

Sexual Behavior Change for HIV-Positives Literature Review

Resource Inventory: **Sexual Behavior Change for HIV-Positives**

This is an optional resource for program development. The library is not exhaustive, and the programs and interventions described are not necessarily endorsed by HPS. The articles are offered only as a resource; applicants do not have to limit themselves to the models and approaches described in these articles.

All articles are available by request as a zip file from Betty Chan Lew. If you only wish one article, please reference the first author and title when making your request.

(415) 554-9492

Betty.Lew@sfdph.org

HIV Prevention Section

San Francisco Department of Public Health

Ste. 500, 25 Van Ness Ave.

SF. CA., 94102

Sexual Behavior Change for HIV-Positives Literature Review

Sexual Behavior Change for HIV-Positives Articles		
First Author	Title	Page
El-Bassel N	National Institute of Mental Health Multisite Eban HIV/STD Prevention Intervention for African American HIV Serodiscordant Couples: a cluster randomized trial.	p. 1
Garfein RS	Formative Assessment of ARM-U: A Modular Intervention for Decreasing Risk Behaviors Among HIV-Positive and HIV-Negative Methamphetamine-Using MSM. *	p.2
Knauz RO	Developing an HIV-prevention intervention for HIV-infected men who have sex with men in HIV care: project enhance. *	p.3
Metsch LR	HIV-positive patients' discussion of alcohol use with their HIV primary care providers.*	p.4
Rose CD	HIV Intervention for Providers Study: A Randomized Controlled Trial of a Clinician-Delivered HIV Risk-Reduction Intervention for HIV-Positive People.*	p.5
Williams JK	Risk reduction for HIV-positive African American and Latino men with histories of childhood sexual abuse.*	p.6

* Indicates an article also in Drivers and Sexual Behavior Change

Sexual Behavior Change for HIV-Positives Literature Review

Arch Intern Med. 2010 Sep 27;170(17):1594-601. Epub 2010 Jul 12.

National Institute of Mental Health Multisite Eban HIV/STD Prevention Intervention for African American HIV Serodiscordant Couples: a cluster randomized trial.

El-Bassel N, Jemmott JB, Landis JR, Pequegnat W, Wingood GM, Wyatt GE, Bellamy SL; NIMH Multisite HIV/STD Prevention Trial for African American Couples Group.

Social Intervention Group, Columbia University School of Social Work, New York, New York, USA.

Abstract

BACKGROUND: Human immunodeficiency virus (HIV) has disproportionately affected African Americans. Couple-level interventions may be a promising intervention strategy.

METHODS: To determine if a behavioral intervention can reduce HIV/sexually transmitted disease (STD) risk behaviors among African American HIV serodiscordant couples, a cluster randomized controlled trial (Eban) was conducted in Atlanta, Georgia; Los Angeles, California; New York, New York; and Philadelphia, Pennsylvania; with African American HIV serodiscordant heterosexual couples who were eligible if both partners were at least 18 years old and reported unprotected intercourse in the previous 90 days and awareness of each other's serostatus. One thousand seventy participants were enrolled (mean age, 43 years; 40% of male participants were HIV positive). Couples were randomized to 1 of 2 interventions: couple-focused Eban HIV/STD risk-reduction intervention or attention-matched individual-focused health promotion comparison. The primary outcomes were the proportion of condom-protected intercourse acts and cumulative incidence of STDs (chlamydia, gonorrhea, or trichomonas). Data were collected preintervention and postintervention, and at 6- and 12-month follow-ups.

RESULTS: Data were analyzed for 535 randomized couples: 260 in the intervention group and 275 in the comparison group; 81.9% were retained at the 12-month follow-up. Generalized estimating equation analyses revealed that the proportion of condom-protected intercourse acts was larger among couples in the intervention group (0.77) than in the comparison group (0.47; risk ratio, 1.24; 95% confidence interval [CI], 1.09 to 1.41; $P = .006$) when adjusted for the baseline criterion measure. The adjusted percentage of couples using condoms consistently was higher in the intervention group (63%) than in the comparison group (48%; risk ratio, 1.45; 95% CI, 1.24 to 1.70; $P < .001$). The adjusted mean number of (log)unprotected intercourse acts was lower in the intervention group than in the comparison group (mean difference, -1.52; 95% CI, -2.07 to -0.98; $P < .001$). The cumulative STD incidence over the 12-month follow-up did not differ between couples in the intervention and comparison groups. The overall HIV seroconversion at the 12-month follow-up was 5 (2 in the intervention group, 3 in the comparison group) of 535 individuals, which translates to 935 per 100,000 population.

CONCLUSION: To our knowledge, this is the first randomized controlled intervention trial to report significant reductions in HIV/STD risk behaviors among African American HIV serodiscordant couples.

TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00644163.

PMID: 20625011 [PubMed - indexed for MEDLINE]

Sexual Behavior Change for HIV-Positives Literature Review

Open AIDS J. 2010 May 14;4:105-15.

Formative Assessment of ARM-U: A Modular Intervention for Decreasing Risk Behaviors Among HIV-Positive and HIV-Negative Methamphetamine-Using MSM.

Garfein RS, Metzner M, Cuevas J, Bousman CA, Patterson T.

Division of Global Public Health, Department of Medicine, University of California, San Diego, La Jolla, California, USA.

Abstract

BACKGROUND: Methamphetamine is a major contributor to HIV transmission among men who have sex with men (MSM). Recent studies show that up to one-third of methamphetamine-using MSM (MUMSM) inject the drug. We developed a behavioral intervention for MUMSM to decrease unprotected anal intercourse and increase awareness of parenteral HIV transmission risk. This 6-session (3 in-person, 3 by telephone) modular intervention was designed to be tailored to participants' HIV (+/-) and injection drug user ([IDU] yes/no) status. We present results of formative research used to evaluate the content and to assess feasibility and acceptability of this individual-level HIV risk-reduction intervention.

SETTING: HIV research clinic in a high MSM and methamphetamine prevalence neighborhood.

PROJECT: Avoiding Risks from Methamphetamine-Use (ARM-U) is a brief toolbox intervention that allows counselors to select modules that suit a client's individual risk profile and intervention needs employing motivational interviewing and cognitive behavioral theory. We evaluated the format and content of the intervention through focus groups and pre-testing of the entire intervention using volunteers from the target population stratified into four groups (HIV+/IDU, HIV-/IDU, HIV+/non-IDU, HIV-/non-IDU). Four individuals in each stratum were recruited to undergo the intervention and complete a satisfaction survey at the end of each in-person session.

RESULTS: In total, 25 MUMSM attended one of five focus groups. Participants thought all proposed intervention topics were important and could aid in reducing sexual risk behaviors among MUMSM. However, the neurocognitive effects of methamphetamine were reported to be a barrier to practicing safer sex, condom use negotiation or HIV status disclosure. Fifteen (94%) of 16 participants completed all 6 sessions and the satisfaction survey. On average, participants felt the intervention was useful for MUMSM, made them contemplate and move toward behavior change, and would recommend the program to their peers.

LESSONS LEARNED: Based on our formative research, we revised the ARM-U intervention to emphasize pre-planning to avoid combining methamphetamine use and sex or develop strategies to avoid sex risk following methamphetamine use. We also increased emphasis on referrals for care and other requested services. Future efficacy trials are needed to evaluate the intervention's ability to reduce HIV-associated risk behaviors.

Sexual Behavior Change for HIV-Positives Literature Review

AIDS Behav. 2007 Sep;11(5 Suppl):S117-26. Epub 2007 Jun 26.

Developing an HIV-prevention intervention for HIV-infected men who have sex with men in HIV care: project enhance.

Knauz RO, Safren SA, O'Cleirigh C, Capistrant BD, Driskell JR, Aguilar D, Salomon L, Hobson J, Mayer KH.

Fenway Community Health, 7 Haviland Street, Boston, MA 02115, USA.

Abstract

Men who have sex with men (MSM) represent the largest group with HIV in the U.S. (CDC 2005). Interventions for prevention with HIV-infected MSM are urgently needed, and integrating prevention into HIV care represents one opportunity for this advancement. This article describes the development and results of initial pilot testing of a behavioral intervention to reduce HIV sexual risk transmission behavior for HIV-infected MSM that is integrated into HIV care. To illustrate our intervention development process, we describe the setting and population (HIV-infected MSM patients at Fenway Community Health in Boston) for the project, the initial conceptualization of the project including its guiding conceptual model (information, motivation, and behavioral skills model, IMB: Fisher and Fischer 1993), the iterative process of attaining and integrating input from stakeholders, the use of peer interventionists, the open phase pilot and participant input, an overview of the intervention content, and, finally, lessons learned. The result of this process is an example of an intervention developed with strong input from the community and other stakeholders, which is ready for further testing in a randomized controlled trial.

PMID: 17592765 [PubMed - indexed for MEDLINE]

Sexual Behavior Change for HIV-Positives Literature Review

Drug Alcohol Depend. 2008 May 1;95(1-2):37-44. Epub 2008 Feb 19.

HIV-positive patients' discussion of alcohol use with their HIV primary care providers.

Metsch LR, Pereyra M, Colfax G, Dawson-Rose C, Cardenas G, McKirnan D, Eroglu D.

Department of Epidemiology and Public Health, Miller School of Medicine, University of Miami, Miami, FL 33136, USA. Lmetsch@med.miami.edu

Abstract

OBJECTIVES: We investigated the prevalence of HIV-positive patients discussing alcohol use with their HIV primary care providers and factors associated with these discussions.

METHODS: We recruited 1225 adult participants from 10 HIV care clinics in three large US cities from May 2004 to 2005. Multivariate logistic regression analysis was used to assess the associations between self-reported rates of discussion of alcohol use with HIV primary care providers in the past 12 months and the CAGE screening measure of problem drinking and sociodemographic variables.

RESULTS: Thirty-five percent of participants reported discussion of alcohol use with their primary care providers. The odds of reporting discussion of alcohol were three times greater for problem drinkers than for non-drinkers, but only 52% of problem drinkers reported such a discussion in the prior 12 months. Sociodemographic factors associated with discussion of alcohol use (after controlling for problem drinking) were being younger than 40, male, being non-white Hispanic (compared with being Hispanic), being in poorer health, and having a better patient-provider relationship.

CONCLUSIONS: Efforts are needed to increase the focus on alcohol use in the HIV primary care setting, especially with problem drinkers. Interventions addressing provider training or brief interventions that address alcohol use by HIV-positive patients in the HIV primary care setting should be considered as possible approaches to address this issue.

Sexual Behavior Change for HIV-Positives Literature Review

J Acquir Immune Defic Syndr. 2010 Sep 8. [Epub ahead of print]

HIV Intervention for Providers Study: A Randomized Controlled Trial of a Clinician-Delivered HIV Risk-Reduction Intervention for HIV-Positive People.

Rose CD, Courtenay-Quirk C, Knight K, Shade SB, Vittinghoff E, Gomez C, Lum PJ, Bacon O, Colfax G.

*UCSF, Center for AIDS Prevention Studies, School of Nursing; †Centers for Disease Control and Prevention; ‡UCSF, Center for AIDS Prevention Studies; §UCSF, Epidemiology and Biostatistics; ||UCSF, Department of Medicine, HIV/AIDS Division; ¶San Francisco Department of Health.

Abstract

Clinician-delivered prevention interventions offer an opportunity to integrate risk-reduction counseling as a routine part of medical care. The HIV Intervention for Providers study, a randomized controlled trial, developed and tested a medical provider HIV prevention training intervention in 4 northern California HIV care clinics. Providers were assigned to either the intervention or control condition (usual care). The intervention arm received a 4-hour training on assessing sexual risk behavior with HIV-positive patients and delivering risk-reduction-oriented prevention messages to patients who reported risk behaviors with HIV-uninfected or unknown-status partners. To compare the efficacy of the intervention versus control on transmission risk behavior, 386 patients of the randomized providers were enrolled. Over six-months of follow-up, patients whose providers were assigned the intervention reported a relative increase in provider-patient discussions of safer sex (OR = 1.49; 95% CI = 1.06 to 2.09), assessment of sexual activity (OR = 1.60; 95% CI = 1.05 to 2.45), and a significant decrease in the number of sexual partners (OR = 0.49, 95% CI = 0.26 to 0.92). These findings show that a brief intervention to train HIV providers to identify risk and provide a prevention message results in increased prevention conversations and significantly reduced the mean number of sexual partners reported by HIV-positive patients.

PMID: 20827218 [PubMed - as supplied by publisher]

Sexual Behavior Change for HIV-Positives Literature Review

Arch Sex Behav. 2008 Oct;37(5):763-72.

Risk reduction for HIV-positive African American and Latino men with histories of childhood sexual abuse.

Williams JK, Wyatt GE, Rivkin I, Ramamurthi HC, Li X, Liu H.

Department of Psychiatry and Biobehavioral Sciences, Semel Institute of Neuroscience & Human Behavior, University of California, Los Angeles, 760 Westwood Plaza, Suite C8-871C, Los Angeles, CA 90024-1759, USA. Keoniwmd@aol.com

Abstract

While the HIV epidemic has disproportionately affected African American and Latino men who have sex with men (MSM), few HIV prevention interventions have focused on African American and Latino men who have sex with both men and women (MSMW). Even fewer interventions target HIV-positive African American and Latino MSM and MSMW with histories of childhood sexual abuse (CSA), a population that may be vulnerable to high-risk sexual behaviors, having multiple sexual partners, and depression. The Men's Health Project, a small randomized clinical trial, compared the effects of two 6-session interventions, the Sexual Health Intervention for Men (S-HIM), guided by social learning theory and aimed at decreasing high-risk sexual behaviors, number of sexual partners, and depressive symptoms, and a standard health promotion control (SHP). A community sample of 137 HIV-positive gay and non-gay identifying African American and Latino MSM and MSMW with histories of CSA was recruited. Results were based on an "intent to treat" analyses of baseline to post, 3 and 6 month follow-ups. The sample as a whole reported reductions in sexual risk behaviors and number of sexual partners from baseline to post-test, and from the 3 to 6 month follow-ups, although the decrease in sexual risk behavior from baseline to post-test was significant only for S-HIM participants. No significant differences between conditions were reported for depressive symptoms, but the total sample reported a significant decrease at 6 months. These findings highlight the importance of addressing sexual decision-making and psychological adjustment for ethnic men, while being sensitive to CSA histories and sexual minority status, and suggest the need to develop additional strategies to heighten HIV risk reduction over time.

PMID: 18506611 [PubMed - indexed for MEDLINE]