

Educational support materials for ABIM's *Care for the Underserved* Module

Module 2

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 routine 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 Papanicolaou (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)

This educational support material was created by the Society of General Internal Medicine's Disparities Task Force. For more information, visit www.sgim.org/qo/disparities

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For further information, see the following:

1. Rosenthal A and Diamant A. Sexuality as Vulnerability: The Care of Lesbian and Gay Patients. In King TE Jr, Wheeler M, Bindman AB, et al (eds): Medical Management of Vulnerable and Underserved Patients: Principles, Practice, and Populations. New York, McGraw-Hill, 2007, pp 275-283
2. Weinbaum CM, Lyerla R, MacKellar DA, Walleroy LA et al. The Young Men's Survey Phase II: Hepatitis B Immunization and Infection Among Young Men who have sex with men, Am J Public Health 2008, 98(5): 839-845
3. Recommendations of the Advisory Committee on Immunization Practices Prevention of Hepatitis A Through Active or Passive Immunization, MMWR May 19, 2006; 55:RR-7.
4. Recommendations of the Advisory Committee on Immunization Practices, A Comprehensive Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States, MMWR December 23, 2005; 54: RR-16.
5. MacKellar DA, Valleroy LA, Secura GM, McFarland W, et al, Two decades after vaccine license: hepatitis B immunization and infection among young men who have sex with men, Am J Public Health 2001, 91(6): 965-971.
6. CDC, Hepatitis B Vaccination Coverage Among Adults—United States 2004, MMWR 55(18): 509-511.
7. United States Preventive Screening Task Force, Screening for Gonorrhea: Recommendation Statement, Ann Fam Med 2005;3:263-267.
8. Workowski KA, Berman SM, Sexually Transmitted Diseases Treatment Guidelines, 2006, MMWR August 4, 2006; 55(RR11):1-94.
9. Daimant AL, Schuster MA, Lever J, Receipt of Preventive Health Care Services by Lesbians, Am J Prev Med 2000;19(3):141–148.
10. Marrazzo JM, Koutsky LA, Kiviat NB, Kuypers JM, Kathleen Stine K, Papanicolaou Test Screening and Prevalence of Genital Human Papillomavirus Among Women Who Have Sex With Women Am J Public Health 2001;91:947–952.

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