



NATIONAL BLACK GAY MEN'S ADVOCACY COALITION (NBGMAC)
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Knowledge Update:
Recent Journals Articles of Relevance to Black Gay Men
December 2011

This selection of abstracts is compiled from recent studies, clinical trial results and articles of interest to black gay men and organizations providing services to black gay men. Generally, the research directly focuses on black gay men. With permission from the authors or as a result of open-source publication, the full articles will be posted in the resources section of the NBGMAC Web site for future reference as they become available.

Pediatr Infect Dis J. 2011 Nov 30 (11):967-973.

Correlates of Sexual Activity and Sexually Transmitted Infections Among Human Immunodeficiency Virus-infected Youth in the LEGACY Cohort, United States, 2006.

Setse RW, Siberry GK, Gravitt PE, Moss WJ, Agwu AL, Wheeling JT, Bohannon BA, Dominguez KL; for the LEGACY Consortium.

Source: From the *Department of Epidemiology, School of Public Health, Johns Hopkins University, Baltimore, MD; †Pediatric Adolescent Maternal AIDS Branch, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, MD; ‡Department of Pediatric Infectious Diseases, Johns Hopkins Medical Institution, Baltimore, MD; §Northrop Grummon Inc., Atlanta, GA; and ¶Centers for Disease Control and Prevention, Atlanta, GA.

Abstract

BACKGROUND: To determine the prevalence and correlates of sexual activity and sexually transmitted infections (STIs) among human immunodeficiency virus (HIV)-infected youth.

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METHODS: The Longitudinal Epidemiologic Study to Gain Insight into HIV/AIDS in Children and Youth (LEGACY) is an observational medical record study of perinatally and behaviorally HIV-infected (PHIV and BHIV) youth followed at 22 US HIV clinics. PHIV youth were HIV infected at birth or by breast-feeding. BHIV youth were HIV infected sexually or by injection drug use. We determined the prevalence of sexual activity during 2006 and examined correlates of sexual activity among 13- to 24-year-old PHIV youth using multivariable generalized linear models. Among sexually active persons, we determined the association between mode of HIV acquisition and non-HIV STI diagnosis using multivariable generalized linear models.

RESULTS: In all, 34% (195/571) of PHIV and 89% (162/181) of BHIV youth were sexually active. Eighty percent (155/195) of sexually active PHIV youth reported ever using condoms. Ninety-three percent discussed sex with a health care provider. Increasing age (adjusted prevalence ratio [APR]: 1.17 per year of age, 95% confidence interval [CI] = 1.12-1.23), having a boyfriend/girlfriend (APR: 2.74, 95% CI = 1.75-4.29), and injection drug use (APR: 1.38, 95% CI = 1.06-1.79) correlated with sexual activity after adjusting for socio-demographic and HIV-related clinical variables. Among sexually active youth, after adjusting for relevant confounders, PHIV youth were less likely than BHIV youth to have been diagnosed with an STI in 2006 (APR: 0.25, 95% CI = 0.13-0.46).

CONCLUSIONS: Sexual activity among HIV-infected adolescents is common. Factors associated with sexual activity in this study should be taken into account in developing behavioral risk reduction interventions targeting PHIV youth.

AIDS Behav. 2011 Nov 1.

The Role of Multiple Identities in Adherence to Medical Appointments Among Gay/Bisexual Male Adolescents Living with HIV.

Harper GW, Fernandez IM, Bruce D, Hosek SG, Jacobs RJ; The Adolescent Medicine Trials Network for HIV/AIDS Interventions.

Source: Department of Psychology, DePaul University, Room 420, Chicago, IL, 60614, USA, gharper@depaul.edu.

Abstract: Adolescents living with HIV require engagement with care providers in order to access the critical medical and psychosocial services they need. The current study sought to explore developmental determinants of adherence to medical appointments as one aspect of engagement in care among a geographically diverse sample of 200 gay/bisexual male

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adolescents (16-24 years) living with HIV, with a specific focus on ethnic identity, sexual orientation identity, and identity as a young man living with HIV. Ethnic identity affirmation (OR = 0.6; 95% CI: 0.3, 0.9), morality of homosexuality (OR = 1.7; 95% CI: 1.2, 2.5), and HIV-positive identity salience (OR = 1.5; 95% CI: 0.9, 2.4) were associated with significantly higher risk for missed appointments in the past 3 months. These findings highlight the importance of attending to developmental factors, such as the development of multiple identities, when attempting to increase engagement in care for gay/bisexual male adolescents living with HIV.

HIV AIDS (Auckl). 2011;3:1-8. Epub 2011 Jan 28.

Impact of comorbidities and drug therapy on development of renal impairment in a predominantly African American and Hispanic HIV clinic population.

Rawlings MK, Klein J, Klingler EP, Queen E, Rogers L, Yau LH, Pappa KA, Pakes GE.

Source: AIDS Arms Peabody Health Clinic, Dallas, Texas.

Abstract

PURPOSE: Renal impairment in human immunodeficiency virus (HIV)-infected patients could potentially be caused by many factors. HIV-related renal impairment risks have been little studied in African Americans and Hispanics. We investigated the impact of HIV itself, highly active antiretroviral therapy (HAART), comorbidities, and non-HIV-related drug treatment on glomerular filtration rate in a predominantly African American/Hispanic HIV-infected population who had received HAART for at least one year. This study was a retrospective electronic medical record database evaluation of renal impairment risks in a largely African American/Hispanic HIV population obtaining medical care at an HIV clinic in Dallas, Texas.

METHODS: Proportional hazards models were used to investigate an association between an estimated glomerular filtration rate decrease >25% from baseline (ie, renal impairment) and demographics, antiretroviral/nonantiretroviral medications, comorbidities (hypertension, diabetes mellitus, hepatitis C virus [HCV] infection, hepatitis B virus [HBV] infection), CD4+ counts, viral load, and duration patients were monitored at the clinic (time on study).

RESULTS: In total, 323 patients were evaluated: 82% males; 61% African American/12% Hispanic/19% Caucasian; mean age 37.9 years (standard deviation [SD] 8.5); 6% HBV-positive; 34% HCV-positive; 29% hypertensive; 3%

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diabetic; 52% tenofovir-treated; mean weight 75.4 kg (SD, 15.4); mean estimated glomerular filtration 114.5 mL/min/1.73 m² (SD, 36.7) using the Modification of Diet in Renal Disease (MDRD) calculation method; mean creatinine clearance (from which estimated glomerular filtration was extrapolated) by the Cockcroft-Gault calculation method 120.6 mL/min/1.73 m² (SD, 41.2); mean time on study 2.7 years (SD, 1.0 year). An estimated glomerular filtration rate decrease of >25% from baseline was significantly associated with time on study (P = 0.0017; hazards ratio [HR] = 0.999) and hypertension (HR = 1.706; P = 0.0158) by the MDRD method, and with age (HR = 1.039; P = 0.0077), weight (HR = 0.987; P = 0.0023), and time on study (HR = 0.999; P = 0.0043) by extrapolation of Cockcroft-Gault creatinine clearance calculation. No specific HAART agent was associated with significant renal impairment risk by the definition used in this study.

CONCLUSION: This retrospective database study showed time on study, hypertension, weight, and age to be the only significant predictors of an estimated glomerular filtration rate decrease >25% from baseline.

Am J Public Health. 2011 Nov 17.

Repeat Syphilis Among Men Who Have Sex With Men in California, 2002-2006: Implications for Syphilis Elimination Efforts.

Cohen SE, Chew Ng RA, Katz KA, Bernstein KT, Samuel MC, Kerndt PR, Bolan G.

Source: 1 Center for AIDS Prevention Studies.

Abstract

Objectives. We examined rates of and risk factors for repeat syphilis infection among men who have sex with men (MSM) in California.

Methods. We analyzed 2002 to 2006 California syphilis surveillance system data.

Results. During the study period, a mean of 5.9% (range: 4.9%-7.1% per year) of MSM had a repeat primary or secondary (PS) syphilis infection within 2 years of an initial infection. There was no significant increase in the annual proportion of MSM with a repeat syphilis infection (P=.42). In a multivariable model, factors associated with repeat

syphilis infection were HIV infection (odds ratio [OR]=1.65; 95% confidence interval [CI]=1.14, 2.37), Black race (OR=1.84; 95% CI=1.12, 3.04), and 10 or more recent sex partners (OR=1.99; 95% CI=1.12, 3.50).

Conclusions. Approximately 6% of MSM in California have a repeat PS syphilis infection within 2 years of an initial infection. HIV infection, Black race, and having multiple sex partners are associated with increased odds of repeat infection. Syphilis elimination efforts should include messages about the risk for repeat infection and the importance of follow-up testing. Public health attention to individuals repeatedly infected with syphilis may help reduce local disease burdens.

Am J Public Health. 2011 Nov 17.

Sexual Compulsivity, Co-Occurring Psychosocial Health Problems, and HIV Risk Among Gay and Bisexual Men: Further Evidence of a Syndemic.

Parsons JT, Grov C, Golub SA.

Source: 1 Hunter College, CUNY.

Abstract

Objectives. We evaluated whether sexual compulsivity fits into a syndemic framework, in which sexual compulsivity is one of a number of co-occurring psychosocial health problems that increase HIV risk among men who have sex with men (MSM).

Methods. In 2003 and 2004, we conducted an anonymous cross-sectional survey of MSM in New York City (n=669) by approaching attendees at gay, lesbian, and bisexual community events. We analyzed data by bivariate and multivariate logistic regression.

Results. We found strong positive interrelationships among syndemic factors including sexual compulsivity, depression, childhood sexual abuse, intimate partner violence, and polydrug use. In bivariate analyses, all syndemic health problems except for childhood sexual abuse were positively related to HIV seropositivity and high-risk sexual behavior. Our multivariate models revealed an array of interrelationships among psychosocial health problems. We found amplified effects of these problems on HIV seropositivity and on the likelihood of engaging in high-risk sexual behavior.

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Conclusions. Our findings support the conclusion that sexual compulsivity is a component of a syndemic framework for HIV risk among MSM. HIV prevention interventions should consider the overlapping and compounding effects of psychosocial problems, including sexual compulsivity.

J Behav Med. 2011 Nov 9.

Risk factors for missed HIV primary care visits among men who have sex with men.

Traeger L, O'Cleirigh C, Skeer MR, Mayer KH, Safren SA.

Source: Behavioral Medicine Service, Massachusetts General Hospital/Harvard Medical School, One Bowdoin Square, 7th Floor, Boston, MA, 02114, USA, LTRAEGER@partners.org.

Abstract

Benefits of anti-retroviral therapy (ART) depend on consistent HIV care attendance. However, appointment non-adherence (i.e. missed appointments) is common even in programs that reduce financial barriers. Demographic, health/treatment, and psychosocial contributors to appointment non-adherence were examined among men who have sex with men (MSM) attending HIV primary care. Participants (n = 503) completed questionnaires, and HIV biomarker data were extracted from medical records. At 12 months, records were reviewed to assess HIV primary care appointment non-adherence. Among MSM, 31.2% missed without cancellation at least one appointment during 12-month study period. Independent predictors ($P < 0.05$) were: low income (OR = 1.87); African American (OR = 3.00) and Hispanic/Latino (OR = 4.31) relative to non-Hispanic White; depression (OR = 2.01); and low expectancy for appointments to prevent/treat infection (OR = 2.38), whereas private insurance (OR = 0.48) and older age (OR = 0.94) predicted lower risk. Low self-efficacy predicted marginal risk (OR = 2.74, $P = 0.10$). The following did not independently predict risk for non-adherence: education, relationship status, general health, time since HIV diagnosis, ART history, post-traumatic stress disorder, HIV stigma, or supportive clinic staff. Appointment non-adherence is prevalent, particularly among younger and racial/ethnic minority MSM. Socioeconomic barriers, depression and low appointment expectancy and self-efficacy may be targets to increase care engagement.

AIDS Patient Care STDS, 2011 Nov 9.

A Systematic Review of Behavioral and Treatment Outcome Studies Among HIV-Infected Men Who Have Sex with Men Who Abuse Crystal Methamphetamine.

Rajasingham R, Mimiaga MJ, White JM, Pinkston MM, Baden RP, Mitty JA.

Source: 1 Beth Israel Deaconess Medical Center, Harvard Medical School , Boston, Massachusetts.

Abstract

Men who have sex with men (MSM) have the highest incidence of HIV infection in the United States. One of the contributing factors to HIV spread among this group is the use of crystal methamphetamine (meth). The objective was to review the behavioral impact of crystal meth use in HIV-infected MSM and potential treatment options. A systematic review of MEDLINE identified studies that evaluated the clinical effects of crystal meth on the HIV-infected MSM population. Search terms included HIV, methamphetamine, MSM, antiretroviral therapy, adherence, resistance, and treatment. U.S. citations in the English language in peer-reviewed journals until December 2010 were included. The primary author reviewed eligible articles, and relevant data including study design, sample, and outcomes were entered into an electronic data table. The 61 included studies highlight that HIV-infected MSM who use crystal meth are more likely to report high-risk sexual behaviors, incident sexually transmitted infections, and serodiscordant unprotected anal intercourse, compared to HIV-infected MSM who do not use crystal meth. Medication adherence in this population is notably low, which may contribute to transmission of resistant virus. No medications have proven effective in the treatment of crystal meth addiction, and the role of behavioral therapies, such as contingency management are still in question. HIV-infected MSM who abuse crystal meth have worse HIV-related health outcomes. Behavioral interventions have shown variable results in treating crystal meth addiction, and more investigation into rehabilitation options are needed. The results presented support efforts to develop and implement novel interventions to reduce crystal meth use in HIV-infected MSM.

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Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment.

Green KE, Feinstein BA.

Abstract

Historically, substance use problems were thought to be more prevalent in lesbian, gay, and bisexual (LGB) populations, and correcting skewed perceptions about substance abuse among LGB individuals is critically important. This review provides an update on empirical evidence on LGB substance use patterns and treatment outcome, with specific focus on clinical implications of findings. Compared to earlier studies, the recent research included in this review has used more sophisticated methodologies and more representative samples, and also has investigated multiple dimensions of sexual orientation in relation to substance use patterns. Findings from recent research suggest that lesbians and bisexual women are at greater risk for alcohol and drug use disorders and related problems, and that gay and bisexual men are at greater risk for illicit drug use and related problems. Several sociocultural factors have emerged as correlates of substance use patterns in LGB populations (e.g., affiliation with gay culture, HIV status), and several demographic characteristics (e.g., female, older age) do not appear to be as robust of protective factors against substance abuse for LGB individuals compared to heterosexual populations. Bisexual identity and/or behavior in particular seem to be related to increased risk for substance abuse. In terms of treatment outcome, limitations of extant research prevent conclusions about the relative impact of LGB-specific interventions, and further research that includes women and uses more equivalent comparison interventions is needed. Clinical implications of research findings are discussed for case identification, selection of treatment goals (e.g., moderation vs. abstinence), targets for intervention, and specific treatment modalities.

JAIDS Journal of Acquired Immune Deficiency Syndromes:

1 December 2011 - Volume 58 - Issue 4 - p 408–416

Men Who Have Sex With Men Have a 140-Fold Higher Risk for Newly Diagnosed HIV and Syphilis Compared With Heterosexual Men in New York City

Pathela, Preeti DrPH, MPH*; Braunstein, Sarah L. PhD, MPH†; Schillinger, Julia A. MD, MSc*,‡; Shepard, Colin MD†; Sweeney, Monica MD, MPH†; Blank, Susan MD, MPH*,‡

Abstract

Objectives: To describe the population of men who have sex with men (MSM) in New York City, compare their demographics, risk behaviors, and new HIV and primary and secondary (P&S) syphilis rates with those of men who have sex with women (MSW), and examine trends in infection rates among MSM.

Design: Population denominators and demographic and behavioral data were obtained from population-based surveys during 2005–2008. Numbers of new HIV and P&S syphilis diagnoses were extracted from city-wide disease surveillance registries.

Methods: We calculated overall, age-specific and race/ethnicity-specific case rates and rate ratios for MSM and MSW and analyzed trends in MSM rates by age and race/ethnicity.

Results: The average prevalence of male same-sex behavior during 2005–2008 (5.0%; 95% CI: 4.5 to 5.6) differed by both age and race/ethnicity (2.3% among non-Hispanic black men; 7.4% among non-Hispanic white men). Compared with MSW, MSM differed significantly on all demographics and reported a higher prevalence of condom use at last sex (62.9% vs. 38.3%) and of past-year HIV testing (53.6% vs. 27.2%) but also more past-year sex partners. MSM HIV and P&S syphilis rates were 2526.9/100,000 and 707.0/100,000, each of which was over 140 times MSW rates. Rates were highest among young and black MSM. Over 4 years, HIV rates more than doubled and P&S syphilis rates increased 6-fold among 18-year-old to 29-year-old MSM.

Conclusions: The substantial population of MSM in New York City is at high risk for acquisition of sexually transmitted infections given high rates of newly diagnosed infections and ongoing risk behaviors. Intensified and innovative efforts to implement and evaluate prevention programs are required.

[AIDS Care](#). 2011 Nov 22.

Oral versus anal sex at last encounter - behavioral differences among men who have sex with men in the District of Columbia.

[Phillips G](#), [Magnus M](#), [Kuo I](#), [Shelley KD](#), [Rawls A](#), [West-Ojo T](#), [Greenberg AE](#).

Source: The George Washington University School of Public Health and Health Services , Washington , DC , USA.

Abstract

Oral sex may be used as a form of harm reduction against HIV transmission. We compared characteristics of men who have sex with men (MSM) in Washington, DC having oral sex versus those having anal sex at last encounter. Data collected through National HIV Behavioral Surveillance in 2008 using venue-based sampling were used. Men ≥ 18 years old disclosing MSM behavior in the past year were analyzed (n=500); OraQuick and Western Blot confirmation were used to assess HIV status. Multivariable methods were used for data analyses by type of sex at last encounter. A total of 71.8% of MSM had anal sex and 28.2% reported oral sex at last encounter. Men reporting oral sex were more likely to be white, older, insured, HIV-negative, unaware of last partner's HIV status, have a main partner, and not be HIV tested in the previous year. Significant demographic and behavioral differences exist between MSM reporting oral or anal sex; further studies should assess whether oral sex is being used as HIV prevention among MSM.

[South Med J](#). 2011 Dec;104(12):794-800.

Differences in National Antiretroviral Prescribing Patterns Between Black and White Patients with HIV/AIDS, 1996-2006.

[Oramasionwu CU](#), [Brown CM](#), [Lawson KA](#), [Ryan L](#), [Skinner J](#), [Frei CR](#).

Source

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From the College of Pharmacy, University of Texas at Austin, the Pharmacotherapy Education and Research Center, University of Texas Health Science Center at San Antonio, and the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland.

Abstract

OBJECTIVES:

The benefit of improved health outcomes for blacks receiving highly active antiretroviral therapy (HAART) lags behind that of whites. This project therefore sought to determine whether the reason for this discrepancy in health outcomes could be attributed to disparities in use of antiretroviral therapy between black and white patients with HIV.

MATERIALS AND METHODS:

The 1996-2006 National Hospital Ambulatory Medical Care Surveys were used to identify hospital outpatient visits that documented antiretrovirals. Patients younger than 18 years, of nonblack or nonwhite race, and lacking documentation of antiretrovirals were excluded. A multivariable logistic regression model was constructed with race as the independent variable and use of HAART as the dependent variable.

RESULTS:

Approximately 3 million HIV/AIDS patient visits were evaluated. Blacks were less likely than whites to use HAART and protease inhibitors (odds ratio, 95% CI 0.81 [0.81-0.82] and 0.67 [0.67-0.68], respectively). More blacks than whites used non-nucleoside reverse transcriptase inhibitors (odds ratio, 95% CI 1.18 [1.17-1.18]). In 1996, the crude rates of HAART were relatively low for both black and white cohorts (5% vs 6%). The rise in HAART for blacks appeared to lag behind that of whites for several years, until 2002, when the proportion of blacks receiving HAART slightly exceeded the proportion of whites receiving HAART. In later years, the rates of HAART were similar for blacks and whites (81% vs 82% in 2006). Blacks appeared less likely than whites to use protease inhibitors and more likely than whites to use non-nucleoside reverse transcriptase inhibitors from 2000 to 2004.

CONCLUSIONS:

Blacks experienced a lag in the use of antiretrovirals at the beginning of the study; this discrepancy dissipated in more recent years.