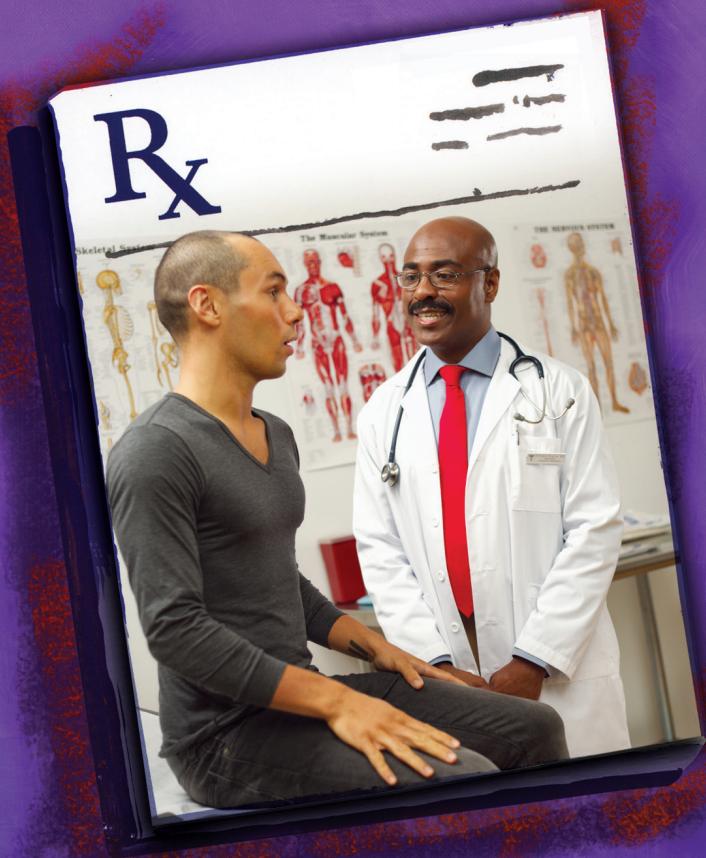
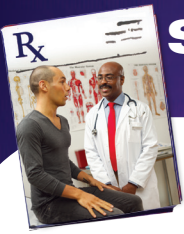


Small Talks ABOUT:



Safer Sexual Behaviors

How medical providers can help patients living with HIV reduce risky sexual behavior



Small Talks ABOUT Safer Sexual Behavior

IT CAN BE DIFFICULT TO DISCUSS SEXUAL BEHAVIOR

(But it's important to do so.)

Encouraging safer sexual behavior of patients living with HIV is paramount to protecting their health. Safer sex helps prevent acquisition of sexually transmitted diseases (STDs) or hepatitis C virus (HCV), which can complicate both patient health and HIV treatment outcomes. It is also crucial to help reduce new infections by preventing transmission to partners.

Medical providers can play a pivotal role in helping patients reduce their risk by taking the opportunity to discuss their sexual behaviors. Yet, it's a difficult discussion to have—for many reasons.

Why medical providers don't talk to patients about sex

Sometimes physicians and other providers ascribe the difficulty of talking about sex to the patient, but very often it is the provider who is uncomfortable with this subject. Discussing sexual risk behavior with every patient, however, becomes easier over time.

Medical providers most frequently cite time constraints as the biggest barrier to discussing risky sexual behaviors. Other barriers include:

- Discomfort discussing sexuality
- Belief that patients are uncomfortable discussing sexuality
- Concerns about cultural differences
- Belief that their older patients (age 60+) are "probably not having sex."

Behaviors

Why do patients take sexual risks?

An important starting point in helping patients to reduce risky sexual behaviors is understanding why they may take sexual risks, including unprotected sex, sex with multiple partners, or sex with anonymous partners.

Persons living with HIV may take sexual risks because they:

- Lack critical information about the virus and its transmission
- Are uncertain about factors that may affect the risk of transmission
- Lack skills to practice safer sex behaviors
- Lack skills to disclose their HIV status
- Are not motivated to modify the risky behavior
- Are excessively optimistic about the effectiveness of antiretroviral therapy (ART) in preventing the sexual transmission of HIV
- Use alcohol and/or drugs excessively or have mental health issues such as depression or anxiety, which can interfere with judgment and lead to risky sexual behaviors.

Medical providers help patients reduce their risky sexual behaviors by:

- Having brief talks with patients to identify risky sexual behaviors
- Providing factual information about HIV and transmission
- Referring patients to resources to help them address mental health, drug, or alcohol abuse issues.

The goal is to have brief discussions about risky sexual behaviors at every visit with every patient.

BRIEF DISCUSSIONS WORK TO HELP REDUCE RISKY SEXUAL BEHAVIOR

Screening for risky sexual behavior has historically relied on regular screening for STDs and prompt, effective treatment. But the increased incidence of STDs and HCV indicates that risky sexual behavior is continuing and is on the rise.

Recent research suggests that brief discussions between medical providers and patients during routine clinical care are very effective in helping patients to modify risky sexual behavior.^{1,2}

Clinical evidence: brief provider/patient discussions effect positive changes in sexual behavior

Study and Author	Methods	Results
<ul style="list-style-type: none">• Clinician-delivered intervention during routine clinical care reduces unprotected sexual behavior among HIV-infected patients. Fisher et al, 2011.³	<ul style="list-style-type: none">• Prospective clinical trial• Impact of brief provider/patient discussion during routine clinical care at each visit vs. a standard-of-care control arm• Providers assessed patients' sexual behaviors; provider and patient negotiated behavior change (or maintenance goal); patients were given a "prevention prescription" that summarized the agreed-upon goal to be reached by the next visit	Unprotected sex among HIV-infected persons during 18 months of follow-up was significantly reduced ($P<0.05$)

Study and Author	Methods	Results
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Implementation and evaluation of a clinic-based behavioral intervention: positive steps for patients with HIV. Gardner et al, 2008.⁴

- A demonstration project
- Medical providers at 7 US HIV clinics screened for behavioral risks, gave targeted counseling, and delivered prevention messages to HIV-infected patients (n=767)
- Patients completed a baseline questionnaire and two follow-up questionnaires (6-month intervals) after the intervention was initiated

Unprotected anal or vaginal intercourse significantly declined by 42% ($P<0.001$) from baseline to 3 months

At 6 months and 12 months, unprotected sex significantly declined by 26% and 23%, respectively, and in direct relation to the frequency of safer sex discussions

HIV intervention for providers study: a randomized controlled trial of a clinician-delivered HIV risk-reduction intervention for HIV-positive people. Rose et al, 2010.⁵

- Randomized controlled trial
- Providers at 4 clinics in California were assigned to either the intervention (assessing for and holding brief discussions about risky sexual behavior) or control condition (usual care)
- 386 patients of the randomized providers were enrolled

Significant decrease in number of sexual partners (OR=0.49, 95% CI=0.26 to 0.92) in the group who received the risk-reduction intervention

Routine brief risk-reduction counseling with biannual STD testing reduces STD incidence among HIV-infected men who have sex with men in care. Patel et al, 2012.⁶

- Prospective observational cohort study
- Conducted in 4 US cities to determine whether routine biannual STD testing coupled with brief risk-reduction counseling reduces STD incidence and high-risk sexual behaviors

STD incidence (including syphilis, chlamydia, and gonorrhea) in HIV-infected patients declined from 8.8% to 4.2% ($P<0.04$).

HOW MEDICAL PROVIDERS CAN RECOGNIZE TEACHABLE MOMENTS

...and Enable Positive Behavior Change

- Because patients rarely initiate discussions about sexual risk behaviors with their medical providers,⁷ providers should make time during appointments to do so.
- To initiate such a discussion, medical providers should be alert for teachable moments—opportunities to stimulate patient action, particularly with regard to health behavior change.⁸
- When a teachable moment is discovered, the message should be brief, accurate, and nonjudgmental. Shorter messages are better than longer ones.
- Teachable moments can occur throughout a patient's care. For example, medical providers can screen for risky sexual behaviors at every office visit.
- All patients are candidates for discussions about sexual behavior. Even those in stable relationships may have life changes and additional exposures.



Talking to patients: briefly, openly, nonjudgmentally

By regularly integrating routine conversations about sexual behaviors into patient care, discussions can become more comfortable.

Open-ended questions allow patients to speak freely:

- “How often do you use condoms?”

instead of

- “Do you use condoms?”

When medical providers show an openness or willingness to talk to patients about their risky sexual behaviors, patients may be more willing to confide in them.⁹⁻¹¹ Providers should let patients know that they appreciate their sharing concerns about sexual issues.

Ongoing discussions with patients about risky sexual behaviors offer opportunities to continue educating patients throughout their care.⁷ Prevention messages can help patients reduce the risk of HIV transmission to others and help them understand how risk reduction will benefit their health as well.

Emphasize that you have these discussions with all patients, because it helps to keep them healthy.

Screening for Risky Sexual Behavior

Medical providers can first determine if the patient:

- Is sexually active outside the context of a committed relationship
- Discloses his/her HIV status to partners
- Is aware of the HIV status of his/her partners
- Has already taken steps to prevent HIV transmission (eg, uses condoms)
- Continues to engage in risky sexual behaviors.

Then, during the screening process, providers can ask questions such as:

- What types of sex do you participate in?
- Tell me about the last time you had sex.
- Can you tell me about the people you've been having sex with?
- How do you feel about letting the people you're having sex with know that you're living with HIV?
- What have you been doing about using condoms?
- Tell me about your alcohol use and whether you take any drugs not prescribed by another doctor.

Throughout the screening process:

- Ask straightforward and open-ended questions.
- To normalize the conversation, emphasize to the patient that all patients are asked these questions to provide the best care possible.¹²
- Ensure patient confidentiality and ask permission to note sexual orientation and gender identity in the medical chart.

Screening for STDs

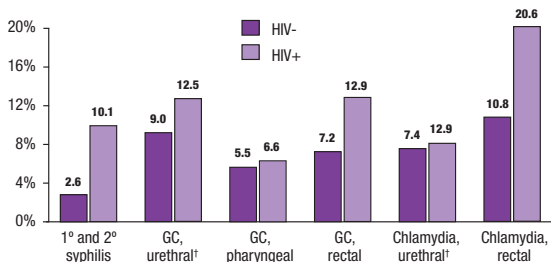
The presence of an STD indicates that risky sexual behavior has occurred. Most STDs are asymptomatic, so regular STD screening is recommended.

The following questions can help to identify STD risk, STD symptoms, and previous STD history:

- How many male and female partners have you had within the past month/6 months/year?
- What were the sites of sexual contact, such as receptive anal sex or insertive oral sex, and was a condom used? For example, ask “Have you had any anal intercourse?” If yes, “Was it receptive or insertive and was a condom used?”
- Have you had any discharge, sores, pelvic or anal pain, or rash or have you noticed any of these in your partner?
- How long have you or your partner had these symptoms?
- Have you ever had an STD or been tested for STDs, and, if you have been tested, what were the results?

Data from CDC’s STD Surveillance Network (SSuN) indicate that the burden of STDs is greater among HIV-infected men who have sex with men (MSM) than among HIV-uninfected MSM.¹³

Proportion of MSM Attending STD Clinics with Syphilis, Gonorrhea, or Chlamydia, by HIV Status*



MSM = men who have sex with men. GC = gonorrhea.

*2011 data; excludes all persons for whom there was no laboratory documentation or self-report of HIV status.

†Includes results from both urethral and urine specimens

STD Surveillance Network, 2011. Available at: <http://www.cdc.gov/std/stats11/msm.htm>.

Topics range in scope and may change over time

Patients' lifestyle, health status, and personal needs change over time. Therefore, conversations about risky sexual behaviors can continue and evolve for as long as the patient remains in care.

Medical providers can discuss the following topics with patients:

- Importance of using condoms correctly and consistently
- HIV status of partners and related risks including STD and HIV transmission.
- Number of different partners and sex encounters—sexual concurrency (multiple relationships at the same time rather than serial monogamy) is an important factor in the spread of STDs
- Relative risk of HIV transmission associated with different types of sexual activities (for instance, performing oral sex has less risk for HIV transmission than receiving anal sex)
- Need to be screened regularly for STDs and obtain prompt, effective treatment of STDs to reduce the risk of sexual transmission
- Any misconceptions the patient may have about HIV transmission.

Suggested conversation starters for “small talks” about risky sexual behavior

The importance of knowing the HIV status of/and disclosing HIV status to sexual partners

“Some of my patients have told me how hard it is to decide who to tell about their HIV status, and what the best way is to tell someone. I was wondering if you are concerned about this?”

“Some of my patients find it difficult to talk to a potential sexual partner about HIV. How do you start that conversation?”

Relative risk of HIV transmission associated with type of sexual activity

“You’ve said that you ‘pull out’ before ejaculating, is that correct? In fact, HIV is highly present in the pre-ejaculate, too. Were you aware of that, and if not, what do you think about that?”

Using condoms correctly and consistently

“Would you want to try to role-play with me? If I was playing your part, and my partner had no condom, I might simply say ‘let’s use a condom’ instead of ‘go put on a condom.’ What do you think your partner would say?”

Consequences of serosorting when choosing sexual partners

“From our conversation, it sounds as if using condoms with HIV-negative partners is important to you, but using them with HIV-positive partners is less important. Let’s talk about this a little more.”

“Even when both you and your partner have HIV, you still need to protect yourself from getting other STDs. Syphilis, chlamydia, and gonorrhea can be painful, difficult to treat and make your ART less effective. Can we discuss this for a minute?”

Using condoms even while on ART therapy

“You have been doing very well with your ART, and your virus remains undetectable in your blood test, so congratulations. Tell me, are you continuing to use condoms?”

“How do you feel about using condoms during sexual activity? Did you know HIV can still be transmitted to a partner even though viral load is undetectable in the blood? That is because HIV virus found in the semen or vaginal fluids can be higher even when HIV viral load in the blood is undetectable.”

“It is very important to use condoms to protect yourself from getting hepatitis C and sexually transmitted diseases such as syphilis or gonorrhea. These diseases can increase risk of HIV transmission to an HIV-negative partner, increase HIV viral loads in your blood, and decrease your CD4 count. Let’s talk about this a little more. What questions do you have?”

Why routine screening for STDs is important throughout care

“There have been recent reports that STDs like syphilis and gonorrhea are on the rise in men who have sex with men. This is why we screen patients for STDs regularly. How do you feel about that?”

How change in marital/relationship status can change sexual behavior

“I’d like to ask you some questions about your sex life, if you’re okay with that. I think that helping you stay healthy includes looking at all aspects of your life and how they affect your health. Can we spend a little time talking about your relationship status?”



Structuring brief conversations for optimal success

Be prepared for relapses

Behavior change is a process, and it is to be expected that patients will relapse from time to time. By recognizing that lapses are common and encouraging patients to use their lapses as learning experiences, you can facilitate long-term behavior change.¹⁴

“I know that safer behavior is challenging to do on a consistent basis. You slipped in this situation, but we can learn from it. What can you do differently next time the situation arises?”

A relapse is an opportunity to explore patients’ triggers for risky behavior and to determine how to anticipate and manage those triggers.

Be realistic, respecting patients as experts in their own health and well-being

Negotiate a goal that is realistic and attainable in the context of the patient’s situation. This increases the probability of behavior change because it enhances the perception of personal choice.¹⁵ Remember that each patient is unique in what motivates them to change:

“We have talked today about using condoms with HIV-positive and negative partners. What steps could you take to make this possible?”

Document the goal for patients

Once the medical provider and patient collaboratively develop a strategy that protects the patient’s health and helps prevent HIV transmission to partners, a written action plan can be “prescribed” to the patient, along with a clear plan for follow-up. You can use the Action Plan available in this kit, which the patient can take home and refer to as needed.

“Let me write this down for you, and we can talk during our next appointment to see how it’s all going, okay?”

Be proactive – and protective

CDC guidance stresses the importance of targeting PrEP (pre-exposure prophylaxis) to persons at very high risk for HIV acquisition, such as HIV-negative men who have had sex with HIV-infected men and other partners of HIV-infected patients in serodiscordant relationships.¹⁶

PrEP medications are an important part of a comprehensive set of prevention services. Making HIV-positive patients aware of PrEP gives patients another way to protect their partners from HIV transmission.

Continue encouraging patients

Just like everyone else, patients need encouragement, support, and acknowledgment of all their positive efforts.¹⁴

Conclusions

- HIV-infected persons who engage in risky sexual behaviors are at an increased risk of transmitting HIV to others and of transmitting and acquiring STDs, putting them at further risk for suboptimal outcomes.
- Brief discussions with patients offer opportunities to continue educating patients throughout their care and have been proven to be highly effective in reducing risky sexual behavior.
- Effective discussions begin by identifying a modifiable behavior that the patient is willing to change and end with a tangible, realistic goal that is developed and “prescribed.”

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Inside

How, Why, and When to Discuss Risky Sexual Behavior with Persons Living with HIV

With a growing number of people living longer with HIV, it is important to help patients adopt and maintain healthy behaviors to prevent co-infection with other pathogens and the transmission of HIV to others. Medical providers are in a unique position to screen for and encourage modification of risky sexual behavior through brief discussions during routine office visits.

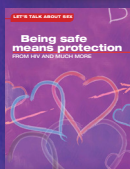
This brochure provides:

- Evidence that brief conversations between providers and patients is highly effective in reducing risky sexual behaviors
- Proven strategies to engage individual patients in conversations about healthier behaviors
- Conversation starters to assist medical providers in identifying modifiable behaviors that reduce risky sexual behaviors over the long term.

Additional materials available in this kit

- **Patient Record Form**—serves as a guide to (and documentation of) conversations about sexual behavior and helps providers and patients identify reasonable, modifiable strategies for positive change.
- **Action Plan**—can be used collaboratively to develop a strategy that protects the patient's health and helps prevent HIV transmission to partners.
- **Being Safe Means Protection (wall poster)**—helps foster open communication.
- **Being Safe Means Protection (brochure)**—reinforces health messages after patients leave their appointments.

The CME/CNE interactive online course *Positively Speaking: Talking about Sex Reduces Risky Behavior* is now available online at: [to come]



<http://www.cdc.gov/actagainstaids/pic/>

PREVENTION
IS CARE
Care IS Prevention

ACT
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