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Coming Out To Your Provider: Positive Health Outcomes for Men Who Have Sex With Men

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Abstract

**Background:** Men who have sex with men (MSM) have significantly higher rates of human immunodeficiency virus (HIV), rectal cancer, and other sexually transmitted infections (STIs) as compared to men who have sex with women (MSW). This puts a large healthcare burden on the MSM community, which can be diminished with the correct testing and preventative care. This review looks at the effects of alerting a male's healthcare provider that they are engaging in sex with other males.

**Methods:** An exhaustive search of available medical literature was performed using MEDLINE-PubMed, Google Scholar, and EBSCO-Host. Keywords used included: disclosure, homosexual male, MSM, healthcare providers, and health personnel. Studies were assessed for quality using GRADE criteria.

**Results:** Eleven articles were reviewed for relevancy. Four studies were found, all of which were observational. Of the 4 relevant studies found, 4 discussed HIV screening, 2 discussed other STI screening, and 1 looked at the delivery of the HPV vaccine. In each study, there was a statistically significant increase in the number of HIV and STI screenings as well as HPV vaccines given to MSM who disclosed to their providers over those who didn't. The overall quality of the studies was low and studies with follow up or randomized trials would lead to more definitive research.

**Conclusion:** Disclosing to one's healthcare provider that they are a MSM is necessary to provide the patient with the correct testing and preventative care.

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**Degree Name**
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**Keywords**
Disclosure, homosexual male, MSM, healthcare providers, health personnel, doctor

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Coming Out To Your Provider:
Positive Health Outcomes for Men Who Have Sex With Men

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A Clinical Graduate Project Submitted to the Faculty of the
School of Physician Assistant Studies
Pacific University
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Biography
Joshua Oppenheim is a native of Oregon where he received his BA in Psychology at Lewis and Clark College in 2009. After completion of his undergraduate degree, he held a year internship at the Developmental Attention Disorders Program at Oregon Health and Sciences University. Following the conclusion of his internship, he held a job as a Clinical Research Coordinator at the Oregon Center for Clinical Investigations, Inc. researching pharmaceuticals in the areas of mental health and gastrointestinal disorders. After three years, he returned to school to complete the required prerequisites to pursue a Master’s Degree in Physician Assistant Studies at Pacific University. He finished the prerequisite work at Portland Community College and Portland State University.
Abstract

Background: Men who have sex with men (MSM) have significantly higher rates of human immunodeficiency virus (HIV), rectal cancer, and other sexually transmitted infections (STIs) as compared to men who have sex with women (MSW). This puts a large healthcare burden on the MSM community, which can be diminished with the correct testing and preventative care. This review looks at the effects of alerting a male’s healthcare provider that they are engaging in sex with other males.

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Results: Eleven articles were reviewed for relevancy. Four studies were found, all of which were observational. Of the 4 relevant studies found, 4 discussed HIV screening, 2 discussed other STI screening, and 1 looked at the delivery of the HPV vaccine. In each study, there was a statistically significant increase in the number of HIV and STI screenings as well as HPV vaccines given to MSM who disclosed to their providers over those who didn’t. The overall quality of the studies was low and studies with follow up or randomized trials would lead to more definitive research.

Conclusion: Disclosing to one’s healthcare provider that they are a MSM is necessary to provide the patient with the correct testing and preventative care.

Keywords: Disclosure, homosexual male, MSM, healthcare providers, health personnel, doctor
Acknowledgements

To *my parents*: You have always given me your love and support even when I didn’t ask for it and you push me to do my best in everything I do. Every day I strive to change the world for the better because of your influence. Thank you.
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Table 1: Quality Assessment of Reviewed Studies

List of Abbreviations

HCP        Health Care Provider
HIV        Human Immunodeficiency Virus
HPV        Human Papilloma Virus
MSM        Men Who Have Sex With Men
MSW        Men Who Have Sex With Women
STI        Sexually Transmitted Infection
Coming Out To Your Provider:
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BACKGROUND

Men who have sex with men (MSM) make up roughly 2-6% of the population of the United States,¹ yet accounted for 80% of male syphilis cases, a significantly larger increase in gonococcal and chlamydia infections as compared to men who have sex with women (MSW),² and 67% of new HIV diagnoses in the US in 2016.³ Additionally, Gay and bisexual men are diagnosed with anal cancer, caused by the same strains of human papilloma virus (HPV) that can cause cervical cancer in women, at 20-40 times the rate of the general populace.⁴ Primary care providers are often the first health care provider (HCP) seen who are able to offer screenings and vaccinations against these diseases. Due to this, they are fighting on the front lines to prevent and screen for new sexually transmitted infections (STIs).

In the American healthcare system, it has been found that there are insufficient numbers of HCPs who are competent in dealing with LGBTQ issues,⁵ specifically many who aren’t aware of the Center for Disease Controls guidelines on HIV screening.⁶ To patients, this ignorance is seen as lack of investment in their health or even as
something as serious as homophobia, especially amongst MSM in rural areas.\textsuperscript{7}

Juster et al\textsuperscript{8} found that LGBT participants were less likely to have stress and anxiety if they had disclosed their sexual orientation to their friends and family. If disclosing to personal relations can improve one’s mental health, can disclosing to one’s HCP improve one’s physical health? Do MSM who disclose their sexual behaviors to their HCP have better health outcomes as indicated by routine screenings and vaccinations than those who don’t?

**METHODS**

An exhaustive search of available medical literature was performed using MEDLINE-PubMed, Google Scholar, and EBSCO-Host. Keywords used included disclosure, homosexual male, MSM, healthcare providers, and health personnel. Study requirements included being published in English, performed in a developed country, and having participants over 18 years of age. Literature reviews were excluded. References from additional studies were searched for other relevant articles. Articles were assessed for quality using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE).\textsuperscript{9}
RESULTS

The initial search yielded 23 articles for review. After eliminating duplicates and screening these results for relevant articles using eligibility criteria, a total of 4 articles qualified; all were observational studies.\textsuperscript{10,11,12,13} Another observational study was considered, but was excluded as it was not performed in a developed country.\textsuperscript{14}

\textbf{Bernstein et al}

This was a cross-sectional observation study\textsuperscript{10} of 452 male participants, which analyzed HIV screening in regards to MSM disclosure to HCP. Participants were required to have had sex with another male within the last 12 months, be 18 years of age or older, not HIV positive (+), and to be a New York City metropolitan area resident. They were recruited from the New York City National HIV Behavioral Surveillance project and at gay venues using marketing materials.\textsuperscript{10}

The study found that over 75\% were homosexual, 20\% were bisexual, and 5\% self-reported as heterosexual or other. It was also found that approximately 61\% of participants had disclosed their sexual behavior to their HCP, but that only 1/3 of respondents were recommended HIV tests. Additionally, if a participant had disclosed their status, they were more than twice as likely to receive a
gonorrhea or syphilis test at their visit. In regards to likelihood of disclosure, men who were born in the United States and were over 28 years old were more likely to disclose, while White participants, who have been HIV tested previously, who have had an STI within 12 months, who have ever been STI tested, or who have had 5 or more male partners were significantly more likely to disclose. The research also stated that men with incomes greater than $10 000 were more likely to disclose and that those who were insured publicly were just as likely as those with private insurance to disclose to their HCP. Participants who had female partners were 9 times less likely to disclose to their HCPs, which is significant. In fact, of the 86 bisexual MSM, none had disclosed their sexual habits to their HCP.\textsuperscript{10}

\textbf{Holtzman et al}

This was a cross-sectional observation study\textsuperscript{11} of 161 male participants who had sex with another male in the last 12 months and examined HIV screening in regards to MSM disclosure to HCP. Participation requirements included being 18 years of age or older, speaking English, and to be currently living in the Interior Region of British Columbia. Participants were recruited via materials in gay public spaces as well as in online advertisements. Of the 161 participants, 11\% were HIV+, 63\% were HIV negative (-), and 25\% did not know their HIV status. This study did not ask participants
about their specific sexual orientation, but found that 65% had disclosed their sexual interactions with men to their HCP. Those who tested higher on the Internalized Homophobia Scale used in this study were significantly less likely to disclose to their HCP than those with lower scores. If a participant had been HIV tested previously, they were significantly more likely to have disclosed their sexual behaviors to their HCP, but approximately 25% had not been tested for HIV, which is a higher percentage than in most urban Canadian areas. Holtzman et al also found that MSM who reported spending more of their time with other MSM were neither more likely to have been HIV tested nor to have disclosed to their HCP. Additionally, this study did not report any correlations between race and screening practices.\textsuperscript{11}

\textbf{Johnson et al}

This was a modified respondent-driven sampling study\textsuperscript{12} of 126 male participants of whom 98% had sex with another male in the previous 12 months and surveyed HIV and STI screening in regards to MSM disclosure to HCP. Participants were required to be Massachusetts residents, 18 years of age or older, and have indicated that they have had sex with men. They were recruited using “seeds” who presented to Fenway Community Health, “…because they were concerned about high-risk sexual behavior, were experiencing STI symptoms, or had been diagnosed as HIV[+] within the previous 6 months.” These seeds
were asked to recruit 3 members of their social or sexual network each and so on. Of the participants, 54% were HIV+, 43% were HIV-, and 3% were unaware of their HIV status. Participants in this study were 50% homosexual, 24% bisexual, and 4% heterosexual or other and 79% of respondents had disclosed their sexual behaviors to their HCP. The study also found that participants relying on state sponsored health insurance were at an increased likelihood to have been previously tested for STIs and that if a patient was HIV-, only 23% of HCPs recommended an HIV test at their previous visit, although 81% of participants had received one in the past 24 months. 39% of participants had not been screened for STIs within 2 years and 26% had not been tested in over a decade. The study also found that those who indicated they were heterosexual, bisexual, or other were significantly less likely to disclose their sex with men to their HCP and that participants who didn’t disclose to their HCP were significantly more likely to engage in risky sexual behavior and to not have been offered an STI screen within the past two years. The research stated that White participants were significantly more likely than non-White participants to have been offered an STI screening and that non-White participants were significantly more likely to identify as bisexual or not disclose socially.¹²
Stupiansky et al

This was a cross-sectional observation study\textsuperscript{13} of 1751 male participants who had engaged in sexual behaviors with another man in the previous 12 months and examined HIV and STI screening along with HPV vaccination in regards to MSM disclosure to HCP. Participants were required to be aged 18-29 and to be a US citizen; they were excluded from the analysis if sexual history data was missing, if they were 30 years of age or older, or if they hadn’t had sexual intercourse with a male in the past year. They were recruited via a social and sexual networking website. Study participants were 77% homosexual, 20% bisexual, and 3% heterosexual, questioning, or other. The study found that over 38% of men had disclosed same sex sexual behaviors to their HCP and that older age, higher levels of social disclosure, recent STI, and seeing an HCP within the past year all led to significantly increased probability of disclosure. The strongest predictor of disclosure, however, was being seen by an HCP within the past 12 months. Participants who disclosed socially were more likely to disclose to their HCP and those who disclosed to their HCP had higher rates of HIV and STI screening as well as higher rates of HPV vaccination. Stupiansky et al. also found that HIV and STI screening were less dependent on disclosure than the HPV vaccine. This study
did not report any correlations between race and screening or vaccination practices.¹³

**DISCUSSION**

**HIV Screening**

In a 2017 report,¹⁵ the Center for Disease Control (CDC) recommends that HIV testing among MSM occur at minimum annually, but stated those at higher risk should be tested more often, usually every 3-6 months. All 4 studies¹⁰,¹¹,¹²,¹³ analyzed the correlation of disclosure to HCP of MSM status and HIV screening. All of the studies found that when a male patient, regardless of sexual orientation, alerts their HCP about their sexual behavior, they significantly increase their chances of receiving an HIV test, in concordance with what Qiao et al¹⁶ found in their recent literature review and what Tang et al¹⁴ found in a similar study performed in China in 2017. Although this is encouraging, Bernstein et al¹⁰ found that only one third of survey respondents reported their HCP recommended an HIV test while 84% reported seeing an HCP within the past year. This could be due to the fact that a year had not passed since the participant’s previous test or that only 82% of medical residents reported receiving some form of HIV screening guideline training in medical school or during their
residencies. Dandachi et al also found that in 2016 only 66% of residents knew that MSM is the most common mode of HIV transmission. While this number is lower than it should be, it has increased from 2006 when it was found that only 53% of respondents knew this fact.

**STI Screening**

The CDC currently recommends annual screenings for syphilis, gonorrhea, and chlamydia for sexually active MSM. Of the 2 studies that looked into the correlation between STI screening and disclosure of MSM status to one’s HCP, both found a significant increase in screenings when participants had disclosed their sexual behaviors to their HCP. The worrying aspect of Johnson et al, was that 39% of participants hadn’t had an STI screening in 2 years and more than one quarter of participants had not been screened in over a decade. It is possible this length of time is not against CDC recommendations as participants may have had a lack of sexual activity or a lack of disclosure; if an MSM doesn’t alert his HCP of his behavior, the HCP is under the impression that his status is MSW. The CDC does not currently have guidelines to screen heterosexual men or MSW because the burden of screening lies on women over the age of 25 and sexually active MSM. To reduce the disease burden for all,
the CDC should consider advising STI screening for heterosexual men and MSW annually.

Race is another aspect of STI care brought up by Johnson et al.\textsuperscript{12} The study determined that White participants were more likely to have been offered STI screening by their primary care provider during their last visit and were more likely to have had a previous STI test than participants of color. It was also found that people of color were significantly more likely to be bisexual or to not disclose their sexual behavior or orientation socially. Additionally, it was found that MSM who identified as something other than homosexual were significantly more likely to not disclose to their HCP, not have been STI screened for two years, and to have engaged in insertive anal intercourse without a condom with an HIV+ partner in the previous year.\textsuperscript{12} This is concerning as it is well known that there are racial disparities in the US’ healthcare system and that minority stress is higher in queer people of color\textsuperscript{19}; however, there have not been any recent changes in the CDC recommendations on people of color and STI screenings. The organization has, however, issued PS17-1704, which increased funding to services that work with young men of color with MSM status and helps to implement comprehensive HIV prevention programs\textsuperscript{20}.
HPV Vaccination

The CDC recommends that the HPV vaccine be given routinely to MSM through 26 years of age.\textsuperscript{21} Stupiansky et al\textsuperscript{13} reported a significant increase in a participant being offered the HPV vaccine if he had disclosed his MSM status to his HCP. The study also found that the HPV vaccine was more dependent on disclosure than HIV and STI testing among participants,\textsuperscript{13} which is odd considering the CDC began recommending the vaccine to all boys, regardless of sexual orientation, as young as 9 since 2011.\textsuperscript{22} The issue isn’t with the population requesting the vaccine as Reiter et al\textsuperscript{23} found that 73% of MSM knew about the vaccine and Rank et al\textsuperscript{24} found that over half of study participants were willing to receive the vaccine, even though it was initially recommended for women only. The issue seems to stem from providers who don’t recommend the vaccine to male patients for a variety of reasons.\textsuperscript{25} The high rates of anal cancer in MSM deem this vaccine extremely important to this population.\textsuperscript{4} On top of that, Chin-Hong et al\textsuperscript{26} found that receptive MSM who are exposed to HPV are at higher risk of acquiring HIV.
Clinical Relevance

Johnson et al\textsuperscript{12} found that patients who didn’t disclose their sexual behaviors to their HCP were more likely to engage in risky sexual behavior and Bernstein et al\textsuperscript{10} found that men who have sex with both women and men are 9 times less likely to disclose their sexual behavior to their HCP. Holtzman et al\textsuperscript{11} partially attributes this to internalized homophobia, which reflects the stigma of a “gay disease” and allows homophobic MSM to distance themselves from their homosexual peers, while still participating in sexual acts. Petroll et al\textsuperscript{27} found that approximately 70% of participants disclosed their orientation to their HCP without being prompted, but also found that if an HCP was a woman or perceived as gay, patients were more likely to disclose. This indicates that there should be more trust between an MSM and his HCP regarding a lack of judgment and proper healthcare. Alternatively, heterosexual male doctors need to make extra efforts to familiarize themselves with protocols surrounding specific health issues within the MSM community and become more adept at discussing them with their MSM patients.

Another relevant point brought up in this review is that HIV and STI testing are less dependent on disclosure than the HPV vaccine for young MSM.\textsuperscript{13} This could indicate that testing for HIV and other STIs
has reached a point where providers are recommending them universally to sexually active patients. As stated earlier, this could be beneficial for those who have not disclosed to their HCP and are a possible cache for HIV and other STIs.

**Limitations**

These studies had a few limitations. Three of four had relatively small survey respondent numbers and their results would wield higher significance if they had garnered more participants and from a variety of backgrounds. More studies would offer conclusive, causative evidence that MSM who disclose their sexual behavior to their HCP have better healthcare outcomes, but as these studies were cross-sectional in nature they merely show a correlation that we must infer from. The findings do, however, correlate to results found in much other research, which could indicate the predictive nature of disclosing MSM status to one’s HCP. Another limitation of the studies was that they recruited from uniquely gay locations. This would possibly exclude discreet participants who only use certain websites to find sexual partners.

The risk of bias in the studies was low, however Johnson et al and Bernstein et al did work with HIV/AIDS organizations. This could
lead to a slight bias in their data, but analyzing their results prompted no warning signs.

**Further Studies**

A majority of the studies found were on homosexual men. Research on purely bisexual or heterosexual identifying men could lead to interesting and new outcomes. Likewise, research on MSM who are people of color and their disclosures to HCPs could yield provocative results that might point to how their disclosure rates differ. More research would also be warranted on disclosure to different types of HCP, for example medical doctors vs. physician assistants vs. nurse practitioners. Another aspect of healthcare that was not mentioned in any of these studies was if providers with MSM patients suggested oropharyngeal and rectal swabs for STI testing or simply a urine sample, as is customary in their heterosexual counterparts. These are crucial tests for MSM because many bacterial STIs can colonize the throat and anus, as well as the urethra. Finally, a randomized controlled study of MSM and how disclosure affects outcomes, both short- and long-term, could help CDC create new guidelines for providers or help LGBTQ non-profits educate their communities on the importance of honest conversations with their HCPs.
CONCLUSION

The effects of disclosing one’s sexual behavior as a man who has sex with men to one’s HCP are profound. Because the CDC does not currently have any recommendations for STI screening of MSW and heterosexual identified men, the burden of screening lies with women and MSM. To fulfill the screening recommendations as stated by the CDC, one must alert their doctor of their MSM status. Once cognizant of their patient’s status, HCPs are significantly more likely to screen annually for STIs, HIV, and recommend the HPV vaccine to those patients who are at risk. Bisexual men, men who have sex with multiple genders, and men of color are more likely to not disclose and are have an increased likelihood of being reservoirs for STIs and HIV. Due to the fact that these were observational studies, an ethically performed, randomized, controlled trial of health outcomes for MSM who disclose vs. those who don’t is important for future CDC guidelines.
References


11. Holtzman S, Landis L, Walsh Z, Puterman E, Roberts D, Saya-Moore K. Predictors of HIV testing among men who have sex with men: a focus on men living outside


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