

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

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# Disclosures

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- 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:

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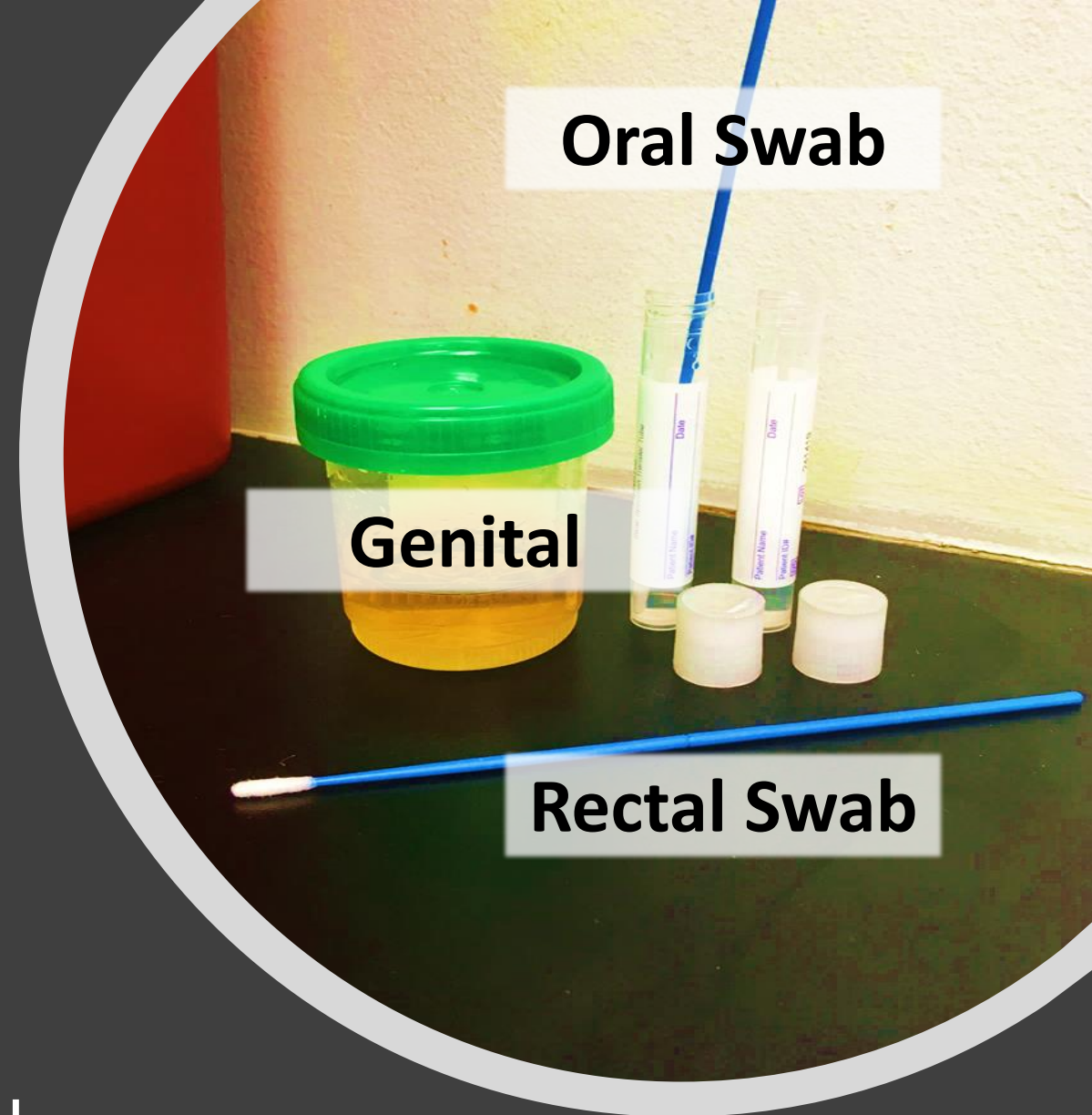
- Discuss specific health needs of gay men, MSM, or people engaging in anal sex
- Perform a culturally sensitive history and physical examination
- Identify preventive medicine opportunities related to anal sex
- Screen for, diagnose, and treat common medical conditions which disproportionately affect people who engage in anal sex
- Identify resources to use in clinical settings to facilitate care

# Healthcare Discrimination

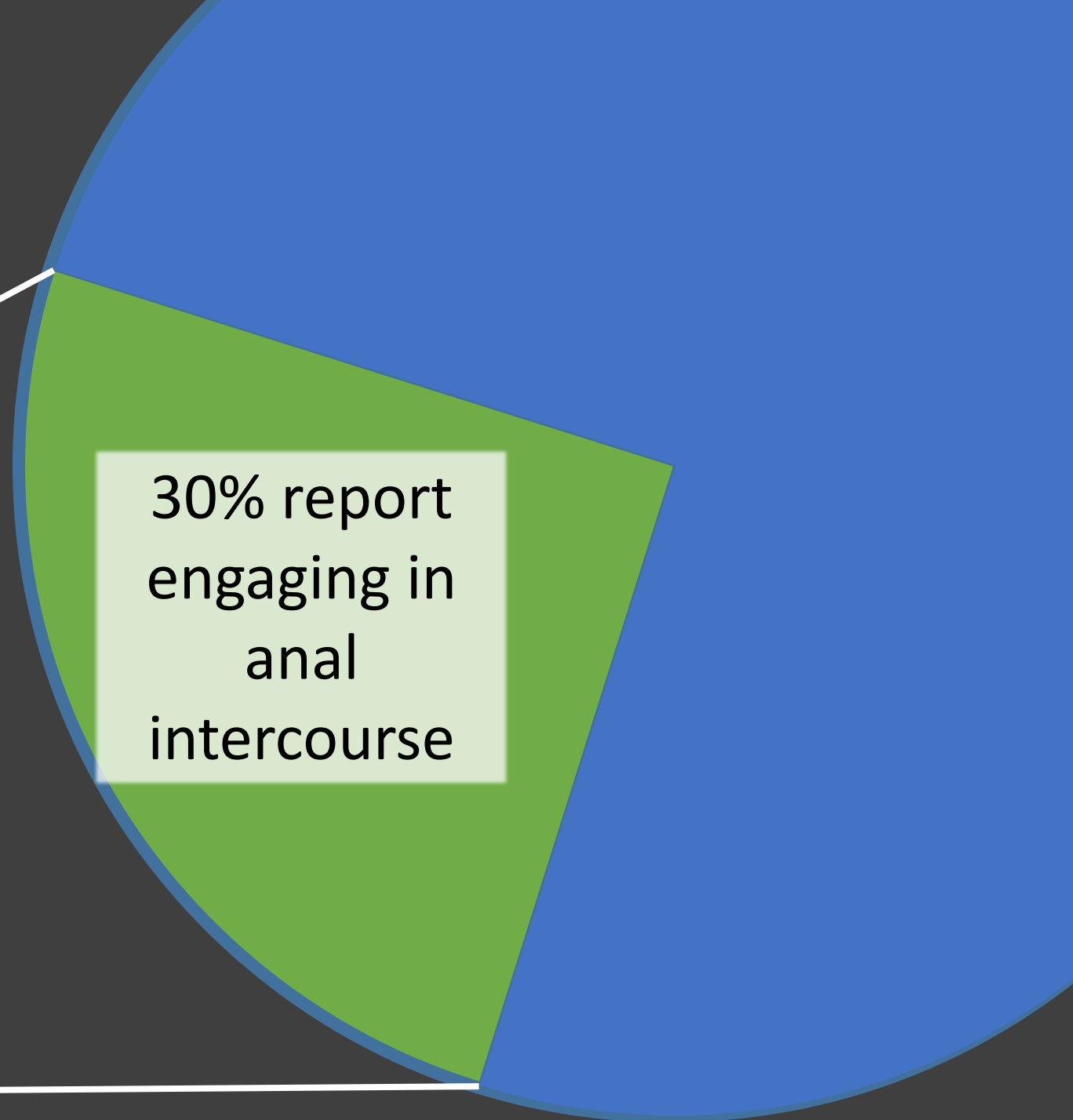
- 56% of LGBTQ report health care discrimination
- ~10% of LGB & ~30% of TG/NB have been refused health care
- After experiencing health care discrimination, patients are 3x more likely to postpone care that year
- LGBTQ people of color are more than 2X as likely to avoid a medical office than white LGBTQ individuals

## 🗨️ When you have sex, does it involve your anus? 🗨️

- Ask about relationship of symptoms to sex
- Screen for STIs at site of exposure
- Consider how symptoms and care will impact his sex life



# Among People who Identify as Heterosexual



# Anal Sex & Pleasure

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- Prostate/Skene's Glands
- Clitoral Crux/Penile Bulb
- Perianal nerve stimulation
- Intimacy & Connection
- Pleasing Partner(s)
- Visual Stimulation
- Excitement, Risk, & Taboo

# 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
- The majority (61%) of LGBTQ people are partnered



# Consensual Nonmonogamy (CNM)

- 20% of people report engaging in CNM in their lifetime
- 5% of relationships are CNM
- 1/3 of people describe their ideal relation as “something other than monogamous”
- SGM 2-3x more likely to engage in CNM

# Gender Diversity in the US

- 0.6% of US adults identify as transgender in the US
  - Over 1.6 million adults (ages 18 and older)
  - 38.5% TG women
  - 35.9% TG men
  - 25.6% NB
- Youth (13-17yo) are significantly more likely to identify as transgender (1.4%) than 65+ yo adults (0.3%)

# Language: Gender Diversity

**ASAB** Assigned Sex At Birth

AMAB Assigned Male At Birth

AFAB Assigned Female At Birth

Transgender ASAB does not match gender identity

Intersex Genetics/anatomy/hormones do align with norms

Nonbinary Do not identify as a binary gender (male/female)

Queer Diversity beyond heteronormative culture

*\*Categories used to identify genders*

# 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."*

*-Sam Smith*

# “They”

According to Merriam Webster, “**they**,” can be

- Used to refer to a single person whose gender is intentionally not revealed
- Used to refer to a single person whose gender identity is nonbinary

Practice by

- Referring to pets as “they”
- Gender neutral charting



# Language: Sexual Diversity

Heterosexual Sexual attraction to opposite gender presenting partners

Gay Same gender sexual attraction; **an identity**

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: 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 ↑

# Sexual and Gender Minority (SGM) Health

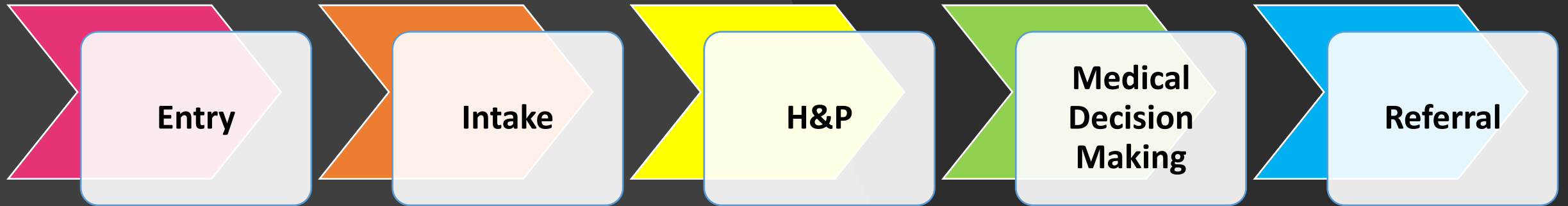
## **Come Out to your Healthcare Provider**

- 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



# Opportunities

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# Sexual History Taking

**Is not one size fits all; there is no formula**

**Tailor sexual history taking to  
the individual, your rapport, and healthcare needs**

Why do we take a sexual history?

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

# Sexual History Taking

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- **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!**

# Stick to What You Know: Anatomy

- Focus on anatomy during sexual Hx
  - “What is touching where?”
- Gender neutral terminology: genitals
  - People may have an uncomfortable or adversarial relationship with their anatomy
- Determine anatomy
  - screen, treat, etc. appropriately



# 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



# 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



# STElS: Parasites

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

Sexually  
Transmissible  
Enteric  
Infections



# STIs: Hepatitis C

Sexual transmission of HCV among MSM LWH 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 MSM LWH followed for 11 years

# Preventive Care: Immunizations

## Hepatitis A

- ↑ risk due to anolingus and other AI
- Increased importance for MSM

## Hepatitis B

- ↑ risk in MSM
- Consider titers post vaccination

## HPV

- Indication up to 45 yo; SGM increasingly affected
- Revaccination with HPV9 not indicated at this time

# Proctitis in RAI

1. Test for gc, Ct, syphilis,  
HSV, MPOX, *parasites\**, *HIV\**

2. Empiric treatment for Infection:  
*Ceftriaxone/doxycycline(21d)/valacyclovir*

3. D/C medications as labs return

4. Endoscopy/GI consult

# Anal Ulcer Differential

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

# 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**

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

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

**Doxycycline for STI prophylaxis is OFF-LABEL**

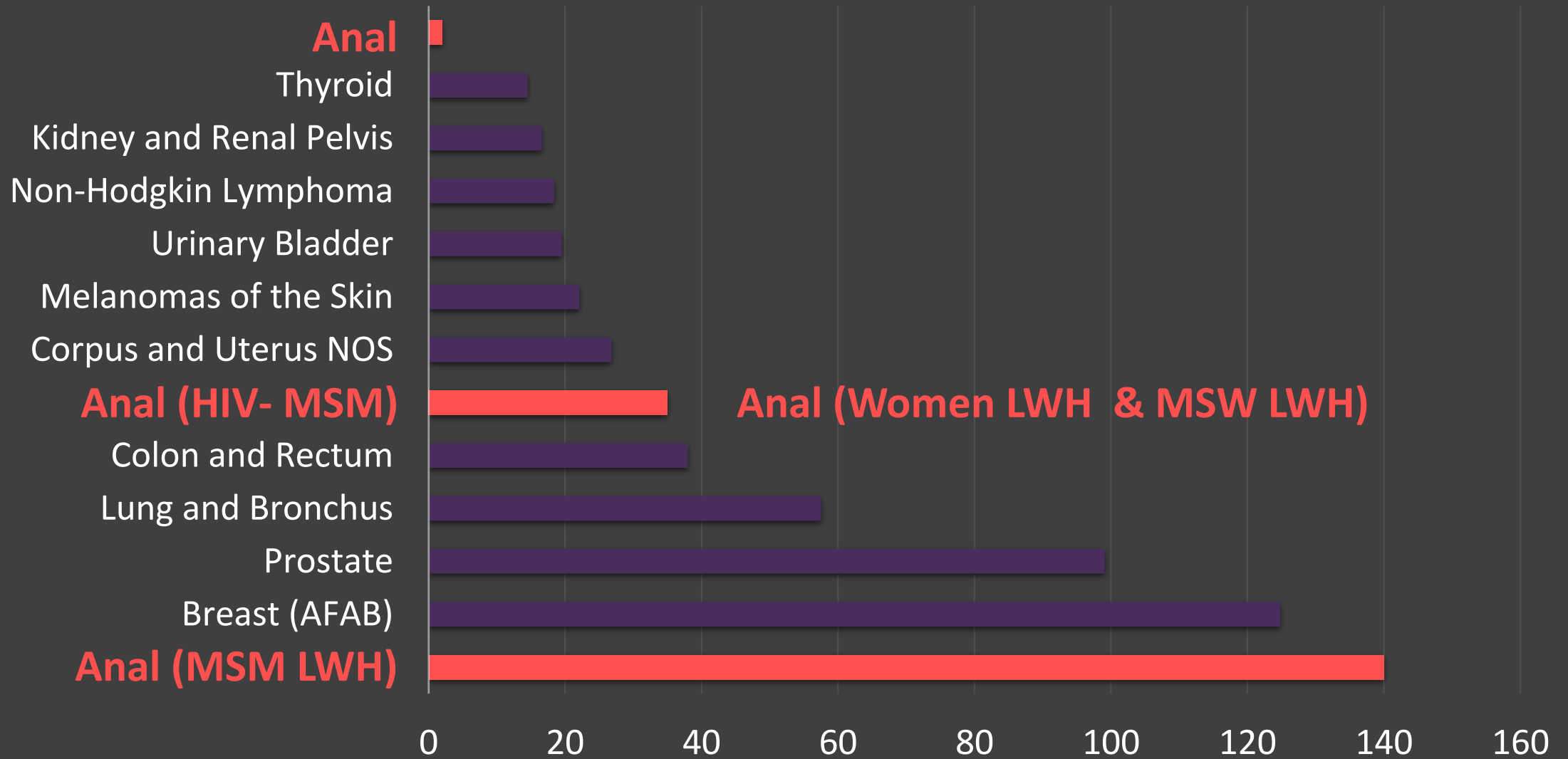
# Human Papillomavirus

- The most common STI
- Genital HPV affects the genitals, mouth, & anus
- **High Risk** HPV can cause cancer
- **Low Risk** HPV can cause condyloma (uncommon)

*“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

# Anal Cancer Incidence per 100,000



# IANS Consensus Guidelines on Anal CA Screening

Population	When	Anal CA Incidence
General population	Do NOT screen	1.7/100,000 person-years
<b>Risk Category A (Incidence <math>\geq</math> 10-fold compared to the general population)</b>		
MSM, TGDW with HIV	Age 35	>70-100/100,000
MSM, TGDW without HIV	Age 45	>18-40/100,000
Cisgender women, MSW with HIV		
H/O vulvar HSIL or cancer	Within 1 year of Dx	>40/100,000
Solid organ transplant recipient	10 year post-transplant	>25/100,000
<b>Risk Category B (Incidence up to 10-fold compared to the general population)</b>		
Cervical/vaginal CA or HSIL, perianal condyloma, persistent cervical HPV16 (>1 year), Other immunosuppression (Rheumatoid, lupus, IBD, systemic corticosteroid)	Shared Decision age 45	~6-9/100,000



## IANS Consensus Guidelines for Anal Cancer Screening

Population	When	Anal CA Incidence per 100,000
General population	Do NOT screen	1.7/100,000 person-years
<b>Risk Category A (Incidence <math>\geq</math> 10-fold compared to the general population)</b>		
MSM, TGDW with HIV	Age 35	>70/100,000 (age 30-44) >100/100,000 (age 45+)
Cisgender women with HIV	Age 45	>25/100,000 (age 45+)
MSW with HIV		>40/100,000 (age 45-59)
MSM, TGDW not with HIV		>18/100,000 (age 45-59) >34/100,000 (age 60+)
H/O vulvar HSIL or cancer	Within 1 year of Dx	>40/100,000
Solid organ transplant recipient	10 year post-transplant	>25/100,000
<b>Risk Category B (Incidence up to 10-fold compared to the general population)</b>		
Cervical/vaginal CA	Shared Decision age 45	9/100,000
Cervical/vaginal HSIL		8/100,000
Perianal condyloma		Unknown
Persistent cervical HPV16 (>1 year)		Unknown
Other immunosuppression (Rheumatoid, lupus, IBD, systemic corticosteroid)		6/100,000
<i>[NPCR 2020, Clifford 2021, Deshmukh 2023, Stier 2023]</i>		

# Anal Cytology (Pap)

- ↑ sensitivity ↓ specificity
- Abnl Result → HRA (anal Colpo)



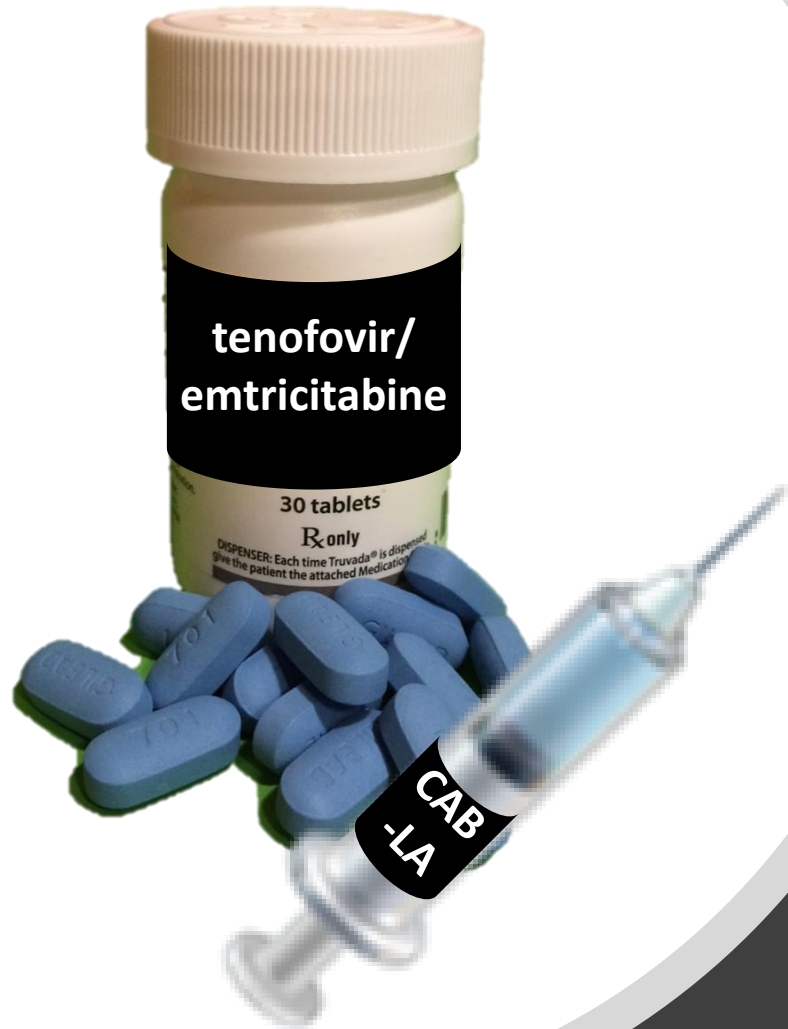
**Special  
Equipment**



**Special  
Training**



Start to consider how you'll care for/refer patients with indications



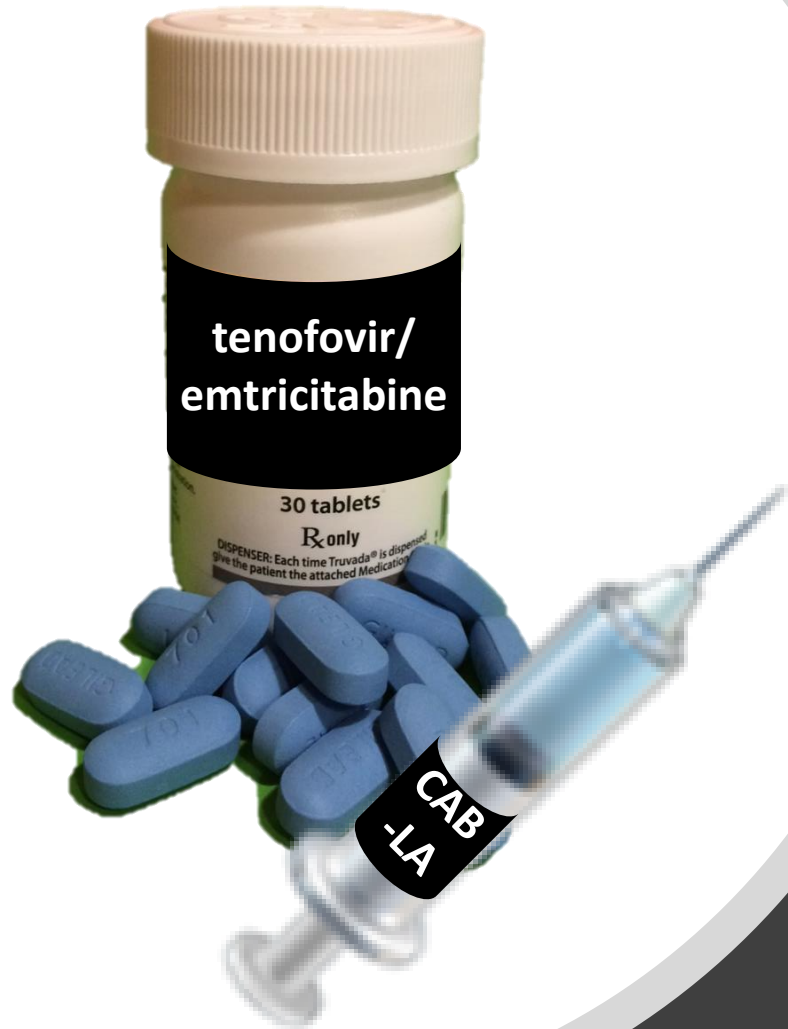
# HIV Preexposure Prophylaxis (PrEP)

**Tenofovir/emtricitabine PO QD or  
Cabotegravir-LA IM Q2 months**

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

## Recommendation Summary

Population	Recommendation	Grade (/uspstf/grade-definitions)
Persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.	<b>A</b>



# HIV Preexposure Prophylaxis (PrEP)

## Pearls:

- Test for HIV before starting & q2-3mo after starting PrEP
- Self-limited GI and injection side effects
- Movement towards elimination of cost sharing
- Adherence is Key

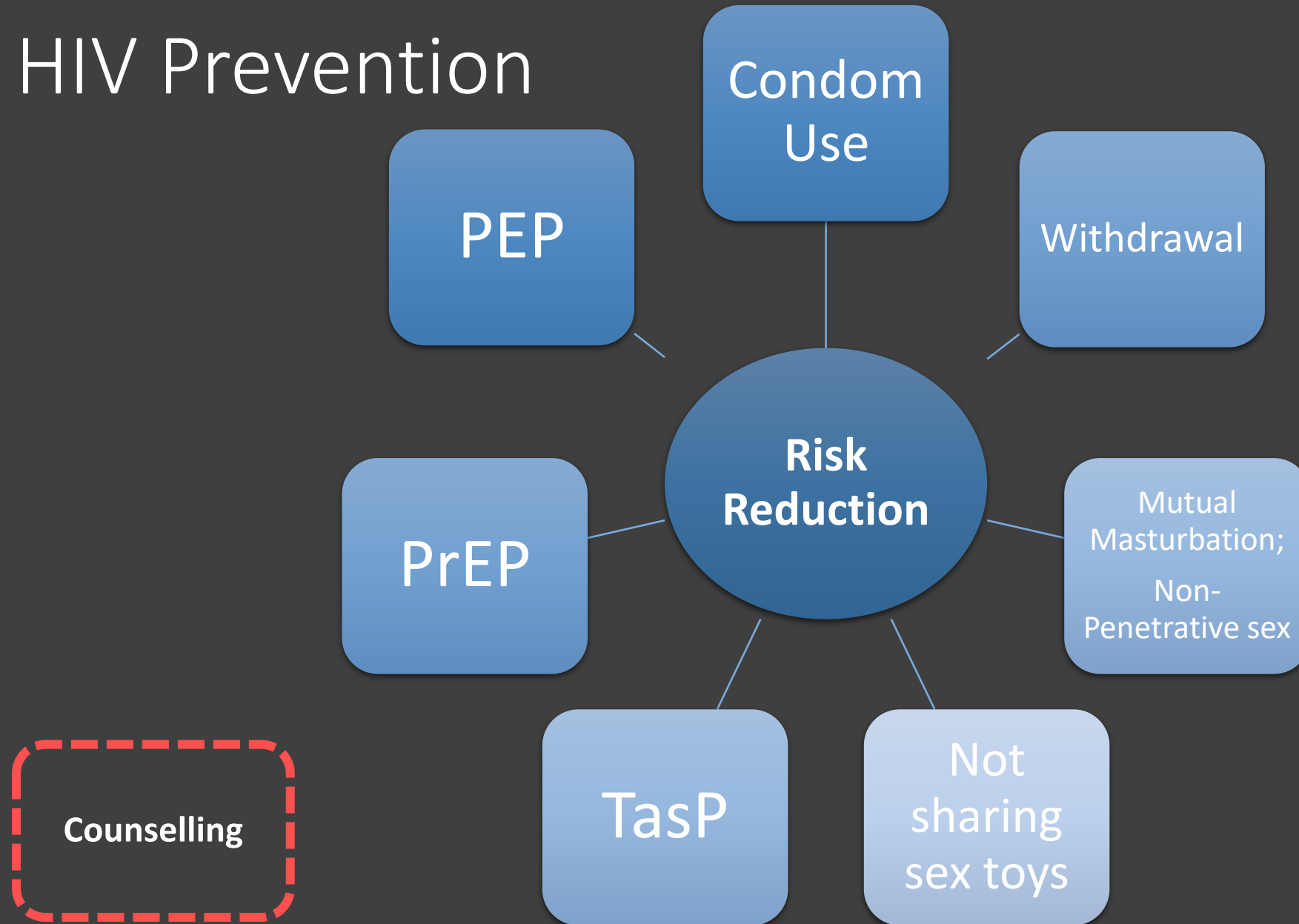
## Off Label PrEP

- Limited evidence for “on-demand” dosing

# Treatment as Prevention

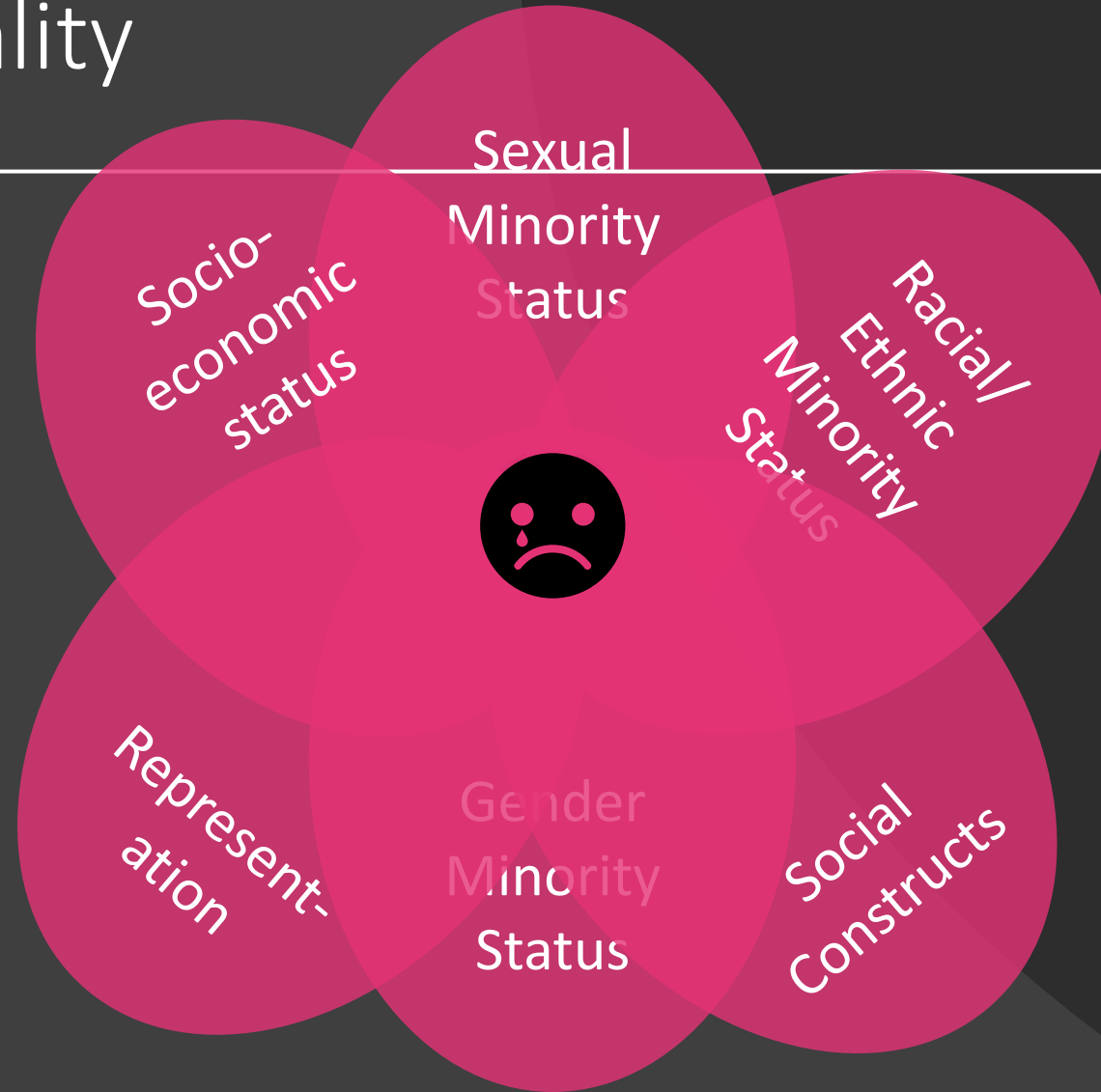
Undetectable = Untransmittable

# HIV Prevention



# Intersectionality

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# Intersectionality & HIV

4,298 HIV-negative MSM observed over 48 months

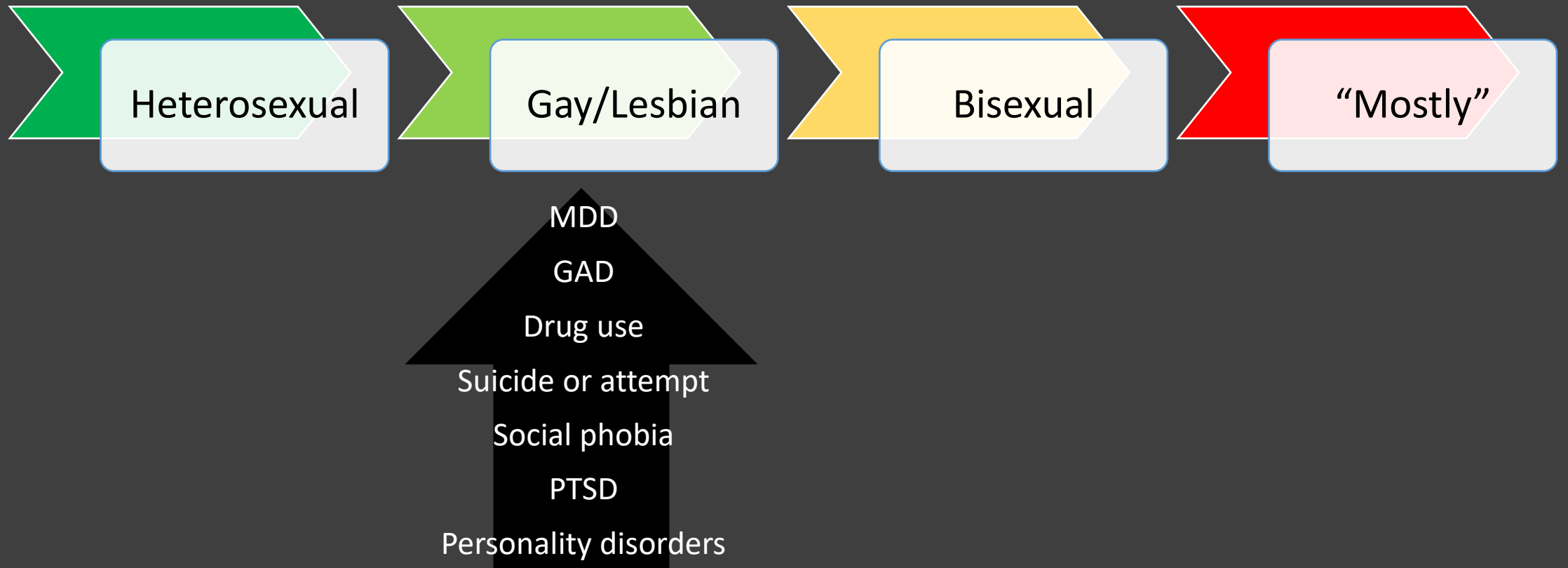
- Depression
- Polydrug use
- Stimulant use
- Heavy alcohol use
- Childhood sexual abuse



Overall 6% HIV seroconversion



# SGM Mental Health



# Substance Abuse and Mental Health

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- Screen and refer appropriately
- Know your limitations

# Aging SGM

## Successful Aging:

- Decreasing risk of disease and disability\*

## SGM Successful Aging:

- Self realization of identity
- Support from family of origin OR choice
- Access to LGBTQ+ friendly services

# 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

# 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

# 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

# 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

# Take Home Points

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- Sexuality and gender are separate, unique, **important** aspects of the human experience
- Sexual and gender diverse people are seen by all PAs and have unique needs
- Anal sex is a common aspect of sexuality with unique opportunities for pleasure and focused healthcare
- SGM suffer from increases in mental health and substance use, this is **mitigated by support & community**



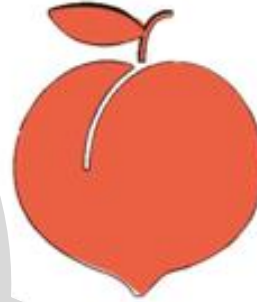
# Your Patients Are Probably Having Anal Sex. Let's Talk About It.

Jun 28, 2023 | 34 Min Read | Juan Michael Porter II, Senior Editor



Queer Health Podcast

#1: Douching



LGBT PA Caucus



LGBTQ+ Healthcare Directory



Health Professionals Advancing LGBTQ+ Equality



Queer Health Podcast

#15: Anal Paps and the ANCHOR Trial



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International Anal Neoplasia Society

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5/20 – 2:15      Healthcare of Gay Men, Men Who Have Sex with Men, & People Who Engage in  
Anal Sex

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5/20 – 8:00      Transgender Health: Culturally Competent Care in Gender Affirming Surgery

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5/21 – 8:00      Reproductive Justice in Marginalized Communities in the Post-Dobbs Era

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5/21 – 9:15      The Status of HIV in 2024

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5/21 – 9:15      An Analysis of LGBTQ Curricular Inclusion: A National Study of PA Programs

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5/21 – 3:30      Transgender Medicine's Top 10 from the Literature

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5/22 – 8:00      Transgender and Gender Diverse Patient Care: Translating Principles into  
Practice

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5/22 – 11:45      Houston, we have a Syphilis Problem: Shedding Light on a Silent Epidemic

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# Questions?



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