Educational support materials for ABIM’s Care for the Underserved Module

Question 12

Same-sex sexual behavior is common and every physician encounters lesbian, gay, and bisexual patients, as well as the larger number of patients who engage in same-sex sexual behavior yet do not identify as lesbian or gay. Incorporating non-judgmental questions into routine history taking such as asking “are you sexually active with men, women, or both” has been recommended as a strategy to increase patient willingness to disclose their sexuality. (1)

Rates of hepatitis A, B, and C are higher in men who have sex with men (MSM) than in the general population. Up to 20% of MSM have evidence of exposure to hepatitis B (2) and cyclic outbreaks of hepatitis A occur more frequently among MSM. (3) The Centers for Disease Control and Prevention recommends routine hepatitis A and B immunization for all MSM (3, 4), but the opportunity to immunize is often missed. Studies have consistently found that though many young MSM have access to the health care system, relatively few are vaccinated against hepatitis B. (2, 5) Recent data from the 2004 National Health Interview Survey, found that 45.4% of high risk adults ages 18 to 49 years old have been vaccinated for hepatitis B. (6) In this study, high risk included MSM, trading sex for money or drugs, testing positive for HIV, injecting drugs, hemophiliacs, or having sex with someone with these risk factors.

The prevalence of sexually transmitted infections (STIs) are higher among MSMs; however, the United States Preventive Services Task Force has found insufficient evidence to recommend for or against routing screening for gonorrhea infection in men at increased risk for infection. (7) The Task Force further identifies a need for greater understanding regarding the risks and benefits of routine screening among MSM. The 2006 CDC guidelines recommend that MSM “should routinely undergo nonjudgmental STD/HIV risk assessment and client-centered prevention counseling to reduce the likelihood of acquiring or transmitting HIV or other STDs.” (8) The CDC further recommends annual testing for gonorrhea based on sexual practices in the preceding year.

Recommendations for preventative gynecologic care for lesbians and heterosexual women do not differ. However, lesbians tend to have lower rates of Papanicolau (Pap) testing. Surveys suggest that the reasons for lower rates of testing are multifactorial including lack of access to health care, previous adverse experiences with health care system, and patient and physician belief that Pap tests are unnecessary. (9,10)
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For further information, see the following:


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