



¿En qué ha fallado la prevención del VIH en los hombres gais y otros HSH en España?

Dr. Percy Fernández Dávila

Área de Investigación

Stop Sida

¿Dónde está el fallo?



Acciones dirigidas hacia la población

Problemas de fondo

Lo que se ha hecho...

- Mensaje único “usa el condón siempre” se ha agotado.
- Enfoque de riesgo (cualquier práctica, cualquier pareja y cualquier espacio).
- Desconocimiento del colectivo gay (p.e. cultura sexual).
- Trabajo poco riguroso (p.e. elaboración de materiales).



EL SIDA NO ES ALGO DEL PASADO TENLO PRESENTE

Aproximadamente uno de cada diez HSH tiene el VIH, y uno de cada tres no lo sabe.

Si tienes dudas, hazte la prueba.

Lo que se ha hecho...

- Mensaje único “usa el condón siempre” se ha agotado.
- Enfoque de riesgo (cualquier práctica, cualquier pareja y cualquier espacio).
- Desconocimiento del colectivo gay.
- Trabajo poco riguroso (p.e. elaboración de materiales).
- Traslado incompleto de información epidemiológica a los agentes de prevención (drogas => PASC, ¿y?).
- Dificultad para integrar resultados de investigación en la prevención.
- Débil capacidad de los organismos dedicados a la prevención para trasladar los datos epidemiológicos en intervenciones de prevención.

Barreras, incoherencias...

- La política del PNS: subvenciones (calendario, reparto), plan de acción...
- Poca determinación política para hacer cambios.
- ¿El discurso de cierto activismo se contrapone con la prevención?

RIGHTS MATTER: Structural Interventions and Vulnerable Communities

Dennis Altman

that most people do not necessarily accept the terms of the HIV world and that they may be reached through other approaches — for example, through outreach to women or to street children or to unemployed youth.

The fear of stigmatizing homosexual men by linking them too closely to HIV, which was a concern for some gay men in the early stages of the epidemic, has been replaced by a frightening silence, whereby most national and international organizations working on HIV/AIDS are unwilling to even acknowledge homosexuality. In Japan, there is much talk of “young people” at risk of HIV, but little acknowledgment that many of these are young homosexual men. To always speak of HIV transmission through heterosexual intercourse without recognizing that many men will engage in sex with each other is to send the very dangerous message that homosexual intercourse is without risk. The Hong Kong Advisory Council on AIDS has recognized the



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Original

Conductas sexuales de alto riesgo en hombres que tienen relaciones sexuales con hombres según tipo de pareja sexual



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RESUMEN

Objetivo: Identificar los factores asociados a las prácticas sexuales de alto riesgo en hombres que tienen relaciones sexuales con hombres (HSH) en España.

Métodos: Encuesta online realizada en 2010 sobre conductas sexuales y necesidades de prevención del VIH/ITS, entre otros. La práctica de la penetración anal no protegida (PANP) con parejas con estado serológico al VIH desconocido o discordante en el último año se consideró como de alto riesgo.

Resultados: De los 13.111 participantes, el 49,4% habían tenido relaciones sexuales con parejas estables (PE) y el 73,4% con parejas ocasionales (PO) en los últimos 12 meses, siendo la PANP de alto riesgo del 25,4 y el 29,4%, respectivamente. Entre los factores asociados a la PANP de alto riesgo con PE destacaron: residir en poblaciones < 500.000 habitantes (OR = 1,42 < 100.000 habitantes), declarar que casi nadie de su entorno conocía su orientación sexual (OR = 1,42) y ser VIH positivo con carga viral indetectable siempre que se presentara un nivel de conocimientos sobre el VIH/ITS elevado (OR = 3,18). Con las PO destacaron: un mayor número de parejas (OR = 4,31 > 50 parejas), haber consumido drogas para sexo (OR = 1,33) y drogas de ocio (OR = 1,19), presentar un nivel de conocimientos sobre el VIH/ITS medio (OR = 1,82) o bajo (OR = 1,33), y ser VIH positivo (OR = 1,56).

Conclusiones: Entre los HSH la prevalencia de conductas sexuales de alto riesgo es alta, tanto con la PE como con las PO. Los factores asociados a la PANP de alto riesgo varían según el tipo de pareja sexual (p. ej. tener el VIH con una carga viral indetectable), factores que tienen que considerarse para plantear estrategias de prevención primaria y secundaria.

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¿Es apropiado seguir hablando de “riesgo”?



“Any condomless anal intercourse” is no longer an accurate measure of HIV sexual risk behavior in gay and other men who have sex with men

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Background: Condomless anal intercourse (CLAI) has long been recognized as the primary mode of sexual transmission of HIV in gay and other men who have sex with men (MSM). A variety of measures of CLAI have been commonly used in behavioral surveillance for HIV risk and to forecast trends in HIV infection. However, gay and other MSM's sexual practices changed as the understanding of disease and treatment options advance. In the present paper, we argue that summary measures such as “any CLAI” do not accurately measure HIV sexual risk behavior.

Methods: Participants were 1,427 HIV-negative men from the Health in Men cohort study run from 2001 to 2007 in Sydney, Australia, with six-monthly interviews. At each interview, detailed quantitative data on the number of episodes of insertive and receptive CLAI in the last 6 months were collected, separated by partner type (regular vs. casual) and partners' HIV status (negative, positive, and HIV status unknown).

Results: A total of 228,064 episodes of CLAI were reported during the study period with a mean of 44 episodes per year per participant (median: 14). The great majority of CLAI episodes were with a regular partner (92.6%), most of them with HIV-negative regular partners (84.8%). Participants were more likely to engage in insertive CLAI with casual than with regular partners (66.7 vs. 55.3% of all acts of CLAI with each partner type, $p < 0.001$). Men were more likely to report CLAI in the receptive position with HIV-negative and HIV status unknown partners than with HIV-positive partners ($p < 0.001$ for both regular and casual partners).

Conclusion: Gay and other MSM engaging in CLAI demonstrate clear patterns of HIV risk reduction behavior. As HIV prevention enters the era of antiretroviral-based biomedical approach, using all forms of CLAI indiscriminately as a measure of HIV behavioral risk is not helpful in understanding the current drivers of HIV transmission in the community.

Keywords: condomless anal intercourse, HIV risk, homosexuality, male, cohort study, Australia

Nuevo paradigma sobre el “sexo no seguro”

Table 1. Definitions of when unprotected anal intercourse (UAI) is considered unsafe sex (US) according to the conventional, and the new paradigm, by respondent's and partners' HIV-status and by steady/casual partners. Changes in definition are marked in purple

	HIV-negative respondent		HIV-positive respondent NOT with low VL		HIV-positive respondent with low VL		Respondent's HIV-status unknown	
	Conventional	New paradigm	Conventional	New paradigm	Conventional	New paradigm	Conventional	New paradigm
Steady HIV-negative partner	Non-US	Non-US	US	US	US	Non-US	US	US
Casual HIV-negative partner	Non-US	US	US	US	US	Non-US	US	US
Steady HIV-positive partner	US	US *)	Non-US	Non-US	Non-US	Non-US	US	US*)
Casual HIV-positive partner	US	US	Non-US	US**)	Non-US	Non-US	US	US
Partner with unknown HIV-status	US	US	US	US	US	Non-US	US	US

*) In theory it would be Non-US in case the HIV-positive partner had low VL, but this was not reported in the survey

***) In theory it would be NON-US in case the casual partner disclosed positive HIV-status

Barreras, incoherencias...

- La política del PNS: subvenciones (calendario, reparto), plan de acción...
- Poca determinación política para hacer cambios.
- ¿El discurso de cierto activismo se contrapone con la prevención?
- Incoherencia del discurso de algunos activistas.

El PrEP, tractament preventiu del VIH arriba a Europa

hoy - 1:36



+ A la meua llista

★ Als meus
favorits

✉ Enviar

f Recomendar 33

🐦 Twittear

50.000 catalans són seropositius i més del 80% dels nous casos de VIH es produeixen entre el col·lectiu homosexual. Als Estats Units, els grups d'alt risc ja utilitzen oficialment antiretrovirals com a una altra mesura més de prevenció, i amb bons resultats. Un debat que ara s'obre a Europa.

The current state of play of research on the social, political and legal dimensions of HIV

O estado atual da pesquisa sobre as dimensões sociais, políticas e legais do HIV

Estado actual de la investigación sobre las dimensiones sociales, políticas y legales del VIH

Vera Paiva ¹
Laura Ferguson ²
Peter Aggleton ³
Purnima Mane ⁴
Angela Kelly-Hanku ^{5,6}
Le Minh Giang ⁷
Regina M. Barbosa ⁸
Carlos F. Caceres ⁹
Richard Parker ¹⁰

However, consensus on how to mitigate the disproportional HIV burden experienced by key populations was often challenged by misunderstandings and distortions. One clear example of this was the media coverage relating to pre-exposure prophylaxis (PrEP). WHO issued a strong recommendation to include PrEP as an HIV prevention strategy for MSM, which the media distorted in ways that reproduced discriminatory stereotypes. Media reports gave no recognition to the diverse levels of risk that may exist within this population group, and that may make PrEP unnecessary for many MSM, suggesting a return to notions of uniform “risk groups” that have long been abandoned in HIV prevention and research. Such misunderstanding highlighted the fact that even in an era of major biomedical advance, no new approach to prevention or treatment can be rolled out successfully without taking into account social and political circumstances and their consequences ³. Such an understanding informs the perspectives on major track D themes, offered below.

Perspective

HIV Preexposure Prophylaxis in the Real World

According to evolving guidelines, candidates for HIV preexposure prophylaxis (PrEP) include HIV-uninfected men who have sex with men who engage in condomless anal intercourse, individuals in HIV-serodifferent sexual relationships, those with frequent anogenital sexually transmitted infections, and those who have received repeated nonoccupational postexposure prophylaxis treatment courses. In the real-world setting, indications for PrEP and management of PrEP candidates and patients may be less than clear-cut. Factors to be considered when assessing candidacy for PrEP and maximizing efficacy of treatment are discussed. This article summarizes a presentation by Demetre C. Daskalakis, MD, MPH, at the IAS–USA continuing education program held in Los Angeles, California, in April 2014.

Keywords: HIV, risk behavior, serodiscordant, serodifferent, preexposure prophylaxis, PrEP, tenofovir, emtricitabine

Preexposure prophylaxis (PrEP) for HIV is not intended as a lifelong intervention, but rather a temporary method of increasing the chances of prevention of HIV acquisition during phases of increased high-risk behaviors. Although guidelines vary, no-

Case 1: Continued Exposures

Patient 1 is a 27-year-old man who visits his primary care practitioner to discuss his risk for HIV infection. He states that he engages in behaviors that place him at high risk for acquisition

2 months ago and rectal gonorrhea a few weeks before that. The patient asks his physician about the possibility of starting PrEP. He has heard in the news that there is a daily pill that could lower his risk for HIV infection. The physician must consider whether this patient is a candidate for PrEP.

Patient 1 meets several PrEP candidacy criteria, including the recent diagnosis of more than 1 anogenital STI. Studies in San Francisco, California, have shown that risk of HIV infection increases 8-fold for MSM with 2 prior rectal chlamydial or gonococcal infections and that the annual incidence of HIV infection was 15 per 100 person-years among MSM with an average of 1 rectal infection per year.² Studies in New York City indicate an annual HIV infection incidence of 6.7% in MSM diagnosed with rectal STIs compared with 2.5% in MSM who did not have rectal STIs.³

BRIEF REPORT

Demographic Differences in PrEP-Related Stereotypes: Implications for Implementation

Sarit. A. Golub^{1,2} · Kristi E. Gamarel^{2,3} · Anthony Surace²

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Abstract Qualitative interviews about pre-exposure prophylaxis (PrEP) stereotypes were conducted with a subsample of 160 MSM who participated in a PrEP messaging study. **Negative stereotypes about PrEP users were identified by 80 % of participants.** Two types of stereotypes were most common: **PrEP users are HIV-infected** (and lying about it), and **PrEP users are promiscuous and resistant to condom use.** Participants' identification of these stereotype categories differed significantly by demographic factors (i.e., race/ethnicity, education). Expanding access to PrEP requires recognizing potential differences in the experience or anticipation of PrEP-related stereotypes that might impact willingness to discuss PrEP with providers, friends, or partners.

Keywords Pre-exposure prophylaxis · Stereotypes · MSM · HIV prevention

FDA approved in 2012; however, the uptake of PrEP outside of clinical trials and demonstration projects is still low overall [1, 2]. There has been concern that PrEP may be primarily taken up in clinical practice by the so-called “worried well,” individuals with higher socioeconomic status and greater connection to health care, and who are already protecting themselves in other ways, rather than reaching those at highest risk [3].

One potential barrier to PrEP use among potential candidates is PrEP-related stereotypes, (i.e., real or anticipated negative evaluative judgments of a person who decides to use PrEP). Awareness of PrEP-related stereotypes from peers has been reported by participants in PrEP demonstration projects and is considered a barrier to uptake and retention in PrEP programs [4, 5]. Internationally, participants in PrEP trials have cited stereotype-related concerns as barriers to adherence [6, 7]. Despite calls for combating PrEP stereotypes in social marketing and education for high-risk men who have

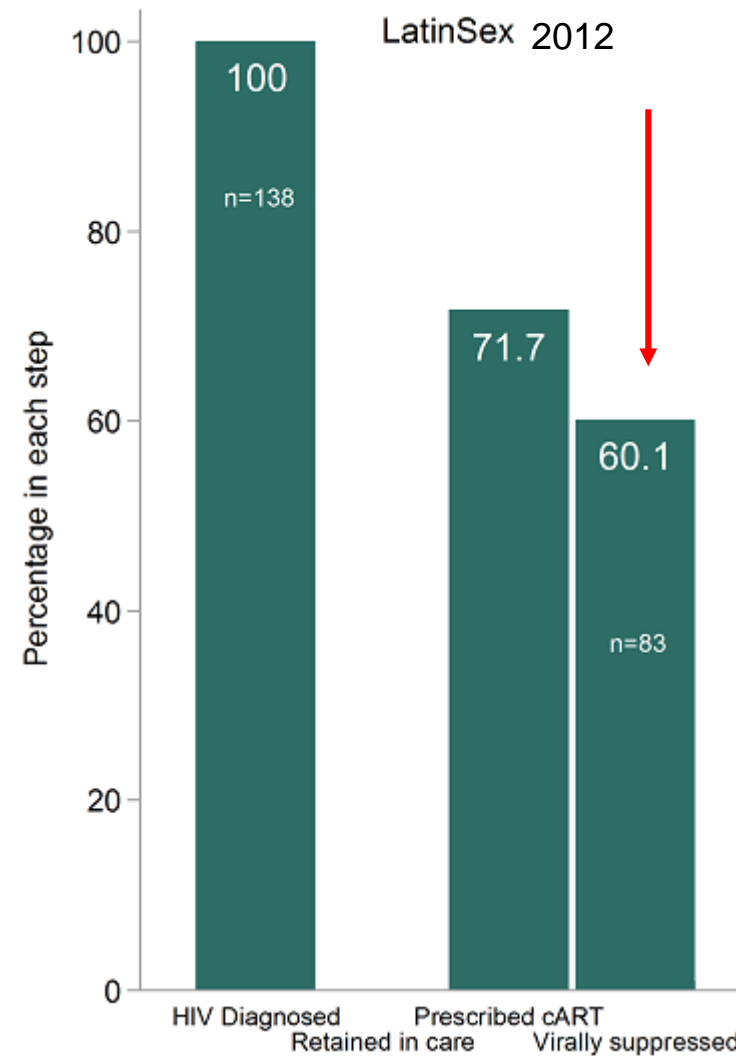
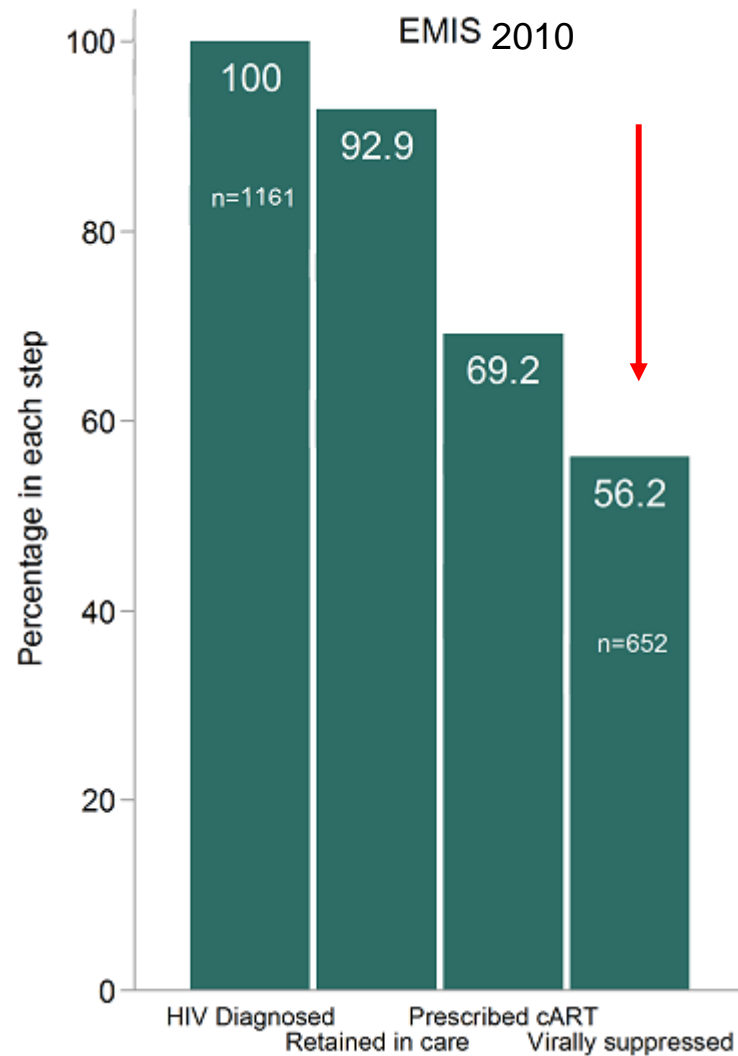
Barreras, incoherencias...

- La política del PNS: subvenciones (calendario, reparto), plan de acción...
- Poca determinación política para hacer cambios.
- ¿El discurso de cierto activismo se contrapone con la prevención?
- Incoherencia del discurso de algunos activistas.
- Politización de la prevención (intereses creados -¿PrEp?-, ámbitos que no me competen).

Lo que NO o muy poco se ha hecho...

- Muy poca atención a las necesidades de prevención de los HSH VIH-positivos.

Cascada de 2 estudios con HSH



Lo que NO o muy poco se ha hecho...

- Muy poca atención a las necesidades de prevención de los HSH VIH-positivos.
- Dificultad para incluir “novedosas” tecnologías o estrategias de prevención.

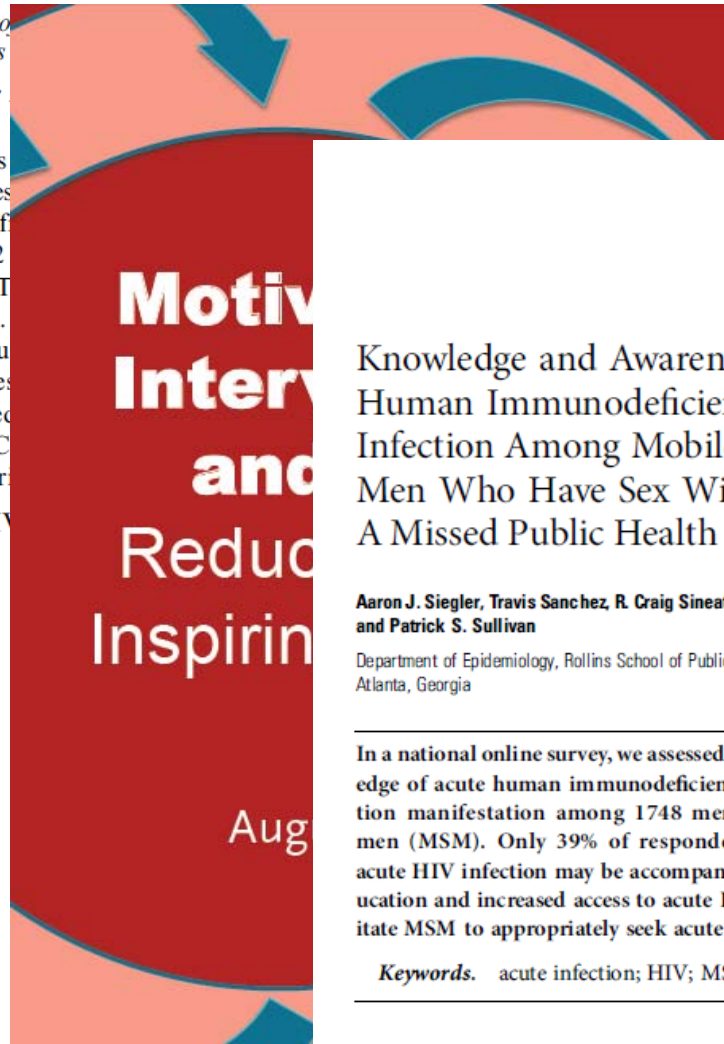
Willingness to use couples voluntary counseling and testing services among men who have sex with men in seven countries

Rob Stephenson^{a*}, Anna Chard^a, Catherine Finneran^a and Patrick Sullivan^b

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The willingness to use couples voluntary counseling and testing (CVCT) services among men who have sex with men (MSM) were collected from seven countries in the previous 12 months. The willingness to utilize CVCT. The willingness to utilize CVCT was 90% in Brazil. The willingness to use CVCT across countries. Further work is required to examine how CVCT can be locally appropriate.

Keywords: HIV; MSM; couples voluntary counseling and testing (CVCT); men who have sex with men (MSM); willingness to use CVCT



BRIEF REPORT

Knowledge and Awareness of Acute Human Immunodeficiency Virus Infection Among Mobile App-Using Men Who Have Sex With Men: A Missed Public Health Opportunity

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In a national online survey, we assessed awareness and knowledge of acute human immunodeficiency virus (HIV) infection manifestation among 1748 men who have sex with men (MSM). Only 39% of respondents were aware that acute HIV infection may be accompanied by symptoms. Education and increased access to acute HIV testing may facilitate MSM to appropriately seek acute HIV testing.

Keywords. acute infection; HIV; MSM.

More than one million people in the United States are infected with human immunodeficiency virus (HIV), and approximately

testing and entry into care. After acute infection resolves, people may live with asymptomatic HIV infection for years to decades.

Opportunities to bring those with acute HIV infection into care are valuable for the clinical benefit to the individual and the HIV prevention benefit to the public. Initiation of antiretroviral therapy (ART) during acute HIV infection has been associated with enhanced clinical outcomes including improved likelihood of recovery of CD4⁺ T-cell counts [5], normalization of CD4/CD8 ratio [6], and reduction, but not prevention, of the latent HIV reservoir [7, 8]. Beyond the potential clinical benefits of ART initiation during acute infection, there are extensive clinical benefits for those who avoid late entry into care [9]. A substantial number of men are not tested sufficiently frequently to avoid late HIV diagnosis. For MSM diagnosed with HIV in 2011, half (10 654 of 21 005) developed acquired immune deficiency syndrome within 12 months [10].

Antiretroviral therapy-mediated viral suppression also has prevention value for heterosexuals and MSM by reducing the likelihood of HIV transmission for vaginal and anal sex; based on 374 years of HIV serodiscordant couples anal-sex follow-up in which the positive partner maintained viral suppression, the PARTNER study's best estimate was a zero HIV transmission rate [11]. Moreover, identifying cases in the acute phase may have further prevention benefit, because viral load

Lo que NO o muy poco se ha hecho...

- Muy poca atención a las necesidades de prevención de los HSH VIH-positivos.
- Dificultad para incluir “novedosas” tecnologías o estrategias de prevención.
- No atender aspectos “triviales” de la sexualidad gay.

The Influence of Sexual Orientation and Sexual Role on Male Grooming-Related Injuries and Infections

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ABSTRACT

Aim. Pubic hair grooming is a common practice in the United States and coincides with prevalence of grooming-related injuries. Men who have sex with men (MSM) groom more frequently than men who have sex with women (MSW). We aim to characterize the influence of sexual orientation and sexual role on grooming behavior, injuries, and infections in men in the United States.

Methods. We conducted a nationally representative survey of noninstitutionalized adults aged 18–65 residing in the United States. We examined the prevalence and risk factors of injuries and infections that occur as a result of personal grooming.

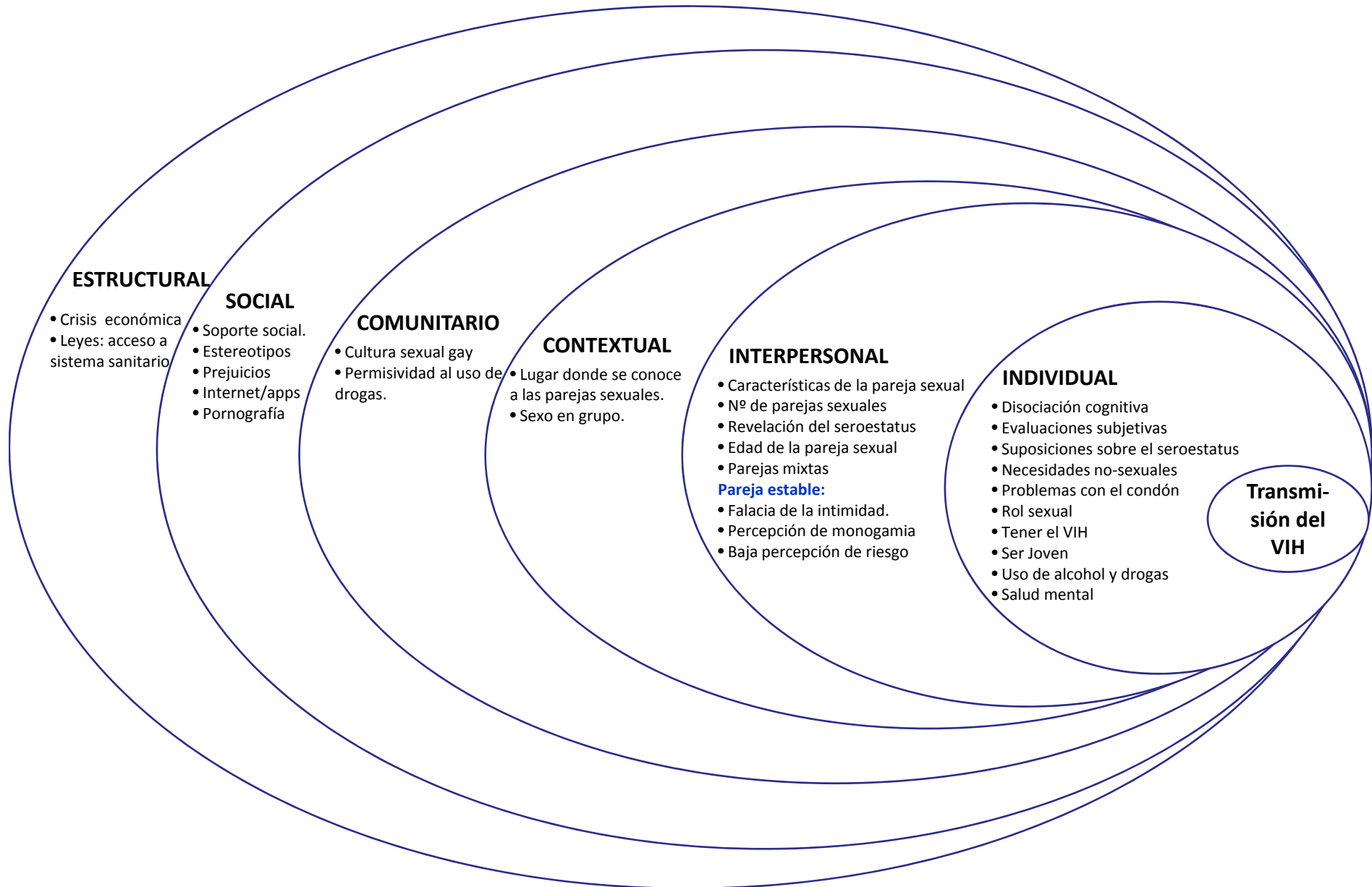
Results. Of the 4,062 men who completed the survey, 3,176 (78.2%) report having sex with only women (MSW), 198 (4.9%) report sex with men (MSM), and 688 (16.9%) report not being sexually active. MSM are more likely to groom (42.5% vs. 29.0%, $P < 0.001$) and groom more around the anus, scrotum, and penile shaft compared with MSW. MSM receptive partners groom more often (50.9% vs. 26.9%, $P = 0.005$) and groom more for sex (85.3% vs. 51.9%, $P < 0.001$) compared with MSM insertive partners. MSM report more injuries to the anus (7.0% vs. 1.0%, $P < 0.001$), more grooming-related infections (7.0% vs. 1.0%, $P < 0.001$) and abscesses (8.8% vs. 2.5%, $P = 0.010$), as well as lifetime sexually transmitted infections (STIs) (1.65 vs. 1.45, $P = 0.038$) compared with MSW. More receptive partners report grooming at the time of their STI infection (52.2% vs. 14.3%, $P < 0.001$) compared with insertive partners.

Conclusions. Sexual orientation, and in particular sexual role, may influence male grooming behavior and impact grooming-related injuries and infections. Anogenital grooming may put one at risk for an STI. Healthcare providers should be aware of different grooming practices in order to better educate safe depilatory practices (i.e., the use of electric razors for anogenital grooming) in patients of all sexual orientations. Gaither TW, Truesdale M, Harris CR, Alwaal A, Shindel AW, Allen IE, and Breyer BN. The influence of sexual orientation and sexual role on male grooming-related injuries and infections. *J Sex Med* 2015;12:631–640.

Lo que NO o muy poco se ha hecho...

- Muy poca atención a las necesidades de prevención de los HSH VIH-positivos.
- Dificultad para incluir “novedosas” tecnologías o estrategias de prevención.
- No atender aspectos “triviales” de la sexualidad gay.
- Pocos esfuerzos para incluir a la comunidad y hacerla participe de la prevención del VIH.
- No entender integral u holísticamente los factores asociados al riesgo de infección por el VIH.

MODELO CONCEPTUAL SOBRE LA VULNERABILIDAD DE LOS HSH



Psychosocial Vulnerability and HIV-Related Sexual Risk Among Men who have Sex with Men and Women in the United States

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Abenaa Acheampong · Maria R. Khan

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Abstract In the U.S., HIV is concentrated among men who have sex with men (MSM), some of whom have had female partners (MSMW). MSMW are disproportionately impacted by psychosocial vulnerabilities, like depression and substance use that increase sexually transmitted infection (STI) and HIV risk. Research on psychosocial vulnerability and HIV-related sexual risk among MSMW is warranted to reduce infection transmission among MSM and to prevent bridging to female partners. We analyzed data from Wave IV (2007–2008) of the National Longitudinal Study of Adolescent Health to assess psychosocial vulnerability and HIV risk-taking among MSMW. Using life-

depression, suicidality, substance use, and incarceration than MSW and MSMO. Compared to MSW, MSMW with current female partners had greater odds of unprotected sex, exchange sex, and STI. MSMW with male partners in the past year had greater odds of multiple or concurrent partners in the past year. HIV risk and psychosocial vulnerability factors are elevated among MSMW, a priority population for HIV risk reduction. HIV risk reduction interventions should address this and heterogeneity of sexual partnerships among MSMW.

Keywords HIV · Sexually transmitted infections ·

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Depression, Substance Use and HIV Risk in a Probability Sample of Men who Have Sex with Men

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Abstract

The persistent HIV epidemic among men who have sex with men (MSM) suggests that continued research on factors associated with risky sexual behavior is necessary. Drawing on prior literature, the role of depression and substance use in HIV risk is also inconclusive. Generalizability of past findings may also be limited to the extent that research has not employed probability samples. Here we report on one of the few probability samples of MSM to examine the role of depressive symptoms and substance use on risky sexual behavior (RSB). Multinomial logistic regression analysis suggested that depression and substance use are independently linked to our risk measure, such that those reporting high levels of depressive symptoms or substance use were more likely to report both unprotected receptive anal intercourse and unprotected insertive anal intercourse, and sex with a risky partner. Implications for prevention and treatment are discussed.

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Background/introduction In the UK, HIV transmission remains ongoing among men who have sex with men (MSM). Data on mental health and sexual behaviour is limited among MSM whose HIV-status is negative/unknown.

Aim(s)/objectives To describe the association of depressive symptoms with measures of condomless sex (CLS).

Methods AURAH (Attitudes to, and Understanding of, Risk of Acquisition of HIV) is a cross-sectional questionnaire study in 20 UK STI clinics. We included MSM recruited from May 2013–January 2014 who reported anal sex in the past three months. Depressive symptoms were defined as a PHQ-9 score ≥ 10 . We examined the association of depressive symptoms with: CLS in the past three months with (i) 2 partners (ii) discordant status partner(s) (unknown/HIV-positive) and self-reported STI diagnosis in the past year, using logistic regression.

Results Of 457 MSM included (20% non-white, mean[IQR] age 33[13]), 130 (29%), 167 (37%) and 184 (40%) reported 2 CLS partners, discordant CLS and diagnosed STI respectively. Fifty-nine men (13%) had depressive symptoms; 78% of whom were not receiving treatment for depression. Adjusting for age, non-white ethnicity, university education, having a stable partner and recruitment region, depressive symptoms were associated with 2 CLS partners [adjusted OR (95% CI): 1.83 (1.01, 3.31), $p = 0.048$], discordant CLS [2.67 (1.49, 4.77), $p = 0.001$] and diagnosed STI [2.03 (1.13, 3.63), $p = 0.017$].

Discussion/conclusion Depressive symptoms are associated with CLS and recent STI among MSM. Management of mental health may play a role in HIV/STI prevention, although causality cannot be inferred and other factors may influence both sexual behaviour and depression.

Prevalence of Psychiatric and Substance Abuse Symptomatology Among HIV-Infected Gay and Bisexual Men in HIV Primary Care.

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⊕ Author information

Abstract

BACKGROUND: The presence of psychiatric symptoms in gay/bisexual men managing HIV are underidentified and undertreated and can interfere with optimal HIV disease management. There is a paucity of prevalence reports of these symptoms in this group, identified in the primary HIV care setting. Few studies have compared prevalence rates based on empirically supported screening tools in relation to diagnoses made in primary care.

OBJECTIVE: The purpose of this study was to identify the prevalence of psychiatric symptoms and substance abuse in HIV-infected gay/bisexual men and to estimate the proportion of those who had been diagnosed within their primary medical care setting.

METHOD: Participants (n = 503) were HIV-infected gay/bisexual men screened for participation in a HIV prevention trial and completed psychosocial assessment. Data were also extracted from patients' electronic medical record.

RESULTS: More than 47% of participants met diagnostic screen-in criteria for any anxiety disorder, of whom approximately one-third were identified in primary care. More than 22% screened in for a depressive mood disorder, approximately 50% of whom had been identified in primary care. A quarter of the sample had elevated substance abuse symptoms, 19.4% of whom were identified in primary care. Of those with symptoms of alcohol abuse (19.9%), 9.0% of those were identified in primary care.

CONCLUSION: These results provide some evidence suggesting that mood, anxiety, and substance abuse symptomatology are prevalent among HIV-infected gay/bisexual men and are underidentified in primary care. Increased mental health and substance use screening integrated into HIV primary care treatment settings may help to identify more gay/bisexual men in need of treatment.

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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

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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 (HIV) p almost the num 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}

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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

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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 (Goldfried, 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

Lo que NO o muy poco se ha hecho...

- Muy poca atención a las necesidades de prevención de los HSH VIH-positivos.
- Dificultad para incluir “novedosas” tecnologías o estrategias de prevención.
- No atender aspectos “triviales” de la sexualidad gay.
- Pocos esfuerzos para incluir a la comunidad y hacerla participe de la prevención del VIH.
- No entender integral u holísticamente los factores asociados al riesgo de infección por el VIH.
- Pero también no mirar los recursos personales, las habilidades o las capacidades de los HSH para incluirlos en la prevención (resiliencia).

Resilience as a Research Framework and as a Cornerstone of Prevention Research for Gay and Bisexual Men: Theory and Evidence

Amy L. Herrick · Ron Stall · Hilary James E. Egan · Kenneth H. Mayer

AIDS Education and Prevention, 24(3), 193–205, 2012
© 2012 The Guilford Press

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Abstract This commentary presents results of a recent symposium held on resiliencies among gay and bisexual men who have sex with men, could inform HIV prevention work and present a community-based approach to public health research in this line of inquiry. The commentary on HIV prevention work would be more designed to incorporate naturally occurring factors manifest among gay male communities using interventions that are primarily used among men who continue to reside in urban areas. The commentary concludes by listing variables and constructs proposed at the symposium to be tested in theoretically-based interventions among gay and bisexual men to reduce HIV risks in this population.

RESILIENCE, SYNDEMIC FACTORS, AND SEROSORTING BEHAVIORS AMONG HIV-POSITIVE AND HIV-NEGATIVE SUBSTANCE-USING MSM

Steven P. Kurtz,
and Ronald D. S...

Serosorting is hypothesized to be a function of serosorting is a function of characteristics of infection models expressed separately by serosorting (P = .015) and cognitive escape among negative men, predicted high serosorting history (P = .015) serosorting. HIV infection than men may perceive partner change as a public health risk.



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Rupture, resilience, and risk: Relationships between mental health and migration among gay-identified men in North America

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ABSTRACT

An established body of research in psychology, psychiatry and epidemiology links social stigma and stress with poor mental and sexual health outcomes among gay-identified men. Less work considers how these linkages are mediated by place and almost none considers the role of movement across places. This qualitative study, based on the migration narratives of 48 gay-identified men living in Ottawa, Ontario, Canada, and Washington, D.C., U.S.A. gives more careful consideration to the ways in which mental and emotional health issues (e.g., anxiety, depression, substance use) in this population both precipitate migration and stem from migration. The narratives show that decisions to migrate often emerge from men's experiences of place-based minority stress and associated health outcomes. At the same time, moving to urban gay communities, when coupled with other life circumstances, can create or reinforce physical and emotional insecurities that lead to low self-esteem, substance use and sexual risk-taking.

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Conclusiones

- La actual tendencia de la infección por el VIH entre los HSH revela “fallos” en los que están implicados diferentes actores.
- La aparición del VIH y la desproporcionada carga que tiene entre los HSH ha desvelado una serie de aspectos psicosociales a los que casi no se ha prestado mucha atención y que se mantendrán aún cuando el VIH deje de ser un problema de salud pública.



¡MUCHAS GRACIAS!

