

Discussing Sexual Health with Your Doctor

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Objective: Research about patient-physician communication about sexual health suggests it is quite difficult and often omitted when the patients are older adults. The objective of this project was to assess MAHEC Family Health Center's elder patients' attitudes and desires about discussing sexual health with their doctors.

Methods: Patients \geq 65 years old participated in a voluntary, anonymous, paper-pencil, cross-sectional survey; 80 surveys were analyzed; descriptive statistics are presented.

Results: Only 21.3% reported discussion about sexual health with their doctor since turning 65 years old. Among the sexually active, 64.3% desired discussion; among those not sexually active currently, 23.7% desired discussion. Most (83.4%) expressed moderate to extreme comfort with such discussions. In all, 41.3% preferred their doctor initiate the conversation. Few (12.7%) said they would be embarrassed; half of the sexually active patients said they would be relieved. Opportunities included the Annual Wellness Visit and when diagnosing or treating a medical condition likely to be associated with sexual side effects.

Conclusion: While generalizability is limited given the small sample, many of our patients, especially those sexually active, desire to discuss sexual health. Doctors need to initiate the discussions thereby establishing a comfortable environment for patients to address their needs and concerns.

Key words: Sexual health; Patient-physician communication; Elders

Introduction

Research into patient-physician communication about sexual health suggests it is quite difficult and often omitted when the patients are older adults. Surveys of men and women over 57 years old consistently find fewer than 1 in 2 men or 1 in 4 women report having been asked about their sexual health since turning 50 years old.¹⁻⁶ Most general practitioners and many specialists report they don't ask elders about sexual health, even when patients present with medical conditions or medications known to have negative sexual side effects.^{4-5,7-9} Almost none ask about safe sex, HIV or other sexually transmitted diseases (STDs).^{1,10} Documentation for discussions of sexual health among elders was found in less than 2% of charts reviewed.⁷

Furthermore, elders' sexual health is omitted from primary care priorities,⁵ and is not required as part of the Annual Wellness Visit for patients newly enrolled in Medicare.¹¹ Elders' sexual health is not part of our public policy discussion nor our national priorities related to sexual and reproductive health; the foci have been reducing unwanted and teen pregnancies, and transmission of HIV and other STDs.^{3,12-15} Nor does the agenda related to elders' health included any attention to sexual health.¹⁵

And yet, sexual health is important to adults across the lifespan, including elders in good or poor health, partners of those in poor health, and people in palliative care.^{1,6,12,16-18} Many elders report they are sexually active.^{1-2, 12,16-17} With the exception of the octogenarian women surveyed,¹ elders generally reported a desire to talk with providers about sexual health.^{1-2,6,9,11-12,16-17} Many have questions about changes in sexual health, whether they are developmental or resultant of disease states, surgical intervention, or pharmacotherapy.^{1,6} Some patients need to discuss safe sex practices; many elderly women remain sexually active after becoming single again, yet most report they do not use condoms.² While the incidence of HIV among people over 50 is relatively low, it is on the rise.¹⁹

Doctors and advanced practice professionals report struggling with how to address sexual health with their elder patients. Many report issues with their own discomfort or embarrassment, lack of time or inadequate training to deal with sexual health issues, and fear of embarrassing or offending their patients.^{3-5,8-9,20-21} Nevertheless, doctors who provide care to elders must find a way to facilitate discussion of sexual health concerns with their patients.¹⁰ Understanding more about what our patients desire to discuss and how they wish to broach the subject of sexual health is an important step in establishing a comfortable environment for discussion for both patients and providers. The objective of this project was to assess MAHEC Family Health Center's elder patients' attitudes about discussing sexual health with their doctors.

Methods

Participants

Patients aged 65 years and older at MAHEC's clinic site within a continuous care retirement community were invited to participate between April 2013 and September 2014. In January 2014, patients 65 years and older at MAHEC's Family Health Centers at Biltmore and Newbridge were also invited to participate in the anonymous, voluntary survey about discussing sexual health with their doctor. Patients were eligible to be included if they were able to consent for their own care and spoke English. This project was approved by the Mission Hospital Institutional Review Board.

Survey

The survey was a 19-item, pencil-paper instrument created for this project. We compiled and incorporated questions from previous studies discussing sexual health (e.g., desire, comfort, preferred initiator, timing, topics, and barriers), ratings of general health and importance of sexual health, and participant characteristics including age, gender, relationship status, and sexual orientation (see Appendix A).^{1-6,9-10,12,16-18} Surveys were available in 12-point and 16-point font.

Research packets contained a participant information sheet, the survey and a self-addressed envelope; self-addressed and stamped envelopes were offered to patients expressing desire to complete the survey at home.

Administration

The medical assistants were provided with a standard script to invite participants to complete the survey. Patients could complete the survey in the privacy of exam rooms while awaiting the provider or take it home, mail it back, or return it at another visit.

Data Analysis

Data was aggregated and summarized using frequencies and percentages. A sample size of 324 was determined as the necessary percent of the population of MAHEC Family Medicine patients ≥ 65 years ($N=2,057$) to obtain a 95% confidence interval of $\pm 2.5\%$.

Results

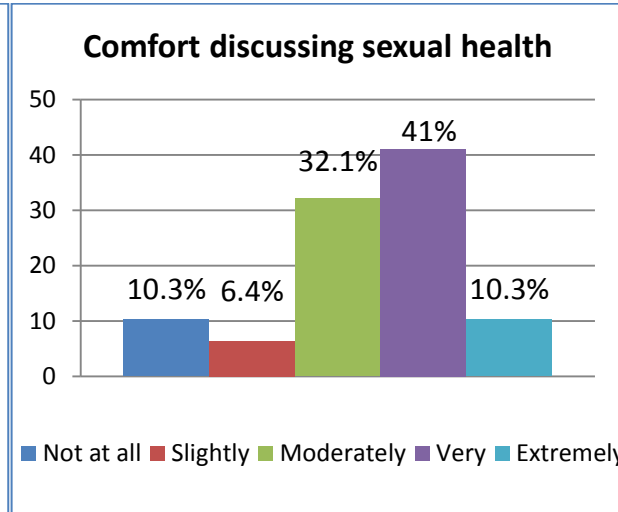
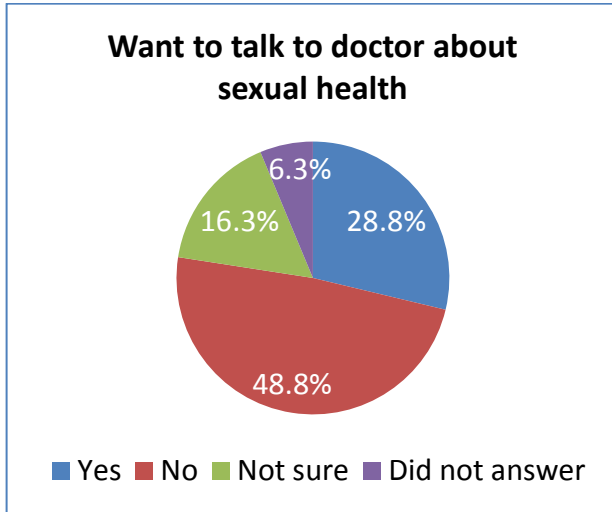
In all, 93 surveys were returned; however, only 80 were completed. Forty-four (41.3%) were completed at Givens, 33 (41.3%) at FHC, and 3 (3.8%) at Newbridge.

The age of respondents ranged from 61 to 99 years old with a mean of 78.9 ± 8.2 years. Fifty-three (66.3%) were women, 26 (32.5%) were men, and 1 (1.3%) reported as a transgender person. Almost half reported a relationship status of married [39 (48.8%)]; others reported their status as: partnered [2 (2.5%)], widowed [27 (33.8%)], or single [12 (15%)]. The majority reported they were not sexually active: No 61 (76.3%), Yes 16 (20%), no answer 3 (3.8%). When asked about their preferred sexual partners, most reported member of the opposite sex [51 (63.8%)]; 14 (17.5%) reported partners of the same sex and 15 (18.8%) did not answer the question.

We asked patients about their desire and level of comfort with talking about sexual health with their doctor (see Figures 1 and 2). About half said they were comfortable (51.3%), but fewer (28.8%) indicated they wanted to discuss sexual health with their doctor. Among those currently sexually active, 64.3% wanted to talk with their doctors, but only 23.7% of those not sexually active wanted to talk about sexual health.

Figure 1. Desire to Discuss Sexual Health with the Doctor

Figure 2. Comfort with Discussing Sexual Health with the Doctor



We also asked patients about their comfort level with bringing up sexual issues or concerns, if they preferred the doctor to initiate a conversation about sexual health, and how they might feel if their doctor did so (see Figures 3-5). A majority said they were comfortable initiating conversation if they had concerns; 41.3% preferred for their doctor to initiate discussion. Few patients indicated they would be embarrassed if the doctor brought up sexual health; half of the sexually active patients indicated they would be relieved if their doctor would start the conversation.

Figure 3. Comfortable Initiating Discussion about Sexual Health with the Doctor

Figure 4. Prefers Doctor Initiates Discussion about Sexual Health

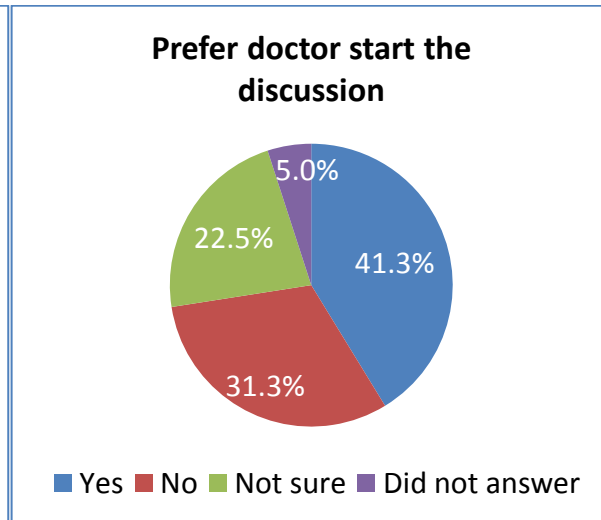
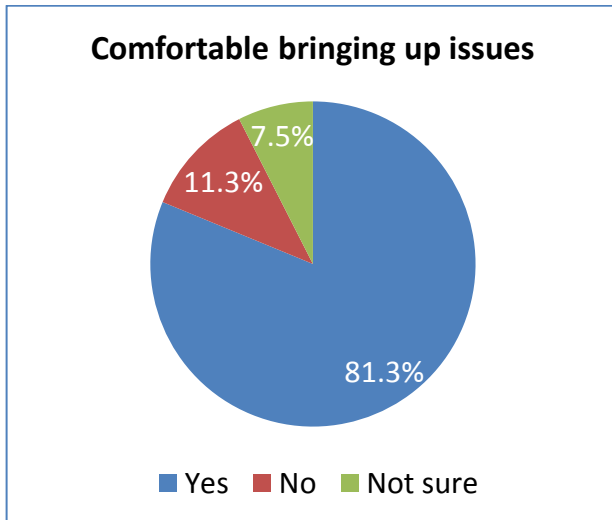


Figure 5A. Feelings if the Doctor Did Initiate Discussion about Sexual Health

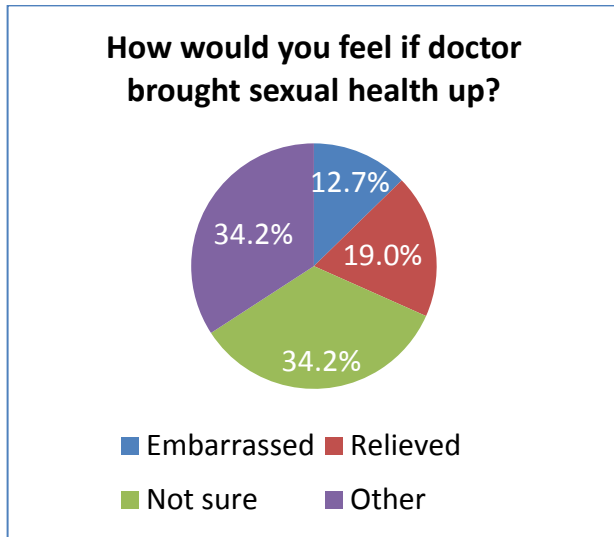
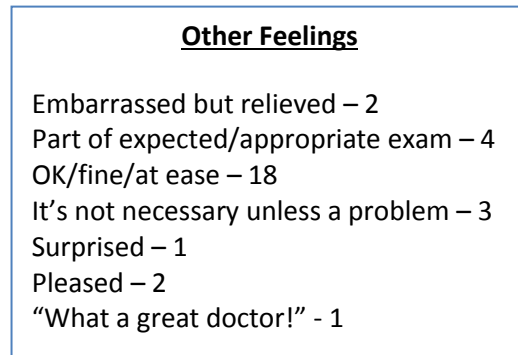


Figure 5B. Open-ended Explanation of Other Feeling if Discussion Initiated



We further asked, “When would be the best time for your doctor to ask about sexual health?” with multiple options. Patients could select as many they thought appropriate. While 15% said “never,” 40% - 46.3% indicated discussion would be appropriate when diagnosing and treating diseases and conditions that are known to affect sexual health or during an Annual Wellness Visit (see Figure 6).

Figure 6A. The Best Time for Doctors to Talk about Sexual Health

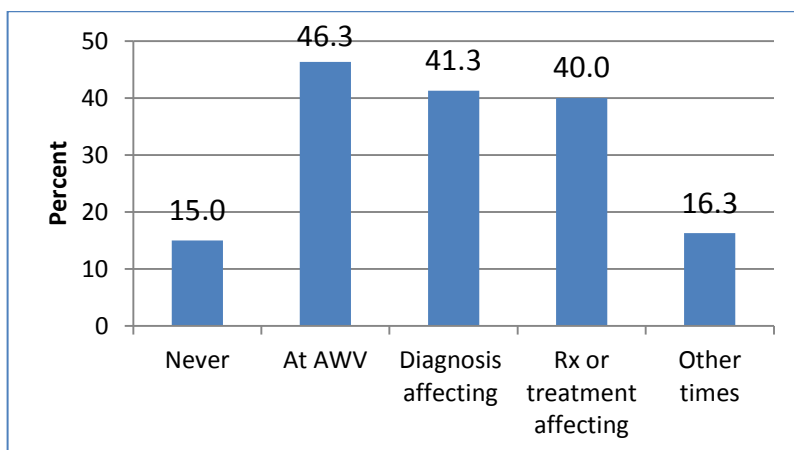
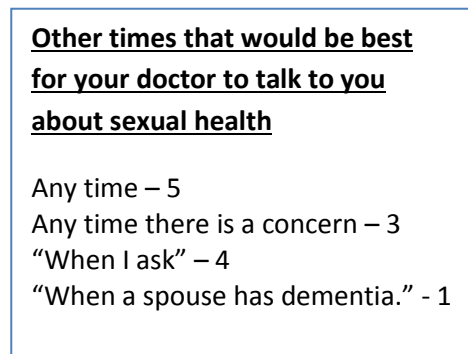


Figure 6B. Other Times for Doctors to Talk about Sexual Health



Note. Abbreviations: AWV – Annual Wellness Visits; Rx – Prescription

When asked to indicate what sexual health topics patients wanted to talk about, intimacy and sexual satisfaction were the top topics; however, only 1 in 3 wanted to discuss these two issues. About 1 in 4 wanted to talk about sexual desire or performance issues. Few patients wanted to talk about safe sex (see Table 1). Approximately 20% to 25% of the patients declined to address some of the issues doctors might address; 11 skipped this question entirely.

Table 1. Preferred Topics of Discussions with Doctors about Sexual Health

Do you want your doctor to talk to you or ask you questions about: n(%)				
	YES	NO	I'm not sure	Did not answer
Pain with sex	17 (21.3)	39 (48.8)	6 (7.5)	18 (22.5)
Lack of interest in sex	21 (26.3)	36 (45.0)	8 (10.0)	15 (18.8)
Erectile problems	20 (25.0)	30 (37.5)	6 (7.5)	24 (30.0)
Intimacy in relationships	23 (28.8)	32 (40.0)	7 (8.8)	18 (22.5)
Sexual satisfaction	23 (28.8)	33 (41.3)	5 (6.3)	19 (23.8)
Sexual orientation	14 (17.5)	38 (47.5)	8 (10.0)	20 (25.0)
Masturbation	13 (16.3)	41 (51.3)	5 (6.3)	21 (26.3)
Sexual aids	14 (17.5)	40 (50.0)	6 (7.5)	20 (25.0)
Sexually transmitted diseases	13 (16.3)	38 (47.5)	8 (10.0)	21 (26.3)
HIV and AIDs	12 (15.0)	39 (48.8)	8 (10.0)	21 (26.3)
Safe sex and condom use	12 (15.0)	39 (48.8)	8 (10.0)	21 (26.3)

When asked about previous discussions with doctors about sexual health, only 21.3% reported discussion since turning 65 years old (see Figure 7). Furthermore, a majority were not sure whether their doctor was interested or comfortable discussing sexual health (see Figure 8).

Figure 7. Any Previous Discussion with Doctors

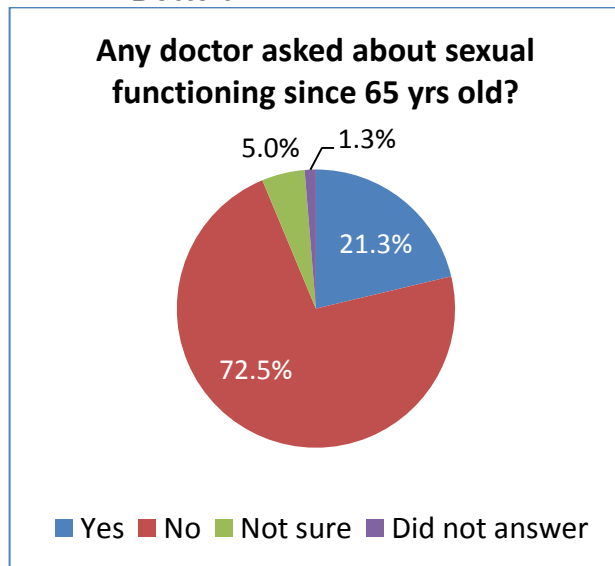
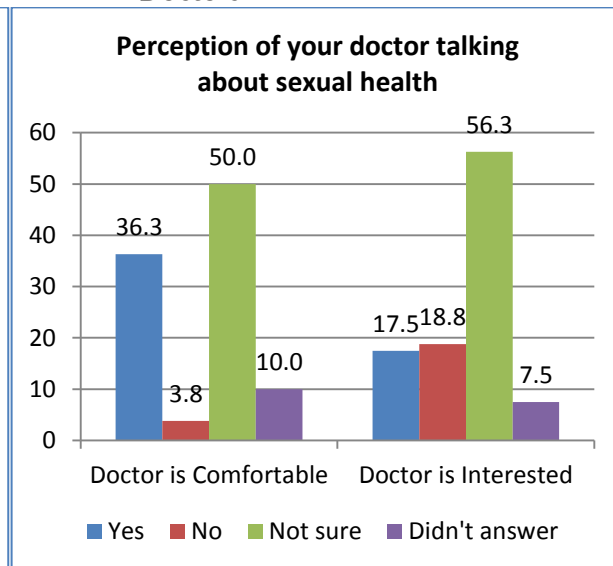


Figure 8. Perceived Comfort and Interest of Doctors



Patients were then asked to identify any and all perceived barriers to discussions with doctors about sexual health from a checklist (see Table 2). Lack of sexual activity and the doctor not initiating discussion about sexual health were ranked the highest.

Table 2. Barriers to Discussing Sexual Health with Your Doctor

Major barriers to talking with your doctor about sexual health – check all that apply	YES, this is a barrier n (%)
Patient’s discomfort	14 (17.5)
Patient’s lack of sexual activity	30 (37.5)
Patient’s desire for privacy	13 (16.3)
Patient’s personal, religious or cultural beliefs about such discussions	3 (3.8)
Patient’s concern for confidentiality	10 (12.5)
Other family members in office with patient	11 (13.8)
Patient didn’t know if it was ok to bring up	2 (2.5)
My doctor’s discomfort	6 (7.5)
My doctor’s age	3 (3.8)
My doctor’s gender	7 (8.8)
My doctor never asked me	27 (33.8)
Other issues: Patients’ age precludes sexual activity - 3 No need/not sexually active – 4 Medications suppress libido – 1 Uncertain of doctor/patient relationship – 1 None/biological function/no obstacles – 5 Embarrassment – 1 “Previous family doctor offered little knowledge or resource” - 1	16 (20.0)

Discussion

Among our respondents, we found almost 3 in 10 want to talk to their doctor about sexual health. Among those who are sexually active, that rate was more than double with just over 6 in 10 people wanting to talk with their doctors. Interestingly, even 2 in 10 patients who are *not* sexually active want to talk with their doctors about sexual health. The overall rate of 28.8% is somewhat less than previously reported (47%).¹ Our sample, however, was comprised of both older and more female participants – both are factors that are associated with less interest in discussion.^{1,6}

A majority (3 in 4 patients) indicated they had not been asked about sexual health since turning 65 year of age. This is much higher than reported rates of 22% - 50%; however, these rates used a lower age cutoff (e.g., since turning 50 year old).^{1,10,22} Nevertheless, we found similar rates of expressed comfort for discussing sexual health should a doctor initiate discussion; our rate was 83.4% vs. a published rate of 86%.¹

Many patients, including ours, would prefer their doctor to initiate the conversation.^{1,8,16} And rather than the anticipated embarrassment or other negative responses expected by doctors and advanced practice professionals,^{4,20-21} only 12.7% said they would be embarrassed. In fact, half of the sexually active patients in our survey said they would be relieved or pleased if their doctor would begin the conversation. Our patients thought appropriate times to initiate discussion included their Annual Wellness Visit or when diagnosed with conditions or beginning treatments that have a known impact on sexual health. The only inappropriate time mentioned by patients was when other family members were present in exam room.

Limitations

Generalization of our results is limited by a number of factors, sample size and the unknown response rate being the most problematic. Recruitment was very difficult, and we terminated the project after 18 months as the sample size was very small - well below the target of 324 participants. No response rate could be calculated as patients were not asked consistently to participate, and patients who declined participation were not consistently counted. Based on the total organization population of patients aged 65 years or older, we estimate the 95% confidence interval for the current project would be $\pm 9.7\%$.

Furthermore, we could not ascertain the recruitment bias or strategies actually employed by the patient recruiters. At their suggestion, we amended the protocol by developing a large font version of the survey, included self-addressed stamped envelopes, and expanded data collection to two additional sites halfway through the administration time period. Additional efforts to support and encourage the staff assigned to invite and track patients to participate failed; survey distribution was an added task to busy work loads. We also speculate that the discomfort with the content of the survey interfered with asking patients to participate despite a standardized script and offers to role-play the process. In addition to physicians and advanced practice professionals, surveyed nurses also report considerable discomfort discussing sexual health with patients.²² This certainly mirrors our experience.

Earlier involvement of the people recruiting patients to projects should be considered. These people are integral to the success of the project and their role in research should not be an uncomfortable, assigned task. Further, they need additional training when researching uncomfortable topics just as providers of all licensure or certification need additional training to address uncomfortable issues like sexual health with their patients.²²⁻²⁷

Conclusion

We have work to do. We do not know the degree to which our providers of elder healthcare are uncomfortable or may have mistaken notions about their patients' concerns for sexual health. It is clear however, that we need to create comfortable environments for our patients to discuss all issues including sexual health so they may safely enjoy the quality of life they desire.¹⁰ Many elders consider sexuality an integral component of their life quality.^{1,6,12,16-18} We do not anticipate the "Boomers" feeling any different.

Creating a comfortable environment includes being willing to initiate a discussion and knowing what to discuss. Our patients want to talk specifically about intimacy in their relationships, sexual satisfaction, and sexual functioning vis-à-vis aging, medical conditions and treatments. Querying the relative importance of and interest in sex may be a key area for initial exploration as using current sexual activity as the guide for further discussion will prevent some patients from getting their concerns addressed. As patients have more experience with their doctor asking about sexual health, the attitudes may change over time - the patients will feel more comfortable, and they too will initiate the conversation as needed.

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Author's Contributions:

Tim Plaut, MD: Project conceptualization, interpretation, and manuscript preparation

Pai Lui, MD: Interpretation and manuscript preparation

Shelley L. Galvin, MA: All aspects from project design through manuscript completion

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Appendix A - Discussing Sexual Health with Your Doctor



Please circle the answer that fits best for you.

1. Do you want to talk to your doctor about your sexual health?

YES NO I'm not sure

2. Would you be comfortable asking your doctor about sexual issues or problems you might be concerned about?

YES NO I'm not sure

3. Would you prefer that your doctor bring up or start the discussion about your sexual health?

YES NO I'm not sure

4. How would you feel if your doctor brought up the topic of your sexual health?

Circle all that apply: embarrassed offended relieved
other: _____ I don't know how I would feel.

5. Please rate your comfort level with discussing your sexual health with your doctor:

Not at all comfortable	Slightly comfortable	Moderately comfortable	Very comfortable	Extremely comfortable
1	2	3	4	5

6. When would be the best time for your doctor to ask about your sexual health?

Please check all that apply:

Never
 At your annual wellness exam
 When diagnosing a disease or condition that might affect your sexual health
 When prescribing a medication or treatment that might affect your sexual health
 At another time such as: _____

7. Do you want your doctor to talk to you or ask you questions about the following:

a. Pain with sex	YES	NO	I'm not sure
b. Lack of interest in sex	YES	NO	I'm not sure
c. Erectile problems	YES	NO	I'm not sure
d. Intimacy in relationships	YES	NO	I'm not sure
e. Sexual satisfaction	YES	NO	I'm not sure
f. Sexual orientation	YES	NO	I'm not sure
g. Masturbation	YES	NO	I'm not sure
h. Sexual aids (e.g., vibrators, etc)	YES	NO	I'm not sure
i. Sexually transmitted diseases	YES	NO	I'm not sure
j. HIV and AIDS	YES	NO	I'm not sure
k. Safe sex and condom use	YES	NO	I'm not sure

PLEASE TURN OVER

8. Have any of your doctors asked about your sexual functioning since you turned 65?
YES NO I'm not sure or I do not recall

9. Does your doctor seem comfortable talking about sexual health?
YES NO I'm not sure

10. Do you think your doctor is interested in talking about your sexual health?
YES NO I'm not sure

11. Do you think people over 65 years are at risk for sexually transmitted diseases?
YES NO I'm not sure

12. What do you think are the major obstacles or barriers to talking with a doctor about sexual health? Please check all the apply:

- | | |
|--|---|
| <input type="checkbox"/> My discomfort | <input type="checkbox"/> My doctor's discomfort |
| <input type="checkbox"/> My lack of sexual activity | <input type="checkbox"/> My doctor's age |
| <input type="checkbox"/> My desire for privacy | <input type="checkbox"/> My doctor's gender |
| <input type="checkbox"/> My personal, religious or cultural beliefs about discussing sexual health | |
| <input type="checkbox"/> My concern about confidentiality | |
| <input type="checkbox"/> Other family members in the doctor's office with me | |
| <input type="checkbox"/> I didn't know if it was ok to bring it up | |
| <input type="checkbox"/> My doctor never asked me | |
| <input type="checkbox"/> Other issues such as: _____ | |

Please tell us a little more about you:

13. Please rate your general health:
Poor Fair Good Very Good Excellent

14. How important to you is your sexual health at this point in your life?
Not at all important 1 Slightly important 2 Moderately important 3 Very important 4 Extremely important 5

15. How old are you? years

16. What is your gender? Female Male Transgendered

17. What is your relationship status: Married Partnered Widowed Single

18. Who do you prefer to have sex with? Same sex Opposite sex Both sexes

19. Are you sexually active with a partner now? YES NO

Please put the survey in the attached envelope. Please give it to your nurse. Thank you!!