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# Men who have sex with men

## A management approach for GPs

### BACKGROUND

At least one in 20 Australian men report sexual contact with another man in their lifetime. Men who have sex with other men have higher rates of sexually transmitted infections, and are more likely to experience mental health problems and use recreational drugs and alcohol.

### OBJECTIVE

This article describes the health problems and sexual behaviour of men who have sex with men and provides an outline and an approach to discussing sexuality in general practice.

### DISCUSSION

Sexuality can be difficult to discuss in general practice. A nonjudgmental approach to men who have sex with men may facilitate early identification of the relevant health issues.

**A recent Australian study has shown that 1.7% of men identify as exclusively homosexual,<sup>1</sup> while 5% of all men reported genital homosexual experience through their lifetime.<sup>2</sup>**

Men who have sex with men (MSM) face societal prejudice in their lives, and many experience discrimination. This is thought to contribute to the higher levels of psychological distress reported by same sex attracted men,<sup>1</sup> and may act as a barrier to disclosure of sexuality.<sup>3</sup> By adopting a nonjudgmental approach, general practitioners have an opportunity to target the relevant health concerns of MSM, including sexually transmitted infections (STIs), depression and anxiety, and drug and alcohol use.

### Disclosure and barriers to talking about sexuality

In order to provide comprehensive health care to MSM, and to explore questions of sexuality, the GP needs to create a safe and nonjudgmental environment that gives the patient permission to disclose personal and private information. However, homosexual men often fear prejudice and discrimination in their daily lives, and 40% of MSM state they generally or always avoid disclosing their sexuality.<sup>3</sup> While approximately three-quarters of MSM in Australia have a regular GP, only two-thirds of these believe their doctor is aware of their sexuality.<sup>3</sup> There is evidence that not being 'out' to friends, family, colleagues and their

GP is a marker of increased numbers of sexual partners and higher sexual risk.<sup>4</sup>

Barriers to discussing sexual health matters with nonheterosexuals identified by GPs in the United Kingdom in 2005, included a lack of knowledge of sexual practices and terminology.<sup>5</sup> Several doctors also recognised that their own prejudices and attitudes, and personal belief in homosexual stereotypes such as promiscuity, affected their medical care of homosexual patients. Participants in this series reported the need for increased training in sexuality, but felt that experience with homosexual patients was important in overcoming barriers to care.<sup>5</sup>

### Sexual history taking

Taking a sexual history from a homosexually active man is little different from taking a sexual history from a heterosexual man, however, establishing sexuality in new patients can take practise. In general, the same principles apply with the use of language. Descriptive and gender neutral terms rather than words that 'label' are less likely to be misinterpreted. Use 'sex with men' or 'sex with women' rather than words such as 'gay' or 'homosexual'.

Descriptions of sexual practices with homosexual men can be more difficult as anal sex and oral sex can occur in one of two ways – receptive or insertive – with receptive anal sex carrying with it a much higher risk of

HIV transmission (*Table 1*). Be aware of your own comfort levels when discussing specific sexual activities, and use language you are familiar with and the patient understands (*Table 2*).

### Trends in sexual behaviour

An understanding of the spectrum of sexual

activities is important when taking a sexual history from a homosexually active man. Many practitioners will not be familiar or comfortable discussing homosexual sex, or may make assumptions about the sexual activities taking place (*Table 3*).

Men who have sex with other men have had more sexual partners than heterosexual men,

an average of 79 over a lifetime and 11 in the previous year.<sup>2</sup> However, there is wide variation, with 21% of homosexual men having no sexual partners in the past year and 35% with only one or two partners.<sup>2</sup>

Data collected on sexual behaviour in MSM from 1986–2003 has shown an increase in anal intercourse in general, with an increase in unprotected insertive anal intercourse among HIV negative MSM.<sup>6</sup> However, oral sex and mutual masturbation remain more common in terms of frequency of sexual acts.<sup>2</sup> At their most recent sexual encounter, 75% of MSM had oral sex (receiving and giving) with 38% having had insertive anal intercourse, 30% having receptive anal intercourse, and 90% of MSM receiving or giving manual genital stimulation.<sup>2</sup> The change of practices such as anilingus or 'rimming' from a minority practice to a major one has increased the risk of hepatitis A virus transmission.<sup>6</sup>

### Sexually transmitted infections

Men who have sex with men are at increased likelihood of acquiring a STI and/or HIV infection. Between 2000 and 2004, 86% of new HIV infections in Australia were attributed to male homosexual contact.<sup>7</sup> In New South Wales in 2005, 92% of gonorrhoea cases were isolated from men and 38% were rectal or pharyngeal isolates.<sup>8</sup> Syphilis rates increased more than 10 fold from 1999 to 2003 in NSW, with most of the increase occurring in homosexual men.<sup>9</sup>

### STI and HIV testing

When ascertaining risk of a STI, specific activities carry with them different levels of STI and HIV risk (*Table 4*). Gonorrhoea, chlamydia, syphilis and herpes simplex can be acquired through oral sex.<sup>9</sup>

The Sexually Transmissible Infections in Gay Men Action Group (STIGMA) have developed guidelines for STI testing in homosexual men (*Table 5*). These guidelines promote screening of all MSM at least once a year regardless of symptoms, and more frequent testing in higher risk individuals. HIV testing rates have historically been high in Australian MSM, with the strongest predictors of testing being a self perception of high

**Table 1. Common terms to describe sexual activity in MSM**

- Receptive anal intercourse: receiving, receptive anal sex, bottom, bottoming
- Insertive anal intercourse: giving, insertive anal sex, top, topping
- Anilingus: oro-anal sex, rimming
- Fellatio: oral sex, giving oral sex, receiving oral sex, sucking
- Anal sex without a condom: barebacking
- Inserting finger/s or a hand into the rectum of a sexual partner: fingering, fisting
- Hand to genital stimulation: mutual masturbation, wanking

**Table 2. Pointers for taking a sexual history from MSM**

- A patient's sexuality or sexual identity is not always obvious; use gender neutral terms – it is important to ascertain the gender of their sexual partners  
'Do you have a current sexual partner?'  
'Are your partners male, female or both?'  
'Have you ever had any male sexual partners?'  
'Have you had any sexual partners of the same sex?'
- Always preface questions with an explanation of why you need to ask, and gain permission from the patient  
'In order to establish your risk of HIV and STIs I need to ask some personal questions about sex. Is this okay with you?'
- Some MSM may present requesting an HIV test, and an open question may initiate the discussion about sexual activity  
'Can you tell me why you think you may be at risk of HIV?'
- Specific sexual activities should be asked about in terms that are understood  
'When you had anal sex last weekend were you giving or receiving, or both?'
- Men with a regular partner may also be having sex with other men  
'Apart from your regular partner, have you had any other sexual partners in the past 3 months, year?'
- Ask specifically about condom use relating to different sexual activity  
'Do you use condoms for anal sex with your regular partner, with casual partners?'
- Sexual dysfunction in MSM should be explored, just as in heterosexual patients  
'Have you had any difficulties getting or maintaining an erection?'

**Table 3. Myths of sexual behaviour**

- There is a wide variation in sexual behaviour and STI risk in MSM – only one-third of men reported anal sexual intercourse at their most recent sexual encounter<sup>2</sup>
- People are not necessarily 'gay or straight', and sexual behaviour may change over time
- Married patients or those in long term heterosexual relationships may be having or have had sex with men

**Table 4. PEP guidelines and HIV risk for men who have sex with other men<sup>20</sup>**

Source – type of exposure (homosexual men)	Estimated HIV seroprevalence in MSM in Australia	Estimated risk of HIV infection HIV positive source	Estimated risk of HIV transmission source HIV status unknown
Receptive anal intercourse	~15%	~3.0% (1:33)	~0.45% (1:250)
Insertive anal intercourse	~15%	~0.1% (1:1000)	~0.015% (1:10000)
Sharing injecting equipment	~17%	~0.6% (1:167)	~0.1% (1:1000)
Body fluids to nonintact skin	~15%	~0.6% (1:167)	~0.09% (1:1000)
Mucous membrane exposure	~15%	~0.1% (1:1000)	~0.015% (1:10000)

**Table 5. STIGMA guidelines****Recommendations**

With or without symptoms, all men who have had sex with another man in the previous year should be offered tests for STIs at least once a year in the following way:

- pharyngeal swab: gonorrhoea culture
- anal swab: gonorrhoea and chlamydia PCR
- first catch urine: chlamydia
- serology: HIV, syphilis (including TPHA, TPPA, or EIA test), hepatitis A – immunise if negative, hepatitis B – immunise if negative

**Clinical indicators for**

- Anal tests include:
  - any anal sex
  - any anal symptoms
  - HIV positive
  - past history of gonorrhoea or chlamydia
  - sexual contact with someone recently diagnosed with an STI
  - request for a test
- 3–6 monthly testing include men who have multiple partners. Indicators may be:
  - attending sex on premises venues (SOPVs)
  - use of recreational drugs
  - seeking partners via the internet
- Follow up testing:
  - people diagnosed with chlamydia or gonorrhoea should be retested in 3 months
- These recommendations apply whether or not condoms are used
- A regular partner, increasing age or bisexuality is not necessarily protective of an STI

risk and attachment to the gay community.<sup>10</sup>

Oro-anal sex is often termed 'rimming', and is associated with hepatitis A transmission through the oro-faecal route. Vaccination for hepatitis A and B are recommended for MSM. Analysis of data from the Health in Men (HIM) cohort in Sydney has shown no conclusive evidence for sexual transmission of hepatitis C in HIV negative men,<sup>11</sup> however a recent case series reported seven sexually acquired hepatitis C cases among a cluster of HIV positive homosexually active men.<sup>12</sup>

**Mental health**

Many studies have shown that MSM have higher rates of mental health problems and high rates of drug, alcohol and tobacco use.<sup>13–17</sup> Although the reasons for this are not proven, a number of authors have suggested an association between psychological distress, suicidality and discrimination reported by MSM.<sup>18</sup> Another factor postulated is the difficulty and distress of growing up in a world oriented toward heterosexual norms and social stigma toward homosexuality.<sup>19</sup>

In 2002, a large community based survey of 4824 people in Canberra showed that people identifying as homosexual and bisexual have significantly more anxiety and depressive symptoms, and score higher on suicidality scales than heterosexuals.<sup>13</sup> These men were more likely to have considered and carried out self harm. Another survey showed high rates of suicide attempt (25%) and suicidal ideation (47%) among homosexual men.<sup>18</sup>

A study of 460 homosexually active men in primary care in Australia has shown that 28% had a major depressive episode and 26% a dysthymic disorder.<sup>15</sup> Those with dysthymic disorder were more likely to engage in unprotected anal intercourse with a casual partner.<sup>15</sup>

A cross sectional study of 656 homosexual men from England and Wales in 2003, showed higher rates of psychological distress in homosexual men compared with heterosexual men, despite similar social support and physical health.<sup>14</sup> The survey showed that homosexual men were also more likely to have consulted a mental health professional, and to have sought advice from their GP for emotional difficulties.<sup>14</sup> In the Private Lives Study, 42% of 3400 MSM reported visiting a counsellor or psychiatrist in the past 5 years, with one of the main issues of concern being depression or anxiety in about two-thirds of cases.<sup>3</sup>

In addition, those who do not identify as 'gay', 'queer' or 'homosexual' have significantly higher rates of depression than other MSM.<sup>16</sup> There is also evidence that having sex with both men and women, or being 'bisexual', is associated with worse mental health, adverse childhood experiences, adverse current life events, and poorer social support and financial problems.<sup>13</sup>

## Drug and alcohol use

Self reported drug and alcohol use is high among MSM. Over 38% of MSM who participated in the Private Lives Study reported tobacco use, compared with 24% in the overall Australian population.<sup>3</sup> Homosexual men are also more likely than their heterosexual counterparts to have used recreational drugs in the past month.<sup>13</sup>

Use of amphetamines, heavy alcohol use, and the use of drugs have been identified as independent risk factors for HIV seroconversion in MSM.<sup>17</sup> The long term effects of alcohol, recreational drugs and tobacco use in MSM have not been well studied. Similarly the reasons for higher levels of substance use are not known, but have been attributed to cultural influences and the homophobic environment experienced by MSM.<sup>3</sup>

## Conclusion

A significant percentage of the Australian male population has had sex with a member of the same sex, while only a minority of these men will identify as being 'gay'. Most GPs will have some male patients who are sexually active with other men. A nonjudgmental approach to MSM may facilitate disclosure of sexuality and as a result, allow the early identification of relevant health issues.

## Summary of important points

- Many MSM do not identify as being 'gay'.
- Use terms that are gender neutral when exploring sexual history.
- There is a wide range of sexual behaviour in MSM – make no assumptions.
- Encourage MSM to be tested regularly for STIs and HIV.
- Perform multisite STI testing.
- Vaccinate MSM for hepatitis A and B.
- Be aware of mental health issues and drug and alcohol use in MSM.

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