

# Management of sexual health in HIV-infected patients: a cross-sectional survey among Dutch infectiologists and HIV nurses



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## Introduction

In the Netherlands, HIV nurses and infectiologists are the most important health care providers to contribute to sexual health among HIV patients. They work in one of the 26 specialized HIV treatment centers, where HIV patients see a doctor for their medical needs and a HIV nurse for additional support and care, including discussing sexual health. It is of crucial importance to discuss sexual health, not only because most common transmission route is via sexual contact; but most of all, since studies have shown that presence of sexual dysfunction (SD) among HIV patients is common.

## Aim

To assess possible barriers and facilitators for addressing sexual problems and the presumed responsibility of infectiologists and HIV nurses to discussing SD.

## Methods

A cross-sectional survey was sent to all Dutch infectiologists (N=110) and HIV nurses (N=82) in all 26 HIV treatment centers. The questionnaire assessed the following topics: demographic characteristics, knowledge, current practice, presumed responsibility, possible barriers and, factors, which might contribute to managing sexual counseling in daily practice.

		Addressing	Not addressing	Chi-square
Role	Infectiologist	19 (32%)	40 (68%)	.00
	HIV nurse	36 (75%)	12 (25%)	
Experience	<5 years	0 (0%)	28 (100%)	.00
	>5 years	22 (28%)	57 (72%)	
Competency	Yes	42 (44%)	54 (56%)	.68
	No	8 (73%)	3 (27%)	
Knowledge	Unsufficient	32 (54%)	27 (46%)	.84
	Sufficient	18 (37%)	30 (63%)	
Number of barriers	<15	17 (44%)	22 (56%)	.78
	15-21	18 (51%)	17 (49%)	
	21	15 (46%)	18 (54%)	

Table 1. Factors relevant for addressing sexual dysfunction

## Results

In total, 107 out of 192 healthcare providers completed the questionnaire (response rate 56%)

Health care providers indicated to discuss sexual dysfunction both during first consultation (32% infectiologists, 75% HIV nurses) and during follow-up a (31% infectiologists, 86% HIV nurses). Of the infectiologists, 96.6% indicated that nurses are accountable for discussing SD. All nurses stated that they are accountable for discussing SD.

Almost all health care providers stated to have little to moderate knowledge regarding sexual dysfunction. In Table 1, we show that knowledge and self-perceived competence of health care providers are not associated with discussing sexual dysfunction. However, health care providers in both groups did indicate they would like to extend their knowledge concerning SD (infectiologists 49% vs HIV nurse 90%).

In addition, the number of experienced barriers was not a predictor for discussing sexual dysfunction. Barriers differed between the two health care provider groups, the only barrier both infectiologists and HIV nurses mentioned was having a third person present during a consultation (respectively 51% and 60%.) (table 2).

The only significant predictor for discussing SD was experience. Health care providers with more than 5 years of experience in the field of HIV discussed SD more often compared to health care providers with less experience (table 1).

	Infectiologist	HIV nurse
Insufficient time	61,4%	22,9%
Presence of a third party	50,9%	60,4%
No angle or motive for asking	43,9 %	22,9 %
Language and ethnicity	36,8%	50 %

Table 2. Barriers for discussing sexual dysfunction

## Conclusion

Health care providers seem to agree that HIV nurses are responsible for discussing sexual health.

In daily practice HIV nurses seem to be more likely to address sexual dysfunction than infectiologists. However, due to barriers sexual health issues are not discussed with all patients.

## Recommendations

- New studies should focus on the needs of HIV patients in discussing sexual health.
- To set up an national educational program to improve the knowledge of sexual dysfunction among health care providers.
- To come to a national agreement who is responsible for discussing sexual health and what to discuss during consultation
- Development of guidelines that take into account the tackling of barriers and thereby aim to improve the discussion of sexual health issues by health care providers.

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picture 1. Consultation HIV nurse and (fictitious) patient