Healthcare of Gay Men, Men Who Have Sex with Men, & People Who Engage in Anal Sex

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Financial Disclosures

Jonathan Baker has relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.) Company name and type of financial relationship: Salary support from Franz Therapeutics, Antiva Biosciences, Inovio Pharmaceuticals, and Merck & Co.

*Off-label indications will be included; off-label use will be identified

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

At the conclusion of this session, participants should be able to:

- Discuss specific health needs with patients who are gay men, MSM, or engaging in anal sex
- Perform a culturally sensitive history and physical examination for patients engaging in anal sex
- Identify preventive medicine needs related to anal sex including immunizations and screening examinations
- Screen for, diagnose, and treat common medical conditions which disproportionally affect patients who engage in anal sex
- Identify resources to use in their clinical setting to facilitate care of patients who engage in anal sex

Handouts are intentionally different than slides to cover the topic more comprehensively

Informational slides are included in the handout for future reference, but the speaker strongly encourages following along with the case series presentation

LGBTQ+ Health

- 56% of LGBTQ report health care discrimination
- ~10% of LGB & ~30% of TG/NB have been refused health care
- After experiencing health care discrimination, patients are 3x more likely to postpone care that year
- LGBTQ people of color are more than twice as likely to avoid a medical office than white LGBTQ individuals

Grant et al 2010, HRC 2016, CFAP 2017, Lambda Legal 2009, Berger 2020

Among People who Identify as Heterosexual

70-80% deny condom use

30% report engaging in anal intercourse

Habel 2018

Sexual Diversity in the US

- 3.5% of adults in the US identify as LGB
  - 1.8% bisexual; 1.7% gay/lesbian
- 8.2% of US adults report engaging in same-sex sexual behavior
  - 11% report same sex attraction
- 20% of people report engaging in are consensual non-monogamy (CNM) in their lifetimes
  - 5% of couples are CNM at any given time
- The majority (61%) of LGBTQ people are partnered

UCLA Williams Institute 2021

Language: Gender Diversity

ASAB	**Assigned Sex At Birth**
AMAB	Assigned Male At Birth
AFAB	Assigned Female At Birth
Nonbinary	Gender presentation does not conform with gender norms
Transgender	Assigned sex at birth (ASAB) does not match gender identity
Intersex	Sexual anatomy/hormones do not match gender norms
Queer	Diversity beyond heteronormative culture

**Categories used to identify genders*

Language: Sexual Diversity

Heterosexual	Sexual attraction to opposite gender presenting partners
Gay	An identity; generally same gender sexual attraction
Bisexual	Sexual attraction to more than 1 gender
Pansexual	Sexual attraction regardless of gender of partners
MSM	**Men who have Sex with Men**
WSW	Women who have Sex with Women
Queer	Diversity beyond heteronormative culture

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

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”

Language: What to NOT Say

Homo	Instead	Gay, Lesbian, Bisexual, or it's unnecessary
Transvestite	This means	Sexual fetish
MSM, WSW, ASAB	Instead	Use patients' language
Non-conforming	Instead	Non-binary, or their language
Preferred pronouns/name/gender	Instead	Pronouns/name/gender
Transgendered	Instead	Transgender
Queer	Instead	Anything above↑

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

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 […] that is me.’”

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

Pronouns

“They”

2019 Merriam Webster

Word of the Year

SGM Health

Come Out to your Healthcare Provider

- Cancers: Gynecologic, HPV-related, Prostate, Testicular, & Colon
- Vaccinations: Hepatitis & HPV
- Mental Health
- Tobacco
- Substance Use/Alcohol
- Fitness
- Cardiovascular Health
- Intimate Partner Violence
- Sexual Health, STIs, & Protection

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

Sexual History Taking

- **Relationship status** (considering living situations, legal rights)
- **Relationship structure** (ie monogamy, CNM/consensual non-monogamy, polygamy)
- **Sexual organs use and sites of exposure** (mouth, genital, anus, fingers, hands, and others)
- **Sexual organs of partners**
- **Use & maintenance of sex toys**
- **STI risk reduction** (including barriers/condoms & other methods)
- **Recreational drug use** in relation to sex (illicit, Rx, sex-enhancement drugs, & alcohol)
- **History of sexual abuse** (particularly important to be aware of prior to physical examination)
- **Safety during sex & within relationships**

History Taking for SGM

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

JUST ASK!

Anogenital Exam

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

Stick to What You Know: Anatomy

- Focus on anatomy during sexual Hx
  - “What is touching where?”
- Gender neutral terminology: genitals
- Determine your patient’s anatomy
  - screen, treat, etc. appropriately
  - Patients may have adversarial relationship with their anatomy

Gonorrhea/Chlamydia Screening

Screen for gc/Ct

Genital | Pharyngeal | Rectal

based on

1) exposure route **2)** local guidelines **3)** population prevalence

✅ Screen women ≤25y annually

✅ Consider screening men ≤25y in areas of ↑prevalence or risk factors

✅ Screen MSM annually (Q3-6 mo for MSM at high risk)

CDC

*Screening for pharyngeal Ct is not recommended due to low prevalence

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

Updated Guidelines

CDC updated STI treatment guidelines in 2021 for gc/Ct

Gonorrhea

- 500 mg ceftriaxone IM once

Chlamydia

- 100 mg doxycycline PO BID x 7 days

CDC 2021, CDC 2021

Anal Ulcers

- Differential
  - Fissure
  - Traumatic
  - Severe dermatitis
  - HSV
  - LGV
  - Syphilis
  - Malignancy (SCC)

STEIs: Parasites

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

Sexually
Transmissible
Enteric
Infections

CDC 2015

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

Preventive Care: Immunizations

Hepatitis A	• ↑ risk due to anolingus • CDC recommends vaccinating all MSM
Hepatitis B	• ↑ risk in MSM • Recommend titers post vaccination
HPV	• Indication up to 45 yo; SGM increasingly affected • Revaccination with HPV9 not indicated at this time

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

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

DoxyPEP: Bacterial STI Prophylaxis

A trial of 554 MSM and TGW found doxycycline a safe, acceptable, and effective means to reduce risk of bacterial STIs (gonorrhea, chlamydia, and syphilis)

200 mg taken within 72 hours of exposure

Risk Reduction Among:	HIV PrEP Users	People LWH
Overall	**66%**	**62%**
Chlamydia	88%	74%
Gonorrhea	55%	57%
Syphilis	87%	77%*

**All values statistically significant except 77% was trending*

Doxycycline for STI prophylaxis is OFF-LABEL

Bolan 2015, Molina 2017 (CROI2017), Luetkemeyer 2022 (AIDS)

Proctitis

Approach for RAI patient:

1. Test for gc, Ct, HSV, syphilis, *parasites*
2. Empiric treatment for: *Ceftriaxone/doxycycline(21d)/valacyclovir)*
3. D/C medications as labs return
4. Endoscopy/GI consult

Syphilis Breaks All the Rules

- Primary syphilis - painless Chancre
- But, anal chancre can be **painful**
- Firm, well demarcated ulcer
- Appears 2-6 weeks post exposure

- Treponemal Ab testing ~6 wks
  - TPPA, FTA-ABS
- RPR testing ~6-8 wks

CDC

Back to Human Papillomavirus

- The most common STI
- Can affect the genitals, mouth, & anus
- LR HPV can cause condyloma (uncommon)
- HR HPV can cause cancer

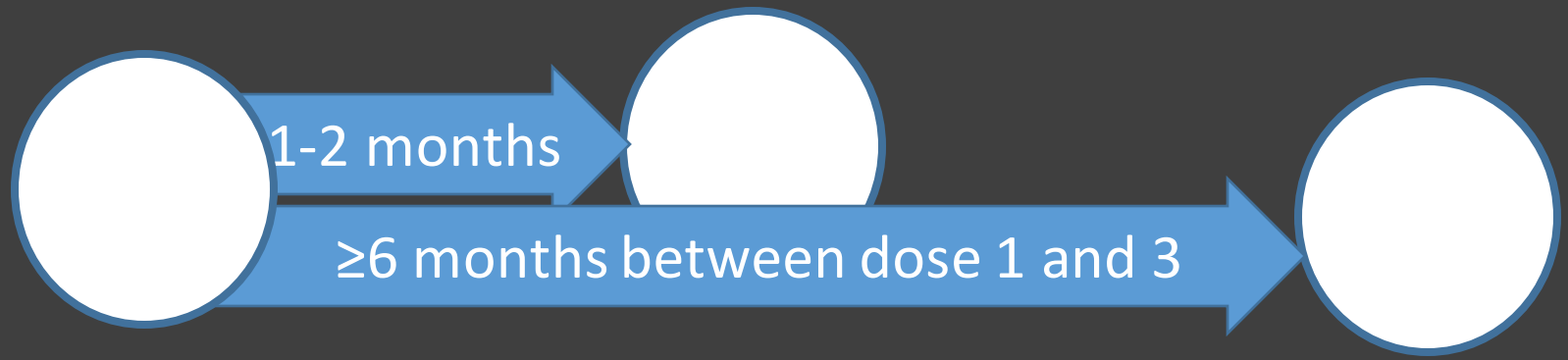
"Most sexually active people who are not vaccinated get HPV infection at some point in their lives, even if they only have one sexual partner."

-NYC DOH

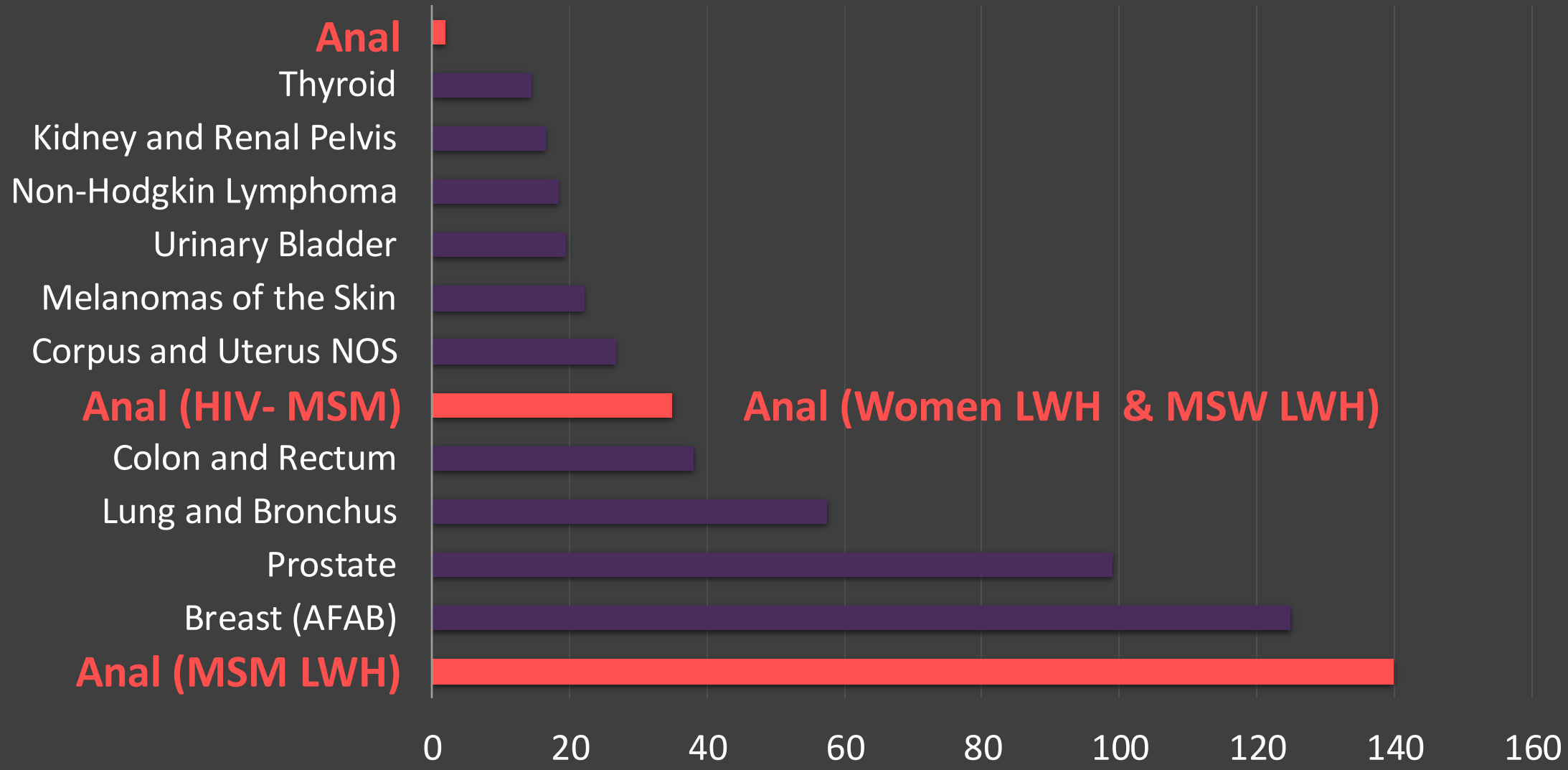
CDC, NYC DOH

HPV Vaccination

- Recommended up to age 26, considered up to age 45
- For ages 27-45 consider:
  - Prior exposure to HPV
  - Potential for future exposure to HPV
  - Cost/insurance coverage
- No current recommendation for HPV9 after HPV4



Anal Cancer Incidence per 100,000



USCSWG (CDC) 2017, Silverberg 2012

The Anal Pap

- ↑ sensitivity ↓specificity
- No special equipment or training
- Abnl Result → HRA (anal Colpo)

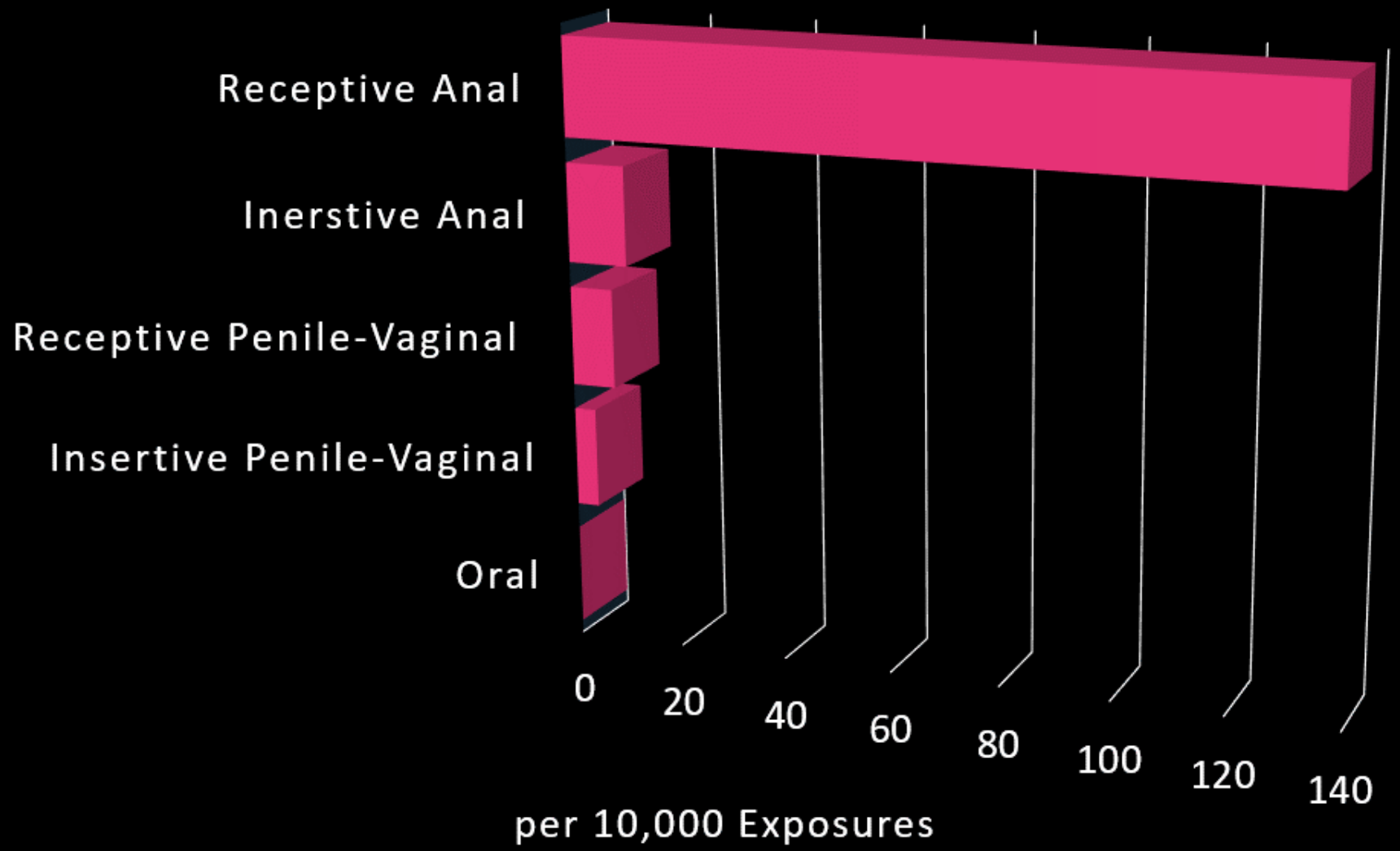
Special Equipment

Special Training

Start to consider how you'll care for/refer your patents who are LWH

Cranston 2004; UCSF 2021

Estimated Risk of Acquiring HIV from an Infected Source



CDC 2015

HIV Preexposure Prophylaxis (PrEP)

Tenofovir/emtricitabine PO QD or

Cabotegravir-LA IM Q2 months

- >99% effective at reducing risk of HIV
- “Safer than Aspirin”

Grant 2010, Molina 2015, Hare 2019

HIV Preexposure Prophylaxis (PrEP)

Pearls:

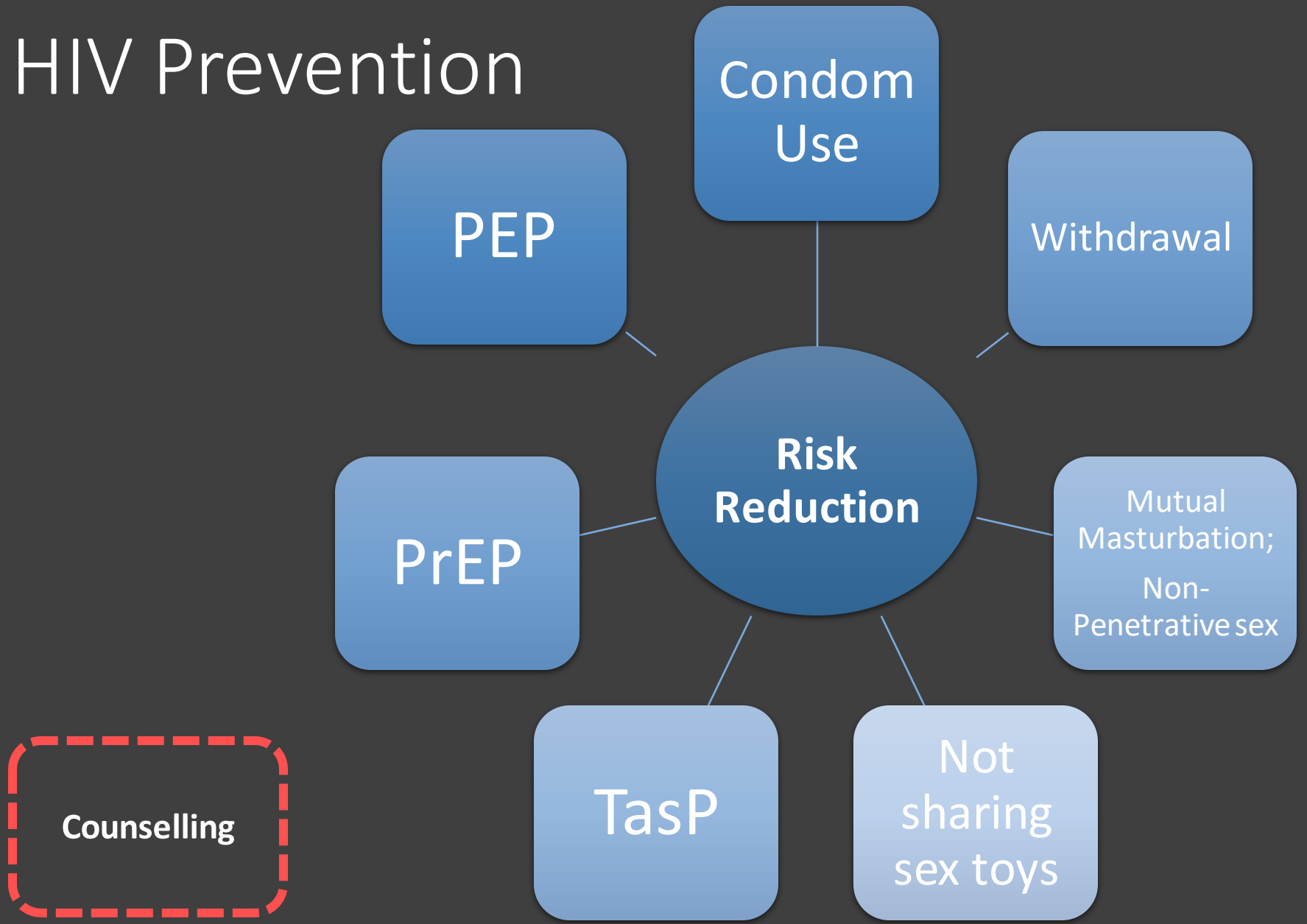
- Test for HIV before starting & q2-3mo after starting PrEP
- ~5% of patients get self-limited GI side effects
- Movement towards elimination of cost sharing
- Adherence is Key

Off Label PrEP

- Limited evidence for “on-demand” dosing

Grant 2010, Molina 2015, Hare 2019

HIV Prevention



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

Living with HIV/AIDS

SGM account for 2/3 of people with HIV in the US

- 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

Treatment as Prevention

Undetectable = Untransmittable

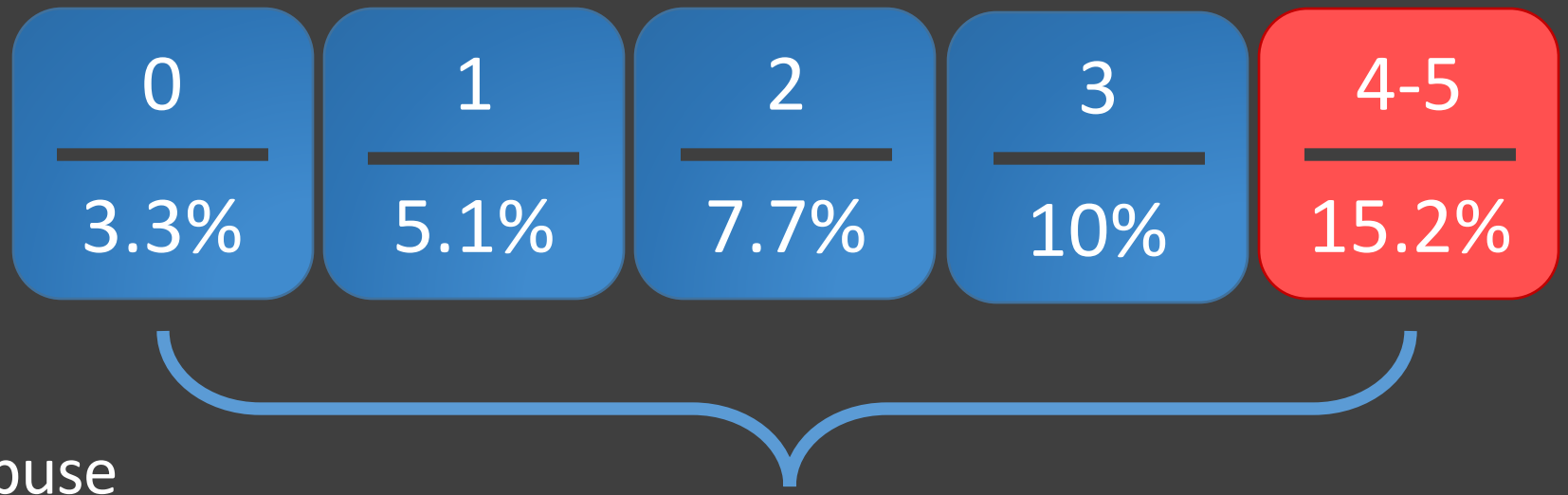
U=U

Rodger 2016, Donnell 2010, Cohen 2011

Syndemics

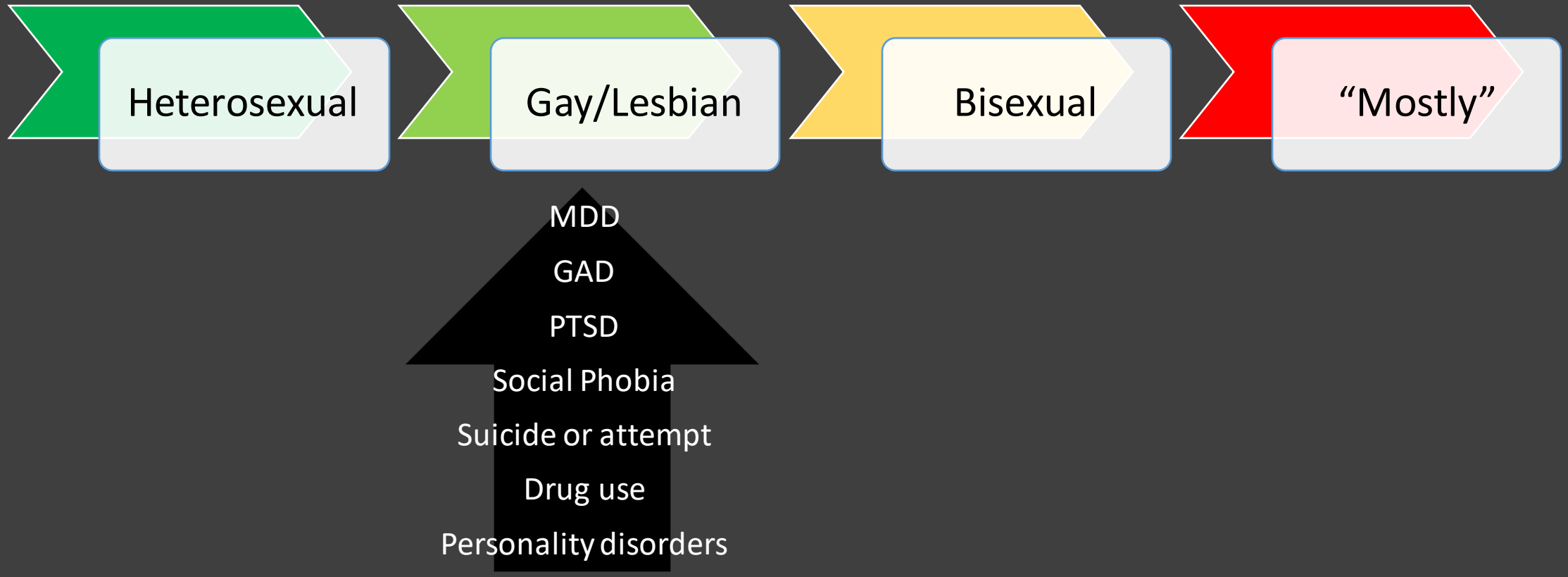
4,298 HIV-negative MSM observed over 48 months

- Depression
- Polydrug use
- **Stimulant use**
- Heavy alcohol use
- Childhood sexual abuse



Mimiga 2015

SGM Mental Health



Bostwick 2010

Substance Abuse and Mental Health

- Screen and refer appropriately
- Know your limitations

Aging SGM

Successful Aging:

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

SGM Successful Aging:

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

Pearls: Common Anorectal Pathologies and AI

- There is no definitive evidence showing increased rates of prostate cancer, colorectal cancer, or hemorrhoidal disease among people who engage in AI, but treatment choices, recovery, and psychologic impact may be different
- Hemorrhoids are rarely caused by AI, but common from enemas
- Fissures are more commonly associated with BM than AI
  - People who regularly engage in RAI have decreased fissure risk
- AI is not necessary for transmission of HPV to the anus
- Dermatitis (over-wiping or sensitivity) commonly impacts AI

Lubricant Safety

- Lubricants tested for dermatologic safety
- Water-based lubricant
  - Hyperosmolar may cause tissue destruction
- Silicone-based lubricant
  - Last longer, maybe too long? (don’t over-wipe)
- Oil-based lubricant
  - Not safe with condoms
- Potentially sensitivity to lube components

Dezutti 2012, *Expert Opinion*

Preparing for Anal Sex

FIBER FIBER FIBER!

- Enema's can cause:
  - Associated w infection (LGV, HPV)
  - Discharge & tissue destruction (hyperosmolar)
  - Removal of natural lubricant

- "I don't recommend enema use but…."
  - 1-3 injections of tap water with syringe or Fleet

Richel 2013, Dezutti 2012, De Vries 2008, Terlizzi 2018, Goldstone 1999, *Expert Opinion*

Anal Dyspareunia

- Not everyone will enjoy RAI
- RAI should not be painful (uncomfortable OK)
- Minor painless bleeding can be normal
  - If it is painful or persistent, it's time for a workup

Terlizzi 2018, Goldstone 1999, *Expert Opinion*

Approach to Anal Dyspareunia

Pathological	Fissure, hemorrhoids, dermatitis *R/O STIs (even if monogamous)
Sphincter Tone	Graduated dildo protocol
Positioning	“Bottom on top” Bulbocavernosus reflex
Sexual Habits	Enemas; condom/lube sensitivity
Bowel Habits	Fiber intake, wiping
Psychological	Expectation vs reality (porn) History of trauma & abuse
*Refer	Colorectal, PT, psych

Goldstone 1999, Terlizzi 2018, *Expert Opinion*

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Questions?

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