

# Sexual health issues in men

## Part 2

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Evans DT, Stapley L. Sexual health issues in men: Part 2. *Practice Nurse* 2010; 40(6): 33-6

Good communication and supportive counselling are essential when men present with common sexual health issues such as erectile dysfunction and worries about sexual infections and travelling abroad

**T**he first article in this series (*Practice Nurse* 17 September 2010, pp30–4) considered the importance of an holistic approach when men present with sexual health issues. With the use of illustrative case histories, part two provides a practical approach to management of three common male problems: erectile dysfunction, worries about sexual infections and travelling abroad.

Practice nurses are in an ideal position to help achieve higher standards in sexual health within their communities.<sup>1</sup> Although they routinely ask about diet, exercise and smoking status, they do not often ask about the patient's sexual health. Nursing education aims to develop holistic carers. It may take only one question from the nurse for the patient to feel they have been given the opportunity or permission to speak about their sexual health, realising it is not a taboo subject.<sup>2</sup>

Consider how teenagers are asked to take part in chlamydia screening procedures, often without the nurse showing any sign of embarrassment. Transferable skills should permit the



**CASE STUDY 1: ERECTILE DYSFUNCTION**

Mr B, a 57-year-old overweight man attends for ear irrigation. During this procedure he says he wishes to say something rather personal. Mr B states that he is having trouble maintaining an erection. He does have an erection most mornings, on waking, but cannot maintain it to have penetrative intercourse.

- An holistic and sexual history was taken (Mr B had no risk of sexual infections).
- Mr B had no known history of diabetes or cardiac problems; however, his mother had diabetes.
- Blood pressure, heart rate, weight, waist circumference, alcohol units and smoking status were recorded.
- Mr B had some history of depression and taking antidepressant medication (a selective serotonin reuptake inhibitor; SSRI).
- Advice on beneficial lifestyle changes was given verbally and supported with appropriate literature: in particular, smoking cessation, weight loss and increasing exercise.
- Fasting blood tests for lipids, glucose and early-morning testosterone were taken, plus a prostate-specific antigen test, as he was over 50 years of age.
- He was referred to his GP for the test results.

Mr B's test results revealed type 2 diabetes. This was a prime opportunity to mention the effects of this, and his general health and smoking, on erectile dysfunction (ED). We also discussed the fact that side-effects of SSRIs can cause erectile problems. He received treatment for his diabetes along with ED medication. In a follow-up appointment for his diabetes care, Mr B stated that his ED problem was being helped by his medication.

## Erectile dysfunction is wrongly assumed to be 'just' an issue of advancing age

nurse to ask the diabetes or cardiac patient if they are having any problems with their sexual health.

Another difficulty here may be that 'society' often forgets that older people have sex too. In this case, nurses and other health professionals may think that older people's sex lives are not an issue. If so, they risk overlooking many of their patient's physical and emotional needs. Sexual health is an important part of life; not addressing it may mean the health professional is failing to address fully all aspects of their patient's holistic health and wellbeing.

Although men may present with a wide variety of problems in general practice (see Boxes 1–3 in part one), three common issues will be addressed here:

- males presenting with erectile dysfunction (ED)
- those who are worried about sexual infections
- those who are travelling abroad.

### MALES PRESENTING WITH ED

It is not surprising that, among all the sexual problems for which men may seek medical care, erectile difficulties predominate, especially as the prevalence of these difficulties increases with age. One study reported that 52% of

a sample of healthy 40- to 70-year-old men had some level of erectile difficulty.<sup>3</sup>

Erectile dysfunction is wrongly assumed to be 'just' an issue of advancing age. Irrespective of age, all male patients with diabetes, stroke, emphysema, heart disease, depression and stress may experience ED at times. Neither must it be forgotten that a variety of medications, including drugs for cancer and heart disease, antipsychotics and the selective serotonin reuptake inhibitor (SSRI) antidepressants, have been shown to affect arousal, desire, and/or ejaculation in many men.

Older adults may have fears, concerns and unanswered questions about sexuality and the impact of long-term disease on their sexual function, along with the negative images that are often conveyed by societal attitudes towards sexuality and ageing. As reflective practitioners, we must ask ourselves if we are perpetuating these fears by keeping the issues hidden and not openly discussing them with patients.

Practice nurses are accustomed to providing excellent, effective, educational and supportive counselling for patients and their partners/families for all sorts of medical conditions, such as newly diagnosed diabetes mellitus and coronary artery disease; such knowledge and skills can also be applied to sexual health.

### Changing practice – the result of anti-ED drugs

History may show that the late 20th century's cultural account of sexuality will focus on sexual performance and adequacy in relation to the older person. However, the introduction of drugs that counter ED will alter the quality of life and sexual experience of older individuals,<sup>4</sup> as the use of these drugs has the potential to increase the older person's sexual activity. However, if combined with the lack of condom use, the risk of acquiring sexual infections in this age group is increased.

Sexual history taking and individualised (sexual) risk assessments can be embarrassing and awkward for both healthcare professional and patient. Yet it is important that these are

### CASE STUDY 2: SEXUAL INFECTIONS

An 18-year-old 'lad' attends the practice as he is worried he may have chlamydia. He has been told that his girlfriend is 'sleeping around' and he does not use condoms.

- A full holistic and sexual health history was taken.
- He was given an explanation of how chlamydia and other sexual infections are spread.
- Condom use was promoted, the technique was demonstrated, and he was given a realistic supply.
- A urine sample was taken and possible results were discussed.
- He was advised that if full sexual health screening is required, he will need to visit the local genitourinary medicine (GUM) service (contact details were given).
- He was advised to ask his girlfriend to come in for screening.

A positive result came back. Azithromycin 1g was given and the patient was advised that he should attend the local GUM service for a full screen and that all recent sexual partners would need to be contacted and treated. Partner notification can be done with the help of the sexual health advisers at the local GUM clinic. The importance of condom use was reiterated; he was told that a chlamydia test should be repeated yearly or with change of partner.

Many practices engage with the sexual health agenda through local enhanced services by carrying out chlamydia screening

done correctly and professionally to assess the patient's risk accurately. The British Association for Sexual Health and HIV (BASHH) 2006 guidelines can be adapted for use within the practice setting (Figure 1).<sup>5</sup> However, good communication is the underlying skill required by clinicians, as this is important for improving all health outcomes. A welcoming, comfortable and confidential environment will help to encourage openness when discussing sensitive issues.

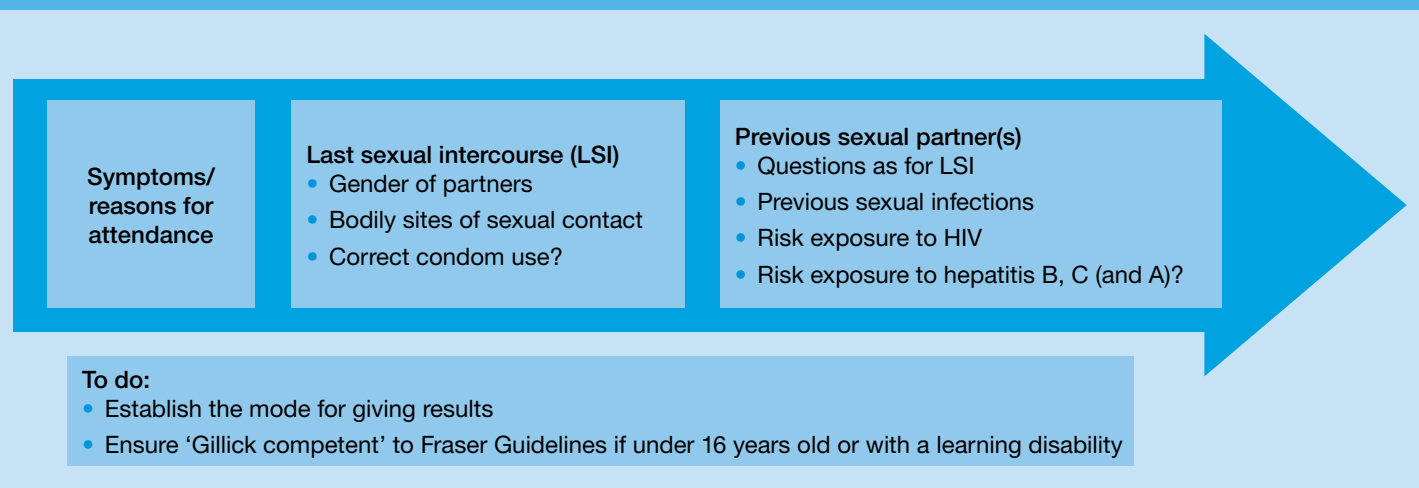
#### MALES WORRIED ABOUT SEXUAL INFECTIONS

Many practices engage with the sexual health agenda through local enhanced services by carrying out chlamydia screening. In reality, it is often only

(young) women who are being offered testing. Males are seen in general practice as well, but fewer are asked if they would like to be screened. Increasing rates of sexual infections are a challenge for the practice nurse; the highest rates are seen in 16- to 19-year-olds.

The National Chlamydia Screening Programme endeavours to test as many young people as possible to help prevent further disease and long-term fertility problems. However, with the rise in sexual infections in the over-35s, it is often not only the young that need to be screened. Many people remain sexually active well into old age. Couples over the age of 40 are increasingly likely to be separating or divorcing, in new relationships or single. With the lack of

FIGURE 1. CORE COMPONENTS FOR TAKING A SEXUAL HISTORY<sup>5</sup>



- ▶ sexual health information for this age group and the lack of consistent condom use, there is increased risk of acquiring or transmitting sexual infections.

### MALE SEXUAL HEALTH AND TRAVEL OPPORTUNITIES

Many patients are having holidays abroad, with a substantial number visiting international partying/clubbing resorts for (unprotected) sex.<sup>6</sup> Both males and females of all ages and orientations are increasingly engaging in unprotected sex while travelling abroad and when returning to their country of origin.<sup>4</sup> Worryingly, the rates of sexually transmitted infections in travellers returning from holiday are on the increase.

While practice nurses happily give advice on required or recommended vaccines and malaria prophylaxis, how many give sexual health advice, including a sufficient and realistic supply (or referral for a supply) of free condoms? Combined hepatitis A and B vaccines could be routinely given to any male patient who is travelling, to help prevent the spread of both diseases. Remember, hepatitis A can be transmitted through oro-anal sex (also known as rimming); something many people do but few talk about!

### CONCLUSION

This article has provided key examples of how to address common issues that men may present with in general practice. Three crucial messages

## POINTS FOR PRACTICE

### Therapeutic communication of sexual health

- Use every opportunity to address relevant or associated sexual health matters, eg travel health, vaccinations, new patients, reaching puberty, long-term illness, body image, injury or conditions (such as cancers), mental illness, drug and alcohol dependency, medications with detrimental side-effects on sexual performance or desire
- Do not shy away from discussing sexual health problems associated with relationship difficulties and signs of domestic abuse, bullying and violence (by or towards the male)

### Address gender inequality in service provision

- Aim to make condoms freely available (or arrange easy referral to a service that provides them), especially for sexually active people with increased opportunities for sex, eg new relationships, travelling on holiday
- Do not forget the implications of wider health matters such as urinary incontinence, eg accompanying conditions such as benign prostatic hyperplasia and prostate cancer; rectal cancer, especially for males with human papillomavirus (warts); stigma issues for males living with HIV; stigma issues for those whose sexual performativity, identity, relationships or body image cause problems; matters for those with mental or physical disfigurement, including post-traumatic stress syndrome for casualties of war from Her Majesty's Armed Forces

throughout both this and the previous article in the series emphasise the importance of sound therapeutic communication on sexual health matters at every available opportunity; the need to be proactive in addressing the issues to help prevent the preventable; and finally, the obligation

on you, as service providers, to improve service provision for male health as a legal requirement towards gender and health equality. ●

### CASE STUDY 3: TRAVEL HEALTH CONSULTATION

Steve, a 32-year-old man, presents for travel advice as he is going to Thailand, Vietnam and Cambodia for 6 months. He has had no immunisations or vaccines since leaving school. He plans to travel around, staying in hotels to start with and then moving out and about in the country, so he is unsure of where he will be staying.

- Full travel itinerary was discussed and advice and supporting leaflets were given.
- Safer sexual health advice was given, including risks of hepatitis A and B and promotion of condom use.
- Free condoms were given (if these are unavailable within your practice, signpost to the local genitourinary medicine or contraception service).
- Steve was advised that if he has unprotected intercourse while abroad, he should have a full sexual health screen on return to the UK, or earlier if he has any symptoms; risks of HIV infection were discussed and post-exposure prophylaxis was mentioned.

Travel vaccines were given, including hepatitis A and B combined vaccine, along with malaria advice. We also encouraged Steve to practise safer sex and to use condoms to avoid acquiring sexual infections.

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