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History taking in HIV infected - need to be changed

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Sir,

The epidemic of human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) is in its third decade and has reached to alarming proportions worldwide (Kanekar, 2011). According to the Centers for Disease Control and Prevention, more than one million people are living with HIV (Ul Hassan and Rasool, 2013). There is still much that needs to be done to foster HIV prevention in primary care. Doctor's way of history taking raises questions as to whether society can count on primary care physicians to assume their part of responsibility in controlling the AIDS epidemic. Developing a system to identify persons most in need of HIV prevention services is a key step in implementing the sort of prevention approach. Most of the HIV-related research is

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targeted towards high-risk groups such as prostitutes, gays and substance abusers but there is evidence that it is increasing in college students and adolescents as well (Kanekar, 2011).

A clinical encounter between a patient and physician may include 5 components: vital signs, patient history, physical examination, laboratory tests, and ancillary studies. Several reports have suggested that a patient history may provide most of the information for diagnosis in most patients; however, relatively little information is available in the medical literature concerning possible differences in the importance of each of the 5 encounter components in the diagnosis and management of specific diseases (Isabel et al., 2012).

The vital role of correct history taking for accurate diagnosis and management of patients is accepted by all in the field of Medicine. Most of the studies highlighted that the sexually transmitted disease cases are never treated before proper history taken and appropriate diagnosis (Jones and Barton, 2004). Hence the history taking is all the most important in STD clinics. Though the STD clinic attendee suspects or accepts such a disease he or she may be unaware of the nature of disease. After knowing it, the guilt, the pain due to guilt and fear make them confused or silent. Taking history regarding their sexual orientation including oro-genital, ano-genital or ano-oral is still more sensitive. The young single or unmarried are more forthright that the married, middle aged or homosexuals.

Good history taking is an art which rarely comes naturally but the practice and experience improves it (Garside et al., 2001). The attitude of the doctor should make the patient to feel that he is being heard with sympathy and without any apparent disapproval. Good rapport with the clients, privacy, comfortable seating, confidentiality, correct phrasing of questions all have values in history eliciting. The psychological background of the client also should be kept in mind. Moralistic attitudes should be avoided. Patients should be allowed to talk in their own words and leading questions should be avoided.

Eliciting sexual history including marital exposure, extra or premarital exposure, type of sexual activity – hetero or homosexual, sexual orientation - oro-genital, ano-genital or ano-oral are still more sensitive issues with regard to history taking. Of course the history of sexual exposure is important in accurate diagnosis, management and partner treatment. With regard to HIV, like any other situation history taking is essential when we consider the psychological impact given by positive HIV status. It is very delicacies to enquire about sexual history. Many times clients break out and cry when the patient is in a state of shock, guilt, fear, anxiety or depressed. Now it is a very crucial for the clinician to train themselves to ask this type of sensitive and too personal matters.

As far as other STDs like syphilis, gonorrhoea etc are concerned history regarding details of exposure like hetero or homosexual contact, sexual orientation including oro-genital, ano-genital or ano-oral, details about the partner's marital status, commercial sex workers, relative or known persons, details of sexual activity like protected or unprotected, amount paid are very much useful in arriving diagnosis. Since cure is possible, a good history taker can easily get these points whereas for HIV infected, when the person is in a fear of dying, stigma and discrimination. It is not always possible to put questions related to sexual history (Mayaud and McCormick, 2001). Sometimes the individual might have forgotten the sexual exposure. In ICTC, among 235 HIV infected, in 105 mode of transmission is found out.

About 17 people said that they donot know how they acquired the disease. So out of 235 only 122 talked about sexual history. The following situation prevented from asking questions about the sexual exposure.

1. Psychological impact in patients
2. Patient may lost for follow up
3. Not attending ART centre, thereby not taking ART drugs and continue to spread disease
4. Since it is sensitive and too personal
5. Patients may commit suicide

The basic need for a HIV infected is care and support, ART and testing the spouse if necessary children. This can be achieved even in the absence of complete sexual history. It is concluded that atleast for HIV infected individual, importance for sexual history can be relaxed.

REFERENCES

1. Garside R, Ayres R, Owne M. They never tell you about the consequences – young people's awareness of sexually transmitted infections, *Int J STDAIDS,* 2001, 12, 582-588.
2. Isabel C, Lauren M, Mine DT, Theodore P. Importance of patient history and physical examination in rheumatoid arthritis compared to other chronic diseases: results of a physician survey, *Arthr Care Res,* 2012, 64, 1250-1255.
3. Jones R, Barton S. Introduction to history taking and principles of sexual health, *Postgrad Med J,* 2004, 80, 444-446.
4. Kanekar AS. HIV/AIDS counseling skills and strategies: can testing and counselling curb the epidemic, *Int J Prev Med,* 2011, 2, 10-14.
5. Mayaud P, McCormick D. Interventions against sexually transmitted infections (STI) to prevent HIV infection, *Br Med Bull,* 2001, 58, 129-153.
6. Ul Hassan A, Rasool Z. HIV and history taking, *J AIDS Clin Res,* 2013, 4, 190-191.

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