



Print this Issue  
 Forward to a Friend  
 Search Back Issues

 

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[Education & Training](#)

[Public Policy](#)

[Practice Guidelines](#)

[Resources](#)

[Prevention](#)

[Links](#)

[Publications](#)

[About HIVMA](#)

## clinical news & resources

### Delivering “Real World” HIV Prevention Messages to Our Patients

David Hardy, MD

During a recent HIV conference where I presented on Prevention IS Care, I was asked about how I handle challenging situations where a patient who engages in risky sexual behavior as demonstrated by recent or recurrent STIs, requests erectile dysfunction (ED) drugs. In this article, I explore this and other challenging opportunities to deliver carefully considered and credible HIV prevention messages to our patients.

#### How do you work with a patient who engages in high-risk sexual behavior and requests a drug for erectile dysfunction?

My number one goal is to keep the lines of communication open, so I never say “no” -- immediately. Doing so compromises my ability to build and maintain a trusting and mutually respectful relationship with my patient and it often alienates the patient. In fact, many patients will simply obtain ED drugs online or from friends.

Instead, I attempt to dig deeper into the situation to find out why the patient is having erectile dysfunction. I start by asking the patient to describe the scenarios during which he cannot get an erection. I routinely ask about recreational and prescription drug or alcohol use before or during sex. The solution to the ED problem may be a frank discussion about his substance use and a referral for counseling. If there does not appear to be a link between his ED and drugs or alcohol, I probe further: Is the patient using drugs and alcohol because he cannot have sex otherwise? If this is the case, issues around self identity and sexuality may need to be explored. I also make him aware that mixing ED drugs with his HIV positive status and other medications can be harmful.

As a result of these conversations, I generally am able to determine the cause of the patient’s ED and if an ED drug would be helpful. Along with the prescription, I discuss the expectations and side effects of the drug and reiterate condom use for insertive sex.

#### How do you avoid alienating patients during these discussions?

As a means of keeping the lines of communication open, I work to make my conversations regarding sex open, honest and comfortable, encouraging the patient to ask questions about any areas he/she may have. In my opinion, we should cast sex as part of a healthy, normal life. If we make patients feel shameful about sex, our credibility with them will plummet. Attempting to punish a patient for his sexual behavior by withholding ED drugs displays a distrusting and paternalistic attitude which is seldom helpful.

## In This Issue

### in the spotlight

[Annual Meeting Update](#)

### clinical news & resources

[Delivering “Real World” HIV Prevention Messages to Our Patients](#)

[Guide Highlights Food Safety for HIV/AIDS Patients](#)

[Your Input Needed: Survey on FDA Expanded Access Programs](#)

### federal & state news

[Federal Programs Making Strides on HIV Testing](#)

[Health Care Reform Update](#)

[ADAP Waiting Lists Growing Longer](#)

[FY2010 Appropriations](#)

[National HIV/AIDS Strategy \(NHAS\) Community Forums Announced](#)

### global news

[South African Clinic Successfully Integrates HIV/TB Care](#)

[New NIH Director Cites Global Health Among Top Priorities](#)

### ryan white medical providers coalition news

[Ryan White Reauthorization Progresses](#)

### in the IDSA journals

[Role of Uncontrolled HIV RNA Level and Immunodeficiency in Malignancies](#)

[HIV/AIDS, Nutrition, and Access to Food in the Developing World](#)

### meetings & opportunities

[Getting to Zero: How Hospital Rapid Tests Can Limit Mother-to-](#)



Often, I try to help patients discover associations in their lives which seem obvious to me but not them, e.g., the “advantage” of having an erection for 4 hours, may allow him to have sex with several people, but also greatly increasing his risk of acquiring STDs and transmitting HIV. As a result of these conversations, I hope patients will gain new insight into their risky behavior and see the rationale for changing it.

When a patient frequently presents with STDs, I first praise their decision to seek medical help and treatment. As a part of treating the STD, I discuss the potential harmful consequences of STDs, their deleterious effects on HIV infection and express my concern for these negative effects on the patient. I also use these opportunities to reassess safe sex practices. Leaving the patient with the bottom line message of “respect and protect yourself and others” is a good way to end the visit. I stop prescribing ED drugs only as a last resort.

### **What can clinicians do to encourage an ongoing reduction in risky behavior?**

Enlisting patients directly into the fight against HIV/AIDS by informing them of their critical role in stopping the spread of the virus engenders both self-respect and self esteem. Demonstrating the link between practicing safe sex and preventing new HIV infections makes this point clear. I let them know that they can be part of the solution and I encourage them to make this choice. I also reinforce that practicing safe sex keeps them healthy, too.

Building and maintaining open, honest, mutually respectful relationships with our patients, including discussions on sex, lays the ground work for helping them to see the rationale for practicing safe sex and becoming part of the solution to the HIV epidemic.

### **Resources:**

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

- CDC Prevention IS Care  
Includes patient education material, HIV risk screening tool, CME, and more  
<http://www.cdc.gov/hiv/topics/treatment/PIC/>
- 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>

[< Previous Article](#) | [Next Article >](#)

[return to top](#)

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