Capsule Commentary on Frederickson et al. “Development and Content Validation of a Patient-Reported Sexual Risk Measure for Use in Primary Care”

Laurie C. Caines, M.D.

University of Connecticut School of Medicine, Farmington, CT, USA.

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The CDC estimates that nearly 10 million new sexually transmitted infections occur every year.¹ Primary care physicians are not routinely screening patients for high-risk sexual behavior.² Improving elicitation and delivery of patient self-reported data may improve outcomes.³ To try to accomplish this, a number of self-reported assessments have been developed, referred to as patient-reported data, measures, or outcomes (PROs). PROs assess conditions and behaviors that might otherwise be overlooked or are time-consuming for providers to assess in a brief clinical encounter. Past efforts have been disappointing—perhaps due to a gap in time between PRO completion and provider appointments. Technology and touch screens may help facilitate this better. Crane et al. showed a small but insignificant increase in documentation of sexual risk behavior when providers were given same day results of PROs. This study did show improved provider awareness of other domains including depression, poor medication adherence, and substance abuse, but not necessarily on actions of providers.³ A review of computer-assisted self-interviews (CASI) by Fairley et al. showed consistency between countries in a number of the key core sexual health questions either recommended by key organizations or routinely asked in sexually transmitted infection (STI) clinics. Studies of CASI compared with in-person interviews have shown that CASI identifies higher risk behavior more commonly than clinician interviews. Better surveillance could be done if all practices used a standardized questionnaire.⁴ This puts into light the most recent article by Frederickson et al. which is a multi-centered study that aimed to develop the Sexual Risk Behavior Inventory (SRBI) which is a brief,

skip-patterned measure that examines a variety of domains (gender identity, sexual orientation, partnership configurations) to assess and grade risk of HIV/STI.⁵ This SRBI uses terms for sex-related behaviors scrutinized by a diverse group of patients and notably included clinically relevant information such as partner use of antiretroviral therapy/pre-exposure prophylaxis (ART/PrEP) that was not addressed by lengthier legacy measures (Risk Assessment Battery). Future studies will need to examine whether using this tool improves patient outcomes.

Corresponding Author: Laurie C. Caines, M.D.; University of Connecticut School of Medicine, Farmington, CT, USA (e-mail: caines@uchc.edu).

Compliance with Ethical Standards:

Conflict of Interest: The author declares that she does not have a conflict of interest.

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