

Priority Topic: **SEX**

Key Features:

** an important Priority Topic that is typically not covered in depth in training.

These two AAFP articles cover sexual dysfunction well:

[Erectile Dysfunction AAFP 2016](#)

[Sexual Dysfunction in Women AAFP 2015](#)

1. Ask about sexual health and function, [in a sensitive manner, when appropriate](#), e.g.:

- In conditions with [higher risk for sexual dysfunction](#) (e.g. post-MI, diabetes, use of certain medications).
- Throughout [life cycle transitions](#) (e.g. adolescence, pregnancy, menopause, andropause).
- [Not assuming sexual inactivity within specific populations](#) (e.g. people with disabilities, seniors, singles).

What you should study:

- ✓ [Sexual Health History: Techniques and Tips AAFP 2020](#)
- ✓ [Adolescent Sexuality Peds in Review 2013](#)
- ✓ [Sex in Pregnancy CMAJ 2011](#)
- ✓ [Sex and Perimenopause RACGP 2011](#)

Multiple resources around sexual health, stigma, and trauma-informed approaches:

- ✓ [Sexually Transmitted and Blood-borne Infections and Related Stigma CPHA](#)
- ✓ [Discussing Sexual Health, Substance Use and STBIs CPHA 2017](#)

2. Educate patients about sexual health, consent, and safety, especially patients at risk (e.g. for stigmatization, exploitation), using plain language appropriate to the age, development stage, and culture of the patient .

What you should study:

✓ Sex & U website

3. With a patient (especially adolescents or those in vulnerable situations) presenting with a concern about sex or sexuality, explicitly discuss confidentiality.

4. In a patient presenting with sexual dysfunction, perform a thorough assessment (including specific systems; mental health; alcohol and substance use; relationship factors and impacts; medication; and sexual history, including positive and negative experiences) to make an accurate diagnosis.

What you should study:

✓ Erectile Dysfunction AAFP 2016

✓ Sexual Dysfunction in Women AAFP 2015

✓ Dyspareunia in Women AAFP 2014

5. When caring for a patient with gender or sexuality-related concerns :

a) Take opportunities to destigmatize gender and sexuality-related concerns (e.g. using the person's preferred pronoun, using terms such as partner instead of boyfriend).

- b) **Identify and recognize** your own biases, **manage them**, and **ensure the patient receives appropriate care** .
- c) **Differentiate** between sexual orientation, gender identity, and sexual function.
- d) Refer the patient to **appropriate specialty care** when indicated.
- e) Inform the patient about **available community resources** .

What you should study:

Multiple resources around sexual health, stigma, and trauma-informed approaches:

- ✓ **Sexually Transmitted and Blood-borne Infections and Related Stigma CPHA**
- ✓ **Discussing Sexual Health, Substance Use and STBBIs CPHA 2017**
- ✓ **Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients Sherbourne 2019**

6. When performing a **physical examination that triggers an unexpected response** :

- a) **Acknowledge** the response.
- b) **Stop** the examination.
- c) **Discuss** the response in a sensitive manner, **respecting the dignity of the patient**.
- d) **Decide** on next steps **together** with the patient.