Healthcare Needs of Gay Men and Other Men who have Sex with Men

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Disclosures

- Topics discussed may make participants uncomfortable and bring up judgments about other people's sexual practices/orientation/identity
- **Language used by the presenters may include expletives, lay/slang terminology**; use of this language is not intended to be offensive, only to help prepare participants for potential interactions with patients
- Some of the topics discussed may make you uncomfortable and that's ok, hopefully this will allow you to work through your feelings so that you don't encounter these feelings for the first time with a patient
- Your experiences, emotions, and reactions may be completely different from another participant and that's ok

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Disclosures

- Jonathan Baker has no financial disclosures
- I will discuss off-label use consistent with guidelines, supported by peer reviewed literature, and/or consistent with common practice

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Learning Objectives

- Discuss specific health needs with their MSM patients
- Perform a culturally competent history and physical examination for MSM patients
- Identify preventive medicine opportunities for MSM including immunizations and screening examinations
- Screen for, diagnose, and treat common medical conditions which disproportionately affect MSM
- Identify resources to use in their clinical setting to facilitate care of MSM populations

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History and Physical Exam

A 21 YO AMAB MSM presents C/O BRBPR following an episode of CLRAI 4 days prior. Patient is HIV-negative on PrEP and the partner is UVL.

1. What additional history is needed?
2. What physical exam should be performed?
3. Are we still speaking the same language?

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Men who have Sex with Men

MSM (Men who have sex with men) – a heterogeneous population of men who engage in sexual behaviors involving men.

MSM may identify as:	
Gay	Men who identify their sexual orientation as "gay"
Bisexual	Sexual attraction to more than 1 gender
Heterosexual	Sexual attraction to female presenting partners
Gender nonbinary	Does not identify with either male or female gender
Transgender	Gender assigned at birth does not match identity

**Identities may be temporary, before sexual debut, or after sexual sunset*

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Language: Sexual Behaviors

Abbreviation	PA Language	Pt Language	Description
AI CLAI	Anal Intercourse (Condomless)	Anal sex Bareback	Sexual behavior involving the anus, typically penile-anal
RAI	Receptive Anal Intercourse	Bottoming	Receipt of a penis into the anus
IAI	Insertive Anal Intercourse	Topping	Insertion of a penis into the anus
-	Anolingus/Anal-Oral Sex	Rimming	Oral sex applied to the anus
AFAB/AMAB	Assigned female at birth Assigned male at birth		The sex which was assigned to an individual at birth

The speaker acknowledges additional interpretations/descriptions, and endless additional "patient language"

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History Taking for MSM

In general, sexual & gender minorities won't be offended
if you don't know the right "terminology" or don't understand-

JUST ASK!

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Sexual History Taking

Is not one size fits all; there is no formula

Why do we take a sexual history?

- Determine what screening, diagnostics, treatments, and immunizations are appropriate for your patient
- Document rationale for expensive testing

Is counselling on safer sex effective?

- Make patients aware of what they are at risk for
- Not counselling may be perceived as condoning behavior

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Physical Exam for MSM

General Physical Exam

- **General** – Assess eye contact/ non-verbals for comfort with HCP
- **Skin** – condyloma, molluscum, 2^{o} Syphilis
- **Mouth** – ↑risk HPV disease, ↑ incidence smoking (young MSM & bisexual men)

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Anogenital Exam

- Genital Exam
- Rectal Exam
- DARE (Digital ANORECTAL Exam)
- Anoscopy (CPT 46600)

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Preventive Care: Immunizations

Hepatitis A	• ↑ risk due to anolingus • CDC recommends vaccinating all MSM
Hepatitis B	• ↑ risk in MSM • Recommend titers post vaccination
HPV	• Increased indication for MSM 27-45 yo • Revaccination with HPV9 not indicated at this time

CDC 2019, Petrosky 2015, FDA 2018, Wheldon 2018, Reiter 2015

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HPV Vaccination

ACIP recommends discussing vaccination up to age 45

- 13% of 18-26 yo MSM have received the vaccine
- Among 220 MDs in FL (2016)
  - 13.6% routinely discussed sexual orientation & HPV vaccination
  - 24.5% discussed neither

CDC 2019, Petrosky 2015, FDA 2018, Wheldon 2018, Reiter 2015

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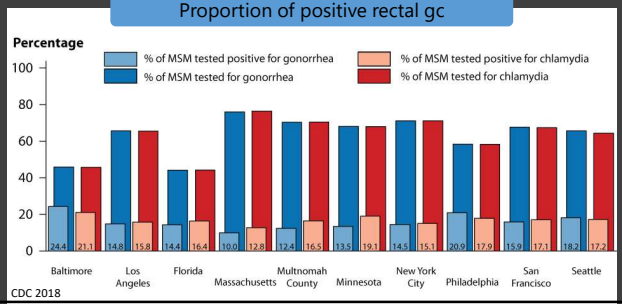
MSM attending STI Clinic 2017

Proportion of positive rectal gc



CDC 2018

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STIs: gc/Ct/Syphilis

MSM account for 2/3 of reported P&S syphilis cases

- CDC recommends 3 site STI screening for MSM annually
  - Every 3-6 months for at risk MSM
- Consider TOC/test for reinfection in MSM after 3 weeks
- Expedited partner treatment is not recommended in MSM

CDC 2015, CDC 2018

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STIs: Hepatitis C

Sexual transmission of HCV among HIV+ MSM is well documented; few cases among HIV-negative MSM

- 2 cases of sexual HCV acquisitions among 485 MSM in Kaiser San Francisco
- 44 re-infections among 264 HIV+ MSM followed for 11 years

Volk 2015, Carollo JR 2019, CDC 2018

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STEIs: Parasites

Engaging in anal intercourse puts patients at risk of Parasites & enteric bacteria

Sexually
Transmissible
Enteric
Infections

CDC 2015

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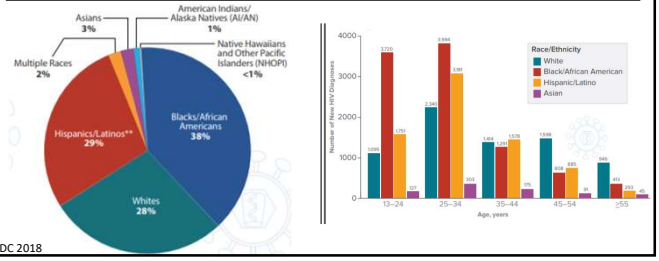
HIV and MSM

Of 40,324 HIV diagnoses in the US in 2016: 26,844 (67%) were among gay and bisexual men



CDC 2018

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HIV Acquisition Risk

Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act

Type of Sexual Exposure	Risk per 10,000 Exposures
Receptive anal intercourse	138
Receptive penile-vaginal intercourse	8
Insertive anal intercourse	11
Insertive penile-vaginal intercourse	4
Oral intercourse	low

CDC 2015

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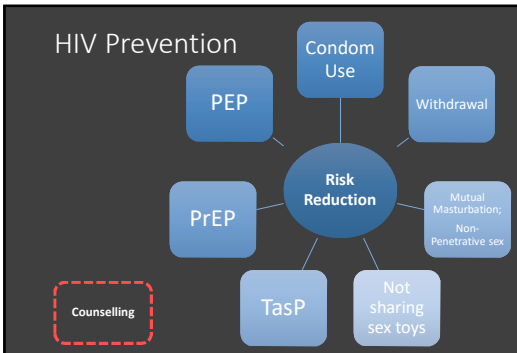
HIV Prevention



Grant 2010, Metsch 2013, Vallabhaneni 2012, Smith 2015, Cohen 2011, Smith 2005

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HIV Preexposure Prophylaxis (PrEP)

- Tenofovir/emtricitabine coformulation daily
- >99% effective at reducing risk of HIV acquisition
- "Safer than Aspirin"

Off Label PrEP

- Limited evidence for "on-demand" dosing

Grant 2010, Molina 2015, Hare 2019

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MSM Living with HIV/AIDS

MSM account for 57 percent of people with HIV in the US (2016)

- Modern antiretroviral drugs suppresses the virus in the blood stream
- Antiretrovirals have several interactions with common drugs
- Increased risk of disease including: CVD, renal, and certain cancers

For many patients, infectious disease specialists manage the primary care needs of their patients living with HIV

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Treatment as Prevention (TasP)

U=U

Undetectable = Untransmittable

Rodger 2016, Donnell 2010, Cohen 2011

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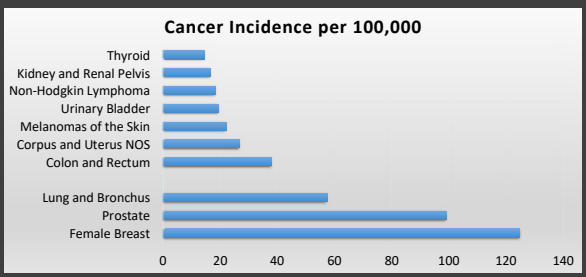
Anal Cancer in MSM



CDC 2017

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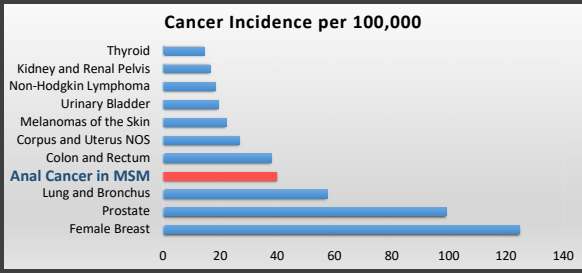
Anal Cancer in MSM



CDC 2017, Silverberg 2012

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The Anal Pap

- ↑ sensitivity ↓specificity
- Requires no special equipment or training
- Blindly insert one half of a polyester tip swab past the anal verge, apply lateral pressure in a circular motion while withdrawing the swab over 10 seconds

Cranston 2004

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The Anal Pap

Consider anal pap screening

if your patient has an available provider who is well trained in HRA* and management of high-grade anal dysplasia

otherwise, quality digital anorectal examination at least annually

*NIH certifications available through ACTG/AMC/ANCHOR

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No Definitive Research Indicating ↑Risk

- Prostate cancer
- Colorectal cancer
- Hemorrhoidal disease

….but treatment may have different impacts on quality of life

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Compared to Heterosexual Identified Men

	Gay men:	Bisexual men:
Education	More education	Less education
Income	Similar or increased income	Similar or decreased income
Relationships	More likely to be single	More likely to be single
Tobacco use	Similar or increased	Increased
Alcohol use	Increased (but less likely to binge drink*)	Increased
Physical Activity	Similar or increased	Similar physical activity
Weight	Decreased BMI/obesity	Similar or increased BMI/obesity
CVD	Similar HTN and DM	More HTN, DM

Cunningham 2018, Caceres 2018, Kerridge 2018 *Binge drink defined as having 5 or more drinks in 1 sitting in past 12 mos

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Compared to Heterosexual Men

	Gay and bisexual men:
MDD	Increased rates
GAD	
PTSD	
Persistent depressive disorder	
Social Phobia	
Suicide or attempt	
Drug use	
Borderline personality disorder	
Schizotypal personality disorder	

Kerridge 2018, Ploderl 2015

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Substance Abuse and Mental Health

- Screen and refer appropriately
- Know your limitations

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Aging MSM

Successful Aging:

- Decreasing risk of disease and disability*
- Maintaining cognitive and physical function
- Continued social engagement
- Positive spirituality (individual or religious)

LGB Successful Aging:

- Requires self realization of orientation
- Support from families of origin and/or families of choice
- Access to LGB-friendly services
- Crisis competence → Resilience

Caceres 2016

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Take Home Points

- MSM are a heterogenous group of patients with unique needs and are seen in every specialty and location
- MSM are at increased risk of HIV and STIs, and biomedical prevention should be utilized to reduce HIV transmission
- MSM have specific needs for screening examinations and immunization
- MSM suffer from increases in mental health and substance use

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Resources

- LBGT PA Caucus
- GLMA
- IANS
- CDC

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Case 1

A 28 year old MSM presents c/o anal discomfort and BRBPR occasionally x 2 weeks. He reports consistent condom use during receptive anal intercourse. He last engaged in RAI 3 weeks prior and is afraid to again because of his symptoms.

He went to urgent care 1 weeks prior and was negative for gc/Ct.

What additional history do we need to take?

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Case 1

At UC he was only tested for with a urine sample, there was no rectal swab or examination performed.

On further history he does report in engaging in oral anal intercourse without barrier protection.

On ROS he endorses mild GI upset and occasional diarrhea over the past 2 weeks as well.

What labs should you perform?

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Case 1

Labs

Test	Result	Ref. Range
HIV Ag/Ab	Non-Reactive	Non-Reactive
RPR/FTA ABS	Non-Reactive	Non-Reactive
HSV PCR	Non-Reactive	Non-Reactive
Genital gc NAAT	Negative	Negative
Genital Ct NAAT	Negative	Negative
Rectal gc NAAT	POSITIVE	Negative
Rectal Ct NAAT	Negative	Negative
Oral gc NAAT	Negative	Negative
Oral Ct NAAT	Negative	Negative

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Case 1

Patient Education:

- Discuss risk of oral anal intercourse: parasites, hepatitis, gc/Ct
- Risk of skin-to-skin transmission of: HSV, molluscum, HPV
- Vaccinate for Hepatitis A (HBV, HPV)
- Body fluids (semen, saliva) on condoms can transmit disease
- Recommend routine screening every 3-6 months
- Discuss HIV Preexposure Prophylaxis

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Case 2

A 49 year old last tested negative for HIV 3 months prior during a routine PrEP follow us visit. Patient endorses fatigue, sore throat, and neck swelling.

PE shows pharyngitis and posterior cervical lymphadenopathy

What's your differential?

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Case 2

Differential Daignosis

1. Viral pharyngitis
2. Mononucleosis
3. Streptococcal pharyngitis
4. Oral gc
5. Oral Ct

…HIV seroconversion

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Gender Nonbinary

- *"I've always been very free in terms of thinking about sexuality, so I've just tried to change that into my thoughts on gender as well.*
- ***Non-binary/genderqueer is that you do not identify in a gender. You are a mixture of all different things. You are your own special creation.***
- *I've sometimes sat and questioned,* ***do I want a sex change? It's something I still think about: 'Do I want to?' I don't think it is,***
- *When I saw the word non-binary, genderqueer, and I read into it, and I heard these people speaking, I was like, 'F*ck, that is me.'"*

-Sam Smith

Credit: Vanity Fair 2019; Deb Dunn PA-C GLMA 2019

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Case 3

A 24 year old MSM presents c/o pain and bleeding with receptive anal intercourse and bowel movements.

He is in a non-monogamous relationship with a HIV-negative partner. He admits to engaging in CLRAI and oral-anal intercourse 1 week prior to the onset of symptoms. He admits to 15 sexual partners in the last 3 months; 8 without condoms during AI.

Diagnostic anoscopy reveals:

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Case 3

Copious mucopurulent discharge, frank bleeding, erythematous friable mucosa. No obvious ulcerations.

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Case 3

Treat empirically with 1g azithromycin PO once and 250mg ceftriaxone IM once

Patient remains symptomatic 5 days later and labs are still pending

What's your differential?

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Case 3

Differential Diagnosis

- LGV
- Drug resistant gonorrhea
- Primary proctitis (IBD, idiopathic, or other etiology)
- Parasite infection

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Case 3

Labs

Test	Result	Ref. Range
HIV Ag/Ab	Non-Reactive	Non-Reactive
RPR/FTA ABS	Non-Reactive	Non-Reactive
HSV PCR	Non-Reactive	Non-Reactive
Genital gc NAAT	Negative	Negative
Genital Ct NAAT	Negative	Negative
Rectal gc NAAT	Negative	Negative
Rectal Ct NAAT	Negative	Negative
Oral gc NAAT	Negative	Negative
Oral Ct NAAT	Negative	Negative

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Case 3

Proctitis in MSM

1. Test for gc, Ct, HSV, syphilis, *parasites*
2. Empiric treatment for: HSV/Ct/gc/*LGV*
3. D/C medications as labs return
4. Endoscopy/GI consult

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Question 1

A MSM (man who has sex with men) patient engages in insertive anal sex and insertive/receptive oral-genital sex. He denies receptive anal sex or oral anal sex. His has had several partners since he was last tested. Which of the following is true:

1. He should undergo three site gc/Ct testing (throat, penile, rectal)
2. He should be tested only if he has symptoms of an STI
3. Counselling him on condom use is likely to change his behavior
4. He should undergo screening only at the sites of sexual contact (ie throat and genitals)

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Question 2

Hepatitis A vaccination is recommended for which of the following populations of men who have sex with men (MSM):

1. Only MSM travelling to areas where HAV Is endemic
2. Only MSM who engage in oral-anal intercourse
3. Only MSM with prior receipt of HBV vaccination
4. All MSM

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Question 3

Which of the following is not a risk factor for acquisition of HIV among MSM?

1. Depression
2. Condomless sex
3. Ulcerative STI (ie HSV)
4. Use of preexposure prophylaxis

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Questions?

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