

Don't ask, don't tell! Is sexual orientation still a neglected issue in general medical practice?

Rocco Salvatore Calabrò

IRCCS Centro Neurolesi "Bonino-Pulejo", Messina, Italy

Sir,

Concerns regarding sexual orientation disclosure to health care providers is to be considered as a potential barrier to care, especially in non-heterosexual individuals. Indeed, a recent work (1) has found that only 40% of men who have sex with men (MSM) have disclosed such issue, but only if they felt it was directly relevant to the consultation. MSM (term used to refer to sexual activities between men, regardless of how they identify) is a growing "behavioral phenomenon" that could be somehow considered an emerging public health problem. Indeed, despite the advances in prevention and treatment of sexually transmitted diseases (STDs), there is an increasing higher prevalence of such infectious diseases, including HIV/AIDS, in MSM as compared to the general population (2, 3). Notably, MSM not only have the highest HIV incidence (i.e., number of new infections) of any other "group" in the developed countries, but they are also experiencing the higher incidence increase, with a 63% of estimated new 2010 infections (2). This may be due to different socio-cultural and biological causes, including higher number of sex partners, more frequent oro-anal receptive and/or penetrative sex without the use of condoms, ignorance and myths surrounding male-male sexual contacts, and stigmatization of male-male relationships often encouraging casual, anonymous, and opportunistic intercourses. In fact, although homosexuality is becoming more accepted in many countries of the world, in large parts of society it is still considered as deviant, unnatural, and to be discouraged.

Sexual desire shame involves men's shame about their *not changeable* desires for other men, whereas

sexual behavior shame involves men's shame that they have engaged in a risky behavior (i.e. unsafe sex). Since a recent study has demonstrated that sexual desire shame is positively related to unprotected MSM anal intercourse and negatively related to safer-sex knowledge and self-efficacy (3), a better understanding of how different types of shame operate in sexual behaviors could be an important strategy in changing MSM's risky sexual decision-making.

Moreover, the use of illicit drugs (especially when concomitant to sexual boosters' intake, such as sildenafil) may also be taken into account (4). Indeed, when individuals are on recreational illicit drugs, they may be in an altered state with impaired decision-making capabilities, often leading to poor choices with regard to risky sexual behaviors, and unsafe sexual practices resulting in an increase risk for STDs, including HIV.

Therefore, additional diagnostic and preventive measures are needed for the routine health care of MSM, including a proper counseling (and psychological support when needed), hepatitis vaccinations and testing for STDs.

To this end, healthcare providers should be aware of their patients' sexual orientation and behaviors, because if they assume patients are heterosexual, they may neglect such essential screening, diagnostic, or preventive health measures (5).

Nevertheless, since physicians, including GPs, may not be comfortable with disclosing sexual issue, including homosexuality (often due to a lack of education regarding the nature/culture of sexual orientation), they should be properly trained in human sexuality during medical school.

In conclusions, as patients may not spontaneously disclose their sexual orientation, GPs should always discuss it when interviewing patients, because such often neglected issue may be of great importance in patients' management, including STDs prevention.

References

1. Metcalfe R, Laird G, Nandwani R. Don't ask, sometimes tell. A survey of men who have sex with men sexual orientation disclosure in general practice. *Int J STD AIDS* 2014; pii: 0956462414565404.
2. de Vries HJ. Sexually transmitted infections in men who have sex with men. *Clin Dermatol* 2014; 32: 181-188.
3. Park M, Anderson JN, Christensen JL, Miller LC, Appleby PR, Read SJ. Young Men's Shame about Their Desire for other Men Predicts Risky Sex and Moderates the Knowledge - Self-Efficacy Link. *Front Public Health* 2014; 2: 183.
4. Calabrò RS, De Luca R, Balletta T, Russo M, Naro A, Bramanti P. Seizure-induced by phosphodiesterase-5 inhibitors for recreational use: an emerging problem among young people! *Subst Use Misuse*.2015; 50: 137-138.
5. Petroll AE, Mosack KE. Physician awareness of sexual orientation and preventive health recommendations to men who have sex with men. *Sex Transm Dis* 2011; 38: 63-7.

Received: 16 February 2015

Accepted: 18 March 2015

Correspondance:

Rocco Salvatore Calabrò, MD, PhD

IRCCS Centro Neurolesi "Bonino-Pulejo"

S.S. 113, Contrada Casazza

98124 Messina, Italy

Tel. +39-090-60128840,

Fax +39-090-60128950

E-mail: salbro77@tiscali.it