

Know your BIOTEACHERS when you assess sexual health

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Psychiatrists often are required to obtain basic sexual information as part of a thorough clinical assessment.¹ Although a detailed sexual health assessment comprises multiple elaborate domains,² it's important that mental health professionals remember a set of topics and related questions (*Table*) that can help investigate, diagnose, and treat sexual dysfunction, and contribute to a biopsychosocial formulation of your patient's sexuality. The **BIOTEACHERS** mnemonic can remind you what to ask when taking a patient's sexual history; it is *not* intended to be an alternative to a comprehensive sexual health evaluation.

Each letter stands for a component of the sexual assessment. The grouped letters of the

acronym break down into different relevant areas that aid in remembering each category.

BIO

Background of the problem or the patient's biophysical state

Identify

Orientation

BIO gathers basic medical information, then creates an opportunity to understand the patient's gender identity. This step allows for nonjudgmental discussions about the patient's sexual orientation.

TEACH

Thoughts of a sexual nature

Erotic desire or sexual interest

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Disclosure

The authors report no financial relationships with any company whose products are mentioned in this article or with manufacturers of competing products.

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Table

BIOTEACHERS: Questions to ask when taking a sexual history

| Topic | Question |
|-------------------------------------|--|
| Background or biophysical state | Tell me about your problem. Do you have physical issues that affect your sexual health? |
| Identity | In terms of gender, how do you identify yourself? What gender pronouns do you prefer? |
| Orientation | To whom are you attracted, sexually? Who do you prefer as a sexual partner? |
| Thoughts of a sexual nature | Do you ever think about sex or being sexually intimate? Do certain thoughts trouble you? |
| Erotic desire (sexual interest) | Are you interested in sex? Do you seek sexual gratification or find it pleasurable? |
| Arousal | Can you become sexually aroused? Do you experience erections or vaginal lubrication? |
| Climax | Are you able to have a climax? What is the quality of your orgasm? |
| How often? | What is the frequency of your sexual activity? |
| Education | How did you obtain your sexual knowledge? What are your sexual health practices? |
| Repertoire or relationship dynamics | What sexual activities do you engage in? How is your relationship with your partner? |
| Self-stimulation | Do you have the ability to obtain satisfaction from self-stimulation? |

Addressing sexual education, knowledge, and health practices normalizes discussion of the patient's sexual repertoire

Arousal

Climax during sex

How often

TEACH incorporates a common chronology of sexual response and activity, starting with sexual thoughts, feelings of erotic desire, development of sexual arousal, ability and quality of a patient's orgasm, as well as frequency of sexual activity.

ERS

Education

Repertoire or relationship dynamics

Self-stimulation

ERS comprises somewhat more complicated subjects: education (questions about a person's sexual awareness and communication

style); formal sexual knowledge; and health practices. These areas of questioning also normalize discussion of the patient's sexual repertoire (what activities he [she] does and avoids), reviews qualities of the sexual relationship, and broaches the issue of self-stimulation.

Remember: All discussions of sexuality should be appropriate to the clinical context and considerate of the deeply personal nature of the information.

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References

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