

HEARTSMAP CME – SEXUAL HEALTH

HEARTSMAP Domain	Sexual health
Number of articles	4
General Theme	Clinician Bottom Line
<p>STI and street-involved youth</p> <ul style="list-style-type: none"> Street-involved youth are at higher risk of contracting STIs and experiencing sexual abuse than the normal adolescent population. (Level of Evidence: II.1) 	<ul style="list-style-type: none"> A physician should treat for suspected STIs in street-involved youth without waiting for laboratory results, given the difficulty of arranging follow-ups for these teens. It is also important to connect the adolescent to a youth health for a long-term screening and management of STIs. See article #1
<p>STI and harm reduction strategy</p> <ul style="list-style-type: none"> Sexual harm reduction program that stressed delayed sexual engagement and use of contraceptive was more effective than a program that stressed abstinence only. (Level of Evidence: II.1) 	<ul style="list-style-type: none"> In managing street-involved youth with an elevated risk of STIs, physicians should be familiar with harm reduction programs that promote reduction in risky sexual behaviours and encourage the use of contraceptives. See article #2
<p>Sexual history taking</p> <ul style="list-style-type: none"> Sexual history should include components such as symptom assessment, STIs and sites to sample, contraception use and risk of pregnancy, HIV and Hep B/C status, and assessment of risky behaviours (Level of Evidence: II.1). 	<ul style="list-style-type: none"> Physicians should take a comprehensive sexual history of youth patients in a confidential and non-judgmental setting. See article #3
<p>Genital exam</p> <ul style="list-style-type: none"> Genital examination should be performed only when indicated, and it should be performed discretionally in the presence of a caregiver or a nurse. (Level of Evidence: III) 	<ul style="list-style-type: none"> Genital examination should be performed sensitively with full explanation of the procedure and consent, and it should be carried out only when warranted. See article #4

1. Elliott, A. S. (2016). Meeting the health care needs of street-involved youth: Position statements and practice points. Canadian Paediatric Society. Retrieved from <http://www.cps.ca/documents/position/health-care-needs-of-street-involved-youth>
 - a. **Objective:** to review the prevalence, risk factors, and special approach to healthcare needs of street-involved youth
 - b. **Method:**
 - i. **Population:** street-involved youth
 - ii. **Design:** systematic review (MEDLINE search) of studies on street-involved youth between 1950 and 2012. Involves descriptive and ecological studies of street-involved youth, as well as cohort and cross-sectional studies on prevalence and incidence rate of various infections in street-involved youth
 - iii. **Primary outcome measure:** risk factors that predispose youth to street involvement; risk factors associated with street-involvement
 - c. **Result:** Street involvement poses elevated risks in physical, mental, emotional, and social domains. Basic needs for food, shelter, and early initiation of sexual activity places street-youth

at higher risk for sex trade, selling drugs, and panhandling. Subsequently, this puts the youth at higher risk for sexually transmitted infections and sexual and physical abuse. Complicating the treatment of sexual health is the unstable nature of street involvement, which makes healthcare for street-involved youth unpredictable and often discontinuous.

- d. **Conclusion:** The systematic nature of the review provides a strong recommendation to take a comprehensive sexual history of street-involved youth at the first visit and to treat for suspected STIs without waiting for laboratory results, given the difficulty of arranging for follow-ups. It is also important to connect the youth to a youth health clinic for long-term screening and management of STIs.
 - e. **Evidence:** II.1 (a systematic review of various types of studies)
2. Leslie, K. M. (2014). Harm reduction : An approach to reducing risky health behaviors in adolescents: Position statements and practice points. Canadian Paediatric Society. Retrieved from <http://www.cps.ca/documents/position/harm-reduction-risky-health-behaviours>
 - a. **Objective:** to define harm reduction strategy and its efficacy in reducing alcohol, substance, and risky sexual behaviours
 - b. **Method:**
 - i. **Sample:** youth at-risk of engaging in or already engaged in alcohol, substance use, and risky sexual behaviours
 - ii. **Design:** A systematic review of studies on harm reduction strategy, especially pertaining to substance use, STI/ HIV transmission, and alcohol use. The review involved descriptive and ecological studies of youth at risk of substance uses, as well as prospective cohort and cross-sectional studies on efficacy of harm reduction programs in preventing STIs (including HIV) transmission among drug users.
 - iii. **Primary outcome measure:** odds ratio of reduction in morbidity and mortality by harm reduction strategy vs. traditional abstinence approach
 - c. **Results:** Harm reducing approach significantly reduces morbidity and mortality in youth, especially concerning teen pregnancies and HIV & STI transmission. Also, a sexual harm reduction program that stressed delayed sexual engagement and use of contraceptive was more effective than a program that stressed abstinence only.
 - d. **Conclusion:** The systematic review provides robust evidence that street-involved youth are at higher risk of STIs than non-street involved adolescents. Clinically, the physician should be familiar with harm reduction programs that promote reduction in risky sexual behaviours and encourage use of contraceptives.
 - e. **Evidence:** II.1 (a systematic summary of well-designed descriptive, cross-sectional, and cohort studies)
 3. Clinical Effectiveness Group (2013). UK national guideline for consultations requiring sexual history taking. London (UK): British Association for Sexual Health and HIV (BASHH); 2013. 29 p. [72 references]
 - a. **Objective:** to provide the best evidence-based guideline for sexual history taking
 - b. **Method:**
 - i. **Population:** adolescents whose sexual history needs to be taken
 - ii. **Design:** a systematic review of various studies including well-designed controlled study without randomisation
 - iii. **Primary outcome measure:** essential elements in a sexual history
 - c. **Result:** Sexual history should include symptom assessment, STIs and sites to sample, contraception use and risk of pregnancy, HIV and Hep B/C status, assessment of risky behaviour, and other sexual issues. In addition, high priority should be given to preserving the confidentiality of patients and their sexual contacts.

- d. **Conclusion:** The nature of the systematic review lends strong evidence for physicians to ask various questions in sexual history-taking, especially with regard to symptom assessment, STIs and sites to sample, contraception use and risk of pregnancy, HIV and Hep B/C status, assessment of risky behaviour, and other sexual issues.
 - e. **Level of evidence:** II. 1 (systematic review of various types of studies)
4. Woods, S. (2016). Ethical approach to genital examination in children. Canadian Paediatric Society. Retrieved from <http://www.cps.ca/documents/position/genital-examination>
- a. **Objective:** to provide an appropriate guideline for genital examination
 - b. **Method:**
 - i. **Population:** children and adolescents who may require genital examination
 - ii. **Design:** a collection of expert opinions
 - iii. **Primary outcome measure:** indications for genital exam
 - c. **Result:** Genital examinations should be performed only when indicated, such as checking for growth parameters, endocrine abnormalities, physical signs of suspected abuse, and as requested by the parents. In addition, the exam should be carried out in the presence of a caregiver or nurse.
 - d. **Conclusion:** In the absence of a well-controlled study, the guideline based on expert-opinions provides an initial, intuitive framework for performing a genital examination in children. It makes sense that a genital exam should be performed sensitively with full explanation of the procedure and consent, and it should be carried out only when warranted.
 - e. **Level of evidence:** III (expert opinions)

Appendix: Guide for Level of Evidence

Canadian Task Force on the Periodic Health Examination's Levels of Evidence*

Level	Type of evidence
I	At least 1 RCT with proper randomization
II.1	Well designed cohort or case-control study
II.2	Time series comparisons or dramatic results from uncontrolled studies
III	Expert opinions