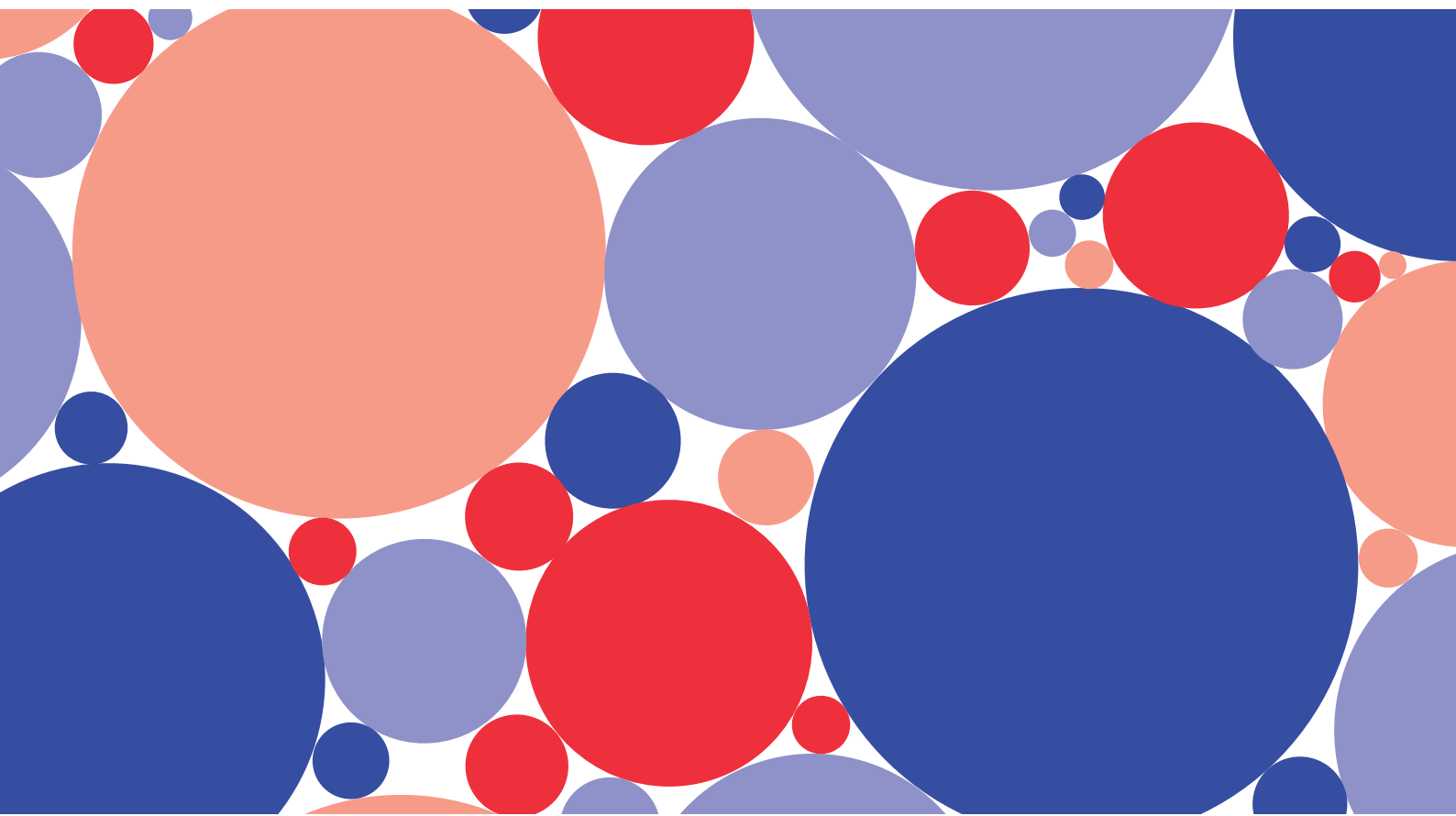


Briefing 6

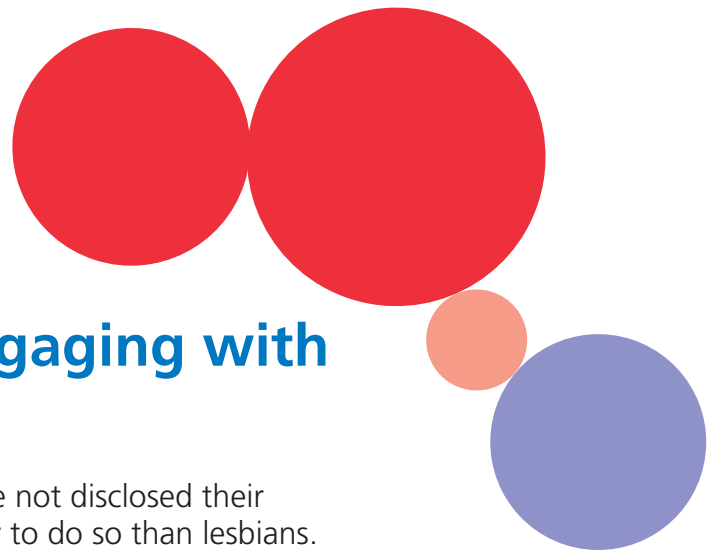
Gay men's health



(a) What are gay men's health needs?

Research on gay men's health has often focused on sexual health and HIV prevention to the exclusion of their wider health needs (see Briefing 10).

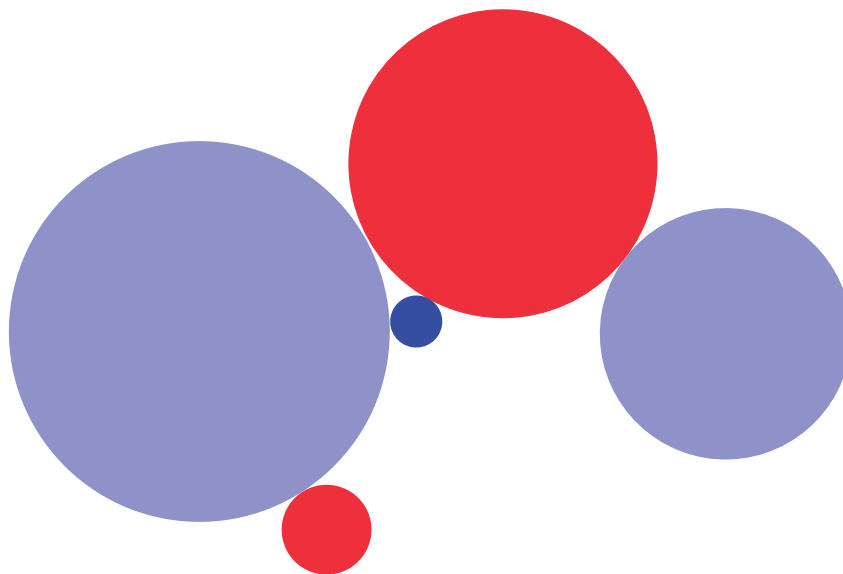
Gay men's health concerns include issues common to all men, such as cancers (testicular, anal and prostate) and erectile dysfunction. Gay men may have higher rates of drug, tobacco¹ and alcohol use, which may increase their risk of lung and liver cancer. They may be more susceptible to eating disorders and have higher rates of mental health problems (see Briefings 8 and 9).



(b) Communicating and engaging with gay men

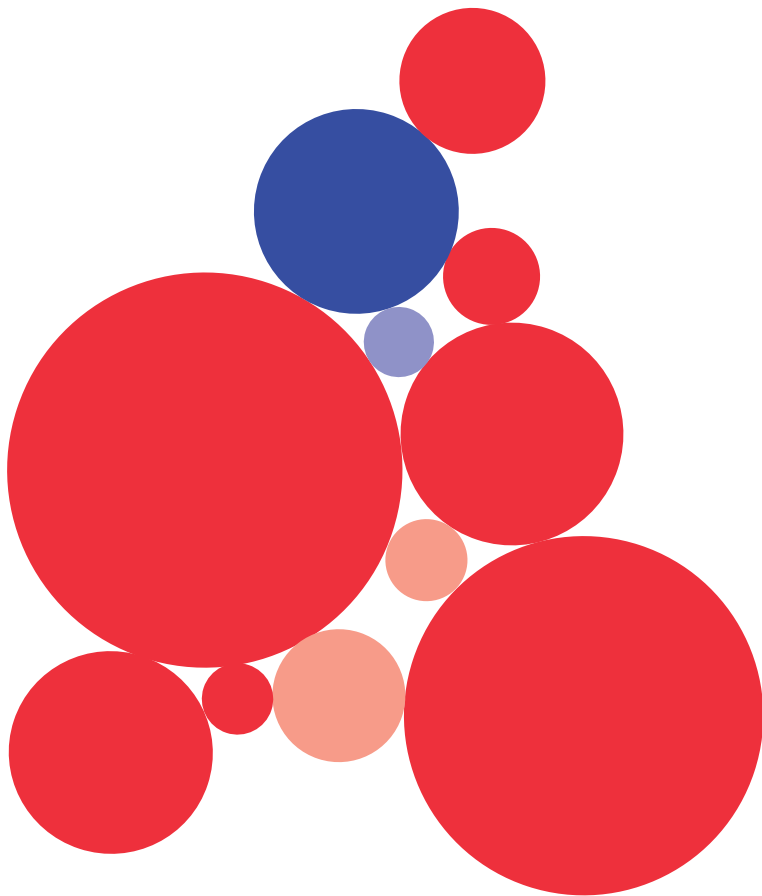
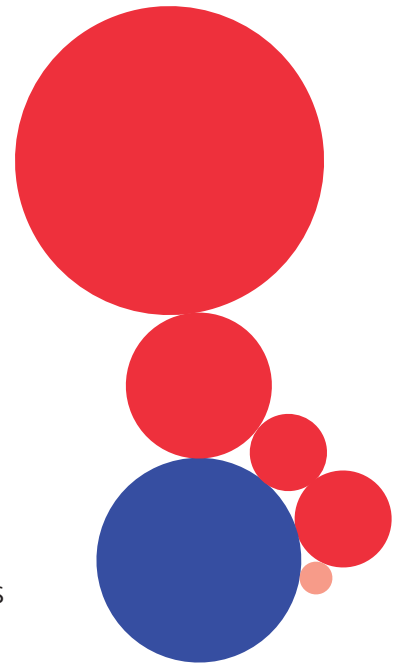
Research suggests that the majority of gay men have not disclosed their sexual orientation to their GP, and they are less likely to do so than lesbians. The reasons for this non-disclosure have often been attributed to concerns about how the information is recorded in patient notes, concerns about an adverse reaction and concerns about confidentiality – who will have access to this information (eg whether or not it will be made available to employers and mortgage companies). The failure to disclose their sexual orientation may result in them receiving inappropriate information about health risks and treatment (see also Briefing 2).

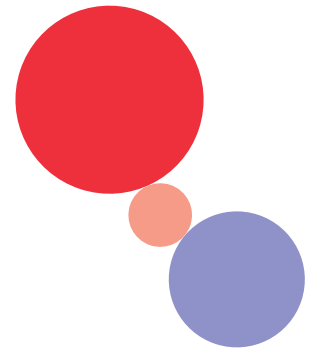
Findings commonly suggest that a significant number of gay men thought it irrelevant to disclose their sexual orientation to their healthcare worker, even though some men were HIV positive.² Among gay men who had disclosed this information, the quality of the interaction with the GP had not always improved. For many, the disclosure of their sexual orientation had been noted and never mentioned again. Coming out could result in improved communication if the service user was well supported and assertive.³



(c) Perceptions about primary healthcare

Many gay men expressed dissatisfaction with primary care; specifically, the literature in waiting rooms was geared to families and rarely addressed relevant health issues for gay men.⁴ Gay men appeared to be more likely to 'shop around' to find a sexual health clinic that was empathic to their needs and were only willing to attend a clinic regularly if it was 'gay friendly'.³





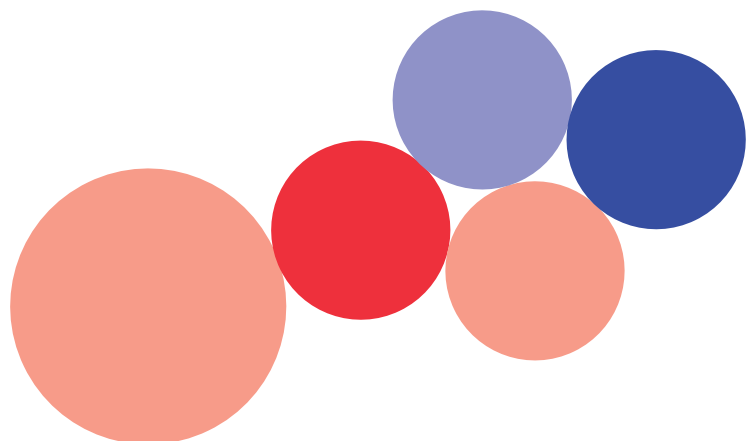
(d) Cancer and screening

Prostate cancer is one of the most common cancers in men and is more likely to affect older men. Estimates suggest that 5,000 gay or bisexual men are diagnosed each year in the US (there is no UK research and the cancer register does not collect data about sexual orientation) and 50,000 or more are living after prostate cancer treatment. Despite prostate cancer potentially being a common cancer among gay men, a review of Medline found no research on the disease among gay and bisexual men.⁵ Gay men are more likely to have difficulty dealing with urologists and oncologists, who may assume a female partner, and the management of any subsequent sexually-related dysfunction may differ from that in heterosexual men.

Anal cancer is associated with a history of anal-receptive sexual behaviour and with genital warts, hepatitis B, human papilloma virus (HPV), herpes simplex virus and being a current smoker. Increased risk of anal cancer is also associated with HIV infection. The incidence of anal cancer among men who have sex with men (MSM) has continued to increase since the introduction of highly active antiretroviral therapy (HAART).⁶

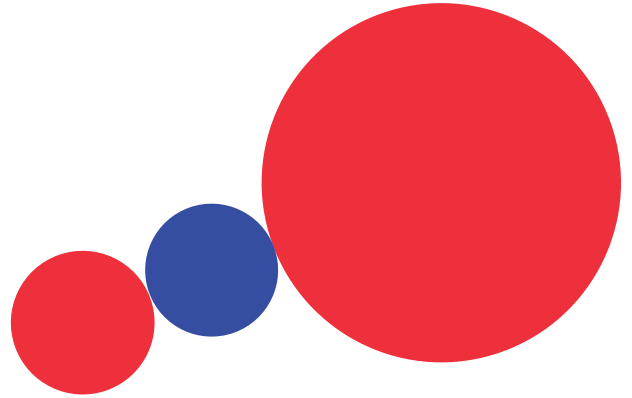
Testicular cancer can affect men in their adolescence and twenties; however, there is little research into this disease.

Little is known about how gay men engage in screening programmes; increased surveillance is needed to monitor sexually-transmitted hepatitis C among HIV-infected men in England and Wales who have sex with men.⁷



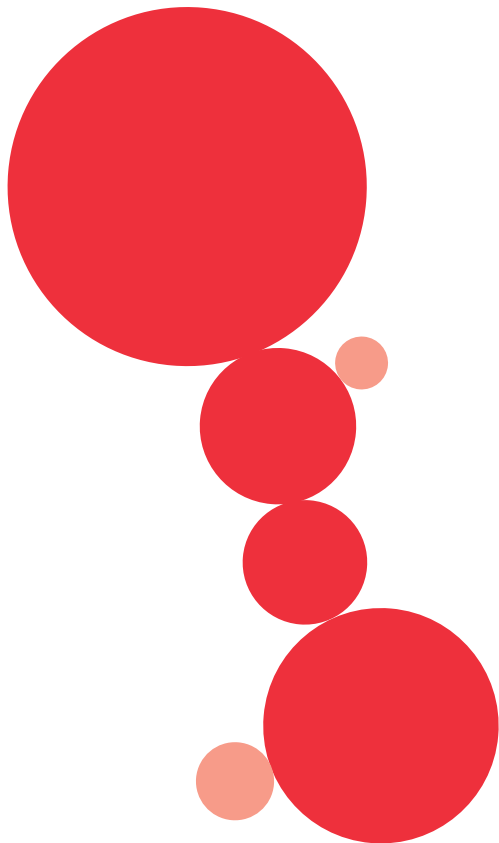
(e) Evidence and statistics

- Anal cancer is 20 times more common in gay men than in the general population.⁸



(f) Policy/legislation

The NHS Plan includes hepatitis B immunisation for all gay men presenting to a sexual health clinic.



(g) Links and resources

Gay Men's Health: Edinburgh and Lothians
www.gmh.org.uk

Gay Men's Health Project: North and Mid Hampshire
www.gmhp.net

Gay Men's Health: Wiltshire and Swindon
www.gmhp.demon.co.uk

Hampshire Gay Health Alliance
www.hgha.org.uk

Health with Pride
www.healthwithpride.com

LGBT Centre for Health and Wellbeing
www.lgbthealth.org.uk/index.php

Sigma Research
www.sigmaresearch.org.uk

Somerset Gay Health
www.somersetgayhealth.com

Stonewall
Information on general health needs, sexual health and cancer
www.stonewall.org.uk

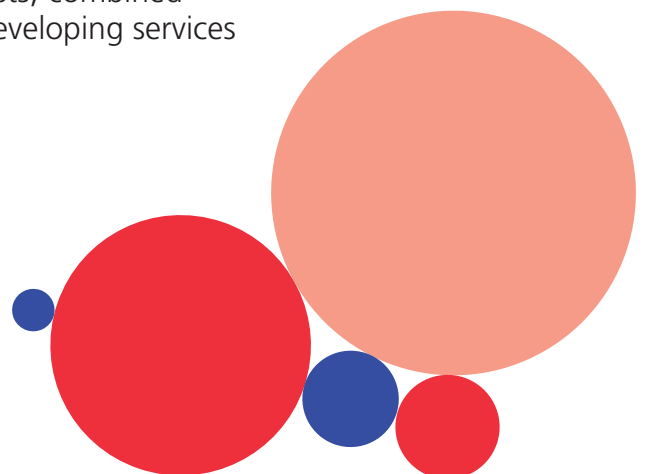
Yorkshire MESMAC
www.mesmac.co.uk

Young Gay Men
www.ygm.org.uk

(h) Implications for service commissioners and providers

Primary care trusts (PCTs) are expected to respond to the responsibilities they now face under *Commissioning a Patient-Led NHS*.⁹ Together with the White Paper, *Our Health, Our Care, Our Say*, it sets clear priorities for PCTs which will mean an increasing emphasis on:

- strong commissioning for improved quality and choice, and to tackle health inequalities; and
- collaborative commissioning arrangements for acute trusts, combined with strong support for practice-based commissioners developing services locally to help manage demand and improve choice.





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8. Anderson, JS, Vajdic, C and Grulich, AE (2004) Is Screening For Anal Cancer Warranted In Homosexual Men?, *Sexual Health*, 1(3): 137–40.
9. Department of Health (2005) *Commissioning a Patient-Led NHS*, Department of Health, London. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116716

(j) Further reading

- Knight, D (2004) Health care screening for men who have sex with men, *American Family Physician*, 69 (9): 2149–56.
- Beehler, GP (2001) Confronting the culture of medicine: Gay men's experiences with primary care physicians, *Journal of the Gay and Lesbian Medical Association*, 5(4): 135–44.



This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

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283255/6 1p 5k Aug 07 (CWP)

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