Preventive Male Sexual & Reproductive Health Care:
Recommendations for Clinical Practice

Arik V. Marcell, MD, MPH
Associate Professor
Johns Hopkins University
Departments of Pediatrics & Population, Family & Reproductive Health & the Male Training Center
amarcell@jhu.edu

Disclosures

- Nothing to disclose
  - No financial interests or relationships with manufacturers of commercial products, suppliers of commercial services or commercial supporters
  - I will not discuss unlabeled use of products or products under investigational use
  - No commercial support provided for this activity

Objectives

- To describe best practice recommendations for delivering preventive clinical sexual & reproductive health (SRH) services for reproductive-aged males

Reasons to involve males in SRH

1. Meet SRH needs in their own right
2. Improve health outcomes of partners
3. Involve them as critical partners in family planning to ensure pregnancies are planned & wanted
4. Improve capacity for parenting, fathering & child health outcomes
5. Use SRH as clinical hook to address other health needs
6. "Providers" (e.g., parents, teachers, healthcare) lack sufficient knowledge & skills on addressing males' SRH
7. Males are not socialized around health care & SRH care

Marcell et al. Pediatrics. 2011.
Frey et al. AJOG. 2008.

What are males SRH needs?

Males have substantial SRH needs
What national data tell us

- All adolescents go through puberty & **maturation of reproductive system**
- **Sexual identity formation is a normal task of adolescence**
  - Majority identify as heterosexual, but ~8% report same-sex sexual attraction & ~5% behavior
- **The majority of males…**
  - By age 18-19, report having had **sex**
  - Diagnosed with an **STD** are between ages 15-24 years old
  - Have **pregnancy prevention** (family planning) needs
    - <18 years old, report 1st child was **unintended**
  - Have **preconception health** needs
    - Report intending to have a child

NSFG 2002 & 2006-10.; CDC. STD Surveillance. 2011.; Leibowitz et al. AJPH. 2009.

Males' SRH needs cont.
Males also experience…

- **Comorbid behaviors** (e.g., alcohol/drug use) that can lead to lack of condom use, STD risk, unintended pregnancy
- **Sexual problems** (1º or 2º to medications, drug use)
- **Intimate partner violence** (reported by 1 in 10)
- **Sexual violence** (reported by ~1 in 10)
- **SRH-related cancers** including HPV-related & testicle cancers
- **Infertility** (2% of all males)

Laumann et al. JAMA. 1999.
Black et al. The 2010 National Intimate Partner & Sexual Violence Survey. 2011.
YRBS 2011; NSFG 2002 ; American Cancer Society 2011.

Puberty: Abnormal findings

- Abnormal health issues are not uncommon, can be distressing & may not be identified until adolescence
  - **Genetic conditions**
    - Klinefelter syndrome 1 in 500-700
    - Fragile X syndrome 1 in 1000-4000
    - Marfan syndrome 1 in 5000-10000
    - Kallman syndrome 1 in 8000-10,000
  - **Non STI-related issues**
    - Gynecomastia 40-65%
    - Testicular torsion 8.6 per 100,000
    - Varicocele 10%
    - Testicular cancer 3.1 in 100,000
    - Acne 95%
- **Early & late maturation** may be related to negative health outcomes (↑ed risk-taking, mental health & substance use)
- **Sexual minorities** at ↑ed risk for mental health, substance abuse if not connected to supportive environments

Few males report SRH care receipt

	% Female	% Male
Provider report		
Assess for sexual health*	45	**15**
Client report		
HIV test, ever***	20	**12**
HIV test, last yr with ≥1 risk behavior (15-44)***	43	**34**
Counsel on STIs, HIV, pregnancy**	61	**34**
Assess/counsel on contraception	33	**5**
Counsel on condoms	18	**7**

* Lafferty et al. Am J Pub Health. 2002.
** Burstein et al. Pediatrics. 2003.
*** Chandra et al. NSFG. 2006-10.

Do males aged 15-35 want to talk with their healthcare provider about SRH-related services?

SRH Topics
1. Decreasing STI risk
2. HPV/genital warts vaccine
3. Using condoms correctly
4. Female birth control methods
5. Emergency contraception
6. Sexual function
7. Making someone pregnant
8. Fatherhood
9. Intimate/romantic partner relationships
10. Testicular cancer
11. Acne

Same, Bell, Rosenthal, Marcell. Am J Prev Med. 2014.

Yes: Majority of males, regardless of age, want to talk about SRH topics with their healthcare provider

- 84-98% reported being willing to talk about each topic
- 45-86% reported they want their doctor to bring up the topic including…
  - Decreasing STI risk
  - HPV/genital warts vaccine
  - Emergency contraception
  - Using condoms correctly
  - Female birth control methods

Same, Bell, Rosenthal, Marcell. Am J Prev Med. 2014.

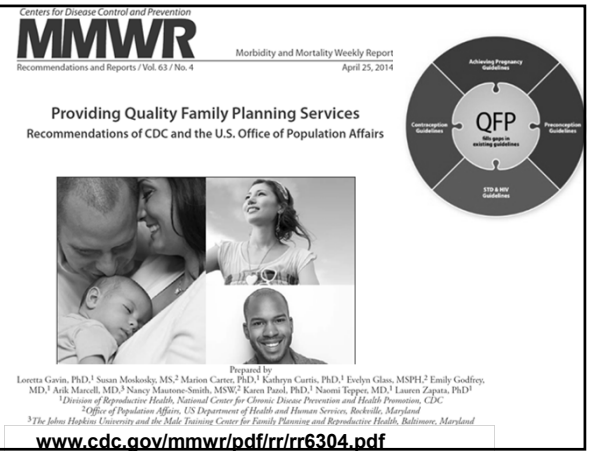
What accounts for discrepancy in males' SRH care receipt?

Challenges
SRH care delivery to males

1. Until now, no one national organization has outlined clinical standards of care for delivering SRH care or even family planning services to males across the lifespan
2. Lack of research with males in the domain of SRH care in clinical settings to inform guidance
3. Existing guidelines are single-topic focused & lack a comprehensive SRH framework

What constitutes SRH care for males?

2014



www.cdc.gov/mmwr/pdf/rr/rr6304.pdf

2014

www.maletrainingcenter.org

Guidelines for Family Planning
Update to nation's Title X clinical guidelines

- Male Training Center (MTC) collaborated & supported CDC & DHHS Office of Population Affairs effort in updating nation's Title X clinical guidelines for providing family planning services
- Used parallel approach in developing guidance for men's & women's preventive clinical services

MTC's guiding principles
Developing standards for male SRH care

Used an evidence-informed approach

- Examined professional organizations for recommendations across lifespan
  - Relied on evidence-based recommendations whenever possible
- Conducted systematic reviews for gap areas (e.g., topics without evidence)
- Engaged experts in male health to inform process since
  - No one organization makes recommendations for male SRH care especially across the lifespan
  - Many services for male SRH lack evidence

QFP steps in developing recommendations

MTC convened Men's Health Technical Panel

1. Synthesized Federal & professional medical recommendations based on IOM criteria for 'trustworthy' clinical guidelines (2011)
2. Reviewed >40 screening services for males from >30 Federal & professional medical associations

Drafted recommendations presented to Expert Work Group (EWG) convened by CDC & OPA

- EWG used 3 criteria to consider core recommendations
  i. Strength of evidence
  ii. Consequences of recommendation (health impact, implementation challenges, costs or cost-savings, etc.)
  iii. Values/preferences

CDC & OPA considered EWG feedback to develop final set of core recommendations for clinical services

QFP decisions
For men's health components of guidance

1. Used WHO definitions of SRH as starting point for considering services to include for men
2. Identified core services included contraception, basic infertility, preconception health, & STD services
3. Identified assessing client's reproductive life plan & comprehensive sexual history are cornerstones for determining relevant services to deliver
4. Used hierarchical approach for providing each service given inconsistencies between organizations
   #1 CDC (STD treatment, HIV testing, preconception care)
   #2 USPSTF (United States Preventive Services Task Force)
   #3 Other organizations (AAP's Bright Futures for adolescents)
5. Addressed other related preventive health services for men linked closely with family planning services
6. Made recommendations against providing services shown to be ineffective or when potential harm outweighs benefit
7. Integrated recommendations for men's health throughout QFP rather than just separate section focused on men, or treated as "special population"

SRH definition & framework*

"A state of physical, mental & social well-being & not merely absence of disease, dysfunction or infirmity in all matters relating to reproductive system, its functions & its processes"

Cairo UN International Conference on Population & Development. 1994.
WHO. Defining sexual health. Geneva, Switzerland. 2002.
CDC. A public health approach for advancing sexual health in U.S. Atlanta, GA. 2011.

Applicability to clinical setting?
Goals for male SRH care

Prevent
- STIs & HIV
- Unintended pregnancy (e.g., family planning)
- Reproductive health cancers

Promote
- Sexual health & development
- Reproductive life plan (e.g., timing & spacing of children)
- Preconception health
- Healthy relationships & behavior

Reduce
- Sexual problems & infertility

Increase
- Lifespan/survival & quality of life
- Access to clinical services & client satisfaction

QFP decisions cont.
For men's health components of guidance

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MTC Men's Health Technical Panel

- MTC's effort was on broader content of men's SRH, & not just family planning
- **MTC document**
  - Summarizes QFP clinical preventive service recommendations
  - Summarizes further deliberations by Men's Health Technical Panel for additional services to include
  - For each service, it provides tools & resources regarding "how to" assess

QFP & MTC recommended clinical preventive SRH services for males

Recommended screening: History components

Source		Age: ≤21	22-24	≥25
QFP	Reproductive life plan	☑	☑	☑
QFP	Sexual health assessment	☑	☑	☑
MTC	Problems with sexual function	☑	☑	☑
MTC	Intimate partner & sexual violence	☑	☑	☑
QFP	Alcohol & other drug use	☑	☑	☑
QFP	Tobacco use	☑	☑	☑
QFP	Immunizations	☑	☑	☑
QFP	Depression	☑	☑	☑

Recommended screening: Physical exam components

Source		Age: ≤21	22-24	≥25
QFP	Height, weight & BMI	☑	☑	☑
QFP	Blood pressure	☑	☑	☑
QFP	External genital / perianal exam	☑		

Recommended screening: Laboratory test components

Source		Age: ≤21	22-24	≥25
QFP	Chlamydia	☑	☑	
QFP	Gonorrhea	☑	☑	☑
QFP	Syphilis	☑	☑	☑
QFP	HIV / AIDS	☑	☑	☑
QFP	Hepatitis C			☑ *
QFP	Diabetes		☑	☑

*Refer to specific service slide

Recommended: Key SRH counseling components

Source		Age: ≤21	22-24	≥25
MTC	Condoms with demonstration/practice	☑	☑	☑
QFP	STD / HIV	☑	☑	☑
QFP	Pregnancy prevention	☑	☑	☑
QFP	Preconception health	☑	☑	☑
MTC	Sexuality / relationships	☑	☑	☑
MTC	Sexual dysfunction	☑	☑	☑
QFP	Infertility	☑	☑	☑

Screening services no longer recommended

History	Teaching testicular self-exam (for cancer screen)	☒
Exam	Testicular exam (for cancer screen)	☒
	Hernia	☒
Labs	Gonorrhea (low risk)	☒
	Hepatitis B (low risk) *	☒
	Hepatitis C (not born '45-'65)	☒
	Herpes simplex	☒
	Syphilis (not at increased risk)	☒
	PSA for prostate cancer	☒
	Urinalysis	☒
	Hemoglobin / hematocrit	☒

No recommendation:
Evidence still being accumulated

Labs	Trichomonas	?
	Human papillomavirus	?
	Anal cytology	?

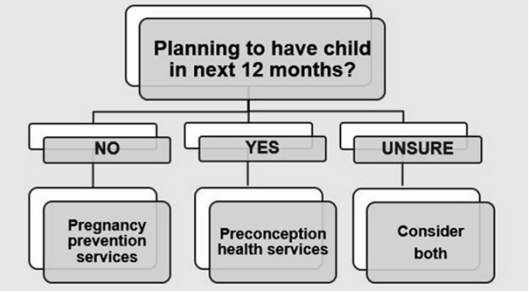
Details about each SRH service

History components

Content	**Reproductive life plan**
Questions	• Assess among individuals capable of having a child whether they have a reproductive life plan • Have you ever made someone pregnant / are you currently a father? • Do you want to have (more) children? • How many (more) children would you like to have & when?
Who/When	• All ages / Each encounter
Source	• QFP: CDC Preconception care

History
Reproductive life plan

- **Prioritize appropriate services to deliver**



History
What is goal of preconception health?

- To optimize health before conception & reduce adverse maternal & infant outcomes (e.g., preterm birth, low birth weight, infant mortality)
- More recently inclusion of males
  - Attuned to "anticipatory fatherhood" & minimize gender disparities
- Specific benefits for men
  - Improve genetic & biologic contributions to a pregnancy
  - Be involved in planning & spacing of pregnancies
  - Improve overall health
- **Additional history:** Past medical/surgical history impairing reproductive health (e.g., genetic defects, reproductive failure), conditions reducing sperm quality (e.g., obesity, DM, varicocele & STDs), occupational/environmental exposures

Frey et al. The clinical content of preconception care: preconception care for men. AJOG. 2008; 199:S389-395.
Waggoner. Motherhood preconceived: the emergence of the Preconception Health and Health Care Initiative. J Health Polit Policy Law. 2013;38(2):345-71.

History components

Content	**Sexual health assessment**
Questions	• Use 5 P's approach to conduct sexual health assessment
Who/When	• All ages / Each encounter
Source	• QFP: CDC

History: Sexual health assessment

5 P's approach

Practices	Assess for types of sexual behavior patient engages in (e.g., vaginal, anal, &/or oral sex)
Partners	Ask questions to determine number, sex, & concurrency of patient's sex partners. May need to define term "partner" to patient or use other, relevant term
Pregnancy prevention	Discuss current & future partner contraceptive options
Protection from STDs	Ask about condom use, with whom they do or do not use condoms, & situations that make it harder or easier to use condoms
Past STD history	Ask about STD history, including whether partners ever had STD

History components

Content **Problems with sexual function**

Questions
- Ask do you have any difficulty with intercourse/problems when having sex?
- **Rationale:** Identify underlying cardiovascular disease among men presenting with sexual dysfunction symptoms

Who/When
- All ages but especially above 25 / Each encounter

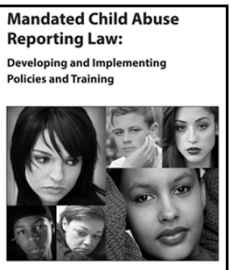
History components

Content **Intimate partner & sexual violence**

- Assess for history of abuse including intimate partner & sexual violence experience & perpetration along with a history of childhood/family violence exposure
- **Rationale:** Abuse may be bidirectional within relationship context
- Providers **must** comply with state mandatory reporting guidelines regarding abuse

Mandatory reporting

- **When is it considered a crime if minor has consensual vaginal intercourse with older (or younger) partner?**



AGE OF PATIENT (VICTIM'S AGE)	AGE OF PARTNER (DEFENDANT'S AGE)									
	12	13	14	15	16	17	18	19	20	21
12	No	No	No	No	2nd Degree Rape	2nd Degree Rape	2nd Degree Rape	2nd Degree Rape	2nd Degree Rape	2nd Degr Rape
13	No	No	No	No	No	2nd Degree Rape	2nd Degree Rape	2nd Degree Rape	2nd Degree Rape	2nd Degr Rape
14	No	No	No	No	No	No	4th Degree Sexual Offense	4th Degree Sexual Offense	4th Degree Sexual Offense	3rd Degr Sexu Offe
15	No	No	No	No	No	No	No	4th Degree Sexual Offense	4th Degree Sexual Offense	3rd Degr Sexual Offense
16	No	No	No	No	No	No	No	No	No	No
17	No	No	No	No	No	No	No	No	No	No
18+	No	No	No	No	No	No	No	No	No	No

From Walker v. State, 363 Maryland. 253, 264 (2001)

- **Refer to**

http://fpntc.org/training-and-resources/mandated-child-abuse-reporting-law-developing-and-implementing-policies-and

History components

Content **Alcohol & other drug use**

- Assess for alcohol misuse in adults & adolescents & for other drug use
- **Rationale:** alcohol & other drug use before & during sex may lead to lack of condom use, STD/HIV acquisition, &/or unintended pregnancy; problems with sexual function

History components

Content **Tobacco use**

History components

Content Immunizations

Questions
- Assess SRH-related vaccine receipt & offer (as needed)
  - Human papillomavirus (HPV)
  - Hepatitis B (HBV)
  - Hepatitis A (HAV)

Who/When • Refer to next slides / At least annually

Source • QFP: CDC ACIP

History: HPV

- **Recommended for all males aged 11-26 (minimum age 9)**
  - Start: age 11-12 years
  - Catch-up: ages 13-21 who have not been vaccinated previously or completed 3-dose series through age 21
- Males aged 22-26 years ***may*** be vaccinated (permissive recommendation for this age group)
  - Routine vaccination is recommended among at-risk males, including MSM & immune-compromised males, through age 26 years

History: HBV

- **Recommended among males aged <19 years & all adults who are at-risk**
- **At-risk defined**
  - Sexual exposure including MSM
  - Injection-drug users
  - Household contacts of persons with chronic HBV infection
  - Developmentally disabled persons in long-term care facilities
  - Persons at risk for occupational exposure to HBV
  - Hemodialysis patients
  - Persons with chronic liver disease
  - Travelers to HBV-endemic regions
  - HIV-positive
  - Persons who request vaccination

History: HAV

- **Recommended for persons at-risk**
- **At-risk defined**
  - Sexual exposure including MSM
  - MSM
  - Users of injection & non-injection drugs
  - Persons who have occupational risk for infection
  - Persons with clotting-factor disorders
  - Persons with chronic liver disease
  - During outbreaks
  - Persons traveling to or working in countries that have high or intermediate endemicity of infection

History components

Content Depression

- Assess for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment & follow up
- **Rationale:** Increased depression risk seen among those struggling with sexual identity issues, stress during coming-out process, relationship break-up, or self-esteem

History: Suicide

- **Assess for suicide risk among persons reporting symptoms of depression & other risk factors**
- **Risk factors defined**
  - Mania or hypomania, or mixed states especially when complicated by comorbid substance abuse, irritability, agitation, or psychosis
  - Previous suicide attempts
  - Family history of suicide
  - Friends who have committed suicide
  - Access to gun
  - History of mood/conduct or psychotic disorders
  - Impulsive behaviors or attention deficit/hyperactivity disorder
  - Concerns about sexual identity
  - History of physical/sexual abuse

Physical exam components

Content — **Height, weight & BMI**

- Assess for obesity including measure weight, height, & calculation of body mass index (BMI)
- Obese persons should be offered or referred to intensive counseling & multicomponent behavioral interventions

Physical exam components

Content — **Blood pressure**

Exam
- Measure among adults every 2 years if normal (blood pressure <120/80) & every year if client has pre-hypertension (blood pressure 120-139/80-89)
- Measure in adolescents annually

Who/When
- All ages / At least annually (as per above)

Source
- QFP: CDC Preconception Care, USPSTF & Bright Futures

Physical exam components

Content — **External genital / perianal**

Exam
- Document normal growth & development (e.g., testosterone effect [Sexual Maturity Rating (SMR) for hair & genitals]) & other common genital findings (e.g., hydrocele, varicocele, STD signs)
- Inspect skin & hair, palpate inguinal nodes, scrotal contents & penis, & inspect perinanal region (as indicated, e.g., history of receptive anal sex)

Who/When

Source

Physical exam components

External genital / perianal

Exam
- Perform as part of evaluation for male infertility (older male)

Who/When
- Based on need

Source
- QFP: American Urological Association

Laboratory test components

Chlamydia

- Urine-based nucleic-acid amplification tests (NAATs) is preferred approach
- Rescreen males with Chlamydia for reinfection at 3 months (via urine or rectal swab; not pharyngeal)

- At-risk <25 / At least annually

- QFP: CDC

At-risk defined
- MSM (men who have sex with men)
- Specific settings
  - Adolescent clinics
  - Correctional facilities
  - STD clinics
  - National Job Training Program
  - In military <30 y/o with any sexual experience
  - Entering jails <30 y/o or juvenile facilities
  - **High prevalence communities**

Laboratory test components

Content — **Gonorrhea**

Lab
- Urine-based nucleic-acid amplification tests (NAATs) is preferred approach

Who/When
- At-risk including MSM / At least annually

Source
- QFP: CDC

Laboratory: Gonorrhea

- Rescreen males with gonorrhea for reinfection at 3 months
- More frequent STD screening (i.e., at 3–6-month intervals) indicated for MSM who have multiple or anonymous partners
- For MSM who've had sex in last year, screen at least annually:
  - Using urine NAAT, for men reporting insertive sex
  - Using rectal swab NAAT, for men reporting receptive anal sex
  - Using pharyngeal swab NAAT, for men reporting receptive oral sex

Laboratory test components

Syphilis

Lab	• RPR / VDRL
Who/When	• At-risk / At least annually
Source	• QFP: CDC

At-risk defined
- MSM
- Men engaging in high-risk sexual behavior
- Commercial sex workers
- Persons who exchange sex for drugs
- Persons in adult correctional facilities
- High prevalence communities
- Young MSM with risky behaviors may require more frequent screening (3-6-month intervals) (e.g., multiple or anonymous sex partners)

Laboratory test components

HIV / AIDS

	• Rapid test (3rd gen) • Serology (3rd or 4th gen) • Provide opt-out screening (notify test is performed as part of general medical consent unless patient declines)
	• All 13-64 initial; Follow-up at-risk
	• QFP: CDC

At-risk defined
- MSM
- Injection drug users & sex partners
- Persons exchanging sex for money/drugs
- Sex partners of HIV-infected persons
- MSM or heterosexual persons who themselves or whose sex partners have >1 sex partner since most recent HIV test

Laboratory test components

Lab	• Serology
Who/When	• Born 1945-65 / At least annually
Source	• QFP: CDC

Laboratory test components

Content	**Diabetes**
Lab	• Screen among asymptomatic adults with sustained blood pressure (either treated or untreated) >135/80 mm Hg
Who/When	• At-risk adults (see above) / At least annually
Source	• QFP: USPSTF & CDC Preconception care

Laboratory:
Positive tests or testing for diagnostic purposes

Refer to
- **CDC STD Treatment Guidelines 2010**
  PDF: cdc.gov/std/treatment/2010/default.htm
  iPad, iPhone & iPod Touch: cdc.gov/std/2010-ebook.htm
- **CDC HIV Prevention & Treatment Guidelines 2013**
  PDF: cdc.gov/hiv/living/treatment/guidelines.htm

Key SRH counseling components

Content	**Condoms with demonstration / practice**
Counsel	• Offer male patients to view & practice condom demonstration
Who/When	• All ages especially adolescents / Based on need
Source	• MTC

Counseling: Condoms

Teach steps for putting on & removing a condom

1. Pinch tip of condom
2. Roll condom down to base while leaving tip pinched
3. After ejaculation occurs, hold condom at its base before withdrawing
4. Hold condom at its tip & base & remove it from penis
5. Throw it away

Other teachable points

1. Check expiration date
2. Check package for air bubbles
3. Do not open package with teeth or sharp object
4. Use only water-based lubricants with latex condoms,
5. Do not use spermicides (e.g., nonoxynol-9) since can break down latex & increase susceptibility to STDs including HIV

Teachable points for partners to discuss for optimal use

1. Contraception methods in advance including who will purchase condoms
2. Latex allergies
3. Type of condom to use (ie, latex, polyurethane, lambskin)
4. Condom characteristics (e.g., size, ribbed, lubricated, contain spermicides, etc.)
5. Try different condoms to find one that fits & feels best

Counseling: Condoms

Bottom line: Condoms come in different sizes & varying thickness

→→ **Make wide variety of condoms, lubrication & other barrier methods (dental dams) available at your clinic**



Key SRH counseling components

	STD / HIV
Counsel	• Provide high intensity behavioral counseling about STD prevention • Provide access to HIV pre-exposure prophylaxis (PREP) & post-exposure prophylaxis (PEP) as appropriate
Who/When	• All sexually active adolescents & at-risk adults / At least annually
Source	• QFP: USPSTF / CDC

Counseling: STD/HIV

Example

- 2 separate 20-minute clinical sessions 1 week apart

Session 1 Patients assessed for personal risk, barriers to risk reduction, & identification of a small risk-reduction step within 1 week

Session 2 Review prior week's behavioral change successes & barriers, provide support for changes made, identify barriers & facilitators to change, & develop a long-term plan for risk-reduction

Key SRH counseling components

Content	**Pregnancy prevention**
Counsel	• Counsel about **male methods** (e.g., vasectomy, condoms, withdrawal) & **female hormonal methods** (e.g., long-acting reversible methods, combination methods & emergency contraception (EC)) • Provide EC in advance as allowed by state law
Who/When	• All ages / Based on need
Source	• QFP: Bright Futures

Counseling: Pregnancy prevention

- Work with client to establish patient-centered plan for using contraceptive method(s) of choice
  1. Address "4 Cs"
     - **C**hoice
     - **C**orrect use
     - **C**onsistent use
     - **C**ontinued use & switching
  2. Discuss effectiveness
  3. Ensure understanding of side effects (use "teach back" approach)
  4. Involve partner in plan
  5. Plan for follow-up
- Promote dual protection for clients at-risk for STDs (i.e., effective method to prevent pregnancy plus condom to prevent infection)

Key SRH counseling components

Content	**Sexuality & relationships**
Counsel	• **Sexuality:** Provide support to males who may be dealing with issues of sexuality that can affect their psychosocial & physical health via individual support, support for families, &/or referral to local resources as appropriate • **Relationships:** Provide support to adolescents in how to have healthy relationships
Who/When	• All ages especially adolescents / Based on need
Source	• MTC

Key SRH counseling components

Content	**Sexual dysfunction**
Counsel	• Provide support based on sexual problem etiology • These are common medical conditions that may need to be managed from multidisciplinary perspective
Who/When	• Based on need
Source	• MTC: American Urological Association

Counseling: Sexual dysfunction

- For specific evaluation, treatment guidelines, & algorithms refer to following
  - Montorsi F, Adaikan G, Becher E, et al. Summary of the recommendations on sexual dysfunctions in men. J Sex Med 2010 Nov;7(11):3572-3588.
  - Montorsi F, Basson R, Adaikan G, et al., eds. Sexual medicine: Sexual dysfunctions in men and women. Paris, France: Editions 21; Co-Sponsored by International Consultation on Urological Diseases (ICUD) & International Society for Sexual Medicine (ISSM); http://www.icud.info, 2010.
- Note: Erectile dysfunction (ED) may be an early sign of systemic cardiovascular disease
  - Prevention opportunity, especially in high-risk & underserved minority populations

Key SRH counseling components

Content	**Preconception health**
Counsel	• Counsel about preconception care services for patient & their partner
Who/When	• All ages / Based on need
Source	• QFP: CDC Preconception care

Key SRH counseling components

Content	**Infertility**
Counsel	• Provide basic infertility services, which includes initial infertility history & physical exam (as previously described), & appropriate education & referrals as needed
Who/When	• Based on need
Source	• QFP: American Urological Association

Counseling: Infertility

- Couple attempting to conceive should have evaluation for infertility if pregnancy fails to occur within 1 year of regular unprotected sex
- An evaluation should be conducted before 1 year if
  1. Male infertility risk factors such as history of bilateral cryptorchidism are known to be present
  2. Female infertility risk factors (e.g., advanced female age (>35 years)), are suspected, or
  3. Couple questions male partner's fertility potential
- Men who question their fertility status despite absence of current partner

Bringing it together

Scenario 1

15-year-old male is at your clinic for a routine physical examination.

He states he does not intend to have children in the next 12 months, but that he has a sexual partner.

What clinical preventive SRH services do you provide him?

QFP/MTC checklist for male services
Organizing/bundling by content area

Component	Service	Contraceptive	Preconception health	STD	Basic infertility	Related preventive health
History	Reproductive life plan	Screen	Screen	Screen	Screen	
	Sexual health assessment	Screen	Screen	Screen	Screen	
	Problems with sexual function				Screen	Screen
	Intimate partner & sexual violence					Screen
	Alcohol & other drug use		Screen			Screen
	Tobacco use		Screen			Screen
	Immunizations		Screen			Screen
	Depression		Screen			Screen
Exam	Height, weight, BMI		Screen			Screen
	Blood pressure		Screen			Screen
	Genital exam			Screen	Screen	Screen
Lab	Chlamydia			Screen		
	Gonorrhea			Screen		
	Syphilis			Screen		
	HIV/AIDS			Screen		
	Hepatitis C			Screen		
	Diabetes		Screen			
Counseling	Condoms with practice	X		X		
	STD/HIV			X		
	Pregnancy prevention	X				
	Preconception health		X			
	Sexuality & relationships					X
	Sexual dysfunction					X
	Infertility				X	

Scenario 1 cont.

What if same 15-year-old came in for an acute visit?

What clinical preventive SRH services do you provide him?

- Conduct same-day STD/HIV screening
- Make follow-up appointment to address his sexual health

Scenario 2

25-year-old male presents to your clinic for a work physical.

He shares he & his partner are planning to start a family in the next year.

What clinical preventive SRH services do you provide him?

QFP/MTC checklist for male services
Organizing/bundling by content area

Component	Service	Content area: Contraceptive	Preconception health	STD	Basic infertility	Related preventive health
History	Reproductive life plan	Screen	Screen	Screen	Screen	
	Sexual health assessment	Screen	Screen	Screen	Screen	
	Problems with sexual function				Screen	Screen
	Intimate partner & sexual violence					Screen
	Alcohol & other drug use		Screen			Screen
	Tobacco use		Screen			Screen
	Immunizations		Screen			Screen
	Depression		Screen			Screen
Exam	Height, weight, BMI		Screen			Screen
	Blood pressure		Screen			Screen
	Genital exam			Screen	Screen	Screen
Lab	Chlamydia			Screen		
	Gonorrhea			Screen		
	Syphilis			Screen		
	HIV/AIDS			Screen		
	Hepatitis C			Screen		
	Diabetes		Screen			
Counseling	Condoms with practice	X		X		
	STD/HIV			X		
	Pregnancy prevention	X				
	Preconception health		X			
	Sexuality & relationships					X
	Sexual dysfunction					X
	Infertility				X	

Scenario 3

21-year-old male presents with concerns about STD contact & symptoms.

He states he is unclear about his reproductive life plan.

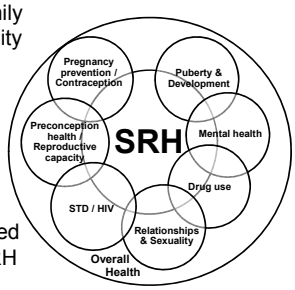
What clinical preventive SRH services do you provide him?

QFP/MTC checklist for male services
Organizing/bundling by content area

Component	Service	Content area: Contraceptive	Preconception health	STD	Basic infertility	Related preventive health
History	Reproductive life plan	Screen	Screen	Screen	Screen	
	Sexual health assessment	Screen	Screen	Screen	Screen	
	Problems with sexual function				Screen	Screen
	Intimate partner & sexual violence					Screen
	Alcohol & other drug use		Screen			Screen
	Tobacco use		Screen			Screen
	Immunizations		Screen			Screen
	Depression		Screen			Screen
Exam	Height, weight, BMI		Screen			Screen
	Blood pressure		Screen			Screen
	Genital exam			Screen	Screen	Screen
Lab	Chlamydia			Screen		
	Gonorrhea			Screen		
	Syphilis			Screen		
	HIV/AIDS			Screen		
	Hepatitis C			Screen		
	Diabetes		Screen			
Counseling	Condoms with practice	X		X		
	STD/HIV			X		
	Pregnancy prevention	X				
	Preconception health		X			
	Sexuality & relationships					X
	Sexual dysfunction					X
	Infertility				X	

Summary

- Males have substantial SRH & family planning & deserve to receive quality care
- QFP & MTC uses an evidence-informed approach to make recommendations for delivery of clinical preventive SRH services to males
- Strength of guidance is its integrated approach for addressing men's SRH



Limitations

- Process of synthesizing recommendations by Federal & Professional organizations identified
  - Number of gaps in clinical guidance on males' SRH &
  - Dearth of research in domain of men's SRH care to inform evidence-base from which to make recommendations
- Although recommendations by expert opinion may be on lower end of evidence ladder*, they can have merit & be useful in context when
  - High-quality evidence is lacking &
  - Procedures used to develop them are explicit & transparent

* Atkins et al. BMC Health Serv Res 2004;4(1):38.

Conclusion

- Together guidance by QFP & MTC defines for 1st time core set of SRH services to deliver to males
- These guidelines can
  - Serve as foundation for national standards to deliver SRH care to males in the U.S. &
  - Assist healthcare providers & programs to provide most effective & efficient services while also improving males' access to SRH care

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Men's health technical panel members

David Bell, Columbia University
Ward Cates, Family Health International
Linda Creegan, California STD/HIV Prevention Training Center
Dennis Fortenberry, Indiana University School of Medicine
Robert Garofalo, Children's Memorial Hospital
Emily Godfrey, University of Illinois at Chicago
Wendy Grube, University of Pennsylvania School of Nursing
Arik V. Marcell, The Johns Hopkins University
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Resources

Male Training Center
http://www.maletrainingcenter.org/

MALE TRAINING CENTER
FOR FAMILY PLANNING & REPRODUCTIVE HEALTH

CDC/OPA Providing Quality Family Planning Services
http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf

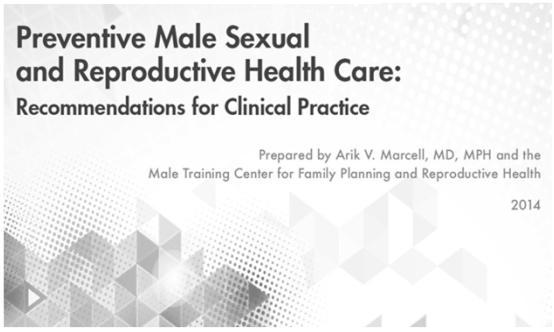
CDC STD Treatment Guidelines 2010
cdc.gov/std/treatment/2010/default.htm
For iPad, iPhone & iPod Touch
cdc.gov/std/2010-ebook.htm

STD Treatment Guidelines 2010

CDC HIV Prevention & Treatment Guidelines 2013
cdc.gov/hiv/living/treatment/guidelines.htm

Questions & Answers

2014 MALE TRAINING CENTER
FOR FAMILY PLANNING & REPRODUCTIVE HEALTH



Available for download at www.maletrainingcenter.org