



APLICACIÓN DE LA TEORÍA DE LA SINDEMIA PARA ENTENDER LA ALTA VULNERABILIDAD DE LOS HOMBRES LATINOAMERICANOS QUE TIENEN SEXO CON HOMBRES PARA ADQUIRIR LA INFECCIÓN POR EL VIH EN ESPAÑA

Percy Fernández Dávila



San Sebastián, 6-8 de Mayo del 2015



Hombres latinoamericanos que tienen sexo con hombres (HLSH)

- Existe evidencia que la mayor parte de los inmigrantes se infectan en Europa y son los de origen latinoamericano quienes presentan las tasas de prevalencia e incidencia más altas del VIH entre los HSH.
- El fenómeno de la inmigración en España es relativamente reciente.
- Poca información disponible indica que los HLSH son particularmente vulnerables para adquirir el VIH y otras ITS.
- Entender su vulnerabilidad para la infección por el VIH/ITS en los HLSH requiere información más allá del reporte de las conductas de riesgo.

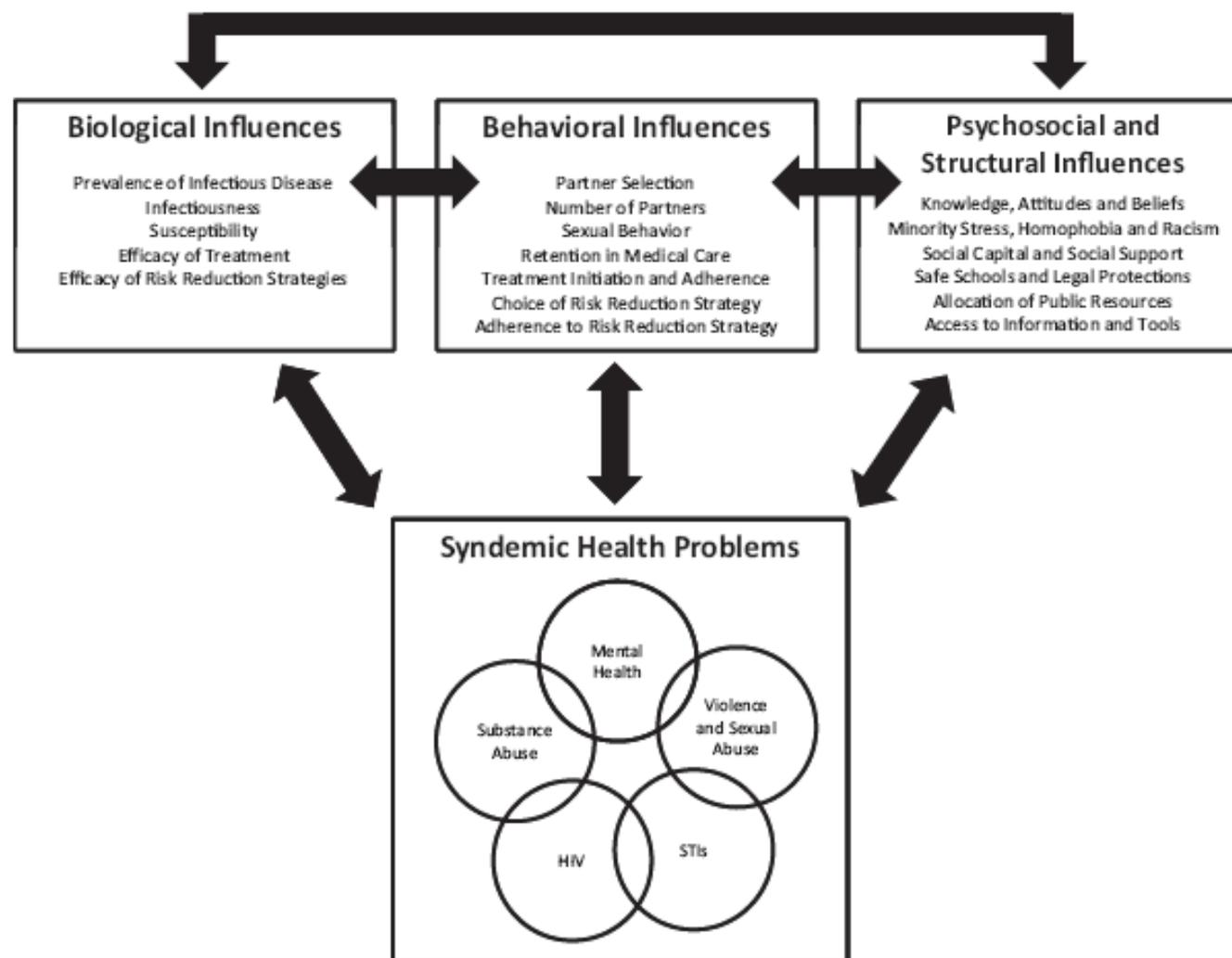


SINDEMIA

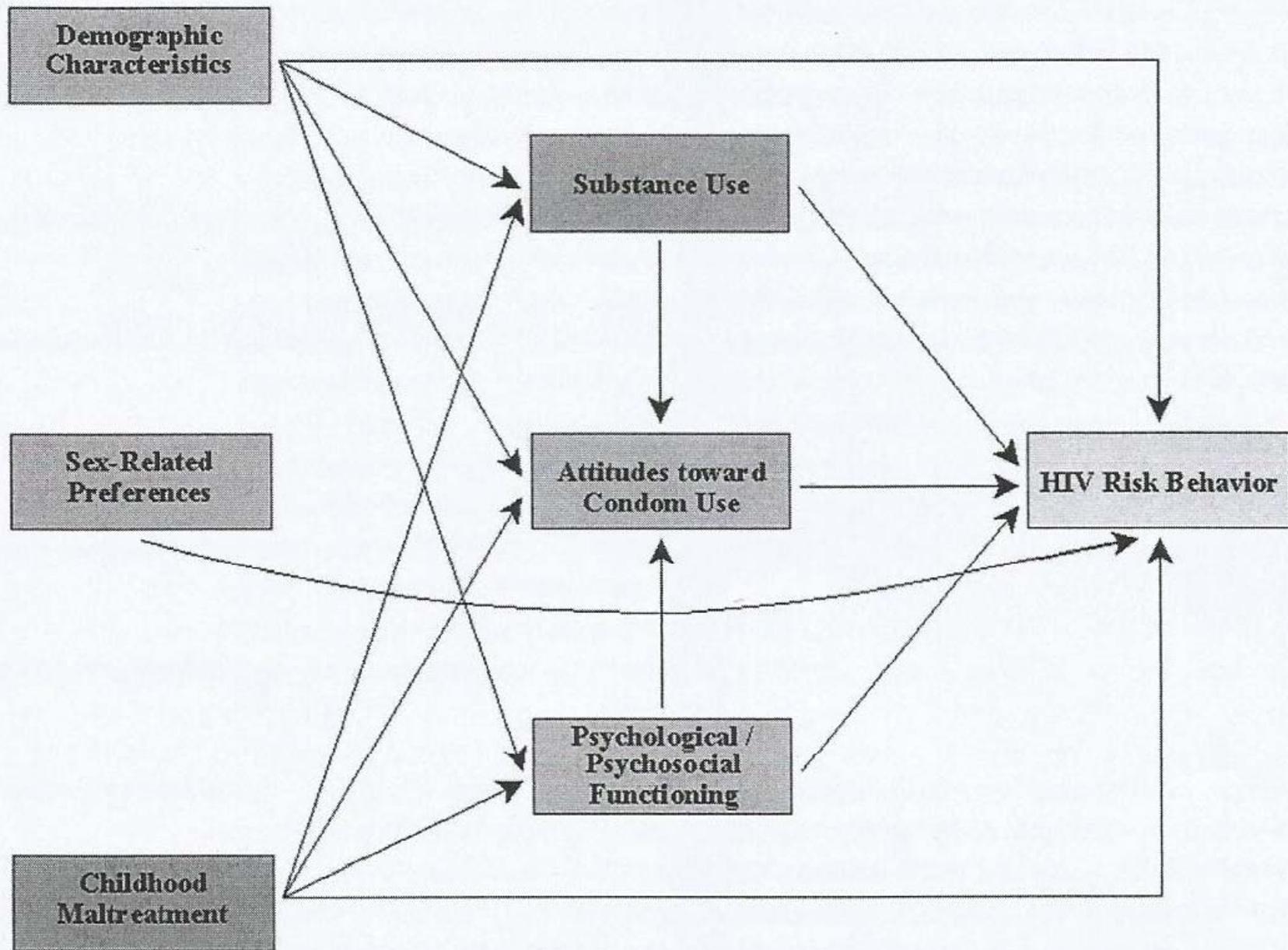
- Término introducido por antropólogos de la salud (Singer, 1996).
- Necesidad de expandir la perspectiva epidemiológica ante las dimensiones colectivas del daño sanitario.
- “Co-ocurrencia de dos o más enfermedades o problemas de salud que interactúan entre sí, y que contribuyen, como resultado de su interacción, a un exceso de carga de la enfermedad/problemas de salud (p.e. VIH, conductas de riesgo) en una persona o población dada que una enfermedad o problema de salud por sí solo”.

Figure 1

Biopsychosocial Drivers of the Syndemic in Gay, Bisexual, and Other Men Who Have Sex With Men



Note. STIs = sexually transmitted infections.





¿Por qué aplicar la teoría de la sindemia en HSH?

- La prevención del VIH en España se ha focalizado en los factores individuales (p.e. uso del condón) y no han considerado los **condicionantes psicosociales** que están detrás de las conductas de riesgo.
- La teoría de la sindemia en HSH busca entender la carga desproporcionada de la infección por el VIH que afecta a los gais, bisexuales y otros HSH.

Literatura sobre sindemia en HSH

Arch Sex Behav
DOI 10.1007/s10508-015-0479-3

SPECIAL SECTION: SEXUAL HEALTH IN GAY AND BISEXUAL MEN

Retrospective Reports of Developmental Stressors, Syndemics, and Their Association with Sexual Risk Outcomes Among Gay Men

Tyler G. Tulloch · Nooshin K. Rotondi · Stanley Ing · Ted Myers · Liviana M. Calzavara · Mona R. Loutfy · Trevor A. Hart

Arch Sex Behav
DOI 10.1007/s10508-015-0574-5



SPECIAL SECTION: SEXUAL HEALTH IN GAY AND BISEXUAL MEN

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Abstract Gay and bisexual men (GBM) continue to have a disproportionately higher HIV incidence than any other group in Canada and the United States. This study examined how multiple co-occurring psychosocial problems, also known as a syndemic, contribute to high-risk sexual behavior among GBM. It also examined the impact of early life adversity on high-risk sexual behavior as mediated by syndemic severity. A sample of 239 GBM completed self-report questionnaires at baseline and 6-month follow-up. Syndemic variables included depression, polysubstance use, and intimate partner violence. Early life adversity variables measured retrospectively included physical and verbal bullying by peers and physical and sexual abuse by adults. A Cochran-Armitage trend test revealed a proportionate increase between number of syndemic problems and engagement in high-risk sex ($p < .0001$), thereby supporting syndemic theory. All early life adversity variables were positively correlated with number of syndemic problems. A bootstrap mediation analysis revealed indirect effects of two types of early life adversity on high-risk sex via syndemic severity: verbal bullying by peers and physical abuse by adults. There was also an overall effect of physical bullying by peers on

high-risk effects provide high-risk interver anti-gay adult ps

Keywords Bullying

Since t! (HIV) p almost: the num to imprt United countri

Syndemic Production and Sexual Compulsivity/Hypersexuality in Highly Sexually Active Gay and Bisexual Men: Further Evidence for a Three Group Conceptualization

Jeffrey T. Parsons^{1,2,3,4} · H. Jonathon Rendina² · Raymond L. Moody^{2,3} · Ana Ventuneac² · Christian Grov^{2,4,5}

Received: 2 August 2014 / Revised: 14 January 2015 / Accepted: 14 January 2015
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Abstract Among gay and bisexual men (GBM), a syndemic describes a situation in which negative conditions (e.g., childhood sexual abuse, intimate partner violence, depression, polysubstance use) co-occur such to amplify HIV risk. Research has suggested that sexual compulsivity (SC) may also be a syndemic condition. Between 2011 and 2013, 368 highly sexually active (9+ male partners in 90 days) GBM completed a survey of syndemic factors as well as measures of sexual compulsivity (Sexual Compulsivity Scale [SCS]) and hypersexuality (hypersexual disorder screening inventory [HDSI]). Based on scores on the SCS and HDSI, participants were organized into three groups—negative on both (“Neither SC nor HD”); positive on the SCS only (“SC Only”), and positive on both the SCS and the HDSI (“Both SC and HD”). We found support for the utility of a three-group classification of sexual compulsivity/hypersexuality as one of the syndemic factors that contribute to HIV risk. The average number of syndemic factors experienced was lowest among those who experienced Neither SC nor HD and highest among the group that experienced Both SC and HD, with those

experiencing SC Only falling between the two other; study provided further evidence that sexual comp persexuality is a contributing factor to the syndemi HIV risk for GBM and that considering three level (i.e., SC along with HD) led to stronger model prec considering SC alone. SC/HD severity provid modifiable target for HIV prevention intervention d

Keywords Sexual compulsivity · Syndemics · Gay and bisexual men · HIV · Condom use · Sexual

Introduction

Gay, bisexual, and other men who have sex with men continue to be disproportionately affected by HIV for 83 % of new infections among men in the United States (Johnson et al., 2014). Further, although the HIV diagnoses in the United States from 2002 to 2011 overall by 33 % rates among GBM remained

Arch Sex Behav
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SPECIAL SECTION: SEXUAL HEALTH IN GAY AND BISEXUAL MEN

A Transdiagnostic Minority Stress Treatment Approach for Gay and Bisexual Men's Syndemic Health Conditions

John E. Pachankis

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Abstract Developing and deploying separate treatments for separate conditions seems ill-suited to intervening upon the co-occurring, and possibly functionally similar, psychosocial conditions facing gay and bisexual men. This article argues for the need to create transdiagnostic interventions that reduce multiple syndemic conditions facing gay and bisexual men at the level of their shared source in minority stress pathways. This article first reviews psychosocial syndemic conditions affecting gay and bisexual men, then suggests pathways that might link minority stress to psychosocial syndemics based on recent advancements in emotion science, psychiatric nosology, and cognitive-affective neuroscience, and finally suggests cross-cutting psychosocial treatment principles to reduce minority stress—syndemic pathways among gay and bisexual men. Because minority stress serves as a common basis of all psychosocial syndemic conditions reviewed here, locating the pathways through which minority stress generates psychosocial syndemics and employing overarching treatment principles capable of simultaneously alleviating these pathways will ultimately create a transdiagnostic approach to improving gay and bisexual men's health. Clinical research and training approaches are suggested to further validate the pathways suggested here, establish the efficacy of treatment approaches tied to those pathways, and generate effective methods for disseminating a transdiagnostic minority stress treatment approach for gay and bisexual men's psychosocial syndemic health.

Parallel developments in two distinct fields are converging to suggest a novel approach to improving gay and bisexual men's psychosocial health. On one hand, the public health field recognizes the inextricable nature of the multiple psychosocial health threats facing gay and bisexual communities and has adopted a syndemic perspective to explain these co-occurring health conditions (e.g., Egan et al., 2011; Mustanski, Garofalo, Herrick, & Donenberg, 2007; Parsons, Grov, & Golub, 2012; Stall, Friedman, & Catania, 2008). On the other hand, driven by a long-standing need for the psychosocial intervention field to achieve consensus around unified principles of change (Gokhrief, 1980, 2013), intervention researchers are simultaneously becoming aware of the need to develop and deploy treatments that address the shared factors shown to underlie numerous psychosocial conditions (e.g., Barlow, Allen, & Choute, 2004). Thus, continuing down the separate problem-separate treatment path that has historically characterized psychosocial intervention research not only seems presently infeasible given the need to deliver effective interventions with constrained resources (Westen, Novotny, & Thompson-Brenner, 2004), but also unnecessary and potentially misguided in the case of gay and bisexual men's health given that the numerous psychosocial health threats facing this group do not occur in isolation. This article argues for the need to create transdiagnostic interventions that simultaneously reduce multiple syndemic conditions facing gay and bisexual men's psychosocial syndemic health.

Interés en Europa

Editorial

Syndemics: health in context

Syndemics, as a new Series published in today's *Lancet* details, is a conceptual framework for understanding diseases or health conditions that arise in populations and that are exacerbated by the social, economic, environmental, and political milieu in which a population is immersed. A syndemic, or synergistic epidemic, is more than a convenient portmanteau or a synonym for comorbidity. The hallmark of a syndemic is the presence of two or more disease states that adversely interact with each other, negatively affecting the mutual course of each disease trajectory, enhancing vulnerability, and which are made more deleterious by experienced inequities.

Perhaps the most unique feature of the syndemic approach to understanding various disease states and the way in which they cluster is the emphasis on the situation and circumstances in which individuals live. In other words, syndemics fundamentally rely on context. When introduced in the 1990s by medical anthropologist Merrill Singer, the notion of a syndemic was used to describe the interactions among substance abuse, violence, and AIDS (SAVA), that had become a full-blown health crisis in Hartford, CT, USA. While investigating HIV prevalence in drug users, researchers took notice of the constellation of elements that impinged on risk, structural factors such as lack of housing and poverty, and social aspects such as stigma and lack of support systems—all reinforcing the disease burden.

The observation that these factors did not merely exist in parallel, but were intertwined and cumulative, offered a branch point for clinical medicine and public health interventions. These fields have made appreciable strides in recognising that interventions for combating and treating disease must take a more multifactorial tack, nevertheless there exists a great need and opportunity to more widely apply the principles of the syndemic approach. In the years since SAVA was identified, there have been other syndemics described that include HIV/AIDS as a component, such as the HIV-malnutrition-food insecurity syndemic in sub-Saharan Africa. Alternatively, other existing and emerging syndemics centre on non-communicable diseases (NCDs) such as VIDA (violence, immigration, depression, type 2 diabetes, and abuse) in women who have emigrated to the USA from Mexico.

Whether communicable diseases or NCDs, or set in high-income countries or low-income and middle-income

countries (LMICs), there are similar forces at work that can perpetuate or accelerate existing syndemics. Specifically, rapid changes can precipitate conditions conducive to developing syndemics. For example, globalisation patterns have quickly and fundamentally changed dietary patterns in LMICs by increasing access to high-calorie foods and processed carbohydrates, radically increasing the proportion of individuals with type 2 diabetes. Changes in political and economic conditions, and relatedly the breakdown of protective health measures or infrastructure, can induce differentially and additive detrimental effects on specific populations.

The political and public health changes underway in the USA are especially worrisome in their potential for spurring a new wave of unforeseen health crises. The VIDA syndemic may serve as a harbinger of sorts for other potential immigrant health-related syndemics because of the current uncertainty around immigration policy. After the executive order issued on Jan 25, 2017, immigration enforcement has pushed many people who were previously at low risk for deportation into an uneasy and unwelcome spotlight. Several major news outlets have reported recently that health-care centres have already noted a downturn in the number of immigrant patients keeping appointments for chronic conditions such as diabetes and hypertension. It is well documented that Hispanic patients are less likely to seek medical attention than are other ethnic groups, but in the wake of an already precarious climate for Mexican immigrants, the emerging accounts highlight an even greater vulnerability because of new political threats. From a clinical perspective, applying a syndemic approach is novel and valuable for expanding the focus from why a patient has a poor outcome (eg, dysregulated blood sugar) to what other factors are contributing.

Although there may be little that clinical practitioners and public health interventionists can do about the presence of social and political circumstances that might negatively affect health, the syndemic framework allows for the potential to mitigate those effects by appreciating the complex nature of certain diseases and conditions and for addressing the array of factors that give rise to them. In the pursuit of practising more socially conscious medicine, syndemics suggest that context is key. ■ *The Lancet*



See Series pages 944, 954, and 964

Achterbergh et al. *BMC Infectious Diseases* (2017) 17:398
DOI 10.1186/s12879-017-2474-x

BMC Infectious Diseases

STUDY PROTOCOL

Open Access



Design of a syndemic based intervention to facilitate care for men who have sex with men with high risk behaviour: the syn.bas.in randomized controlled trial

Roel C. A. Achterbergh¹, Jannie J. van der Helm¹, Wim van den Brink² and Henry J. C. de Vries^{1,3,4*}

Abstract

Background: Men who have sex with men (MSM) constitute a risk group for sexual transmitted infections (STIs), including HIV. Despite counselling interventions, risk behaviour remains high. Syndemic theory holds that psychosocial problems often co-occur, interact and mutually reinforce each other, thereby increasing high risk behaviours and co-occurring diseases. Therefore, if co-occurring psychosocial problems were assessed and treated simultaneously, this might decrease high risk behaviour and disease.

Method: An open label randomized controlled trial will be conducted among 150 MSM with high risk behaviour recruited from the STI clinic of Amsterdam. Inclusion criteria are: HIV negative MSM with two STI and/or PEP treatment in the last 24 months, or HIV positive MSM with one STI in the last 24 months. All participants get questionnaires on the following syndemic domains: ADHD, depression, anxiety disorder, alexithymia and sex- and drug addiction. Participants in the control group receive standard care: STI screenings every three months and motivational interviewing based counselling. Participants in the experimental group receive standard care plus feedback based on the results of the questionnaires. All participants can be referred to co-located mental health or addiction services.

The primary outcome is help seeking behaviour for mental health problems and/or drug use problems. The secondary outcomes are STI incidence and changes in sexual risk behaviour (i.e. condom use, number of anal sex partners, drug use during sex).

Discussion: This study will provide information on syndemic domains among MSM who show high risk behaviour and on the effect of screening and referral on help seeking behaviour and health (behaviour) outcomes.

Trial registration: Trial Registration at clinicaltrials.gov, identifier NCT02859935.

Background

Men who have Sex with Men (MSM) constitute a risk group for Sexually Transmitted Infections (STI), including HIV. The STI positivity rate – chlamydia, gonorrhoea, syphilis and hiv – among MSM attending the STI clinic in Amsterdam is around 18% among HIV-negative MSM and 30% among HIV-positive MSM [1]. Besides this high

positivity rate, there is a high recurrence of infections in this group. More than 10% of the men who were diagnosed with an STI had a new infection within one year [1].

For MSM with a high STI risk we started a case holding cohort: the MS2 cohort. We included 107 HIV-negative and 95 HIV-positive MSM from January 2014 till April 2016 [2]. If screened 4 times a year, in 25% of each visit a new STI was found and more than 40% reported using methamphetamine, mephedrone and/or γ -Hydroxybutyric acid (GHB)/ γ -Butyrolactone (GBL) during sex [2]. Despite motivational interviewing and counseling, risk behaviour remains high.

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¿Qué aspectos psicosociales hacen condiciones sindémicas entre HSH?

- Estrés,
- Ansiedad, depresión,
- Uso de alcohol y drogas,
- Homonegatividad internalizada,
- Discriminación social (orientación sexual....),
- Estigma (VIH....)
- Abuso sexual infantil,
- Violencia doméstica de pareja,
- Compulsividad sexual,
- Violencia sexual,
- etc.



OBJETIVO

Explorar la aplicación de la teoría de la sindemia para entender la mayor vulnerabilidad para la infección por el VIH en los HLSH de España.



MÉTODOS

LatinSex2012 (cuantitativo y cualitativo)

Tipo transversal

Criterios de inclusión:

- haber nacido en un país de América Latina.
- ser residente en España.
- tener edad mínima para consentimiento de relaciones sexuales (13 años).
- sentirse atraído o tener relaciones sexuales con hombres.

Muestreo por conveniencia.

Cuestionario (online y offline).

2 meses de promoción y reclutamiento.

Cuestionario online (www.latinsex2012.info)

PlanetRomeo | Message - Mozilla Firefox

www.gayromeo.com/msg/?id=57350869

Historial | Mensaje guardado | Eliminar | Guardar perfil

De: PlanetRomeo
El: 30. May. 2012 - 10:42
ENCUESTA LATINSEX 2012

iHola!

Te escribimos para informar del estudio LatinSex2012. Es una encuesta sobre sexualidad, comportamiento sexual y salud dirigida a hombres latinoamericanos que viven en España y tienen sexo con hombres.

La encuesta es anónima, segura y lleva aproximadamente 15 minutos completarla.

Haz clic aquí para ir a la encuesta : <http://www.latinsex2012.info/>

Esperamos que este estudio ayude a mejorar la vida sexual y la salud sexual de los hombres gais, bisexuales latinoamericanos de nuestra comunidad.

LatinSex2012 es un proyecto de la ONG Stop Sida (www.stopsida.org).

Saludos,
Madre y el equipo de PlanetRomeo

(Nota: Este mensaje no puede ser respondido.)

Bakala.org

VIE 12:36 - 6754 | PASIVO38 SIN SITIO NO HAY NINGUNA PULLA PARA COMER ESTE FIN DE SEMANA 630216794

portada | mi bakala | los perfiles | mis mensajes | guía del sexo seguro | ayuda/contactar

ENCUESTA

LATINSEX 2012

noticias frescas

¿a ke molo?

OFERTA ESPECIAL DIARIA

2X10€ POR PERSONA

ANÚNCIATE EN UNA DE LAS PRINCIPALES WEBS GAY Y BISEXUAL

¡MÁS DE 100.000 PERSONAS VEN ESTE ANUNCIO CADA DÍA!

informate sin compromiso en info@bakala.org

ENCUESTA LATINSEX 2012

EN 13 DÍAS

Crucero La Demencia

Puerto de cruceros - Marsella

dom 22 jul 2012

Quedan menos de un mes para que zarpe La Demencia, el crucero europeo más gay que has podido conocer jamás y el crucero más espectacular que has podido realizar en tu vida... ¿has hecho ya tu reserva? Date prisa, quedan pocas plazas...

MÁS FIESTAS DE LA GÉNERE CROISE

TAORMINA

el rincón de los colectivos lgbt

Encuesta Latinsex 2012

videos y galerias

videos de la semana

el blog de Bakala.org

Felz Orgullo Gay, y bienvenidos a Bakala.org

Strong Center

Sauna Center

Miércoles, día del cliente entrada gratis

chueca.com

Irlanda

Hay que vivirla

Alquiler de Motos en Formentera

Descubre Formentera a bordo

★★★★★

39,00 €

amena.com

internet + voz + sms

29,90€/mes

sin límites

Encuesta LATINSEX 2012

Soñó para Mascota

Revestimiento multido y ajustable de eco-piel.

★★★★★

30,05 €

Moneda Antigua Los 3 Reyes Magos.

Acuñada en plata pura entre el 35 a. C

★★★★★

29,00 €

chueca.com

Registra tu nick

me gusta (217)

twitter (20)

chueca.com

twitter

amena.com

Soñó para Mascota

Revestimiento multido y ajustable de eco-piel.

★★★★★

30,05 €

Moneda Antigua Los 3 Reyes Magos.

Acuñada en plata pura entre el 35 a. C

★★★★★

29,00 €

chueca.com

chueca_barcelona [136]

¿ayuda? ¿kien m ayuda a termiano????????

<bottom> 27a con sitio en ben para sexo ahora

<_DAMEPOLLABCHI> hola

<castell@bakal> hola

<ABR@Tamasas> Azabo de llegar de fiesta. ¿Alguno pasivo delgado/fibrado para un buen rato? Sitio.

<DAMEPOLLABCHI> busco tus activos ahora

<DAMEPOLLABCHI> activos

<agregacom@bakal> a

<memom@bakal> mamen

<agregacom@bakal> hola

<_Se@No@35> alguien con ganas de morbako?

<chueca@35> buenas alguien por hospi o cerca quiere polla!!!!!!

<GUALAZ@35@chueca> algun activo de fiesta?

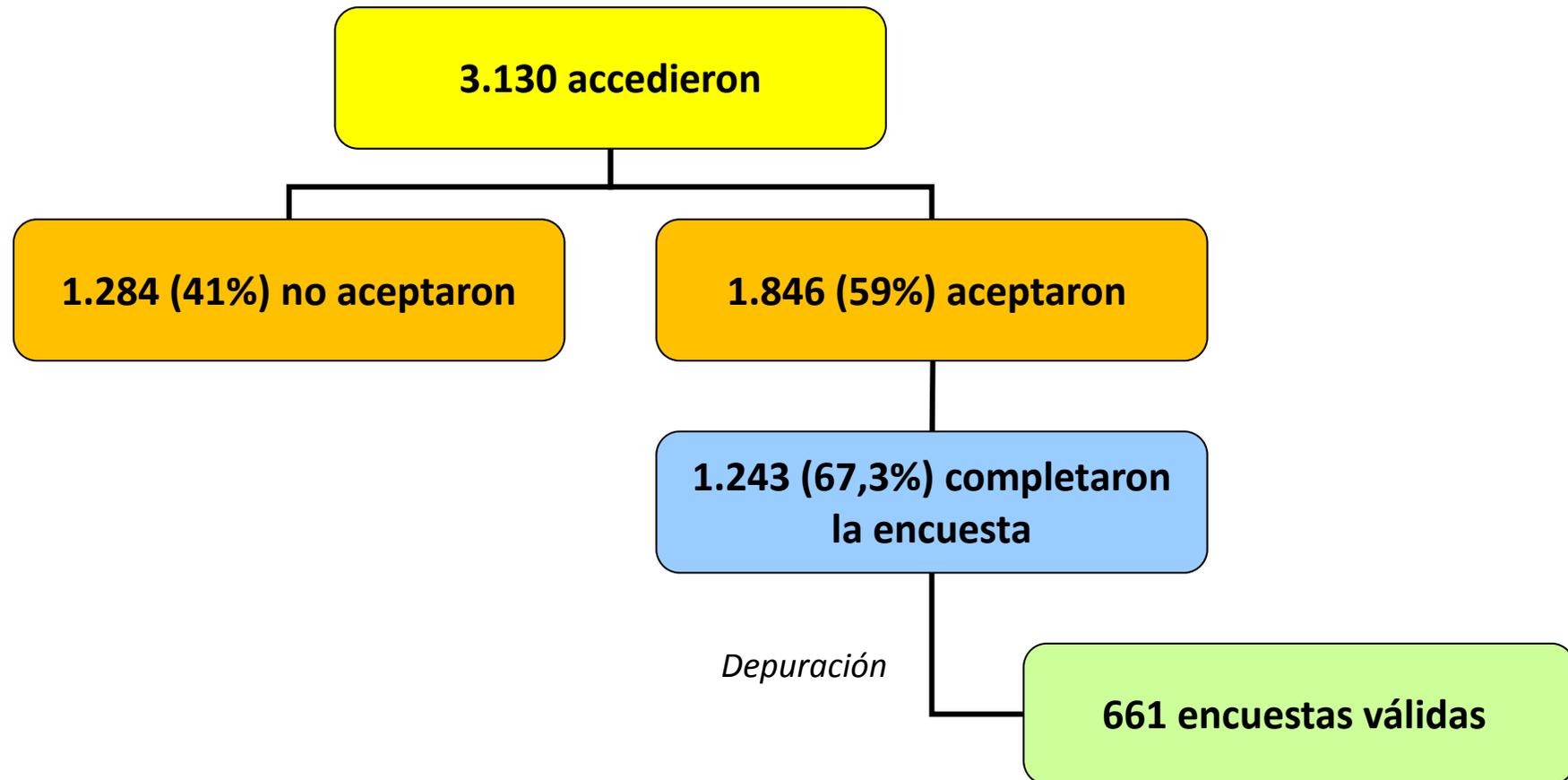
Inicio

Enviar

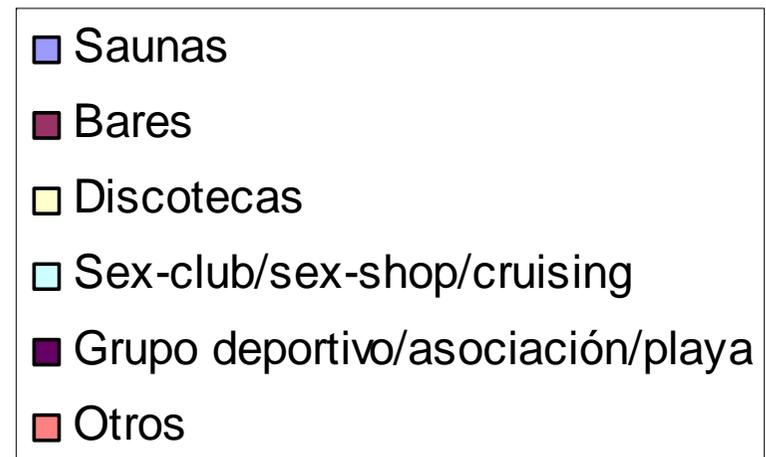
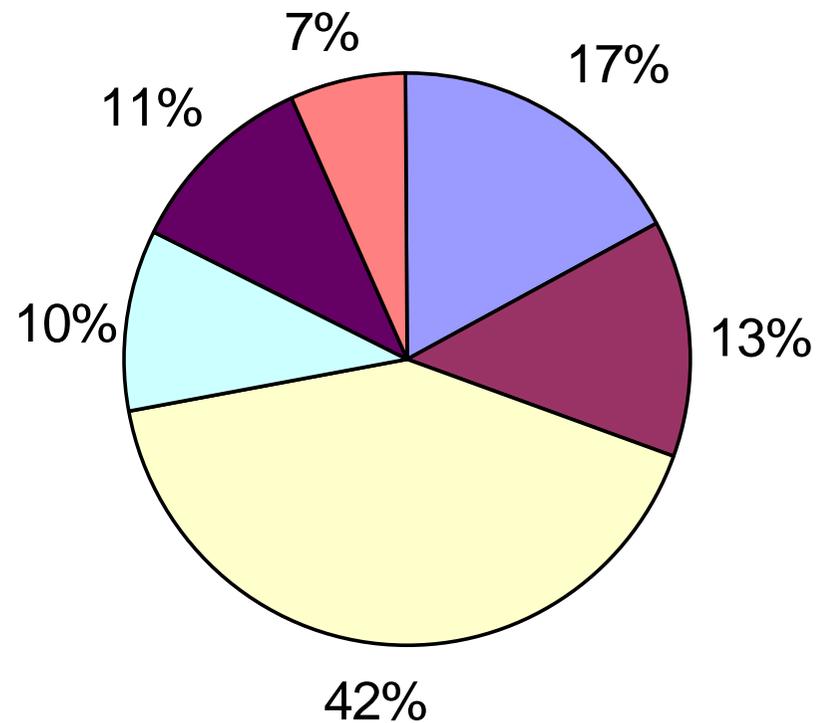
facebook

Luz Vte y Ong StopSida compartieron 'Los

Nº de participantes de la encuesta online (n=661)



Cuestionario offline (n=428)



17 locales/lugares de ocio gay

Estudio cualitativo

- Criterios específicos de selección:
 - Procedente de diferentes países latinoamericanos
 - Jóvenes (menores de 25 años)
 - Haber tenido sexo sin condón con parejas ocasionales
 - Haber recibido dinero a cambio de sexo
 - Tener el VIH
- Seleccionados de entre quienes manifestaron en las encuestas su interés en las entrevistas.
- El contacto se comenzó a hacer a partir de la 3ra semana.
- Entrevista semiestructurada (guías validadas).
- Reembolso de 20€

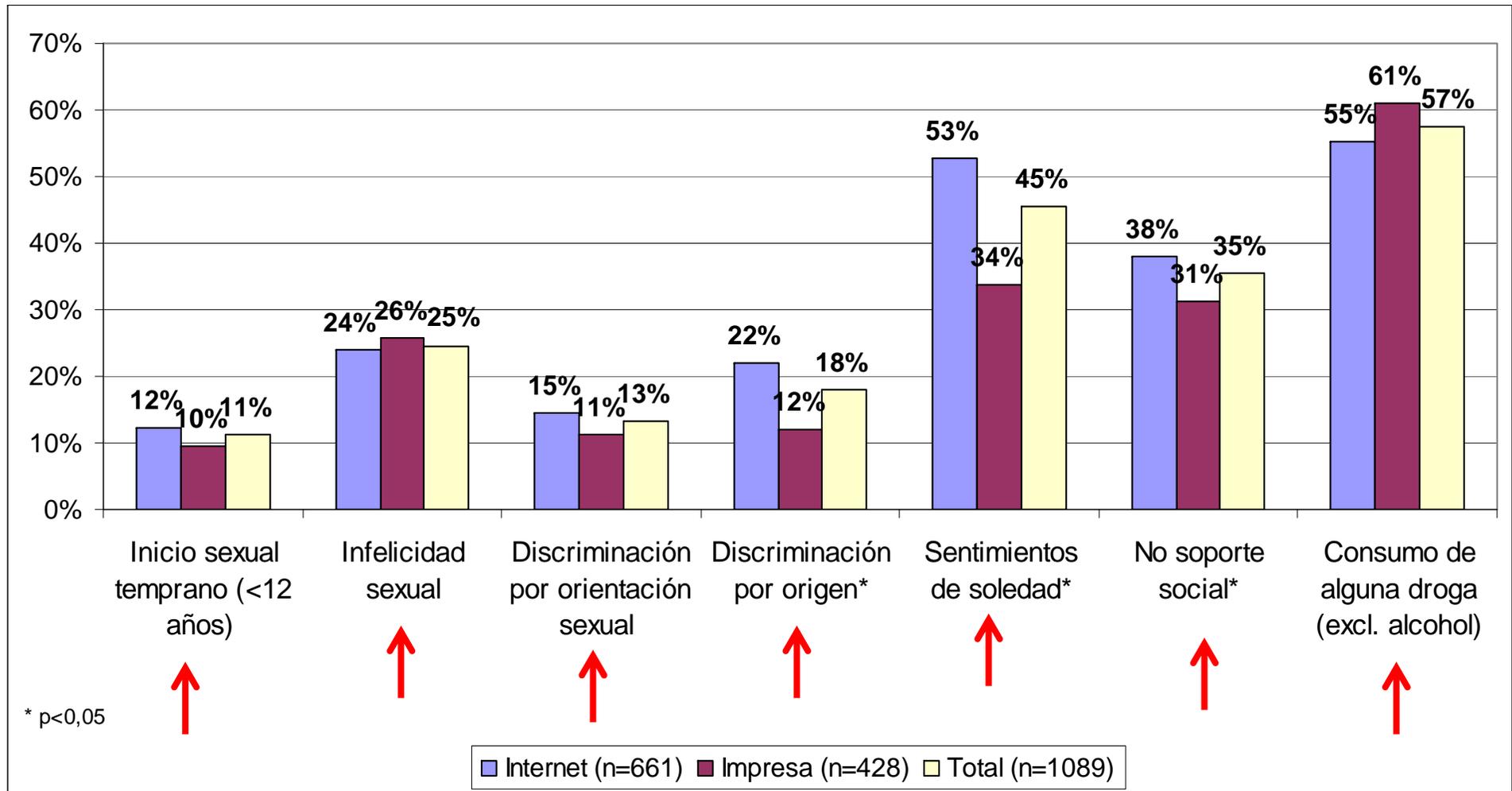
Nº de participantes del estudio cualitativo

Entrevistas individuales	Grupos de discusión			TOTAL
	1er. (Jóvenes)	2do. (VIH-positivos)	3er (General)	
26	7	3	12	48

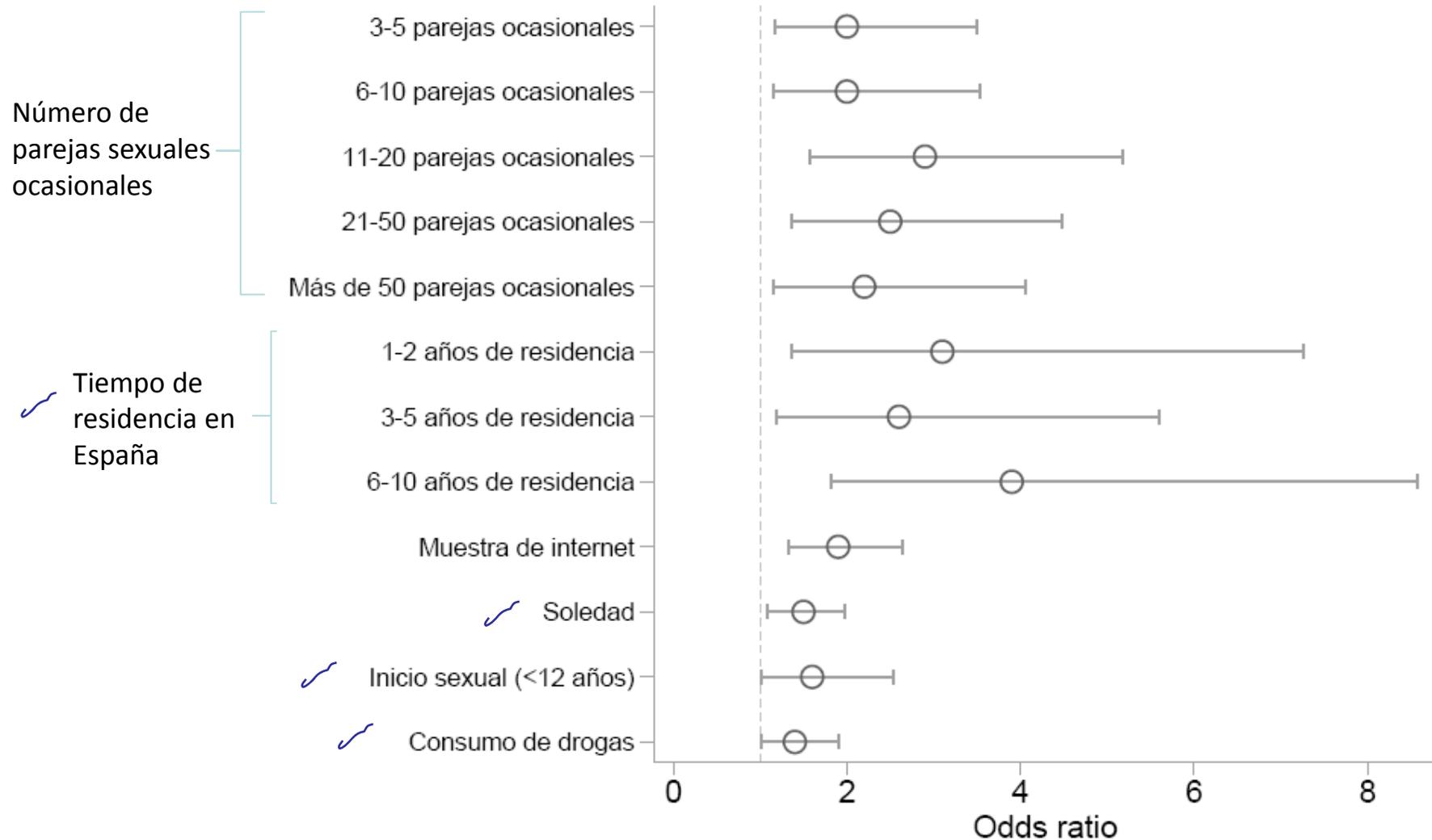


RESULTADOS

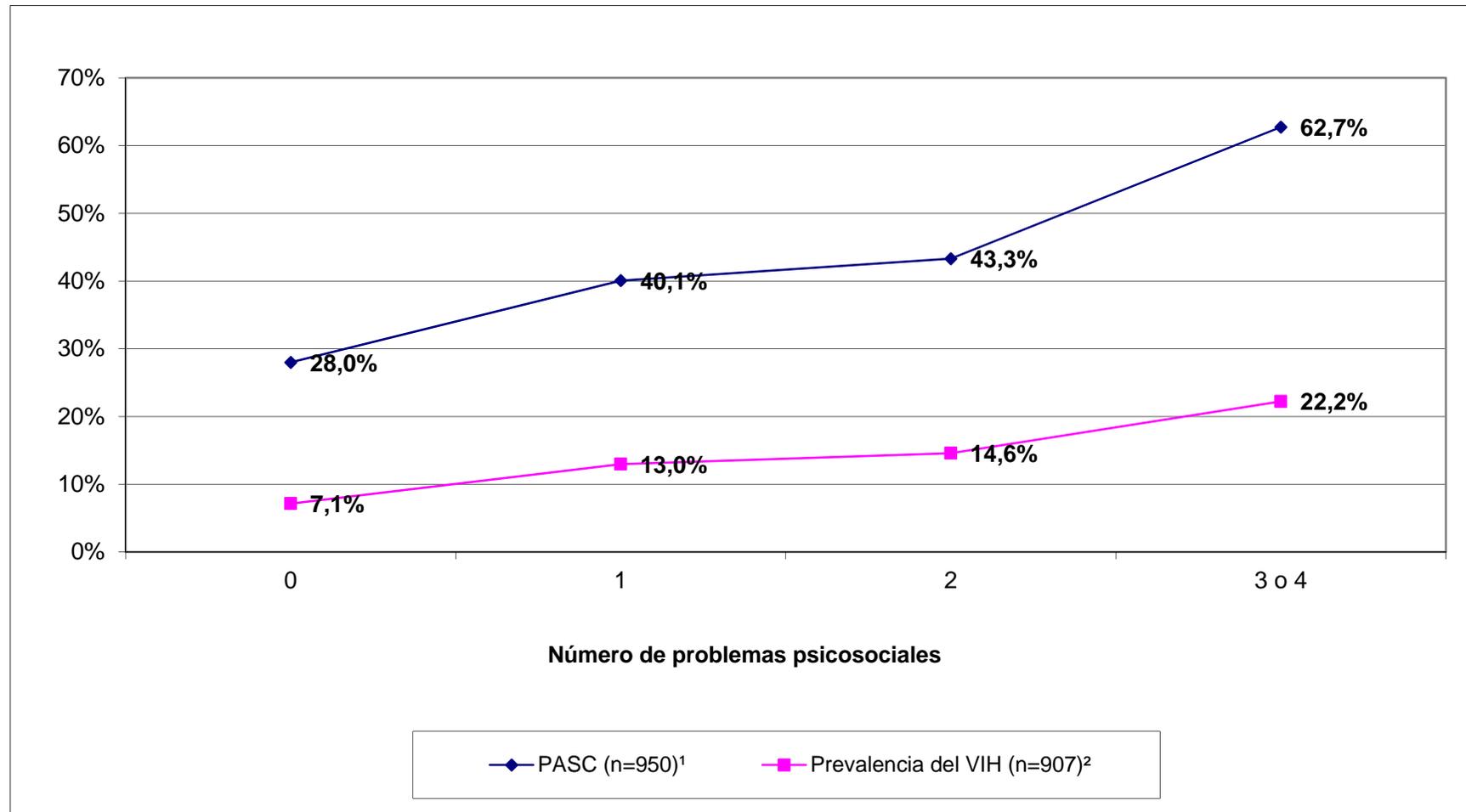
Aspectos psico-sociales



Factores asociados a la PASC con parejas sexuales ocasionales



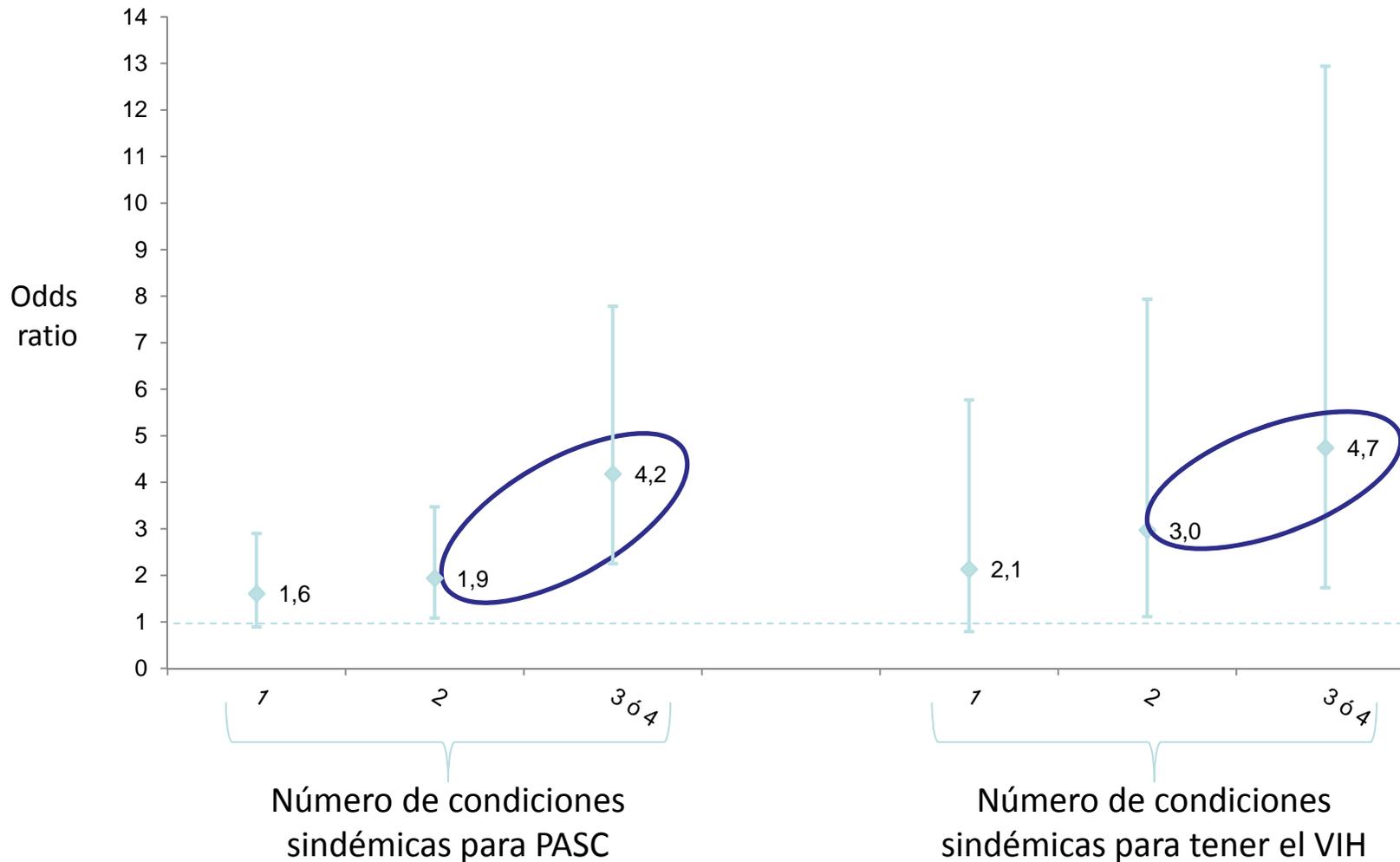
Número de problemas psicosociales según riesgo sexual y prevalencia del VIH



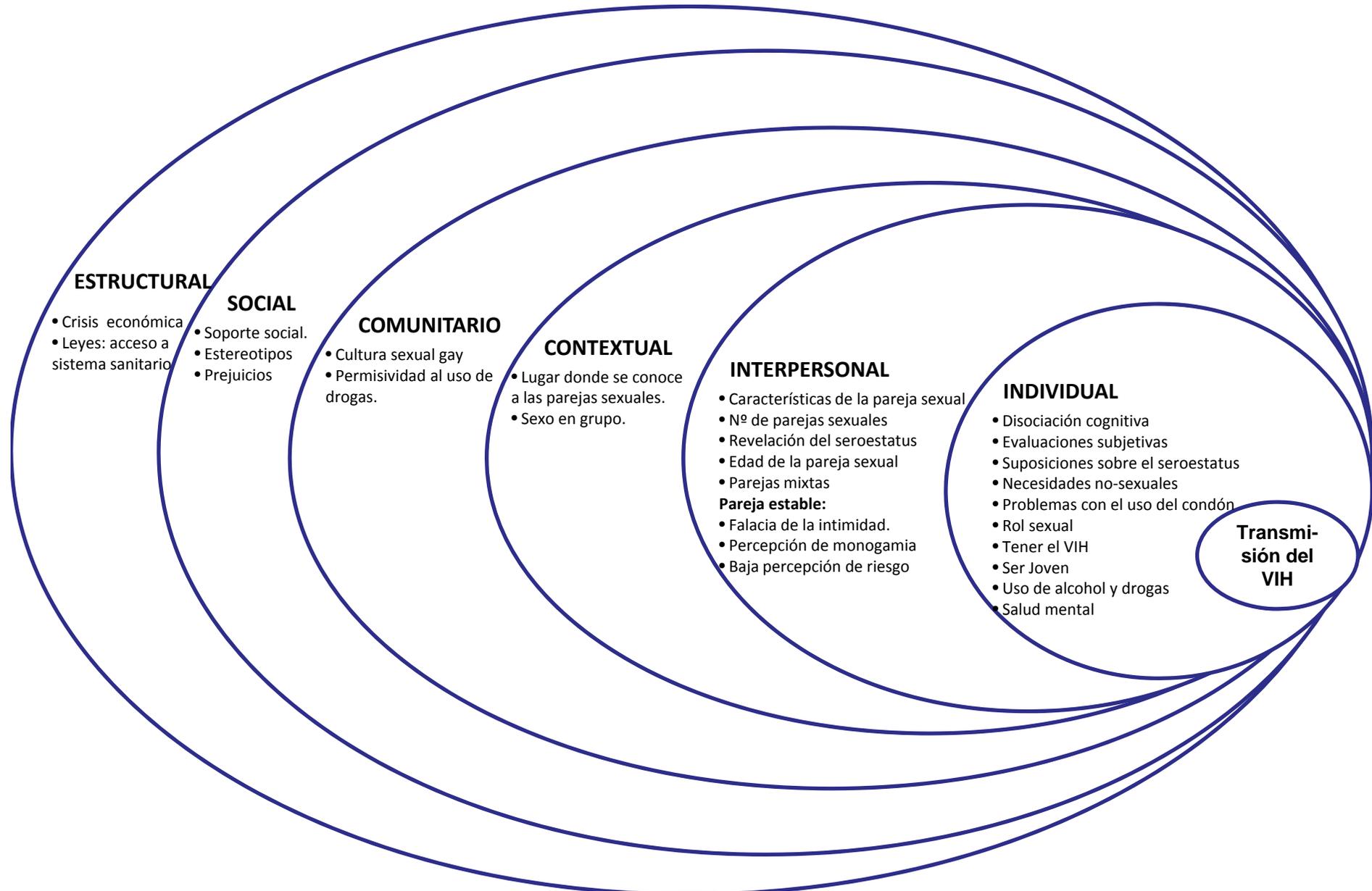
¹ Penetración anal sin condón entre quienes tuvieron parejas ocasionales y penetración anal en los últimos 12 meses.

² Entre los que se habían hecho alguna vez la prueba del VIH.

Efecto del número de condiciones sindémicas sobre la PASC y la prevalencia del VIH



MODELO CONCEPTUAL SOBRE LA VULNERABILIDAD DE LOS HSH



- *A ver, si yo tengo una relación con seis, yo a los seis no voy hacer sin condón, habrá uno que esté más a gusto, ¿me entiendes?*

P: *¿Qué tipo de persona tenía que ser...?*

En el sentido de que... como se dice vulgarmente, el “servicio” esté bien...

P: *¿A qué te refieres?*

Al servicio, es decir, besos, caricias y todo ese tipo de cosas. Porque algunos de que ya te penetran y listo y adiós, adiós; y eso a mí no me va, no estoy a gusto ¿me entiendes?

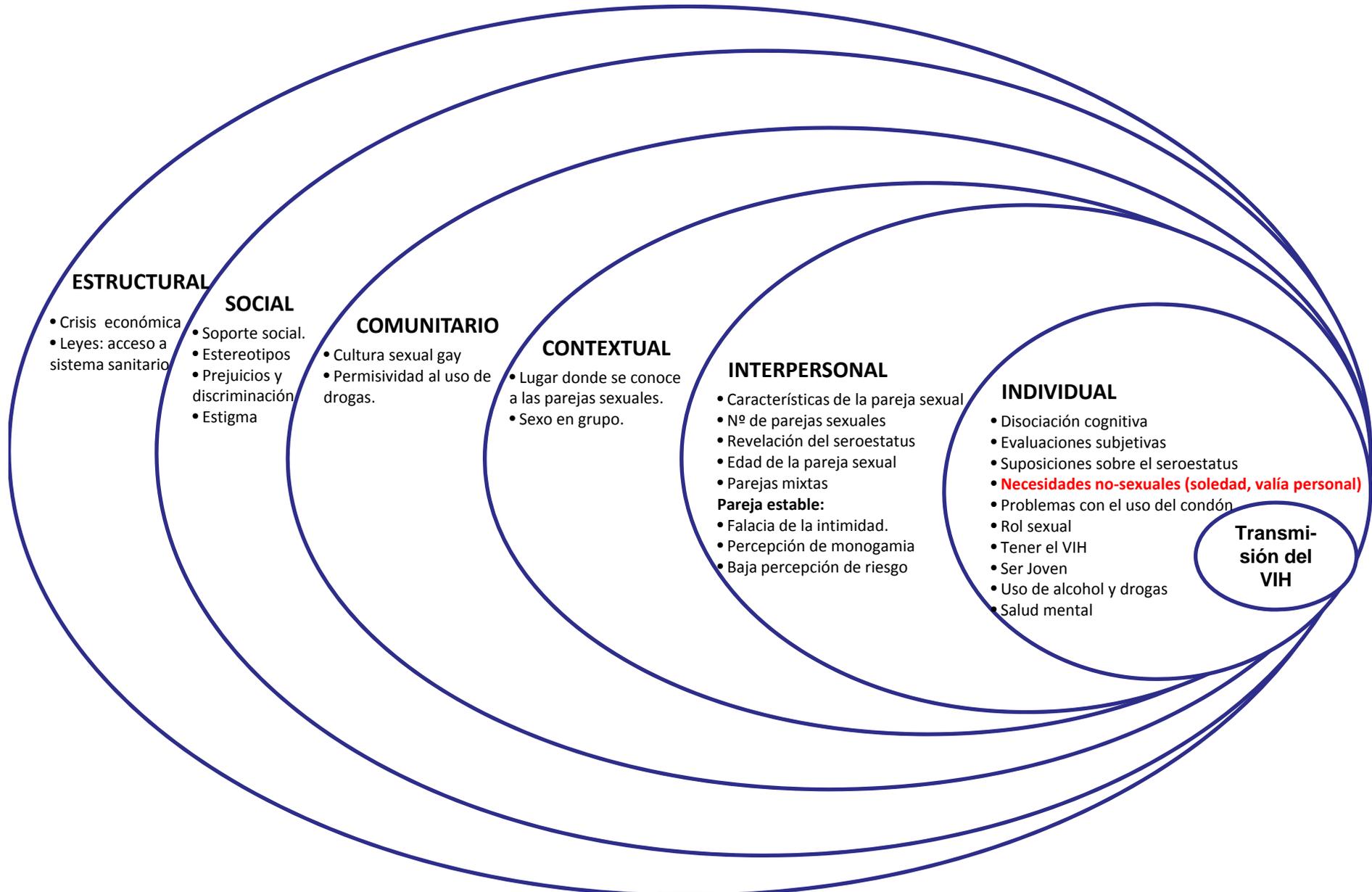
P: *¿Tú que buscas en el sexo?*

Yo busco en el sexo cariño, a ver, yo para estar a gusto en el sexo, a mi me gusta que un hombre.... haiga [sic] caricias, haiga besos, así una penetración, yo no estoy a gusto, no estoy a gusto.

P: *Cuando hay eso, cuando hay un hombre que te besa, que te acaricia...*

Entonces yo me suelto y lo disfruto. ENT-24, 46 años, Perú, VIH-positivo, TD: 1 año.

MODELO CONCEPTUAL SOBRE LA VULNERABILIDAD DE LOS HSH

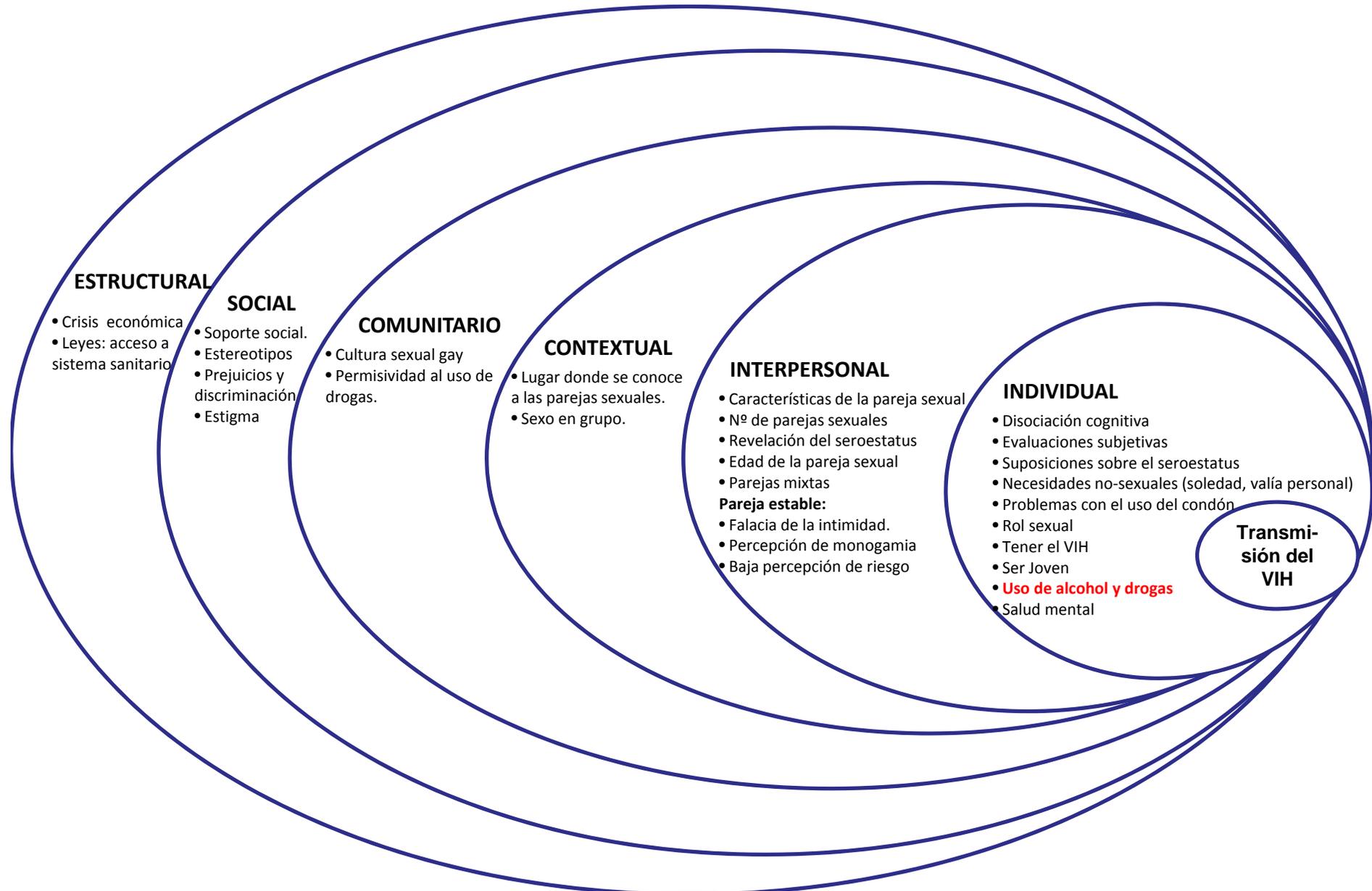


- *Para disfrutar más, pero ya lo he dejado ya.*

P: *¿Ya no lo utilizas?*

A raíz de esto [de su infección], de a poco voy a dejar de usarlo, si lo uso pero un poco menos porque la doctora me dijo, de que lo deje. Porque yo le dije que usaba esto, `¿le suena?`, y me dice: `sí, pero te recomiendo que lo dejes`, porque sé que es una droga, sí, y ya lo dejaré ya, sí lo dejaré. ¿Cuándo?, no sé, pero otro tipo de droga, no, nada de nada. ENT-24, 46 años, Perú, VIH-positivo, TD: 1 año.

MODELO CONCEPTUAL SOBRE LA VULNERABILIDAD DE LOS HSH

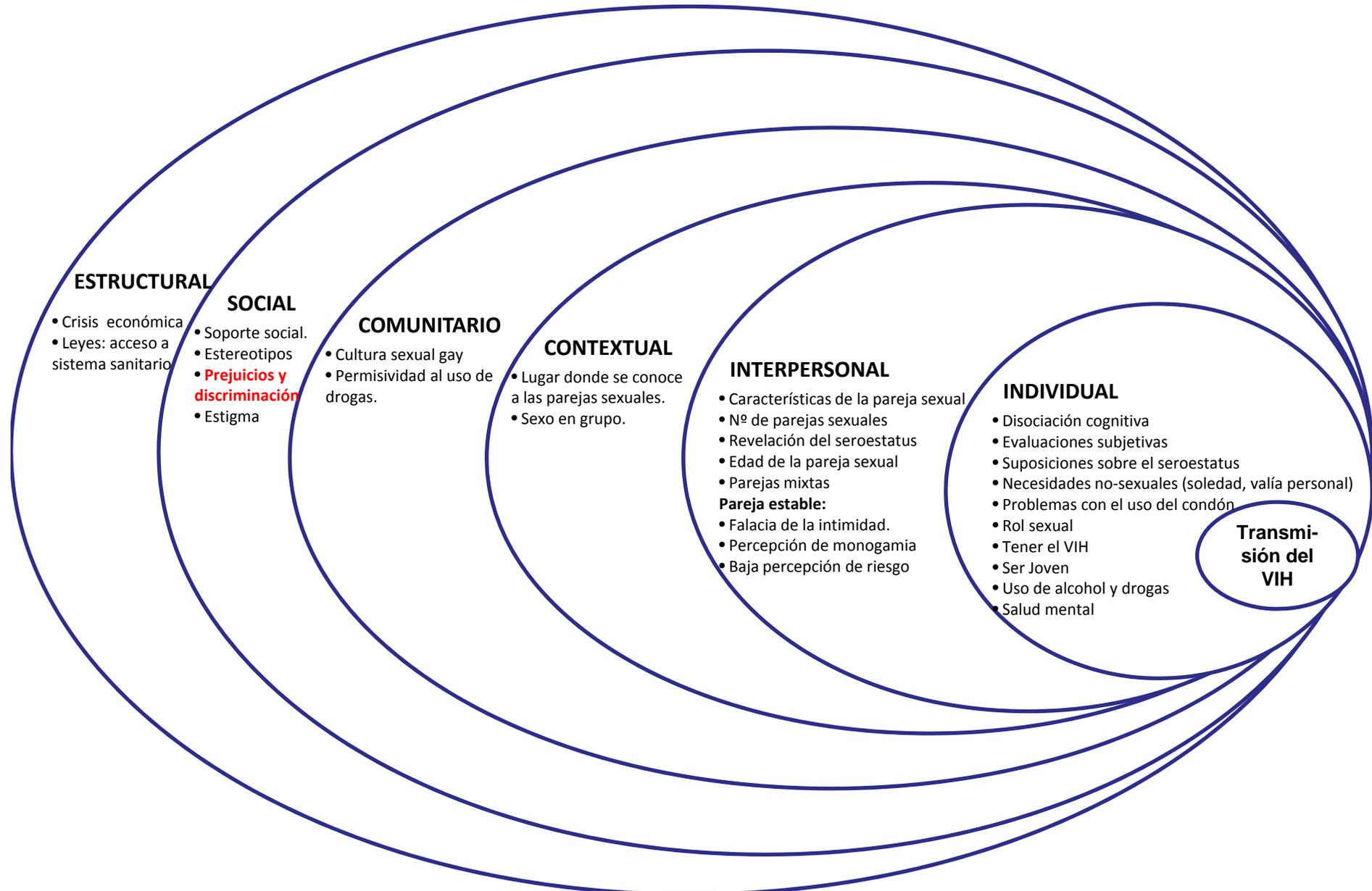


- *El típico "sudaca", "indio", que te humillan, te sobajan.*

P: *¿Pero en qué situaciones?*

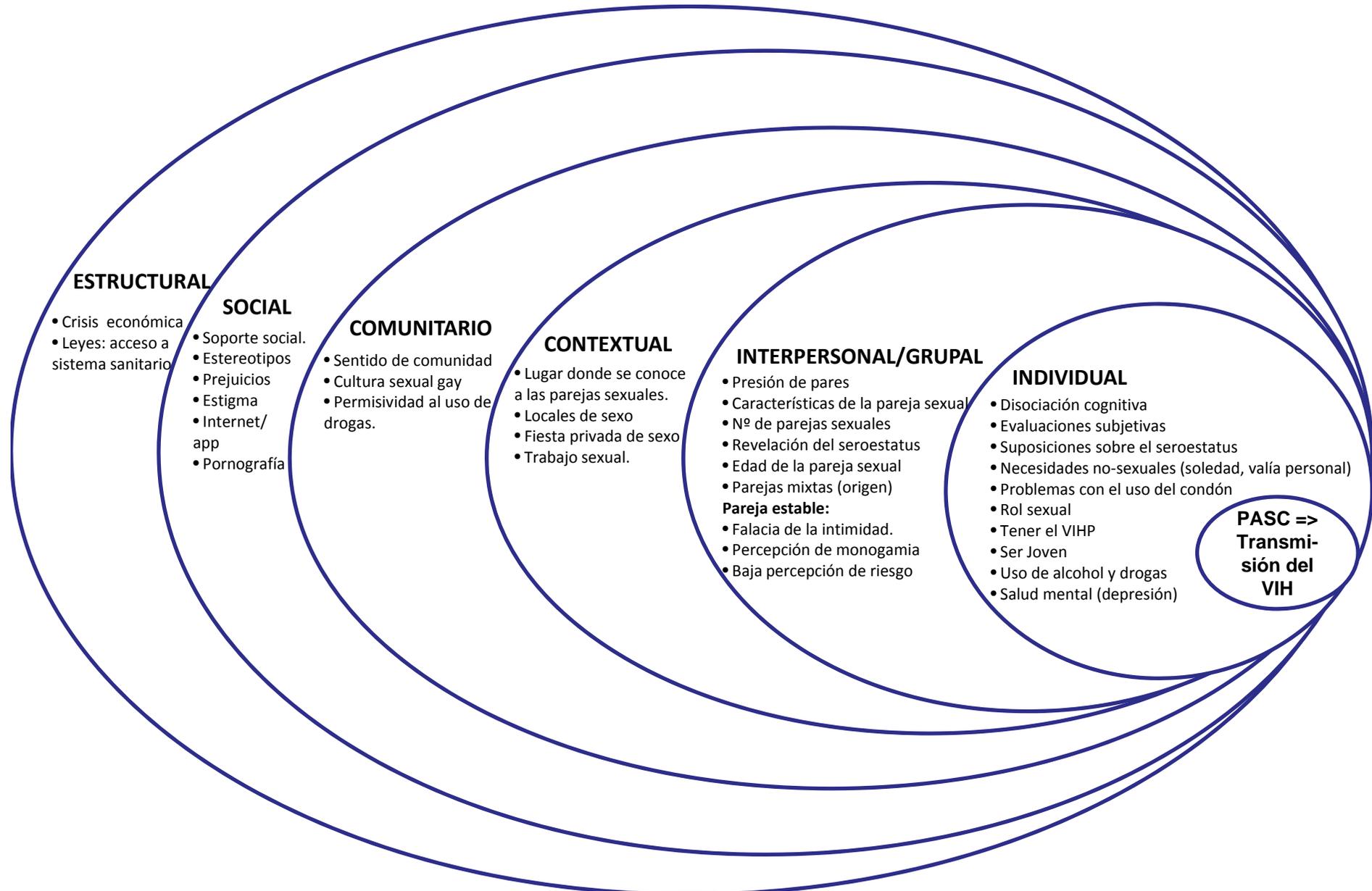
En el trabajo en el... que te digo, en el Metro que se sientan a tu lado y se levantan, ¿me entiendes?, ó "lárgate a tu puto país", eso sí me lo han dicho. ENT-24, 46 años, Perú, VIH-positivo, TD: 1 año.

MODELO CONCEPTUAL SOBRE LA VULNERABILIDAD DE LOS HSH



- *Me dolió en su momento, una vez de que sacaron todas sus cosas del lavado, todos sus cepillos de dientes. ENT-24, 46 años, Perú, VIH-positivo, TD: 1 año.*

MODELO CONCEPTUAL SOBRE LA VULNERABILIDAD DE LOS HSH



RESILIENCIA

- *Me lo dijeron, lo acepté, sí hubo lágrimas, no te lo voy a negar, en mis cuatro paredes sí hubo lágrimas pero dije adelante, porque esto no va acabar... y me quiero más con lo que tengo y con lo que soy, estoy muy a gusto así, con mi cuerpo, no seré un buen chico, un buen cuerpo no, pero me quiero así tal como soy, hasta ahorita lo digo. ENT-24, 46 años, Perú, VIH-positivo, TD: 1 año.*

Limitaciones

- No fue un estudio diseñado para estudiar las sindemias.
- Ninguna medida cuantitativa sobre aculturación y otras variables psicosociales.
- Inexistente bibliografía sobre HLSH en Europa (incluida España).



CONCLUSIONES

- Ciertas condiciones sindémicas pueden estar interviniendo conjuntamente en el mayor riesgo de infección.
- Se ha comprobado que el efecto aditivo de cada condición eleva este riesgo, y la presencia de dos o más condiciones determinan una mayor carga en su vulnerabilidad.
- La investigación y la prevención del VIH debe abordar las sindemias en colectivos vulnerables.
- Esta es una primera aproximación a la aplicabilidad de la teoría de la sindemia que necesita ser profundizada con posteriores análisis y por otros estudios.
- Ninguna intervención en prevención será efectiva si no se apunta a mirar los diferentes niveles ecológicos en los que está inserta la persona.



¡MUCHAS GRACIAS!

