, diabetes mellitus)?  
Family anamnesis  
Allergies? Medications?

### psychosocial anamnesis (block 2)

Nationality?  
Living situation?  
Family context? Social  
environment?  
Job, education?  
Existential problems (e.g.  
debts, unemployment)?

### lifestyle/risk behavior (block 2)

nutrition/diet?  
Sexuality?  
Addictive behavior  
(e.g. alcohol, nicotine,  
illegal drugs)?  
Health resources,  
assistive devices?

### vegetative anamnesis (block 3)

appetite?  
sleep?  
digestion?

## Structure today

- ▶ Brainstorming
- ▶ Why is sexual anamnesis important?
- ▶ What do I have to pay attention to?
  - General aspects
  - Structural aspects
- ▶ When do I ask for sexuality?
- ▶ How can I ask for sexuality?
- ▶ Excursus: PPP & STD – Testing
- ▶ Practical exercises

# Brainstorming

- ...
- ...
- ...



Why is sexual anamnesis  
important?

## Patients are open towards talking about sexuality

Male participants answered:	%
It is normal for my doctor to ask me about my sex life in order to give me advice.	95,0
I want to be asked by my doctor about my sex life to get advice on prevention.	90,0
I would be embarrassed.	15,0
The doctor should still ask.	Von den 15%: 76,2
Proportion of patients previously interviewed about your sex life.	40,5

(Meystre-Agustoni et al, 2011, Swiss Medical Weekly)

## Why should sexuality be talked about in practice?

- ▶ Sexuality is quality of life
- ▶ Professional and complete medical history
- ▶ Diseases and medications can affect sexual functions
- ▶ Targeted examination and treatment through better information
- ▶ Recognition of personal risks
- ▶ Opportunity for information, education and prevention
  
- ▶ **OBJECTIVE:** optimal quality of care



What do I have to pay attention  
to when taking a sexual  
anamnesis?

## General aspects of a sexual anamnesis

- ▶ Show acceptance and appreciation
- ▶ Open and offer space for conversation
- ▶ Cultural and religious differences
- ▶ LGBTQIA\* sensitive language
- ▶ Not every problem can or needs to be solved immediately!
  
- ▶ **Sexual anamnesis depends always on situation!**

## Structur of a sexual anamnesis

- ▶ Ask appropriate initial question
- ▶ If necessary, point out confidentiality/duty of secrecy
- ▶ Clarify terminology used if unclear (e.g. "down below", "intensively stroked")
- ▶ In case of language barriers, also use visual material/ model
- ▶ PPP- helpful points for an STD anamnesis
- ▶ Conclusion

When do I ask for sexuality?

## Possible occasions for a sexual anamnesis

- ▶ Sexual dysfunction
  - Adverse reactions to medications
  - Post OP
  - Psychological/ Stress
  - Age/ menopause
  - Chronic diseases/ new diagnoses
- ▶ Menstruation/ menopause
- ▶ Urogenital diseases
  - e.g. incontinence
- ▶ STDs (= sexual transmitted diseases)
  - Travel history
  - Prevention/ testing services

How can I ask for sexuality?

## Excursus: PPP

**P**artner

**P**ractices

**P**revention

## HIV/ STD – testing

1. Aids help/ Checkpoints/ Prevention Projects
2. Health departments: partly free of charge, partly for a fee, anonymous possible
3. Hospital or doctor's office: by name and with note of the result in the patient's file; billing via health insurance company
4. HIV self-test: Pharmacies, drugstores, AIDS help centers.

People from "risk groups" should be tested regularly, irrespective of the occasion.



## Practical Exercises

## Questions and discussion

## Take Home Messages

- ▶ Sexual anamnesis is part of every complete anamnesis
- ▶ Patient symptoms or problems related to sexuality are more common than physicians think.
- ▶ Patients are usually open to a conversation about sexuality (if the situation allows it).
- ▶ The "perfect" sexual history does not exist - it is important to open the space for conversations!
- ▶ Appreciation and empathy are the basics of every sexual anamnesis.

## Feedback

- ▶ Reflecion
- ▶ Questions
- ▶ Feedback

**Attachment 2: Voluntary course SuSe 21: Sexual anamnesis**

