

Sexual Health Care Practitioners' Evaluation of Men Who Have Sex With Men

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ABSTRACT

Background: The Institute of Medicine Report and Department of Health and Human Services Healthy People 2020 Initiative have called for steps to address health disparities facing sexual minorities.

Aim: We sought to characterize the practice patterns of sexual health specialists as they relate to men who have sex with men (MSM).

Methods: Surveys were electronically mailed to 696 members of the Sexual Medicine Society of North America (SMSNA). Responses were compared using descriptive statistics and χ^2 analysis with Yates correction where appropriate.

Outcomes: Outcomes were SMSNA members' demographics, their assessment of their patients' sexual orientation, and adaptation of care to address the specific needs of their MSM patients.

Results: 92 (13.2%) Members responded. While 93.3% of respondents reported treating MSM patients, only 51.7% routinely asked about sexual orientation. Of those that do not ask, 41.9% responded that sexual orientation is irrelevant to their patients' care and 25.6% responded that patients will disclose this information if the patient thinks it is important. Practitioners inquiring about sexual orientation were more likely to practice in urban settings; more likely to inquire about a greater number of sexual behaviors; more likely to tailor their care to lesbian, gay, bisexual, and transgender needs; and more likely to endorse the notion that homosexual/bisexual patients have unique sexual dysfunction concerns.

Clinical Translation: Limited and uneven inquiry about sexual orientation necessitates efforts aimed at tailoring care to the needs of sexual minority patients.

Strengths & Limitations: This survey addresses a gap in the literature by investigating predictors and practical consequences of practitioner inquiry about sexual orientation.

Limitations include a low response rate, disparate study population, the potential influence of respondent social desirability biases, and spurious associations due to a multiplicity of statistical tests.

Conclusion: Only about half of surveyed SMSNA members ask their patients' sexual orientation; inquiry about sexual orientation was associated with practice setting and with provider practice patterns and attitudes. **Saheb Kashaf M, Butler PR, Cordon-Galiano BH, et al. Sexual Health Care Practitioners' Evaluation of Men Who Have Sex With Men. J Sex Med 2018;XX:XXX–XXX.**

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Key Words: Sexual Orientation; Men Who Have Sex With Men; Doctor-Patient Communication; Minority Stress

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INTRODUCTION

Men who have sex with men (MSM) have broadly worse health outcomes in comparison with the general population.^{1,2} MSM are at greater risk for a range of medical and psychiatric conditions. Population surveys have noted higher rates of infectious diseases,³ and a greater prevalence of mental disorders including substance, mood, and anxiety disorder.^{4–6} Moreover, surveys have noted worse risk behaviors, including smoking, in comparison to the general population.

Table 1. Overall response data

“Do you routinely ask patients about their sexual orientation?”	Yes	No	<i>P</i> value*
Age, y			
18–24	0	0	.418
25–34	8	7	
35–44	12	13	
45–54	11	10	
55–64	9	4	
65–74	5	5	
≥75	0	3	
Gender			
Male	35	32	.860
Female	10	10	
Sexual orientation			
Straight	37	36	.623
Gay	2	3	
Lesbian	0	1	
Bisexual	1	1	
Male-to-female transgender	2	1	
Female-to-male transgender	0	0	
I wish not to respond	2	0	
Degree/qualifications			
Physician	33	35	.296
Nurse practitioner	1	3	
Physician assistant	5	2	
Psychologist	2	0	
Other (please specify)	4	2	
Treat LGBT patients			
Yes	42	40	.703
No	3	2	
Specific training on LGBT sexual health issues			
Yes	12	10	.139
Yes, but not enough	16	8	
No	17	24	
Practice setting			
Urban	36	26	.035
Suburban	9	11	
Rural	0	5	
Practice type			
Private medical office	20	16	.694
Community hospital outpatient clinic	4	2	
Academic medical center	17	20	
Other	3	4	
Utilization of sexual health questionnaires			
Yes	34	24	.064
No	10	17	
Sexual health questionnaire used			
IIEF-5/SHIM	30	21	.603
Male Health Questionnaire	0	1	
Aging Male Symptoms	0	1	
Sexual Quality of Life–Male	0	0	
Male Sexual Health Questionnaire	3	2	

(continued)

Table 1. Continued

“Do you routinely ask patients about their sexual orientation?”	Yes	No	<i>P</i> value*
Male Sexual Quotient	0	0	
Other	4	3	
Types of sexual behaviors queried via questionnaire			
Single vs multiple partners	13	6	.03
Type of intercourse	9	0	
Use of protection	3	2	
No use of sexual health questionnaire	13	23	
Treatment feelings toward LGBT patients			
Comfortable	41	41	.192
Sometimes uncomfortable	4	1	
Often uncomfortable	0	0	
Offering staff training on non-judgmental, gender-appropriate, and professional communication toward the LGBT community			
Yes—mandatory	12	8	.418
Yes—optional	5	3	
No	25	30	
Visual cues in waiting or exam rooms that signal LGBT health risks and promotion			
Yes	10	3	.049
No	34	38	

IIEF = International Index of Erectile Function; LGBT = lesbian, gay, bisexual, and transgender; SHIM = Sexual Health Inventory for Men.

*Pairwise comparison of responses from those providers indicating that they do not inquire about sexual orientation and those indicating that they do inquire about sexual orientation.

Among MSM and lesbian, gay, bisexual, and transgender (LGBT) patients more broadly, disclosure of orientation has been linked with improved mental health.⁷ Conversely, non-disclosure has been linked with poorer psychological well-being.⁸ Moreover, there is evidence that physicians aware of MSM status were more likely to tailor their counsel to cohort-specific health concerns, including a greater likelihood of recommending testing and vaccination for HIV and other sexually transmitted infections.⁹ Sexual minority patients broadly report a desire for their providers to know their orientation.¹⁰

Facilitation of orientation disclosure is considered a facet of culturally competent care.¹¹ The practice has implications for the patient-physician relationship and for clinical outcomes, particularly in the field of sexual medicine. Currently, there is little understanding of the prevalence of clinician inquiry about sexual orientation and the variables associated with this inquiry. We hypothesize that Sexual Medicine Society of North America (SMSNA) members are particularly attuned to sexual orientation and will therefore inquire about the matter in a large majority of cases. This study aims to address this gap by surveying members of the SMSNA regarding their inquiry about patient sexual orientation. It also aims to analyze provider variables that are correlated with likelihood of inquiry in order to provide a fuller picture of current practice in sexual medicine.

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