

Sorodiscordância na atenção às pessoas com HIV/AIDS: implicações para o enfermeiro

Serodiscordance in care for people with HIV/AIDS: implications for nurses

Serodiscordancia en la atención a las personas con VIH/AIDS: implicaciones para el enfermero

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ABSTRACT

Objective: To analyze the scientific production about sexual practice in serodiscordant couples and highlight the implications for nursing practice. **Method:** This is an integrative review conducted in the databases of the Virtual Health Library, Lilacs, SciELO, Pubmed, CINAHL, and selected 12 articles that met the inclusion criteria, published from 2009 to 2014. **Results:** Most articles were published in 2011 and 2013 nurses in magazines Notebook Public Health Issues in Psychology and Journal of School Nursing USP; being a prevalent descriptor, marriage. The publications were grouped into two themes: Sexual practices after HIV diagnosis; serodiscordance and the emotional and sexual lives of HIV/AIDS: implications for nurses. **Conclusions:** Nursing actions guided sexual orientation contribute to improving the quality of life of serodiscordant.

Descriptors: Nursing; Safe Sex; HIV; Vulnerability; Acquired Immune Deficiency Syndrome.

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RESUMO

Objetivo: Analisar a produção científica sobre a prática sexual em casais sorodiscordantes e destacar as implicações para a prática do enfermeiro.

Método: Trata-se de uma revisão integrativa realizada nas bases de dados da Biblioteca Virtual em Saúde, Lilacs, SciELO, PubMed, CINAHL, sendo selecionados 12 artigos que atenderam aos critérios de inclusão, publicados de 2009 a 2014. **Resultados:** A maioria dos artigos foi publicada por enfermeiros em 2011 e 2013 nas revistas Caderno de Saúde Pública, Temas em Psicologia e Revista da Escola de Enfermagem USP; sendo prevalente o descritor casamento. As publicações foram agrupadas em duas categorias temáticas: Práticas sexuais após o diagnóstico do HIV; e Sorodiscordância na vida afetivo-sexual de portadores do HIV/AIDS: implicações para o enfermeiro. **Conclusões:** Ações de enfermagem pautadas na orientação sexual contribuem para melhorar a qualidade de vida dos sorodiscordantes.

Descritores: Enfermagem; Sexo Seguro; HIV; Vulnerabilidade; Síndrome da Imunodeficiência Adquirida.

RESUMEN

Objetivo: Analizar la producción científica sobre la práctica sexual en parejas serodiscordantes y destacar las implicaciones para la práctica de enfermería. **Método:** Esta es una revisión integral realizada en las bases de datos de la Biblioteca Virtual en Salud, Lilacs, SciELO, PubMed, CINAHL, y seleccionó 12 artículos que cumplieron los criterios de inclusión, publicados desde 2009 hasta 2014. **Resultados:** Más artículos fueron publicados en 2011 y 2013 enfermeras en revistas Notebook problemas de salud pública en Psicología y Revista de la Escuela de Enfermería de la USP; siendo descriptor prevalente, el matrimonio. Las publicaciones se agruparon en dos temas: las prácticas sexuales después del diagnóstico de VIH; serodiscordancia y la vida emocional y sexual de VIH / SIDA: implicaciones para las enfermeras. **Conclusiones:** Las acciones de enfermería guiadas orientación sexual contribuyen a mejorar la calidad de vida de las parejas serodiscordantes.

Descriptor: Enfermería; Sexo Seguro; VIH; La Vulnerabilidade; Síndrome de Inmunodeficiencia Adquirida.

INTRODUCTION

Initially, the AIDS epidemic in Brazil, characterized as complex and active, affected the male homosexual individuals, individuals with blood transfusions, injecting drug users and sex workers. However, this reality has been changing gradually, because the higher incidence is focused on people who perform risk practices, such as sexual intercourse without a condom, sharing jointly syringes, among others. From this scene, the involvement class is out of the above features and enters the married women segment, that is, stable relationship for over ten years, young people of reproductive age between 20 and 49 years old, sex workers and, finally, homosexuals.¹

Therefore, when the seropositivity is diagnosed in the individual or the partner is a moment of great distress establishing an unprecedented vital conflict between the two sides, dividing a trajectory before and after this discovery. The shock of the revelation is not only the fear of dying but

rather the figure of AIDS as incurable and fatal disease of the 1980s. Thus, a directly broad impact to moral aspects.²

The fear of not being accepted by partners due to HIV is a reason for single people. Because of this, the individual affected by HIV/AIDS most often is silent and does not require the use of condoms, putting the partner at risk. As a result, many times, they decide to relate to people also seropositive and thus, consider the single junction as possible that they do not need the condom, but this practice is unsafe since one exposes the other to different types of viruses which can cause resistance to antiretroviral prescribed therapy.³

However, with the improvement of health services and the advancement of technological practices, today people with HIV have a better quality and life expectancy. The chronicity of the disease enables them to new dreams in the professional, personal and romantic relationships, even with people without AIDS. Relationships between heterosexual or homosexual, seroconcordant and serodiscordant, terms that are used to designate both couples where both partners are HIV positive or in which only one partner is HIV positive, are increasingly common.⁴

Given these assumptions, this study is justified due to the need to know in a broad way these accepted barriers between seroconcordant and serodiscordant couples and as well as understand the role of health professionals in the real situation.

The serodiscordant couples are adapted to live differences with the partner and to protect him against HIV, they use a condom since it is the only way for prevention. It is important that this couple is accompanied by counseling program and treatment to protect the health of both and improve the quality of life.⁵

In this sense, the Ministry of Health developed the Family Planning Policy, which instigates the practice of safe sex for serodiscordant couples and seroconcordant consequently confronted with the desire to have children.⁶

Regarding this problem, it is extremely important for nurses to deepen knowledge about the complexity of serodiscordance in the affective-sexual life of HIV/AIDS, ensuring them a safe practice. Thus, the multiple dimensions involved in this relationship allow us to recognize that regular monitoring of these people, motivating them to adherence to safe sex is still a major challenge for the health team and especially for nursing.

In this context, the nursing consultation is important incentive instrument for adherence and monitoring of serodiscordant couples, since a qualified listening enables openness to dialogue, clarification of doubts, concerns the reasons that prevent people are ready for changes. By understanding these reasons, the nurse can help to find potential benefits of changing lifestyle in the patient's point of view, which allows creating goals and plans related to safe sex.

Given the complexity of the subject, this study aimed to analyze the scientific literature on the sexual practice in

serodiscordant couples and highlight the implications for nursing practice.

METHOD

The method of integrative review was chosen to reach the goal, since it gathers and summarizes results of research on a limited topic in a systematic and organized manner, contributing to the deepening knowledge of the subject investigated.⁷

For this research, there were the following exposed steps: elaboration of the guiding question; establishment of the review objectives and inclusion and exclusion criteria of the articles; definition of the information to be drawn from the research; selection of articles in the literature; analyzing the results; discussion of findings; and presentation of the review.⁸

The following guiding questions were formulated for the research in locus: What does the scientific production approach on sexual practice in serodiscordant couples? What are the implications for nursing practice?

For the selection of articles, there was online access to the following databases: Scientific Electronic Library Online (SciELO), US National Library of Medicine/ National Institutes of Health (PUBMED) Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Literature Latin-American and Caribbean Health Sciences (LILACS). The search in various databases was to broaden the scope of research and minimize potential biases. Descriptors in Health Sciences (DeCS) used for data collection were "Nursing", "safe sex" and "HIV" combined through the Boolean connector "AND" with the keywords "vulnerability" and "Immune Deficiency Syndrome acquired", in Portuguese, English, and Spanish.

The bibliographic survey was conducted from April to June 2014. The inclusion criteria used for the selection of the articles analyzed were complete articles in Portuguese, English or Spanish, available for free, published from January 2009 to June 2014 and the issue related to the subject studied. Thus, dissertations, theses, articles published in other languages, studies in editorial format, letter to the editor and that did not cover the theme were excluded. It is justified the choice of the publication period described above by the fact it has the most frequently work with the selected descriptors.

To perform the analysis of the sample, an adapted instrument was used (Table 1), which included the following: article title, source, type of study, type of evidence, results and final considerations/conclusions.

The authors used in this study were properly referenced, respecting and identifying the sources of research, observing ethical rigor and intellectual property of scientific texts that were analyzed about the use of content and citation of parts of works consulted. To maintain this quality research studies, pre-selected items (Table 1) were evaluated as relevant and methodologically appropriate, using a form for evaluation

studies prepared by the Critical Appraisal Skills Program (CASP). The studies that have achieved a score of seven with the maximum of ten points were included in the sample, reaching the amount of twelve articles.

Therefore, it was adopted the evidence-based practice (EBP), which emphasizes the use of research to guide clinical decision-making and requires learning skills for the use of different processes to evaluate critically and reflectively literature. The evidence is defined as the presence of facts or signs that clearly show that something exists or is true, that is, the evidence is proof or demonstration that something might be legally subjected to the determination of the truth of a topic.

A seven-level rating was proposed to the evaluation of evidence from research. This classification considers the methodological approach of the study, employee research design, and its accuracy: Level 1 – evidence from systematic review or meta-analysis of all relevant randomized controlled clinical trials or arising out of clinical guidelines, based on systematic clinical trials review randomized controlled; Level 2 – evidence derived from at least one randomized controlled clinical trial clearly delineated; Level 3 – evidence from well-designed clinical trials without randomization; level 4 – evidence from cohort studies and well-designed case-control; Level 5 – evidence originating from systematic review of descriptive and qualitative studies; Level 6 – evidence derived from a single descriptive or qualitative study; Level 7 – evidence from officials of opinion and/or specialist committee reports.⁸

After the procedure of electronic search in the mentioned databases, where the theme in these literary indexes are scarce, there was an evaluation of articles by four reviewers, and later the results were compared to ensure that the articles met the inclusion criteria. Thus, the publications were pre-selected based on reading the title and abstract. After that, the full reading of the previously selected articles was identified in articles that comprised the final sample of this integrative review.

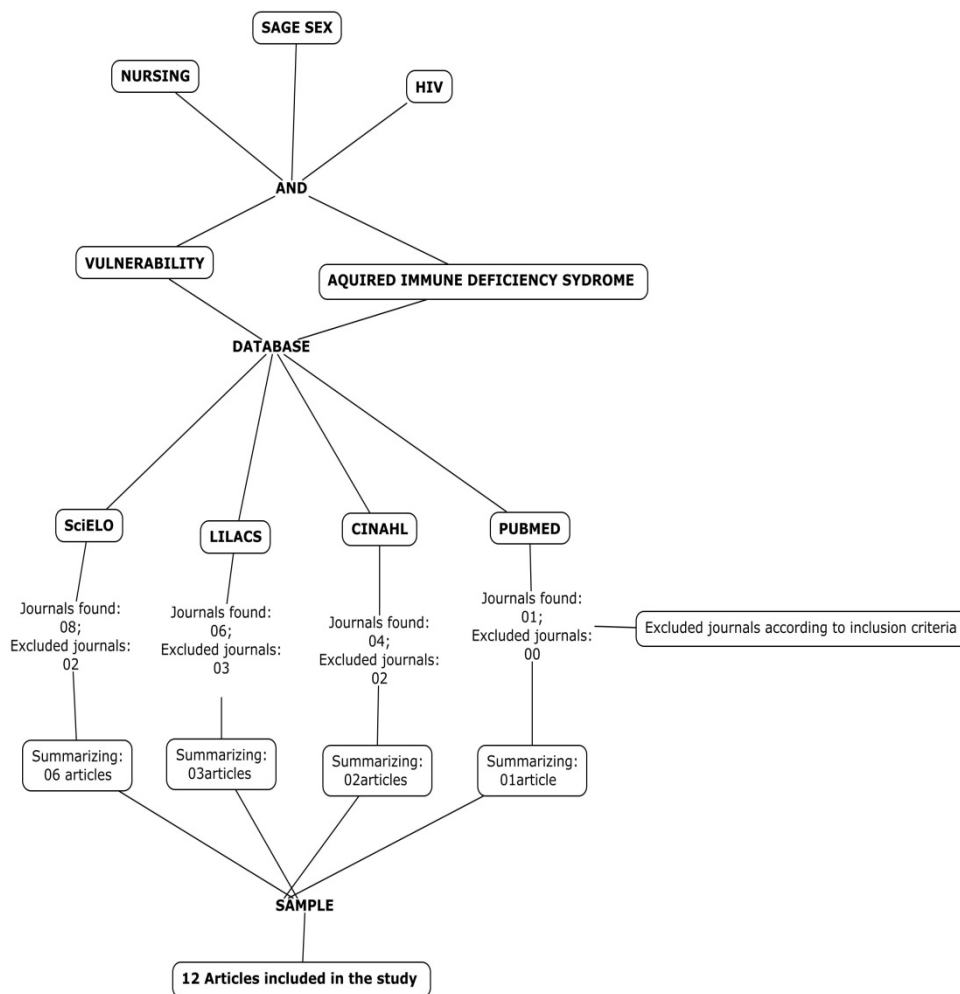
After reading, the following steps were taken: Pre-analysis – this stage the initial reading of the articles was conducted; Exploration of the material – The information contained in the material were coded, that is, the text is clipped-seeking classify such cuts in the thematic categories; Treatment of results and interpretation – The data were extracted, analyzed by descriptive statistics and the content analysis⁹ and grouped so the scientific production on sexual practice in serodiscordant couples and the implications for nursing practice were presented and designed to form the thematic categories. These categories are related to both the objectives and the results of the studies.

With the computerized search in the database, 08 studies were found and 06 articles selected in Bvs – SciELO. In PubMed, there was just 01 only journal located that composed the sample. In another database, CINAHL, 04

were found, and 02 were selected. In LILACS, there were 06 found and 03 selected.

Figure 1 shows as a conceptual map the process of selecting the articles that were part of the final sample of this review.

Figure 1 - Representative explanation of the selection process of the articles.



RESULTS

Table 1 summarizes the information provided by the articles that were included in the literature review.

Table 1 - List of articles that belong to the axis of the subject, according to criteria, Natal/RN, 2014

	Source	Type of Study/ Level of evidence	Results	Final considerations/Conclusions
1	Maksud, I.	Qualitative study/05	This article discusses issues that cannot be spoken in relationships established between these couples and/or those with family, friends and neighborhood.	Data show that subjects daily perform strategies for maintaining aspects of privacy that may be threatened by the dynamics of gossip.
2	Silva AM, Camargo Junior KR	Qualitative study of exploratory nature/06	An invisibility addressed to serodiscordant couples was highlighted, becoming to be really important the adherence to treatment, which coincides with adherence to medications (antiretrovirals).	Health professionals interested by the patient should be aware of their singularities so that together they can build a viable therapeutic project.

(To be continued)

(Continuation)

	Source	Type of Study/ Level of evidence	Results	Final considerations/Conclusions
3	Pinheiro TF, Calazans GJ, Ayres JRC M	Literature review/05	From an analysis, two aspects of knowledge production on the subject are identified.	The literature review is diffuse to interweave approaches and directions, which requires an epistemological and methodological maturation of used references.
4	Reis RK, Gir E.	Descriptive, exploratory and qualitative/06	The experience with serodiscordance to HIV/AIDS requires these couples the management of many difficulties related to their intimacy.	Understanding the difficulties of serodiscordant couples in affective-sexual context and helping them to deal with them is to respect the individual, extrapolating their HIV status.
5	Reis RK, Gir E.	Descriptive exploratory study, qualitative /06	The naturalization of infection of HIV/AIDS as a manageable disease by drugs, belief in HIV transmission failure associated with the undetectable viral load, feeling of invincibility.	Fragmentation of preventive actions to divide the work of professionals in specialties within the health services.
6	Cunha GH, Galvão MTG	Transversal and descriptive study/05	Most patients were male, age 31-40 years old, married the category of heterosexual exposure and with serodiscordant partners.	The findings suggest the need for guidance to regulate the use of the female and male condom as prevent pregnancy and sexually transmitted diseases.
7	Perrusi A, Franch M.	Qualitative study/06	It is noticed that the interviews have facilitated rationalizations and suggesting that the non-use of condoms is not the result of negligence or the imposition of the will of a party, once a decision supported the values of a married couple.	It was concluded that the analysis of the interviews revealed a range of possibilities related to risk management among couples, covering various aspects.
8	Silva AM, Camargo Junior K R.	Qualitative study of exploratory nature, based on obtaining and analyzing testimonies/06	While all respondents had the care of patients with HIV / AIDS as a common characteristic, this was not always a choice.	It is noticed that there was no medical strategy aimed at serodiscordant couples with HIV/AIDS. In the search for a strategy towards couples, it is observed that for these professionals, any strategy is valid (even affection, warmth, etc.).
9	Silva DI, Peres AM, Wolff LDG, Mazza VA	Integrative literature review/05	The results show that the concept of a vulnerability refers in most of them, the illness of the conditions of individuals and communities beyond the individual dimension.	There is a need for continuing education strategies and incorporating contextual and sociocultural elements in professional nursing practice to increase their ability to diagnosis and intervention.
10	Reis RK, Souza LA, Gir E	Descriptive and qualitative study/06	Their reasons they did not like to have children referred to aspects that went beyond a seropositive status to HIV.	With this, health services should be prepared for interdisciplinary care with these couples, related to family planning.
11	Lima KYN, Monteiro AI, Santos ADB, Gurgel PKF	Qualitative study of exploratory descriptive /06	Given the content analysis, three themes were revealed: knowledge about the concept of humanization; knowledge of the concept of the host; and application of the concepts, which lead to the discussion of six categories.	There was a narrow view of the concept of humanization, only valuing the improvement of user-professional relationship. For the host, the knowledge gained suggested a better theoretical deepening, bringing relationships with other concepts for their enforcement.
12	Lago ELM, Maksud I, Gonçalves RS	Bibliographical and documentary survey/05	The text was to put in debate understandings of respondents about their everyday professional, repercussions on the recent recommendations and guidelines of the Ministry of Health (MOH)	The need for more attention to serodiscordance in service environments is because it is a phenomenon that will only grow and already requests for services specific demands but requires formatting corresponding routines.

Source: Scientific Electronic Library Online (SciELO), US National Library of Medicine/National Institutes of Health (PUBMED), Cumulative Index to Nursing and Allied Health Literature (CINAHL) e Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Natal/RN, 2014.

Thus, in the course of refining the selection of articles, there were 17 studies identified in which 12 comprised the final sample, according to the criteria described. For the year of publication of the included studies, 2011 (03) and 2013 (03) showed the same quantity, generating an average percentage of 25% each. The other years, as in 2009 (02) 2010 (01) 2012 (01) and 2014 (02) had the rest of the variation percentage. In this context, giving segment analysis of publications, we

identified the magazine that published on the subject, such as the Caderno de Saúde Pública (02), Temas em Psicologia (02), Revista Escola de Enfermagem USP (02), Revista Rene (01), Cuidado é Fundamental (02), Ciência, Cuidado e Saúde (01), Revista de Saúde Coletiva (01) e Revista de Enfermagem UERJ (01). Thus, we summarized the year of publication with the magazine in Table 2 below:

Table 2 - Distribution of health publications emphasizing the theme, from 2009 to June 2014, the type of magazine and the year. (N=12)

Magazine	Year of publication											
	2009		2010		2011		2012		2013		2014	
	n	%	n	%	n	%	n	%	n	%	n	%
Cad. Saúde Pública	--	--	--	--	1	8,3	1	8,3	--	--	0	--
Temas em psicologia	--	--	--	--	--	--	--	--	02	16,6	--	--
Rev. Escola de Enfermagem da USP	01	8,3	01	8,3	--	--	--	--	--	--	--	--
Rev. RENE	--	--	--	--	01	8,3	--	--	--	--	--	--
Rev. Cuidado é Fundamental	--	--	--	--	--	--	--	--	--	--	02	16,6
Rev. Ciênc. Cuid. Saúde	--	--	--	--	--	--	--	--	01	8,3	--	--
Rev. Saúde Coletiva	01	8,3	--	--	--	--	--	--	--	--	--	--
Rev. Enferm. UERJ	--	--	--	--	01	8,3	--	--	--	--	--	--

Source: Research data, 2014.

However, observing the process of structuring the analysis of the sources, the similarities of descriptors between the journals were listed out because the findings denote that out of the 48 descriptors, 05 relate to the vulnerability, 08 HIV, 06 to Acquired Immune Deficiency Syndrome, 09 to marriage and 04 to condoms. Others articles, summed it up a total of 16 did not correspond with the search descriptors. All this is explained in Table 3 below:

Table 3 - Distribution of health publications emphasizing the theme, from 2009 to June 2014, as the descriptors. (N=48)

Publication descriptors	n	%
Vulnerability	05	10,4
HIV	08	16,7
Acquired Immune Deficiency Syndrome	06	12,5
Marriage	09	18,8
Condom	04	8,3
Discordant descriptors	16	33,3

Source: Research data, 2013.

Finally, in the process of analyzing the results, the study listed the professionals who published most in the scientific community about serodiscordance, discussing its various segments, whether interpersonal, social and practice of sex between couples. In this process, the highest incidence falls to nursing professionals (07), then psychologists (03) and doctors (02) explained in Table 4. It is evident in the scientific segment the concern of nursing professionals always bringing in half of this topic.

Table 4 - Distribution of health publications emphasizing the theme, in the period 2009 to June 2014, as the professionals. (N=12)

Professionals	n	%
Nurses	07	58.3
Doctors	02	16.7
Psychologists	03	25

Source: Research data, 2013.

DISCUSSION

From the results, it is clear that most journals on the subject were nursing, which reveals a concern of researchers and nurses by the theme. For this reason, analysis of publications has been divided into two classes, enabling a better understanding, as shown below.

Sexual practices after diagnosis of HIV

Sexuality is implicit in man not only for the purpose of reproducing the species but as pleasure, where there is a discovery of the self and others. For this reason, it is very important to understand that sexuality of people living with serodiscordance to HIV/AIDS requires adaptations because it is a transmissible, incurable disease that causes impacts on the lives of the couple, taking them from sexual abstinence to the denial of the risk of acquiring and transmitting HIV/AIDS.¹⁰

After the discovery of the diagnosis, fear of rejection and doubt of the revelation generate uncertainty about the

partner's reaction. Upon discovering the disease, the healthy partner is faced with the fear of contagion and the conflicting vision of living in a serodiscordant relationship, leading him to a series of crises, stigmas, prejudices and reflecting on the continued unity or separation. However, after the adjustment process, the couple deals with interests and negotiations on sex and the risks of contamination by HIV.¹⁰⁻¹¹

Male and female condoms are the only ways to prevent infection with HIV, and may reduce the risk of contamination by up to 95% if used correctly. There are other forms of prevention, such as sexual abstinence, the rhythm method, and withdrawal, not exempting contamination. In sex, condom use is now required to prevent contamination of the seronegative partner, but it is not always easy for the couple since it often results in the transformation of old habits and implies transformation and inclusion of other habits. However, it is observed that with the passage of time and control of the disease with medication, HIV infection becomes a matter of course, causing them to carelessness to the safe sexual activity, which makes them vulnerable to being also infected by the disease.¹¹

In this context, the desire for motherhood is present in women living with HIV infection. However, to date, the assisted reproduction techniques are not available to them in public health services. The alternative to solve this problem because HIV infection does not prevent the desire to have children can get pregnant in the best phase of the disease, in which the transmission possibility of the risk is less, wherein viral load is reduced.¹¹⁻¹²

In a relationship between serodiscordant, sexual life can be seen as dangerous, decreasing satisfaction and pleasure during intercourse. Fear of infecting the other can result in an emotional withdrawal in sexual abstinence, which may be permanent or occasional since the relationship between discordant couples permeates difficulties and concerns.¹²

However, the above authors reveal that, despite the problems experienced with the discovery of seropositivity from a partner, many people remake their affective-sexual life, breaking down the barriers imposed by fear and anxiety. Sexuality is greatly compromised by the impact of seropositivity and the physical, emotional and social consequences associated with it, especially among women with HIV/AIDS; after the discovery of the diagnosis of HIV/AIDS, they experience feelings of uncertainty and insecurity, characterized as a time of crisis.

Being seropositive does not imply the care for protection. Thus, what we can see is that serodiscordance interferes with affective and sexual relationship, introducing fear in sexual intercourse, which is seen as dangerous, leading to blockage in satisfying and pleasurable sexual activity, interfering thus, as marital and individual life.¹²⁻¹³

Serodiscordance in affective-sexual life of HIV/AIDS: implications for nurses

Since some time ago, AIDS has caused challenges to professionals and health care, including continuous care to serodiscordant patients who are in stable and long-lasting relationships. It is remarkable that these patients have little visibility in specialized centers for HIV/AIDS treatment, so it is necessary that health services be aware and prepared to face this new challenge and disburse the overall form of assistance.¹³

It is important that health staff try to understand the difficulties experienced by serodiscordant couples in the affective-sexual context and that the service is extended to accommodate and promote appropriate and humanized assistance to them, as the impact of this situation runs through the lives of both.¹³⁻¹⁴

Health professionals, especially nurses, have an overriding role to promote and maintain sexual practice safe and responsible manner, and in addition to the thematic knowledge, ability to educate, guide, evaluate and intervene, as well as awareness of the beliefs, attitudes, and values. Thus, the humanized actions must be part of this service from start to finish, making these serodiscordant couples beware and do not abandon the treatment, knowing that safe sex is just making the correct use of condoms.¹⁴

Thus, it is the nurse intervention on the sexual issues of couples who live with serodiscordance holistically, along with other professionals, as well as being prepared to assist them and evaluate them in all its psychosocial aspects. Therefore, it is necessary that care is interdisciplinary to promote integration between the team and these patients.¹⁴⁻¹⁵

Consultation is a space that should be included in all relevant aspects for serodiscordant couples. Then, during the pre and post-test, listening and care should be part of this care to establish real communication and effective assistance. In practice plan, nurses need to create interspaces establishing a dialogic relation, being essential that this consideration is given to the couple singularities so that together we can build a viable therapeutic project and promote health and clarifications with quality and responsibility.¹⁵

In serodiscordant couples, discussion on the reproductive desire is common, and that health professionals must be able and provided knowledge to reassure the couple who have this desire. They should know and explain to the couple that the Brazilian protocol proposes other possibilities of having a child. In cases where the woman is seropositive and the man seronegative, the self-insemination can be made during the fertile period of the woman, and when the man is seropositive and seronegative women, natural conception planned during the woman's fertile period is possible if the partner in use of ARV treatment, undetectable viral load in plasma, and post-exposure antiretroviral prophylaxis offered to the partner.¹⁵⁻¹⁶

Even if the serodiscordance phenomenon is a relatively new fact within the health services that care for patients with

HIV/AIDS, there is much to be done. It points out the need of services, both basic and specialized, incorporating actions to support these couples, based on Family Planning Policy developed by the Ministry of Health, encouraging them to practice safe sex, to face the conflict of wanting to have children and to consenting and informed choices.¹⁶

For the service can offer quality care and humane, health professionals should be trained and aware of the risks. Continuing education is a tool that the service and managers can provide the health team. This is a key aspect for the qualification of comprehensive health care and consequently contribute to overcoming the problems.¹⁶⁻¹⁷

It is necessary that strategies are launched to respect human rights and minimize the risk of HIV infection for serodiscordant couples. Health services and professionals should know the routine recommended by the Ministry of Health to be given effective assistance and if there is a need to make a referral network services are more qualified. However, there is clearly that this support network is under construction and that knowledge is still somewhat limited.¹⁷

CONCLUSIONS

After analyzing the articles, the results show that HIV infection is a worldwide problem that has been discussed every year in Brazil to be of concern because of its incurable character. It is a major public health problem that may result from lack of health education and, consequently, lack of prevention during sex. But due to the chronicity of the disease, many people begin to rebuild their lives after its diagnosis, and sexual intercourse between serodiscordant couples are increasingly frequent.

It is believed that planned actions contribute to improving nursing care in sexual orientation and monitoring of serodiscordant couples. Humanization actions carried out by health professionals contribute to the quality of care, causing even take care and do not abandon the treatment.

The constant improvement of health professionals is very important so that they are trained and qualified to perform comprehensive care and the problems presented by these couples.

It is noteworthy also the need for health services geared to that audience and attention of health professionals on prevention of partner infection, as changes in habits is not an easy task, but helping them address problems and respecting the individual according to individual and subjective needs for sexual experience is possible to achieve positive results.

A limitation found was that the need for greater scientific production to the terms of the sexual practice of serodiscordant couples and mechanisms adopted in prophylaxis. Another very pertinent point is how health professionals, especially nurses, addresses such couples and their quality of life.

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