

HEALTH AND PSYCHOSOCIAL NEEDS OF OLDER GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN

Clinical Symposium:

Providing Comprehensive Health Care to Men Who Have Sex with Men (MSM)
New York City Department of Health & Mental Hygiene (NYC DOHMH) and the NYC STD/HIV
Prevention Training Center (PTC)

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SEXUAL ISSUES AFFECTING MEN IN LATER LIFE

What is Sex for the Older Adult?

- For many older adults, the concept of sexuality includes non-genital practices such as kissing, hugging, and fondling
- These types of activities may replace actual intercourse and becomes increasingly important for those who no longer desire insertive/penetrative sex or unable due to health issues

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But older adults....

- According to Golub, Grov & Tomaselli (2009):
 - may feel embarrassed about a continued interest in sex, and lack resources about reducing the sexual risks
 - may be motivated to maintain sexual activity as an expression of youthfulness; diminished interest in sex may be an unwelcome indicator of "old age"
 - may also want to remain sexually active out of a desire to sustain intimacy in both long-term and new relationships

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Older Gay, Bisexual, and other Men who have Sex with Men (MSM)

- MSM represent only 2% of the U.S. population but are the most affected by HIV. According to CDC:
 - 61% of new infections
 - 79% of infections among all newly infected men
- MSM of color are disproportionately affected by HIV. Among all MSM new infections:
 - Whites 39% (64% of total population)
 - Black, African American 37% (12% of total population)
 - Hispanic/Latino 20% (16% of total population)
- Among Older Adults according to the CDC:
 - In 2010, 44% (1,100) of the estimated 2,500 new HIV infections among people aged 55 and older were among gay, bisexual, or other men who have sex with men (MSM).
 - Among MSM aged 55 and older, white MSM accounted for an estimated 67% (740) of new HIV infections, Hispanic/Latino MSM 16% (180), and black MSM 15% (160).

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Aging MSM & Relationships



- Youth-obsessed gay community can render feelings of inadequacy and promote isolation for older gay men
- Some gay men report one turns "old" at 39 (Schope, 2005)
- Middle age has been described as going into a new closet where age must be camouflaged
- Disproportionate loss of lovers and/or spouses in the early epidemic can affect future relationships

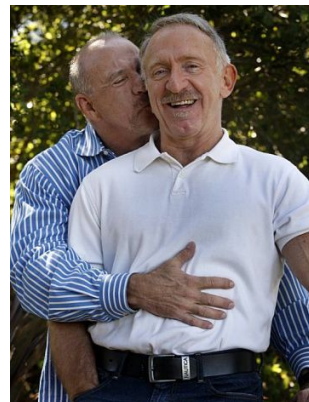
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SEXUAL EVENT CHARACTERISTICS AMONG GAY AND BISEXUAL OLDER MALE ADULTS IN THE U.S.

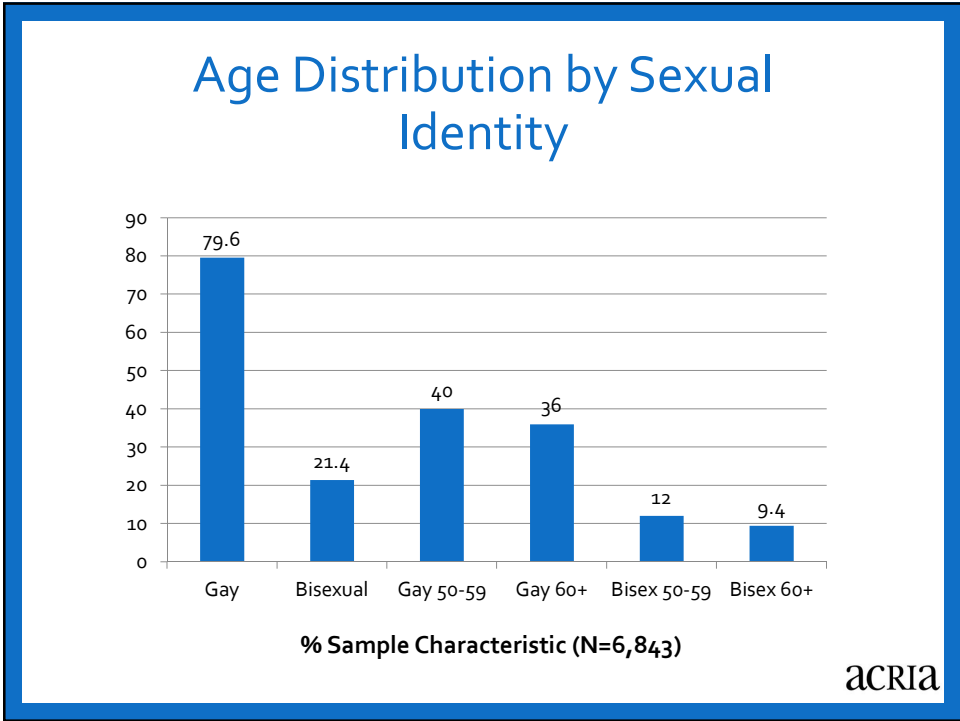
S. Karpiak, J.G. Rosenberger, M. Brennan-Ing, D.S. Novak, M. Reece
International AIDS Conference, Washington DC, 2012

Sexual Behavior in Older MSM

- Study is a subset of a larger research study conducted with one the world's biggest operators of internet web sites for men who seek social/sexual interactions with other men.
- Data presented consist of two groups (age 50-59 and 60+) of gay- or bisexual-identified male participants. Study protocols were reviewed and approved by the Institutional Review Board at Indiana University.



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Sexual Identity and Relationship Status

Sexual Identity	%
Homosexual/Gay	79.6
Bisexual	20.4
White	93.4
HIV positive	17.9

Status	%
No, not currently dating anyone	54.3
Yes, for 1-6 months	2.7
Yes, between 1-5 years with the same person	6.4
Yes, longer than 5 years with the same person	34.2

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Sexual Activity and Testing

Sexual Activity in Last Year	%
I have engaged in sexual activities with more than one person during the past year	88.4
Sexual Position	%
Top	28.0
Bottom	22.9
Versatile	41.8
I do not identify with any of those choices	7.2
Exams/Tests	%
Physical exam in last year	87.2
STI test in last year	61.5
HIV test in last two years	89.5

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Sexual Behaviors

Sexual Behaviors	Gay	Bisexual
	50-59	50-59
Cuddle	63.4	54.7
Kiss	71.5	60.5
Solo Masturbation	24.3	21.3
Masturbation of Partner	54.5	53.1
Masturbation by partner	52.2	52.3
Rubbed Genitals	53.6	53.8
Gave Oral Sex	74.0	75.0
Received Oral Sex	71.3	73.2
Anal Insertive	33.8	30.2
Anal Receptive	30.0	29.7
Was Rimmed	25.1	27.3
Rimmed Partner	29.7	26.1

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Conclusions



- The most frequently reported behavior was oral sex (75%), followed by kissing (71% gay and 60% bisexual).
- Anal intercourse occurred among 1/3 of the participants.
- Men engaging in anal intercourse outside the context of a romantic relationship were significantly more likely to report condom use ($p < .001$).
- Few clear differences were found between the age groups or the gay vs. bisexual groups

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SUBSTANCE USE AND SEXUAL RISK DIFFERENCES AMONG OLDER BISEXUAL AND GAY MEN WITH HIV

Brennan-Ing, M., Porter, K. E., Seidel, L., & Karpiak, S. E. (2014). Substance use and sexual risk differences among older bisexual and gay men with HIV. *Behavioral Medicine*, 40 (3), 108-115, DOI: 10.1080/08964289.2014.889069.

Source of Data

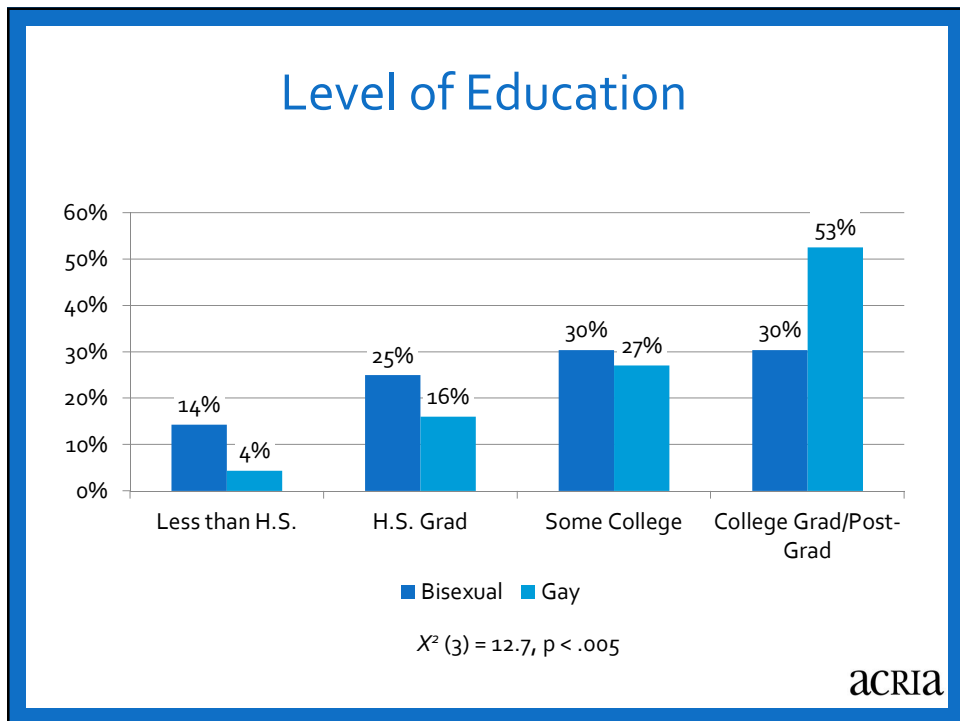
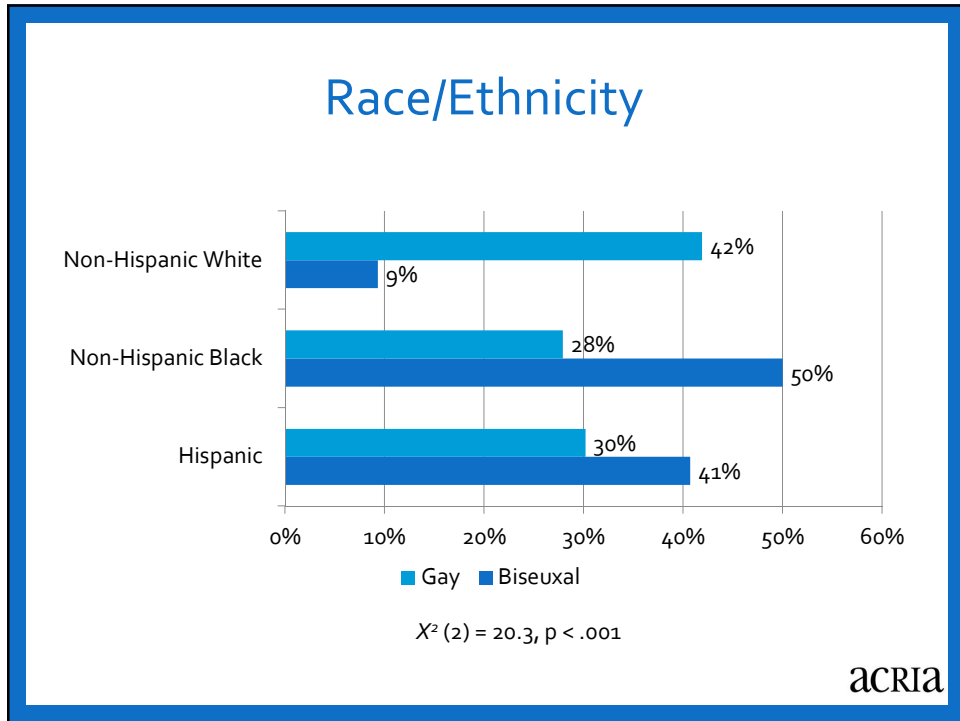
- Data for the present study were gathered through the *Research on Older Adults with HIV* study (ROAH) (N = 914).
- Data collection lasted approximately 90 minutes, inclusive of informed consent, survey completion and debriefing.
- We compared 239 self-identified gay (n = 181; 76%) and bisexual (n = 58; 24%) men on substance use and sexual behaviors
- Average age was 56 years

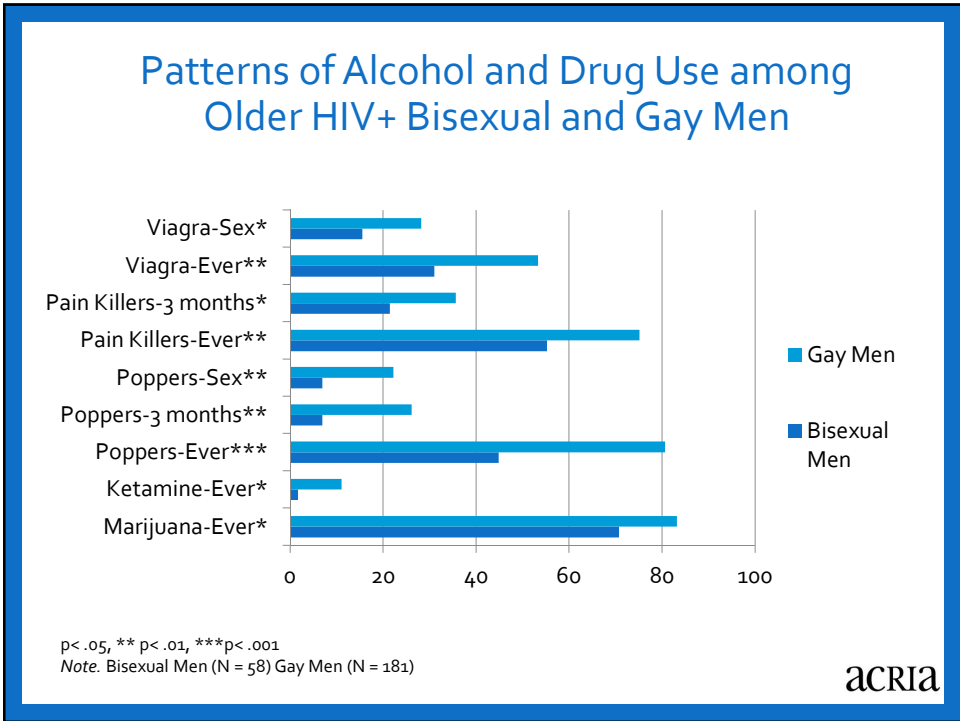
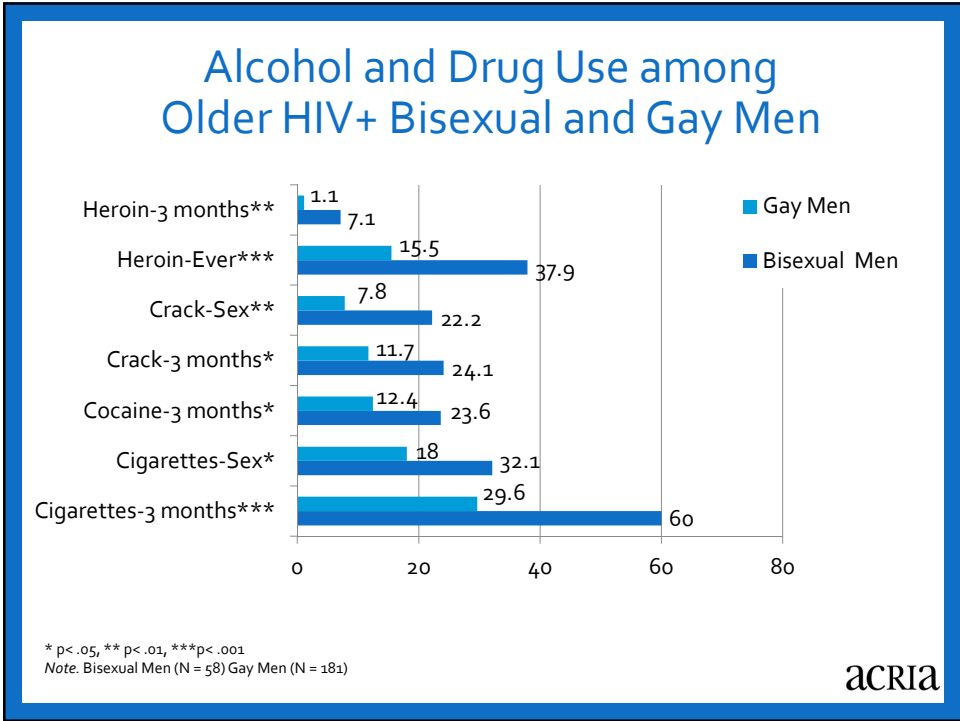
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Substance Use and Sex Information

- Participants were asked about the use of tobacco, alcohol and other substances:
 - In their life time (ever)
 - Past 3 months (recent)
 - During sex in past 3 months
- Participants were asked about oral, anal and vaginal sex in the past 3 months including:
 - If their partner was HIV-positive, -negative, or unknown serostatus
 - If a condom or other barrier protection was used

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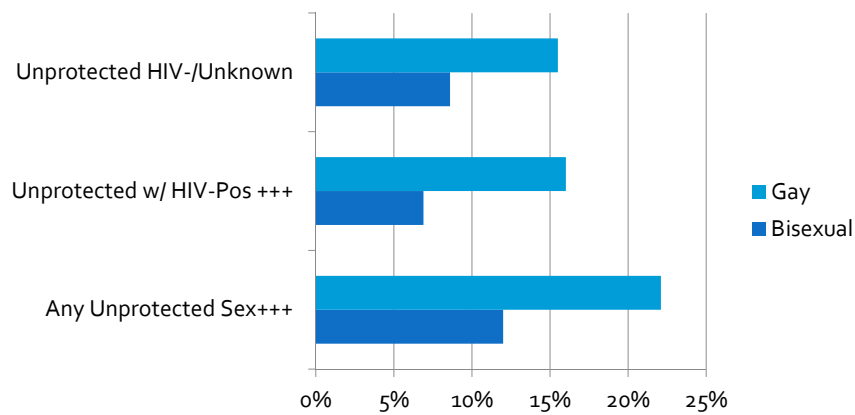


Substance Use Summary

- Older HIV+ **bisexual** men were **more likely to report:**
 - Cigarettes (recent & with sex)
 - Cocaine (recent)
 - Crack (recent & with sex)
 - Heroin (lifetime & recent)
- Older HIV+ **gay** men were **more likely to report:**
 - Crystal meth (lifetime)
 - Ketamine (lifetime)
 - Marijuana (lifetime)
 - Pain Killers (lifetime & recent)
 - Poppers (lifetime, recent, & with sex)
 - Erectile dysfunction (ED) medications (ever & with sex)

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Sexual Behavior



+++ $p < .10$ Chi-square tests of significance

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Differences in Substance Use related to Risky Sexual Behavior

- For **gay** men only, NOT **bisexual** men, unprotected sex was correlated with:
 - Alcohol
 - Crystal Meth
 - Cocaine
 - Club Drugs (GHB, Ketamine, Ecstasy)
 - ED Medications

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Commonalities in Substance Use related to Risky Sexual Behavior

- Among BOTH **bisexual** and **gay** men, unprotected sex was correlated with:
 - Crack
 - Marijuana
 - Poppers
- In Multivariate Analysis, Poppers and ED medications remained significant when controlling for all other substances

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Conclusions

- Although bisexual and gay men are typically lumped together as “men who have sex with men” the current findings point out important differences in these populations regarding:

- **Use of substances**
- **Likelihood of unprotected sex**
- **Association between use of specific substances and unprotected sex**

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Implications

- More research is needed to understand how and why older bisexual and gay men differ regarding substance use and sexual practices in the 50+ population
- Policy, advocacy and program planning for older sexual minority men with HIV must account for differences between bisexuals and gays if they are to be effective

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SEX, HIV/STI PREVENTION STRATEGIES, & BURNOUT

Is there a Doctor in the House ???



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Aging, Sex & MSM

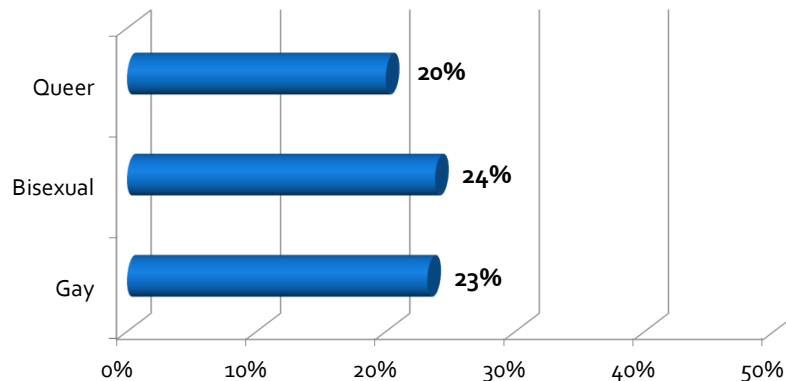
- Per CDC Anal Intercourse the most efficient way of transmitting HIV through sexual behavior
- Proper lubrication important with condom use and longer time taken to ejaculate
- Older MSM have unique prevention issues



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Older MSM Don't Discuss Sex with MDs:

Sought Medical Help for Sexual Issues



Brennan M, Seidel L & Karpiak S E (2011). *The Health and Psychosocial Needs of Older LGBT Adults.*

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Sexual Changes with Aging for Men

- ⦿ A slower, less firm erection that recedes quickly after orgasm
- ⦿ Decreased ejaculation force, lower semen volume
- ⦿ Increase in the duration of the refractory phase (the time needed before it is possible to be sexually stimulated after orgasm)
- ⦿ Decrease in size and firmness of the testes, a change in testicle elevation, & decreased testosterone
- ⦿ An absence of the sex flush (a rash that appears on the stomach and chest areas in some sexually responsive men)

(Schiavi & Rehman, 1995; Shell & Smith, 1994).

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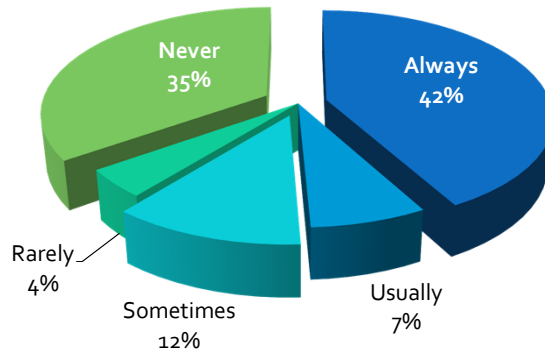
Sexual Problems for Older Men

- Erectile Dysfunction the Most Common Problem
 - 37% of men have erectile difficulties
 - 14% take some kind of ED medication
 - ED often related to other health problems (cardiac, diabetes...)



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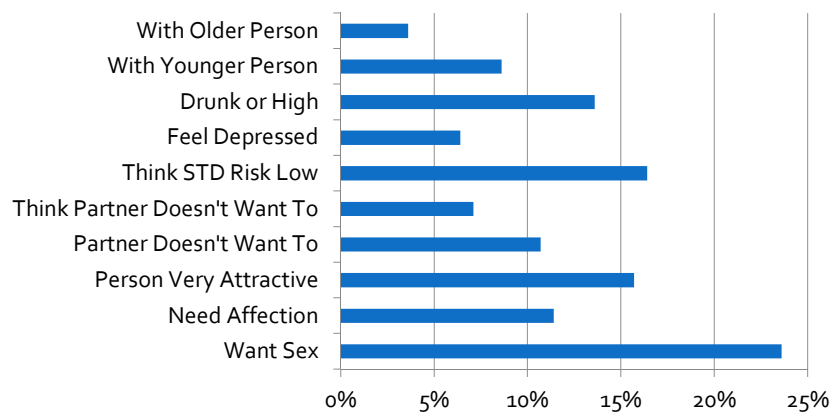
Gay & Bisexual Men: Anal Sex Used a Condom



Brennan M, Seidel L & Karpiak S E (2011). *The Health and Psychosocial Needs of Older LGBT Adults*.

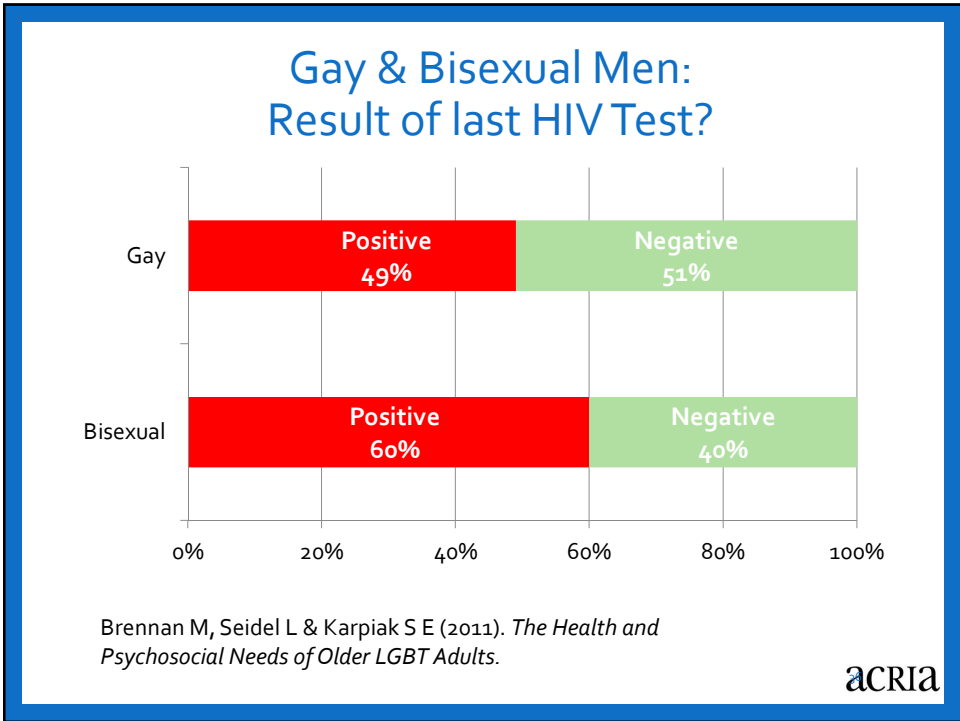
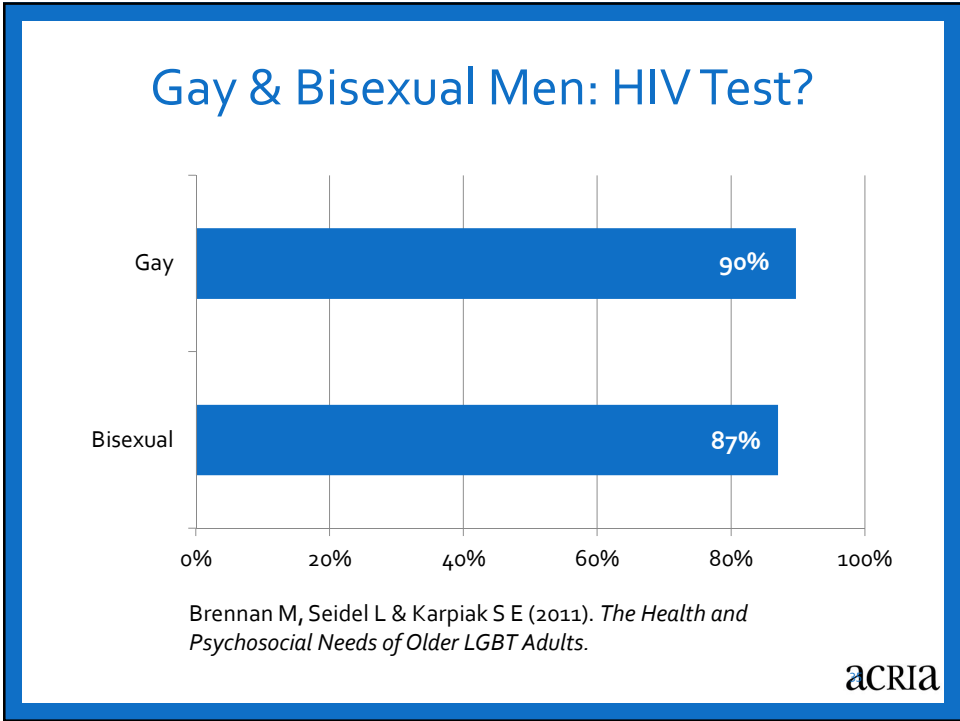
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Gay & Bisexual Men: Reasons NOT to Use a Condom



Brennan M, Seidel L & Karpiak S E (2011). *The Health and Psychosocial Needs of Older LGBT Adults*.

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Prevention Burnout

- Related to an increase on unsafe sexual behaviors and increased risk (McKirnan et al., 2007)
- A “cognitive-disengagement” from prevention messaging
- Mostly an issue for older gay and bisexual men
 - Exposed to over 20 years of safe sex messaging
 - Difficult to maintain behavioral change over decades
 - “Waning group norms for safer sex” – e.g., condom use (Valdiserri, 2004)

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Burnout and HIV Perceptions

- Per Valdiserri (2004), part of a larger issue of HIV complacency
- Perceptions of HIV threat are minimized due to successful treatment
 - People dying of AIDS have become invisible, in contrast to early days of the epidemic
 - Phenomenon of “Treatment Optimism” or feeling that HIV is an easily treated chronic disease with few long-term consequences

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Strategies to Address Burnout

- Need to target complacency without demonizing those with HIV
- Better incorporation of HIV testing into routine medical care so people know their status and can act accordingly
 - For example, advocacy effort to remove upper age limit for CDC testing guidelines (i.e., 65 and older!)
- Better retention in care and treatment adherence for HIV-positive adults to reduce transmission risk through viral load reduction

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HIV Prevention & Older MSM

- Older gay men may opt for serosorting, bare backing, and risk reduction over condom use due to "condom fatigue" or loss of erection with condom use
- Strategies for erectile dysfunction and condom use in older men may include:
 - Consulting a medical provider to discuss possible causes and solutions, including ED drugs
 - A cock ring can assist in achieving/maintaining an erection
 - Diet, exercise, and stopping smoking can also help
 - Some men may explore becoming a bottom (new safer sex issues must then be addressed)
 - Experimenting with other intimate acts that may not include penetration

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Treatment as Prevention

- An undetectable viral load in the blood significantly reduces the chance of transmission
- However, there is still a small risk of sexual HIV transmission
- The link between viral load in blood and semen/vaginal fluid is not conclusive
- Most studies done in heterosexuals, not taking into account risks of anal sex



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Evidence on Treatment Effectiveness

2005 Swiss study of heterosexual serodiscordant couples

- None of the partners of people taking HIV treatment became infected over 14 years.

San Francisco Men's Health Study

- From 1994 to 1996, at a time when treatment was not yet available, the incidence of HIV by couple was 0.12
- After 1996 when treatment was provided, HIV incidence of the men in the study dropped to 0.048

HPTN 052

- 1,763 HIV serodiscordant heterosexual couples
- Those who started HIV therapy as soon as they were diagnosed lowered the risk of HIV transmission by 96%

South African study (Tanser, 2012)

- In areas with higher use of HIV treatment, people who do not have HIV are 38% less likely to acquire the virus than in areas of low use

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Thank You!

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