Is Nurse-Led Annual Review Service offering Sexual Health Screening to High Risk Patients?

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Chelsea and Westminster Hospital NHS Foundation Trust, London, UK
Gay men warned on risks of ‘chemsex’
First British study of ‘chemsex’ reveals gay men taking serious risks with their health and with HIV after using drugs

Denis Campbell
The Guardian, Tuesday 8 April 2014 21.02 BST
Jump to comments (47)

There has been a change in gay cultural, social and sexual networks. Photograph: Drostefot/PYMCA/Rex

Gay men are suffering serious harm and are in danger of spreading HIV by having unprotected sex while under the influence of illegal drugs, the first British study into the growing popularity of “chemsex” has revealed.

High-risk drug practices in men who have sex with men

Victoria L. Gilbart, Ian Simms, Maya Gobin, Isabel Oliver, Gwenda Hughes

Tony Kirby and Michelle Thomber-Dunwell (Jan 12, p 101) highlight a “perfect storm” for HIV and hepatitis C transmission in high-risk drug practices in men who have sex with men (MSM). As part of an ongoing investigation of the continuing shigellosis epidemic in MSM in the UK, 1 we did in-depth interviews that explored the lifestyle and sexual behaviour of 12 MSM diagnosed with Shigella flexneri serotype 1a.

Mephedrone, ketamine, crystal methamphetamine, and γ-butyrolactone had been used by most MSM (nine of 12) during sexual encounters. “Slamming”—a term usually used to reduce the social stigma of injecting recreational drugs—occurred at sex parties and was reported by two.
Background: Drug Use

• ‘Chem-sex’ is…sex that occurs under the influence of drugs, which are taken immediately preceding and/or during the sexual session¹

• Frequently involves poly-drug use, simultaneously or sequentially to counter some of the effects/side effects.

• Drug sessions can extend over several days.

• Certain means of linking up (online apps) are either used specifically for or are associated with increased likelihood of chem-sex.

Bourne et al, 2014. The Chemsex Study
Background: MSM & recreational drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>EMIS Survey (%)</th>
<th>ASTRA (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any recreational drug</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>Cocaine</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Ketamine</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Crystal meth</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>GBL</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Amyl Nitrate</td>
<td>33</td>
<td>53</td>
</tr>
<tr>
<td>Cannabis</td>
<td>16</td>
<td>42</td>
</tr>
</tbody>
</table>

Bourne et al, 2014. The Chemsex Study; Daskalopoulou et al. 2013, ASTRA.
Background: Why ask?

- Negative impact on adherence to HAART
- Drug-drug interactions.
- High risk sexual behaviour - increased STIs and genital trauma²
- MDMA - known to decrease CD4 count, T-cell function and increase NK Cells³
- Shigella flexneri outbreak - 34 MSM interviewed - 76% recreational drugs⁴

STI screening recommendations in UK

• All sexually active MSM should be tested for STIs at least annually.

• High Risk MSM every 3 months.

• High risk includes:
  
  – Any unprotected sexual contact with a new partner
  
  – Following the diagnosis of a new STI
  
  – Drug use may be a marker of high risk behaviour and a detailed sexual history is required in this group.

BASHH, 2014. Recommendations for Testing for Sexually Transmitted Infections in Men who have Sex with Men
To help guide and measure the health of the clinic, the following is the information that is collected:

1. Presence of Recreational Drugs
   - If the patient has used recreational drugs in the past year, which ones?

2. STI Diagnosis
   - Does the patient have a recent diagnosis of an STI?
Methods

• Data examined from Annual Review service (including self-completed questionnaire), focusing on patient disclosure of drug use and STIs.

• 511 patients seen across 3 sites between July 2012 and December 2013.

• 54 patients using club drugs identified; notes review of any subsequent STI screening offered.
### Demographics

<table>
<thead>
<tr>
<th>Total number of patients who underwent Annual Review</th>
<th>511</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of males</td>
<td>91% (n=465)</td>
</tr>
<tr>
<td>% of females</td>
<td>9% (n=45)</td>
</tr>
<tr>
<td>MSM</td>
<td>90%</td>
</tr>
<tr>
<td>Number of club drug users identified</td>
<td>54</td>
</tr>
<tr>
<td>% of males</td>
<td>100% (n= 54)</td>
</tr>
<tr>
<td>% of females</td>
<td>0%</td>
</tr>
<tr>
<td>MSM</td>
<td>100%</td>
</tr>
<tr>
<td>Age range</td>
<td>26 - 57 (Mean: 39)</td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th>Club Drug</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mephedrone</td>
<td>40 (74%)</td>
</tr>
<tr>
<td>GBL</td>
<td>31 (57%)</td>
</tr>
<tr>
<td>Crystal Meth</td>
<td>23 (43%)</td>
</tr>
</tbody>
</table>

n = 54
Results

- Crystal Meth: 23
- GBL: 31
- Mephedrone: 40

Intersections:
- Crystal Meth and GBL: 6
- GBL and Mephedrone: 14
- Crystal Meth and Mephedrone: 4
% of patients with regular sexual partner

- Regular partner: 41%
- No regular partner: 59%

- Sex with casual partner(s) in past 6 months: 5%
- No sex with casual partner(s) in past 6 months: 95%
Results

Patients diagnosed with an STI in past 1 year

- 57% No STI
- 43% STI in past 1 year

Number of STIs diagnosed in past 1 year per patient

- 61% 1 STI
- 26% 2 STIs
- 9% 3 STIs
- 4% ≧ 4 STIs
Results

STI Diagnoses (in past 1 year) by type

- Gonorrhoea: 32%
- Chlamydia: 27%
- Syphilis: 19%
- LGV: 8%
- HSV: 8%
- Warts: 3%
- HCV: 8%
STI screen offered at Annual Review

80% accepted (n= 43)

All asymptomatic

n = 54
New STI identified through Annual Review

- Gonorrhoea: 40%
- Chlamydia: 20%
- HCV: 40%

n = 5
Conclusions

- Club drug use is common in HIV-infected MSMs and becoming more challenging for health care professionals.

- It requires prompt identification to facilitate onward referral, support and risk reduction advice as necessary.

- Nurse-led Annual Review is identifying high risk patients needing further intervention or referral, but there is room for improvement to ensure all patients are offered appropriate screening.
Acknowledgements

• Chelsea & Westminster Patients who attended for Annual Review

• Nursing and medical colleagues who conduct and refer to Annual Review