

clinical news

Getting the Conversation Started: How to Assess Your Patients' Risk of Transmitting HIV

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To support providers caring for people living with HIV and in support of CDC's Prevention IS Care campaign, colleagues from across the United States will develop short articles based on their clinical experience on ways a variety of prevention messages can be incorporated into practice. This new series, called "My Standard of Care," will feature short articles offering various approaches. We invite you to keep an eye out for these resources and to share them with your colleagues and/or residents and students as appropriate.



Far too often we miss opportunities to discuss prevention with our patients living with HIV simply because we don't initiate the conversation. Prevention conversations would flow naturally for most of us, if only we were able to get the conversation started. One effective way you could begin a conversation with your patients about HIV transmission risk is to start with a single question to determine what they know about HIV transmission and prevention. You might simply begin with "What do you know about HIV transmission?" or "What confuses or worries you about HIV transmission?" Many patients are frequently confused by the relative risk of different sex acts and others have questions about viral load and infectiousness, thus you might need to correct misconceptions as they arise. For these patients, the Prevention IS Care toolkit included in the [Resources box](#) includes resources to help explain relative risk and infectivity to patients. We should always be thinking about delivering or reinforcing prevention messages, even if a patient is not interested in having a more in-depth discussion. Finally, it is important to remember that risk conversations should be ongoing; at subsequent visits, ask questions to determine whether previous misconceptions have been cleared up or if prevention plans have been followed.

What Do You Ask Your Patients?

The question that I most frequently use to get the conversation started with patients is, "Tell me who you're dating." Once incorporated into routine practice, your chosen question and these discussions become more natural and slowly become standard of care. Whatever the question, it is important for patients to know that you ask these questions of all patients so that they do not feel stigmatized or otherwise singled out.

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Tools such as self-administered, written questionnaires in which patients respond to questions regarding specific behaviors over a set period of time can be effective and can be completed by patients in waiting rooms or exam rooms before seeing the provider. The Prevention IS Care toolkit contains an example of a 10-question screening tool that might easily be adapted for use in your own clinical setting.

Computer-based questionnaires that print out results of such screening questionnaires have also been found to be useful by some providers. Of course, behavioral risk screening can also be done face-to-face by the provider using topics from a questionnaire or can even be done in a more conversational or casual way.

Regardless of the method used, questions should be broad enough so that most patients with risk behaviors will be identified. They should be brief and to the point, but non-judgmental enough that patients are made to feel comfortable disclosing risky behaviors.

Digging Deeper

Behaviors that might require a provider to assess for more in-depth risk include multiple sex partners, frequency of sex, sex with HIV-negative serostatus partners or those with unknown status, specific sex acts, lack of condom use, or barriers to adapting safer behavior. For drug-using patients, also consider whether the patient is sharing paraphernalia, the number of sharing partners, and the HIV serostatus of these partners. Providers should then be equipped to help the patient better understand HIV transmission risks, to offer patients strategies for disclosing serostatus to partners, ideas for keeping condoms accessible, or ways to reduce the number of sex or drug partners (e.g., avoiding situations where the patient is most likely to engage in risky behavior).

Conclusion

HIV transmission risk screening and prevention discussions need not be time consuming, but it requires that providers ask questions that will initiate conversations about behavioral risks that can and should be addressed in regular office visits. If needed, various types of screening tools are available to facilitate this process.

Resources

The following resources contain helpful HIV transmission risk screening tools, training, and other useful material.

CDC Prevention IS Care

Includes patient education material, HIV risk screening tool, CME, and more

<http://www.cdc.gov/PreventionISCare>

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV: Recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>

Integrating HIV Prevention into the Medical Care of Persons Living with HIV

Slides, handouts, and other training material from the HIV/STD Prevention Training Centers and the AIDS Education and Training Centers

<http://aidsetc.org/aidsetc?page=et-pwp>

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