

MEN WHO HAVE SEX WITH MEN (MSM) SEXUAL RISK SCREENING

PERFORM WITH EACH NEW PATIENT AND ON A REGULAR BASIS



REMEMBER:

- Assure confidentiality and explain importance of discussion
- Ask DIRECT questions about specific behaviors
- Exploratory and open-ended questions may help
- Normalizing the behavior may elicit more honest responses

SEXUAL BEHAVIOR RISK FACTORS

Use specific terms:

Consider using “men who have sex with men” instead of gay.

Do NOT assume anything:

For instance marriage does not guarantee monogamy or that the individual is exclusively heterosexual.

Ask for an explanation of sexual practices:

“I don’t know what you mean, could you explain...?”

Direct and non-judgmental questions are best:

Broaching the Topic:

- Tell me about your sex life.
- When you say you’ve had sex, what exactly do you mean?
- Do you have sex with men, women, or both?

Asking About Partners:

- Tell me about the number of partners in the last month...the last six months?
- Where do you meet your partners (online, bars, bathhouses/sex clubs, public venues)?
- How well do you know your sexual partners?
- What do you know about the HIV status of your partners?
- How does your partner’s status affect your sexual behaviors?
- Have you noticed STD-type symptoms in your partner?

Asking About Sexual Activity:

- What sexual activities do your sexual partners engage in?
- Do you have oral sex? Anal sex? Vaginal sex?
- What types, if any, of strategic positioning (“top,” “bottom”) do you use to decrease HIV transmission risk?
- Do you select partners based on HIV status (“serosort”)?
- Do you ever combine sex with drugs and/or alcohol? How often? With what type of drugs? (Methamphetamine, GHB, Special K, Ecstasy, etc...)
- When are you more likely to combine sex and drugs?

Asking About Prevention Methods:

- What do you do to protect yourself during sex?
- Do you use condoms when having sex? How often? With what types of sex?
- What has been your experience with using condoms?
- What factors/situations get in the way of using condoms?

INJECTION DRUG-RELATED RISK FACTORS

It is important to be non-judgmental and non-moralistic.

If there is a history of injection drug use, get more information:

- Do you share needles? Cottons? Cookers?
- With how many partners?
- What do you know about the HIV status of your needle-sharing partners?
- Sex partners?
- Is your equipment clean? How do you know?
- What drugs do you inject?
- What types of situations or environments make you more likely to use drugs?

CLINICAL RISK FACTORS

A basic medical history is essential to the early diagnosis of sexually transmitted diseases:

- Screen all patients for signs and symptoms consistent with an STD
- Genital, oral, and/or anal lesions
- Pain or burning with urination
- New or unusual skin rash
- Rectal symptoms: discharge, burning, or itching
- Urethral discharge, groin pain

Laboratory Screening for STDs

- Initial visit:
 - All: Test for Syphilis (serologic), Gonorrhea and Chlamydia (urogenital, anal, oral)
- Screen for STDs regularly (at least annually)
 - Screen more frequently (3 to 6 month intervals) if:
 - Multiple or anonymous sex partners
 - Other risky behaviors associated with transmission
 - Sex or needle-sharing partner(s) with above risks
 - Life changes that may lead to higher risk behaviors

Adapted from: "STD/HIV Risk Assessment," compiled by the Mountain Plains Regional AETC and Seattle STD/HIV Prevention Training Center; and "Incorporating HIV Prevention into the Medical Care of Persons Living with HIV" (CDC/HRSA/NIH/HIVMA)