

Sexual Risk Reduction Counseling of Young Gay Men by their Health Care Providers

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Background

- HIV seronegative and seropositive gay men frequently report unprotected anal intercourse (UAI).
- Periodic risk assessment and STD screening are warranted.
- The extent to which young Canadian gay men receive sexual risk reduction counseling from their health care providers (HCP) is unknown.

Objective

- Measure the prevalence and correlates of self-reports of having ever received sexual risk reduction counseling by a HCP.

Methods

- The Vanguard Project is a prospective, open cohort study begun in 1995 of community-recruited men who have sex with men (MSM) ages 18-35 in Vancouver
- In 2003-2004, a sub-study of anal dysplasia was conducted
- Structured, self-administered questionnaires asked the following question:

"Has a health care provider outside of this project ever talked with you about the need for condoms during anal sex, or about safer sex generally?"

- Screens for syphilis, gonorrhea (rectal and throat), and chlamydia (urethral) were performed

Results

- **77 (59%) of 131 men reported previous sexual risk reduction counseling by their health care provider**
- The median time since last counseling was 4 (interquartile range 2, 24) months
- As seen in **Table 1**, men counseled reported greater numbers of sexual partners, new sexual partners, and partners with whom they engaged in anal intercourse.
- Previous counseling was significantly more common (86%) among men with asymptomatic STD infections (2 rectal gonorrhea, 5 chlamydia) than among men in whom such infections were not detected (57%), $p=0.13$
- First Nations men were significantly less likely to report having been counseled

Table 1. Characteristics of 209 young men who have sex with men, in relation to self-reported previous sexual risk reduction counseling by any health-care provider

Characteristics	Ever Counseled	Never Counseled	p-value
Total	116 (56%)	93 (45%)	-
Months since last counseled median (IQR)	6 (1, 12)	-	-
Age	32 (28, 35)	32 (29, 35)	0.72
Race-ethnicity			0.68
• W hite	88 (76%)	59 (65%)	
• O t her	22 (19%)	16 (18%)	
• F irst Nations	6 (5%)	16 (18%)	
College Education	54 (48%)	42 (48%)	0.95
Full-time Employment	69 (61%)	46 (52%)	0.21
History of injection drug use	12 (11%)	11 (12%)	0.75
Number of male sexual partners median (IQR) ^a	4 (2,8)	2 (1,3)	<0.001
Number of new male partners median (IQR) ^a	3 (1,5)	1 (0,3)	<0.001
Number anal partners median (IQR) ^{a,b}	2 (1,4)	1 (1,2)	0.003
Self-reported genital herpes	11 (10%)	2 (1%)	0.03
Positive Study visit test for rectal gonococcal or urethral chlamydial infection ^c	6 (5%)	4 (4%)	ns

Summary

- Over half of these young gay men reported previous risk reduction counseling by a provider
- Counseling appeared to have been targeted to those in greatest need

Recommendations

- Repeated counseling is important, underscored by reports of continuing high-risk UAI and diagnoses of asymptomatic STDs in previously counseled men
- Controlled assessments of the efficacy of brief, physician-initiated counseling in reducing UAI and STD are recommended

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