



National Black Gay Men's Advocacy Coalition, Inc.

Knowledge Update:

Recent Studies, Clinical Trials and Articles of Relevance to Black Gay Men

September 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.

J Acquir Immune Defic Syndr. 2011 Aug 4

Clinical Outcomes of Adolescents and Young Adults in Adult HIV Care

Ryscavage PA, Anderson EJ, Sutton SH, Reddy S, Taiwo B.

Source

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Abstract

We sought to describe virologic and clinical retention outcomes among a group of HIV-infected adolescents and young adults (AYA) newly established in an adult HIV clinic compared to matched HIV-infected adults. AYA demonstrated lower rates of HIV-1 virologic suppression and higher rates of HIV-1

viral rebound and loss to follow-up compared to adults. African American AYA had the lowest rates of virologic suppression and the highest rates of viral rebound. Adult providers should consider HIV-infected AYA, particularly African American HIV-infected AYA, to potentially be at high risk for poor clinical outcomes in adult care.

J Acquir Immune Defic Syndr. 2011 Aug 4. [Epub ahead of print]

Increased HIV and Primary and Secondary Syphilis Diagnoses among Young Men- United States, 2004-2008

Torrone EA, Bertolli JM, Li J, Sweeney PA, Jeffries WL 4th, Ham DC, Peterman TA.

Source

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Abstract

OBJECTIVES:

National data document increases in HIV and syphilis diagnoses in young black men who have sex with men (MSM), but trends could be driven by increases in a few large areas. We describe the extent to which metropolitan areas of varying population sizes have reported increases in HIV and syphilis diagnoses in young MSM.

METHODS:

We examined trends in HIV and primary and secondary syphilis case reports from 2004 to 2008 in metropolitan areas having more than 500,000 persons and at least 500 black men aged 13-24 years (n=73). We examined differences by age at diagnosis, race/ethnicity, and area size.

RESULTS:

Comparing 2004/2005 to 2007/2008, HIV diagnoses increased in 85% (n=62) of areas among black MSM aged 13-24 years; primary and secondary syphilis diagnoses in young black men increased in 70% of areas (n=51). Areas had an average percentage increase of 68.7% (Interquartile range (IQR): 25.0, 103.1) in HIV diagnoses among young black MSM and an average increase of 203.5% (IQR: 0.0, 192.7) in primary and secondary syphilis. Across area size strata, the youngest group of black men had the highest average percentage increase in diagnoses of HIV and syphilis as well as the highest percentage of areas with increases in diagnoses.

CONCLUSIONS:

HIV and syphilis diagnoses increased among young black men in almost all areas, suggesting widespread increases across metropolitan areas of different sizes. Findings highlight the need for continued prevention efforts for young MSM, particularly young black MSM.

Cultur Divers Ethnic Minor Psychol. 2011 Jul;17(3):295-302.

Perceived discrimination and mental health symptoms among Black men with HIV.

Bogart LM, Wagner GJ, Galvan FH, Landrine H, Klein DJ, Sticklor LA.

Source: Division of General Pediatrics, Department of Medicine, Children's Hospital Boston.

Abstract

People living with HIV (PLWH) exhibit more severe mental health symptoms, including depression and posttraumatic stress disorder (PTSD) symptoms, than do members of the general public. We examined whether perceived discrimination, which has been associated with poor mental health in prior research, contributes to greater depression and PTSD symptoms among HIV-positive Black men who have sex with men (MSM), who are at high risk for discrimination from multiple stigmatized characteristics (HIV-serostatus, race/ethnicity, sexual orientation). A total of 181 Black MSM living with HIV completed

audio computer-assisted self-interviews (ACASI) that included measures of mental health symptoms (depression, PTSD) and scales assessing perceived discrimination due to HIV-serostatus, race/ethnicity, and sexual orientation. In bivariate tests, all three perceived discrimination scales were significantly associated with greater symptoms of depression and PTSD (i.e., reexperiencing, avoidance, and arousal subscales; all p values $< .05$). The multivariate model for depression yielded a three-way interaction among all three discrimination types ($p < .01$), indicating that perceived racial discrimination was negatively associated with depression symptoms when considered in isolation from other forms of discrimination, but positively associated when all three types of discrimination were present. In multivariate tests, only perceived HIV-related discrimination was associated with PTSD symptoms ($p < .05$). Findings suggest that some types of perceived discrimination contribute to poor mental health among PLWH. Researchers need to take into account intersecting stigmata when developing interventions to improve mental health among PLWH. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

MMWR Morb Mortal Wkly Rep. 2011 Jun 3;60(21):694-9.

HIV testing among men who have sex with men--21 cities, United States, 2008.

Centers for Disease Control and Prevention (CDC).

Abstract

Although men who have sex with men (MSM) comprise an estimated 2% of the overall U.S. population aged ≥ 13 years (1), 59% of persons with diagnoses of human immunodeficiency virus (HIV) infection in the United States in 2009 were MSM, including MSM who inject drugs (2). CDC recommends HIV testing at least annually for sexually active MSM to identify HIV infections and prevent ongoing transmission (3). Results of HIV testing conducted as part of the National HIV Behavioral Surveillance System (NHBS) in 21 cities indicated that 19% of MSM who were tested in 2008 were HIV-positive; of these, 44% were unaware that they were infected (4). To assess whether MSM were tested as recommended and whether more frequent testing might be indicated, CDC analyzed NHBS data for 2008. This report describes the results of that analysis, which indicated that, of 7,271 MSM interviewed and tested who did not report a previous positive HIV test, 61% had been tested for HIV infection during the

past 12 months; among these, 7% had a new, positive HIV test result when tested as part of NHBS. Given the high prevalence of new HIV infection among MSM who had been tested during the past year, sexually active MSM might benefit from more frequent HIV testing (e.g., every 3 to 6 months).

"Older Partner Selection, Sexual Risk Behavior and Unrecognized HIV Infection Among Black and Latino Men Who Have Sex with Men"

Sexually Transmitted Infections Vol. 87: P. 442-447 (08..11):: Heather A. Joseph; Gary Marks; Lisa Belcher; Gregorio A. Millett; Ann Stueve; Trista A. Bingham; Jennifer Lauby

The authors conducted this study to assess whether young black and Latino men who have sex with men who have older sex partners are more likely than MSM who do not have older partners to have unrecognized HIV infection. The team examined whether the association is due to increased sexual risk behavior with male partners of any age, heightened risk of being exposed to HIV by older partners, or a combination of these two factors.

Included in the analytical sample were 723 black and Latino MSM ages 18-35. At study entry, all were HIV-negative or of unknown serostatus. Participants underwent HIV testing and completed a self-administered questionnaire. MSM who reported a male sex partner at least four years older were compared with those who did not. Study outcomes included unprotected receptive anal intercourse (URAI) with male partners of any age during the past three months, and having unrecognized HIV infection.

A higher prevalence of URAI was reported by men with older partners (adjusted odds ratio=1.50, 95 percent confidence interval 1.02 to 2.21.) A second model showed men with older partners had increased odds of having unrecognized HIV infection (AOR=2.51, 95 percent CI 1.18 to 5.34), after controlling for the number of URAI partners of any age, which remained an independent predictor.

“Young black and Latino MSM who had older male sex partners were at increased risk of having unrecognized HIV infection,” the authors concluded. “This heightened risk was associated with sexual risk behavior with partners of any age as well as possible increased exposure to HIV infection from older partners.”

Health Psychol. 2011 May 23.

Relationship characteristics and sexual risk-taking in young men who have sex with men.

Mustanski B, Newcomb ME, Clerkin EM.

Abstract

Objective: Young men who have sex with men (MSM), particularly young men of color, are experiencing the largest increase in HIV incidence of any risk group in the United States. Epidemiological research suggests that the majority of transmissions among MSM are occurring in the context of primary partnerships, but little research has been done on the processes within these dyads that increase HIV risk behaviors. The aim of this study was to use longitudinal partnership-level data to explore the effects of partner and relationship characteristics on the frequency of unprotected sex within young MSM relationships. Method: One hundred twenty-two young MSM (age 16-20 at baseline) were assessed at three time-points six months apart, with 91% retention at the 12-month follow-up wave. Over 80% were racial/ethnic minorities. At each wave, participants reported on characteristics of the relationships and partners for up to three sexual partners. Hierarchical linear modeling was used for analyses. Results: The largest effect was for considering the relationship to be serious, which was associated with nearly an eightfold increase in the rate of unprotected sex. Other factors that increased risk behaviors included older partners, drug use prior to sex, physical violence, forced sex, and partnership lasting more than six months. Partners met online were not associated with significantly more sexual risk. Conclusions: These data provide insight into the relationship processes that should be addressed in prevention programs targeted at young MSM. Relationships may serve as a promising unit for HIV prevention interventions, although more formative research will be required to address potential logistical obstacles to implementing such interventions. The partner-by-partner analytic approach (i.e., evaluating situational variables associated with several partners for a given participant) holds promise for future HIV behavioral research. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

J Acquir Immune Defic Syndr. 2011 Aug 18.

Differences in risk behaviors and partnership patterns between younger and older men who have sex with men in New York City (NYC).

Bocour A, Renaud TC, Wong MR, Udeagu CC, Shepard CW.

Source: At the time of the study all authors were with the Bureau of HIV/AIDS Prevention and Control, New York City Department of Health and Mental Hygiene, New York, NY.

Abstract

BACKGROUND:

Men who have sex with men (MSM) account for a higher proportion of HIV diagnoses than any other risk group in the United States. Given that in NYC MSM under 30 years old represent a growing proportion of new diagnoses among MSM, we examined differences between MSM by age.

METHODS:

We analyzed NYC surveillance and partner services (PS) data for MSM newly diagnosed with HIV from January 2007- December 2008. We compared demographics, HIV-related risk behaviors and sexual partner characteristics between younger MSM (<30 years old) (YMSM) and MSM \geq 30 years old.

RESULTS:

336 MSM were interviewed for PS (180 YMSM and 156 older MSM). MSM were mostly black or Hispanic (91%). YMSM were more likely than older MSM to report gay sexual identity (70% vs. 58%, $P<.01$), and a recent STI (29% vs. 15%, $P<.01$). More YMSM named \geq 1 male partner for HIV notification (66% vs. 36%, $P<.01$). YMSM were more likely than older MSM to name partners who were 5 or more years older (42% vs. 25%, $P<.01$). More YMSM tested for HIV at least once in the past two years than older MSM (66% vs. 40%, $P<.01$).

DISCUSSION:

Our study has identified important differences in HIV risk behaviors and sexual partnerships between newly diagnosed HIV-infected YMSM and older MSM. YMSM were more willing to provide the names of male sex partners for the purposes of partner notification than were older MSM, suggesting that PS may be particularly effective at identifying new cases of HIV.

Am J Drug Alcohol Abuse. 2011 Sep;37(5):294-300.

Is Monogamy or Committed Relationship Status a Marker for Low Sexual Risk among Men in Substance Abuse Treatment? Clinical and Methodological Considerations.

Calsyn DA, Campbell AN, Tross S, Hatch-Maillette MA.

Source: Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine , Seattle, WA , USA.

Abstract

Background: HIV prevention interventions often promote monogamy to reduce sexual risk. However, there is little consensus about how to define monogamy. Objective: To determine the extent to which recent monogamy and/or being in a committed relationship serve as markers for low sexual risk among men in substance abuse treatment. Methods: Participants were 360 men enrolled in the National Institute on Drug Abuse Clinical Trials Network "Real Men Are Safe" protocol who completed all assessments (baseline, 3 months, and 6 months). Self-reported behaviors included number of sexual partners, type of relationships, frequency of vaginal/anal intercourse, and percentage of condom use. Results: The rate of self-reported monogamy in the prior 90 days was stable across assessments (54.2%, 53.1%, 58.3%). However, at each assessment 7.5-10% of monogamous men identified their partner as a casual partner, and only 123 (34.2%) reported being monogamous at every assessment. Of these, 20 (5.6%) reported being monogamous with different partners across assessments. Men with both committed relationship and casual partners reported more condom use with their committed relationship partners than men with only a committed relationship partner. Conclusion: Clinicians and researchers should consider individual

relationship context and behavior and avoid assuming that recent monogamy or being in a committed relationship denotes low risk. Scientific Significance: This study provides evidence that, in male drug users, monogamy does not necessarily reflect low sexual risk. Rather, "monogamous" men actually encompass various combinations of partner types and levels of risk behavior that are unstable, even over brief time periods. Clinicians and researchers must take these variations into account.

AIDS Behav. 2011 Aug;15(6):1098-110.

Do social support, stress, disclosure and stigma influence retention in HIV care for Latino and African American men who have sex with men and women?

Wohl AR, Galvan FH, Myers HF, Garland W, George S, Witt M, Cadden J, Operskalski E, Jordan W, Carpio F, Lee ML.

Source: HIV Epidemiology Program, Los Angeles County Department of Public Health, 600 S. Commonwealth Avenue Suite 1920, Los Angeles, CA 90005, USA. awohl@ph.lacounty.gov

Abstract

Limited research has examined the role that social support, stress, stigma and HIV disclosure play in retention in HIV care for African Americans and Latinos. Among 398 Latino and African American men who have sex with men (MSM) and women, the major predictor of retention in HIV care was disclosure of HIV status to more social network members (OR = 1.5; 95% CI: 1.1, 1.9). Among those who had disclosed (n = 334), female gender (OR = 1.8, 95% CI: 1.1, 3.1) and disclosure of HIV status to more network members (OR = 1.5, 95% CI: 1.1, 1.9) was associated with retention in HIV care. General stress was associated with retention in care (OR = 1.2; 95% CI: 1.1, 1.3) for African American MSM who had disclosed. More MSM-stigma was associated with poorer retention (OR = 0.9; 95% CI: 0.8, 0.9) for Latino MSM. Interventions that help patients safely disclose their HIV status to more social network members may improve HIV care retention as would social network counseling for Latino MSM to reduce MSM-stigma

AIDS Educ Prev. 2011 Feb;23(1):1-12.

HealthMpowerment.org: development of a theory-based HIV/STI website for young black MSM.

Hightow-Weidman LB, Fowler B, Kibe J, McCoy R, Pike E, Calabria M, Adimora A.

Source: Division of Infectious Diseases, Department of Medicine, UNC School of Medicine, University of North Carolina, Chapel Hill, 27599-7030, USA. lisa_hightow@med.unc.edu

Abstract

Black men who have sex with men (BMSM) are disproportionately affected by the HIV epidemic, yet few prevention interventions have been developed specifically for them. Recent studies suggest that the Internet is a promising intervention delivery avenue. We describe results from our formative work in developing a theory-based online HIV/STI prevention intervention for young BMSM including focus groups, semistructured interviews, and usability testing. The Intervention, HealthMpowerment.org, was created based on the Institute of Medicine's integrated model of behavior change with extensive input from young BMSM. Key interactive Web site features include live chats, quizzes, personalized health and "hook-up/sex" journals, and decision support tools for assessing risk behaviors. Creating an interactive HIV/sexually transmitted infection web site for BMSM was a complex process requiring many adjustments based on iterative feedback throughout all development stages. Preliminary satisfaction, content acceptability, and usability findings support the use of the Internet to deliver risk reduction messages to young BMSM.

Issues Ment Health Nurs. 2011;32(3):146-57.

An exploration of young ethnic minority males' beliefs about romantic relationships.

Collins JL, Champion JD.

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Abstract

Ethnic minority males experience a disproportionate prevalence of sexually transmitted infections and HIV. Few studies have explored the beliefs that frame romantic relationships in which sexual behavior occurs. The purpose of this study was to explore the experience of romantic relationships for young ethnic minority men who partner with adolescent women with high-risk sexual histories and the beliefs about romantic relationships that underlie these relationship choices. A phenomenologic approach was used. Two semi-structured interviews were completed with six Mexican American and two African American young adult males 19 to 26 years of age. Participants struggled to balance a desire to maintain physical and psychological closeness with partners with a desire to distance from partners in the face of unmet psychological needs. Recognition of how males struggle to balance getting needs met in romantic relationships will be necessary for the provision of culturally relevant care for males and their partners.

J Acquir Immune Defic Syndr. 2010 Dec 15;55 Suppl 2:S88-90.

HIV prevention in gay bathhouses and sex clubs across the United States.

Woods WJ, Euren J, Pollack LM, Binson D.

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Abstract

Gay bathhouses (including sex clubs) contributed to HIV prevention from the early days of the AIDS epidemic, but the extent to which prevention interventions are implemented in bathhouses is unknown. Using telephone survey methodology, bathhouse managers provided data about HIV prevention in their bathhouses. All the bathhouses provided free condoms, and nearly all displayed educational posters in public areas and had informational pamphlets available for patrons. A few of the bathhouses offered outreach services and counseling services. Almost all promoted testing for HIV/sexually transmitted infection (which included providing information about where to get tested), and 75.5% had HIV testing programs in their venues. Most of the HIV testing programs were started during the past 5 years, initiated

by the bathhouse management or a community agency, and operated by community-based agencies. About one third of the programs offered rapid HIV testing. The results of the telephone survey revealed that all the bathhouses engaged in prevention and many offered a wide range of prevention services, suggesting that managers have embraced the issue of HIV and collaborated in bringing prevention to high-risk men. The absence of studies evaluating these prevention efforts remains a concern and an obstacle for efficient use of the prevention resources.

J Acquir Immune Defic Syndr. 2010 Dec 15;55 Suppl 2:S74-7.

Mental health and HIV risk in men who have sex with men.

Safren SA, Reisner SL, Herrick A, Mimiaga MJ, Stall RD.

Source: Massachusetts General Hospital/Harvard Medical School, Boston, MA 02114, USA.

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Abstract

Evidence-based HIV prevention interventions with men who have sex with men (MSM) in the United States have moderate effect sizes in reducing HIV sexual risk behavior. Mental health and psychosocial problems, which both disproportionately affect MSM populations and are implicated in HIV transmission risk behaviors, also likely interfere with the uptake of HIV behavioral interventions. Moreover, given that mental health and psychosocial problems such as depression, substance use, and violence frequently co-occur for many MSM (eg, as syndemic conditions), what is probably needed are combination prevention efforts, or prevention "cocktails," similar to treatment "cocktails," that address the psychological and behavioral mechanisms that interact to produce elevated risk for HIV. Such interventions should incorporate a holistic framework to address the sexual health and overall well being of MSM. Addressing co-occurring psychosocial risk factors is apt to improve effect sizes of current HIV prevention interventions and allow for more effective uptake by MSM.

J Acquir Immune Defic Syndr. 2010 Dec 15;55 Suppl 2:S64-8.

Epidemiology of HIV in the United States.

Lansky A, Brooks JT, DiNenno E, Heffelfinger J, Hall HI, Mermin J.

Source: Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA 30333, USA. alansky@cdc.gov

Abstract

BACKGROUND:

The United States has a comprehensive system of HIV surveillance, including case reporting and disease staging, estimates of incidence, behavioral, and clinical indicators and monitoring of HIV-related mortality. These data are used to monitor the epidemic and to better design, implement, and evaluate public health programs.

METHODS:

We describe HIV-related surveillance systems and review recent data.

RESULTS:

There are more than 1.1 million people living with HIV in the United States, and approximately 56,000 new HIV infections annually. Risk behavior data show that 47% of men who have sex with men engaged in unprotected anal intercourse in the past year, and 33% of injection drug users had shared syringes. One third (32%) of people diagnosed with HIV in 2008 were diagnosed with AIDS within 12 months, indicating missed opportunities for care and prevention. An estimated 72% of HIV-diagnosed persons received HIV medical care within 4 months of initial diagnosis.

CONCLUSIONS:

Conducting accurate and comprehensive HIV surveillance is critical for measuring progress toward the goals of the 2010 National HIV/AIDS Strategy: reduced HIV incidence, increased access to care, and improvements in health equity.

J Acquir Immune Defic Syndr. 2010 Dec 15;55 Suppl 2:S148-50.

A prevention response that fits America's epidemic: community perspectives on the status of HIV prevention in the United States.

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Source: amfAR, The Foundation for AIDS Research, Washington, DC 20036, USA.

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Abstract

HIV prevention services have succeeded in limiting HIV incidence in the United States but have not prevented HIV from becoming a devastating epidemic in the communities most affected. The National HIV/AIDS Strategy represents an important opportunity to improve domestic HIV prevention efforts and to begin to reduce HIV incidence over time. Elements that are essential to improving HIV incidence outcomes include greater transparency and accountability in use of HIV prevention funds; scaling up programming for those most at risk; fostering and evaluating community-based HIV prevention efforts; and looking beyond individual behavior change programming by putting a greater emphasis on structural, network, and policy interventions. To overcome years of stagnation on HIV prevention outcomes, we need a response characterized by accountability, appropriate targeting, and sufficient scale.

J Acquir Immune Defic Syndr. 2010 Dec 15;55 Suppl 2:S102-5.

The future of HIV testing.

Branson BM.

Source: Division of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA, USA. bbranson@cdc.gov

Abstract

HIV testing is the essential entry point for both treatment and prevention. The need to identify acute HIV infection (the period immediately after HIV acquisition, when persons are most infectious) and HIV-2 infection, which does not respond to many first-line antiretroviral agents, poses challenges for the traditional algorithm of Western blot confirmation after a repeatedly reactive antibody screening test. Immunoassays that detect antibodies earlier, tests for HIV RNA, and combination assays that screen simultaneously for both p24 antigen and HIV antibody are now approved for HIV diagnosis by the Food and Drug Administration. A revised testing algorithm can address the challenges posed by acute infection, HIV-2 infection, and the shortcomings of the Western blot. These new diagnostic strategies will allow earlier more accurate identification of infected persons so that they can benefit from effective treatment and also enhance abilities to focus prevention efforts where HIV transmission is most active.

Am J Public Health. 2011 Aug 18. [Epub ahead of print]

Differences in the Social Networks of African American Men Who Have Sex With Men Only and Those Who Have Sex With Men and Women.

Latkin C, Yang C, Tobin K, Penniman T, Patterson J, Spikes P.

Source: 1 Johns Hopkins School of Public Health.

Abstract

Objectives. We compared social network characteristics of African American men who have sex with men only (MSMO) with social network characteristics of African American men who have sex with men and women (MSMW). Methods. Study participants were 234 African American men who have sex with men who completed a baseline social network assessment for a pilot behavioral HIV prevention intervention in Baltimore, Maryland, from 2006 through 2009. We surveyed the men to elicit the characteristics of their social networks, and we used logistic regression models to assess differences in network characteristics. Results. MSMO were significantly more likely than were MSMW to be HIV-positive (52% vs 31%). We found no differences between MSMO and MSMW in the size of kin networks or emotional and material support networks. MSMW had denser sexual networks, reported more concurrent and exchange partners, used condoms with more sexual partners, and reported interaction with a larger number of sexual partners at least once a week. Conclusions. Although there were many similarities in the social and sexual network characteristics of MSMO and MSMW, differences did exist. HIV prevention interventions should address the unique needs of African American MSMW. (Am J Public Health. Published online ahead of print August 18, 2011: e1-e6. doi:10.2105/AJPH.2011.300281).

Am J Mens Health. 2011 Aug 10.

Heterosexual Risk for HIV Among Black Men in the United States: A Call to Action Against a Neglected Crisis in Black Communities.

Raj A, Bowleg L.

Source

University of California, San Diego, CA, USA.

Abstract

Recent data from the Centers for Disease Control and Prevention demonstrate that 1 in 16 Black men in the United States will be infected with HIV in their lifetime. Furthermore, the long-standing HIV disparity in Black communities is actually increasing for Black men. National efforts to curb the epidemic among U.S. Black men focus primarily on men who have sex with men and injection drug users. Black

men at heterosexual risk for HIV have largely been neglected by research, program, and policy. This article presents epidemiologic data documenting that heterosexual risk for HIV among Black men is a major concern for Black communities and is likely additional evidence among growing indications of a generalized epidemic in low-income and urban Black communities. The authors offer a call to action to increase support for research, program, and policies that can improve HIV prevention and testing among heterosexual Black men in the United States, as part of the national agenda to reduce rates of HIV in Black communities.

J Acquir Immune Defic Syndr. 2011 Aug 1;57(4):340-50.

Early Life Traumatic Stressors and the Mediating Role of PTSD in Incident HIV Infection Among US Men, Comparisons by Sexual Orientation and Race/Ethnicity: Results From the NESARC, 2004-2005.

Reisner SL, Falb KL, Mimiaga MJ.

Source: From the *Department of Society, Human Development, and Health, Harvard School of Public Health, Boston, MA; †The Fenway Institute, Fenway Health, Boston, MA; ‡Department of Epidemiology, Harvard School of Public Health, Boston, MA; and §Harvard Medical School, Department of Psychiatry, Massachusetts General Hospital, Boston, MA.

Abstract

BACKGROUND:

Stressful life events in childhood during critical periods of development have long-term psychological and neurobiological sequelae, which may affect risk for HIV infection across the life course.

METHODS:

Data were from a nationally representative sample of 13,274 US men (National Epidemiologic Survey on Alcohol and Related Conditions, 2004-2005). Weighted multivariable logistic regression models

examined (1) the association of childhood violent events before age 18 on 12-month incident HIV infection and (2) whether posttraumatic stress disorder (PTSD) diagnosis (clinical interview) mediated the association between early life events and HIV.

RESULTS:

Overall, the 12-month HIV incidence was <1% (0.35%); 44% of new infections were among racial/ethnic minorities and 31% among men who have sex with men). One-third of the sample (33.5%) reported one or more early life stressors (physical abuse, sexual abuse, neglect, verbal violence, or witnessed violence). In a weighted multivariable logistic regression model adjusted for age, education, family's socioeconomic position, and sexual behaviors, each additional early life violent event was associated with an elevated odds of HIV infection [adjusted odds ratio (aOR) = 1.32; 95% confidence interval (CI): 1.16 to 1.50]. Adding PTSD to this adjusted model, PTSD was highly associated with incident HIV infection (aOR = 5.75; 95% CI: 4.76 to 6.95). There was evidence that PTSD partially mediated the relationship between early life events and HIV (aOR = 1.14; 95% CI: 1.02 to 1.28).

CONCLUSIONS:

Experiencing early life violent family stressors was associated with HIV infection among men. Early life events and HIV infection were mediated by PTSD, which has implications for understanding disparities in HIV infection. Interventions are urgently needed that address the long-term sequelae of childhood violence.

J Assoc Nurses AIDS Care. 2011 Apr 14.

Falling Through the Cracks: Unmet Health Service Needs Among People Living with HIV in Atlanta, Georgia.

Kalichman SC, Cherry C, White D, Jones M, Kalichman MO, Amaral C, Swetzes C.

Abstract

Despite growing numbers of people living with HIV (PLWH), the landscape of related services is shrinking. This study investigated health and social service needs of men (N = 489) and women (N = 165) living with HIV in Atlanta, GA. Participants completed confidential measures asking about the health and social services they needed and accessed. Results showed an array of health and social service needs among PLWH; failure to access services was prevalent. Hunger was among the most common basic needs, reported by greater than 60% of men and women. For men, unmet service needs were associated with fewer years since testing positive for HIV, higher CD4+ T cell values, experiencing more stressors and depression, and greater quantity of alcohol use. For women, failure to access services was associated with experiencing depression and not receiving HIV medications. Providing basic services to PLWH remains a public health priority and a moral imperative.

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AIDS Behav. 2011 Aug 7. [Epub ahead of print]

Investigating Partner Abuse Among HIV-Positive Men Who have Sex with Men.

Pantalone DW, Schneider KL, Valentine SE, Simoni JM.

Source: Department of Psychology, Suffolk University, 41 Temple Street, Boston, MA, 02114, USA, dpantalone@suffolk.edu.

Abstract

High rates of partner abuse (PA) of all types-physical, sexual, and psychological-have been identified in studies of HIV-positive individuals. We examined both the prevalence and correlates of same-sex PA in HIV-positive men who have sex with men (MSM). Participants recruited from public outpatient HIV clinics (N = 168) completed CASI surveys about PA and current physical and mental health. Electronic medical record data were obtained for HIV biomarkers. Results indicate high rates of past year PA (physical, 19%; sexual, 17%; psychological, 51%; any, 54%), with rates comparable to, or higher than, those reported in recent studies of HIV-positive women and older studies of HIV-positive MSM. Overall,

participants endorsing past year PA reported poorer mental but not physical health. Participants who endorsed past year physical PA, specifically, reported the largest number of mental health problems. HIV care providers should routinely assess PA, especially physical PA, in all MSM patients.

Abuse by partner may be common in HIV-positive gay men

Men who have sex with men (MSM)

Michael Carter

Published: 30 August 2011

The majority of a sample of HIV-positive gay men had recently been abused by a partner, US investigators report in the online edition of *AIDS and Behavior*.

Half the men participating in the study had experienced some form of psychological abuse from a partner in the previous twelve months. Physical, sexual, and HIV-specific abuse were also common.

“The high prevalence of partner abuse we discovered...is alarming, and indicates the importance of systematic screening for all patients in HIV care settings – including men – despite common perceptions that only women are victims and men are perpetrators,” comment the investigators. However, they acknowledge that their study only looked at a small sample of men, and that further research is needed.

A total of 168 HIV-positive men attending two specialist HIV out-patient clinics were recruited to the study. All identified as men who have sex with men.

The investigators noted that little research has examined the prevalence and consequences of partner abuse in HIV-positive men. The few studies that have looked at this issue were conducted in the 1990s and found that abuse was widespread and had a damaging impact on both mental and physical health.

Therefore, the men participating in the current study were asked to complete a validated questionnaire enquiring about experiences of physical, psychological, sexual, and HIV-specific abuse which was perpetrated by a partner.

Further questions enquired about the possible impact of abuse, and assessed anxiety, depression, thoughts of suicide, social support mechanisms, stigma, substance abuse, and health-related quality of life.

The investigators expected that, “compared with non-abused participants, HIV-positive MSM who experience each type of partner abuse will have poorer mental and physical health across various measures.”

Most (63%) of the men were white and their mean age was 44 years. The majority (75%) were unemployed and 46% were living in poverty with an income below \$738 per month.

Over a third (37%) were presently partnered and 69% of these men reported that they had been in a relationship for over a year.

Overall, almost two-thirds (61%) reported having had sex with both men and women during their lifetime.

Approximately half (54%) reported some form of partner abuse in the previous twelve months, 66% in the past five years, and 78% ever being abused.

Psychological abuse was the most common, with 51% saying they had experienced this in the previous year (73% ever).

Physical abuse in the past twelve months was reported by a fifth of participants (38% ever) and 17% said they had recently experienced sexual abuse such as forced intercourse or rape (30% ever). HIV-specific abuse in the past year was reported by 10% of men (16% ever).

Individuals reporting physical abuse by a partner were significantly more likely than men not reported this abuse to be younger (39 vs. 45; $p < 0.001$), of non-white race (52% vs. 29%; $p = 0.02$), on a low income 78% vs. 40%; $p < 0.001$), live with someone else (48% vs. 24%; $p < 0.01$), and have a history of sex with both men and women (78% vs. 59%; $p = 0.04$).

Methamphetamine use was more common among physically abused men (47% vs. 25%; $p = 0.02$) as was use of cocaine ($p < 0.01$).

Anxiety scores were significantly higher for the men reporting recent physical abuse ($p < 0.01$). These men were also more likely to have symptoms of depression ($p < 0.01$), and report thoughts of suicide ($p = 0.01$).

In addition, physically abused men also had poorer coping strategies ($p < 0.001$), were more likely to report feeling stigmatised ($p = 0.02$) and to have poorer health-related quality of life ($p = 0.05$).

Recent sexual abuse was associated with stigma ($p < 0.02$). Men who reported sexual abuse were younger than men who did not experience this type of abuse ($p < 0.05$), were more likely to be non-white ($p = 0.01$) and to have a low income ($p = 0.03$).

Psychologically abused men were more likely to be living with someone else than men who did not experience this form of abuse (52% vs. 36%; $p = 0.04$), and were also younger (42 vs. 45 years; $p < 0.01$) and to be on a low income. Surprisingly, psychological abuse was not associated with poorer mental health outcomes.

Abuse was not associated with poorer adherence to HIV therapy. The investigators speculate that abused men may have focused on adherence as a control mechanism.

“We believe that our work both makes a contribution and highlights the need for additional, ongoing work in this area,” comment the authors.

They conclude, “collaborative efforts with clients, providers, and public health officials will be needed to address partner abuse in a comprehensive manner. Given the extent of partner abuse and its deleterious effects, work on such interventions cannot begin too soon.”

Reference

Pantalone DW et al. Investigating partner abuse among HIV-positive men who have sex with men. *AIDS and Behavior*, online edition, doi: 10. 1007/s10461-011-0011-2, 2011