Health care for men who have sex with men

EUGENE PRISCOTT MB ChB, FRACGP
DARREN RUSSELL MB BS, FRACGP, DipVen, FAChSHM, FRCP(London)

A wide health gap exists for men who have sex with men. GPs can effectively educate and offer screening and preventive treatment, but need first to enable patients to disclose their sexual orientation.

Men who have sex with men (MSM) may describe themselves as homosexual, bisexual or heterosexual and comprise 6.9% of males in Australia; 1.9% of Australian men identify as gay.[1] Sexual orientation is considered to have three components:

- sexual identity – how someone describes themself
- sexual activity or behaviour – the gender of a person with whom someone has sexual activity
- sexual desire or attraction – the gender of a person to whom someone is attracted.

MedicineToday 2016; 17(4): 52-54

Dr Priscott is Senior Registrar in Sexual Health Medicine at Cairns Sexual Health Service and a GP in private practice. Dr Russell is Director of Sexual Health at Cairns Sexual Health Service, Cairns; Adjunct Associate Professor at James Cook University, Cairns, Qld; and Clinical Associate Professor at The University of Melbourne, Melbourne, Vic.

Working with men who have sex with men

MSM is a distinct population in which certain health problems may be more prevalent than in the general population. Poor mental health, drug and alcohol-related problems and sexually transmitted infections (STIs) are some of the problems that are represented disproportionately.

Recent surveys showed that only 40 to 50% of MSM had disclosed their sexual orientation to their usual GP.[2,3] Two reasons for this lack of disclosure included the perception among MSM that this information was irrelevant to their attendance, and previous experiences of discrimination due to homophobic and heterosexist attitudes of some healthcare workers.[4]

GPs can better educate and screen for STIs and HIV if they are aware of their patient's sexual orientation. Vaccination and general wellbeing can also be improved by this knowledge. Lack of disclosure results in missed opportunities.

General practices can become more lesbian, gay, bisexual, transgender and intersex (LGBTI) friendly by avoiding assumptions and by being inclusive and sensitive to sexual orientation and gender identity. The front door or reception desk is a good starting point for creating an inclusive environment by visibly displaying overt signs such as a rainbow sticker. Practice registration forms should allow for people to indicate 'other' when asked about their gender and should also provide the opportunity for a person to indicate whether they identify as homosexual, heterosexual, bisexual or transgender. Bearing in mind that people may not be comfortable with ticking a box on a form which is then usually handed to reception staff, GPs should also get into the habit of asking questions such as 'Do you have sex with men, women or both?' when obtaining a sexual health history from any person who may be sexually active.

Gay and Lesbian Health Victoria has an audit tool that organisations can use to assess their current level of LGBTI inclusiveness, and also offers a range of training and professional development programs (see http://www.glhv.org.au).

Mental health

The mental health of LGBTI people is among the poorest in Australia.[1] Members of this community have higher rates of

depression, anxiety and substance use disorders compared with heterosexual people.[5]

LGBTI people also have the highest rates of suicidality of any population in Australia.[1] Rates of suicide attempts are up to 14 times higher in same-sex-attracted people than among members of the heterosexual community.[6,7]

The elevated risk of mental health conditions and substance use disorders are due to factors such as discrimination and exclusion, also referred to as minority stress.[1,8] It is not due to being intrinsically LGBTI.

General health

People who identify as homosexual or bisexual are two to three times more likely to smoke, drink at risky levels or use illicit drugs than those who identify as heterosexual.[1]

In 2015 the recreational drugs most frequently used by people identifying as being homosexual or bisexual were amyl nitrate (used by 40%), cannabis (30.4%), ecstasy (25.1%), cocaine (21.6%), sildenafil citrate (18.6%) and gamma-hydroxybutyric acid – also known as GHB or liquid E (10.6%).[9]

Sexual health

In recent years there has been an increase in STIs, including HIV infection, among MSM. This has partly been attributed to changes in sexual behaviour and a reduction in condom use for anal intercourse.

Many STIs are asymptomatic, which leads to them being undiagnosed and untreated. It is therefore recommended that regular STI screening be offered to all MSM. The Sexually Transmissible Infections in Gay Men Action Group (STIGMA) guidelines recommend that a man who has had any type of sex with another man in the previous year be offered full STI screening at least once a year.[10,11] The frequency of testing should be increased to four times a year in all MSM who are in one or more of the following categories:

- had any unprotected anal sex
- had more than 10 sexual partners in six months
- participated in group sex
- used recreational drugs during sex
- are HIV positive.

The following screening tests are recommended:

- chlamydia polymerase chain reaction on a first-void urine sample
- chlamydia and gonorrhoea polymerase chain reaction on both a pharyngeal and an anorectal swab
- serology for HIV infection, syphilis, hepatitis A, hepatitis B and hepatitis C.

It is also important to include STI testing of first-void urine and throat and anal swabs if a person presents with a symptomatic STI.

Hepatitis A and B vaccination should be offered to all MSM who are found not to have immunity against these infections. MSM are at increased risk of both of these infections, although the incidences are low, with an ongoing downward trend.[11]

Human papillomavirus vaccination should also be considered in eligible MSM who have missed out on the school vaccination program. The vaccine is approved for men up to 26 years of age.

Almost 90% of all new hepatitis C infections are among people with a history of injecting drug use. Sexual transmission in the heterosexual population is very low, but there is an increased risk of sexual transmission for MSM who are also HIV positive.[12]

HIV in Australia

It is estimated that in 2014, the prevalence of HIV infection among adults aged 15 years or older in Australia was 0.14%. The HIV prevalence in 2014 was highest among gay men (17%).[13]

Modern antiretroviral treatment available in Australia is highly effective in decreasing the HIV viral load to undetectable levels, which has two great advantages. First, it has resulted in HIV infection now effectively becoming a manageable chronic infection that is less commonly associated with morbidity and mortality. Second, it has led to the concept of treatment as prevention ('TasP') because multiple studies have shown a significant reduction in the risk of HIV transmission from a person who is HIV positive with an undetectable viral load.

Australian Federal Government targets for the year 2020 include that 90% of people with HIV infection should be aware of their diagnosis. Of them, a further 90% should be engaged in health care and on sustained antiretroviral treatment. Of the people on treatment, 90% should have an undetectable HIV viral load. GPs play a vital role in screening and testing for HIV.

Preventing HIV transmission

Because MSM are at greatest risk of contracting HIV, GPs should educate their MSM patients on HIV prevention strategies. This high level of risk again highlights the general need for GPs to be aware of their patients' sexual practices.

Condoms play an important preventive role and their use should always be promoted; however, it is no longer the only preventive method. Two forms of medical prevention strategies exist and are extremely effective in preventing HIV transmission. They are post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP).

PEP is used after potential exposure to HIV, which should be considered a medical emergency. Patients presenting for PEP should start their treatment as soon as possible, but within 72 hours of exposure. PEP starter packs should be available from all hospital emergency departments within Australia.

Starting PEP can also be discussed with infectious diseases physicians, sexual health physicians and GPs accredited to prescribe S100 HIV medications.

PrEP is a combination of two different antiretrovirals (tenofovir disoproxil fumarate/emtricitabine), taken by a person who is HIV negative either continuously or intermittently. Intermittent dosing requires that two tablets are taken between two and 24 hours before sexual activity, followed by a third tablet 24 hours afterwards and a fourth 48 hours afterwards. Both dosing schedules have been shown to be highly effective in preventing HIV transmission.[14,15] At the time of writing, the combined formula is not registered in Australia for this purpose, but is prescribed off label by many sexual health physicians and HIV S100 prescribing GPs. The cost of PrEP therapy obtained through a private prescription within Australia is prohibitively high, so this hurdle has been overcome by some gay men legally importing cheaper, generic drugs from overseas.

Transgender MSM

In addition to the areas described above, it should be remembered that transgender men (i.e. people assigned female at birth) who have not had gender reassignment surgery should continue to undergo routine breast and cervical cancer screening, following the same guidelines as for the general population.

Conclusion

Although MSM have many similarities with non-MSM, when it comes to working with this group in general practice there are some real differences, especially with regard to sexual health. An awareness of a patient's sexual orientation can allow the GP to target screening and broader health care more effectively and can enhance the patient–doctor relationship and lead to better health outcomes for the patient. Making your practice more gay friendly can make a man feel more comfortable in sharing important information about his life, and online resources are available to assist in this. MT

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A list of references is included in the website version of this article (www.medicinetoday.com.au).

Further reading

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COMPETING INTERESTS: None.

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