

Better interventions are needed to reduce HIV risk among men who have sex with men

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Although a cognitive-behavioral intervention to encourage men who have sex with men to reduce their substance use and sexual risk behavior (as both are linked) was partially successful, a similar reduction was achieved in comparison groups who did not receive the intervention suggesting that better methods for changing behaviors are needed. These are the findings of a paper by Gordon Mansergh from the Centers for Disease Control and Prevention, Georgia, USA, and colleagues and published in this week's *PLoS Medicine*.

1686 men in Chicago, Los Angeles, New York City, and San Francisco enrolled in the trial. Most men were randomized to receive a cognitive-behavioral [intervention](#) (six group sessions focused on reducing [substance use](#) and sexual risk behavior) or an attention-control comparison (six group sessions of videos and discussion of issues unrelated to substance use, sexual risk, and HIV/AIDS). Another group (not randomized) received HIV counseling and testing only. The authors found that all participants reported high-risk behavior during the 3 months before enrolling in the study: 67% reported unprotected anal sex and 77% reported substance use during their most recent anal sex encounter with a man who was not their primary partner. However, after one year, unprotected anal sex as reported by all participants reduced by 32% and all three groups reported similar reductions in other risk behaviors at 3, 6 and 12 months follow up.

The authors say that their results for reducing sexual risk behavior of substance-using men who have sex with men are consistent with results

of intervention trials for other populations. The authors caution, however, that the brief counseling used in this study is especially effective for people who are ready for a change, such as MSM willing to enrol in an intervention trial of this type. And by just being in the trial, participants may have self-reported reduced [risk behavior](#). They conclude: "More explicit debate is needed in the behavioral intervention field about appropriate scientific designs and methods. As HIV prevention increasingly competes for behavior-change attention alongside other "chronic" diseases and mental health issues, new approaches may better resonate with at-risk groups."

More information: Mansergh G, Koblin BA, McKirnan DJ, Hudson SM, Flores SA, et al. (2010) An Intervention to Reduce HIV Risk Behavior of Substance-Using Men Who Have Sex with Men: A Two-Group Randomized Trial with a Nonrandomized Third Group. PLoS Med 7(8): e1000329. [doi:10.1371/journal.pmed.1000329](https://doi.org/10.1371/journal.pmed.1000329)

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