

Uptake of medications for HIV treatment and prevention changes sexual practices

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The [Annual Report of Trends in Behaviour 2017](#) released today by the Centre for Social Research in Health (CSRH) at UNSW Sydney finds the proportion of non-HIV-positive gay men who reported pre-exposure

prophylaxis (PrEP) use in the six months prior to the annual Gay Community Periodic Surveys increased from 2 percent in 2013 to 5 percent in 2016.

The increase was mostly seen between 2015 and 2016, suggesting PrEP uptake was boosted by increased availability through the large state-funded PrEP access programs in NSW, Victoria and Queensland in 2016.

PrEP is HIV medication taken by HIV-negative men before sex to prevent HIV. If taken as prescribed, PrEP stops a person from getting HIV.

"Particularly in the last three years, gay and [bisexual men](#) are increasingly using PrEP and treatment as prevention (TasP) to manage HIV transmission risk," said Associate Professor Martin Holt, the project leader of the Gay Community Periodic Surveys at CSRH. "This underscores the growing range of strategies adopted by gay and bisexual men to reduce HIV transmission."

Also encouraging was that the proportion of HIV-positive gay and bisexual men on antiretroviral treatment (ART) was at a record high for the second year running, which maintains the health of people living with HIV and also contributes significantly to eliminate HIV transmission.

Nationally, 88 percent of HIV-positive gay men reported being on ART in 2016. ART uptake has increased significantly over the last 10 years, from 57 percent in 2007. The proportion of HIV-positive gay and bisexual men having an undetectable viral load (which carries no risk of HIV transmission) has also increased by more than 30 percentage points to 88 percent (the highest on record), from 56 percent in 2007.

Key findings from the Gay Community Periodic Surveys show that gay and bisexual men are also taking a number of critical steps to negotiate relationships, sex and HIV risk. These measures include:

- Frequent HIV testing: In 2016, close to one-third of non-HIV-positive gay men had a minimum of three tests within the previous 12 months (one HIV test every four months on average).
- Comprehensive STI testing: In 2016, 45 percent of gay and bisexual men reported comprehensive STI testing (a minimum of one blood sample, urine sample, throat swab and rectal swab each) in the previous year.
- Consistent condom use: For those who had sex with casual male partners in the previous six months, the number reporting consistent condom use during casual encounters in 2016 was just below 40 percent, down from 44 percent in 2013.
- "Serosorting" (seeking partners of the same HIV status): This remains the most commonly used risk reduction strategy by HIV-negative men (45 percent in 2012, increasing to 52 percent in 2016). Both HIV-negative and HIV-positive gay men increasingly disclose their HIV status during casual sexual encounters.

"Some gay and bisexual men have gradually moved away from consistent condom use and rely on a range of biomedical and behavioural strategies to reduce HIV transmission," said Dr Limin Mao, the leading author of this CSRH report.

"This should be carefully monitored and interpreted in the context of increased uptake of testing, treatment and PrEP. We need to better understand these rapid changes and ensure health promotion messages emphasise the effectiveness of a combination prevention approach to suit diverse population needs."

Dr Mao also said: "Using mobile apps is one of the most efficient ways to find other male sex partners. Continued investment in developing innovative approaches to engage gay and bisexual men in HIV and STI health promotion through various online and mobile platforms should be prioritised."

CSRH Associate Professor Christy Newman said apart from gay-identified men, there are other priority populations who require better understanding and more attention to address potential disparities in access to new prevention technologies and behavioural risk reduction strategies.

For example, qualitative studies from CSRH offer a range of insights for engaging and serving heterosexual-identified men who sometimes have sex with men, young people from migrant and refugee backgrounds, people who are Medicare ineligible, other people living with HIV (adolescents and children) and heterosexual couples with mixed HIV status.

The Director of CSRH, Professor Carla Treloar, summarised: "Our report highlights the need for further concerted efforts to promote a combination of biomedical and behavioural prevention strategies to drive down rates of HIV or STI infection.

"Equally important is the need to support community-based responses to HIV and STIs, and to substantially reduce stigma, discrimination and other structural barriers associated with diverse populations affected by HIV and STIs."

More information: The report is available online:
csrh.arts.unsw.edu.au/research...-trends-in-behavior/

Provided by University of New South Wales

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