Factors associated with sexual quality of life among HIV positive men

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Background

• Sexual quality of life (SQoL) is an important component of a person’s wellbeing and sexual identity.
• A high prevalence of sexual dysfunction symptoms in the People Living with HIV/AIDS (PLWHA) has been well established and is even higher compared to patients with chronic diseases [1].
• SQoL may not only influence the PLWHA’s quality of life but could potentially affect treatment adherence (2).
• Evaluating the quality of sexual life among PLWHA is an important objective in public policy and clinical perspective and should be highlighted at prevention level.

In addition to demographic and physiological factors, the specific HIV-related elements such as HIV treatment or HIV-related biological parameters are important to explore (3).

Clinical factors, including psychological factors (Depression, psychological distress) were found to be relevant to general sexual dysfunction among HIV positive men (4,5).

Objective: To identify multi-dimensional factors associated with SQoL as reported by men affected by HIV and AIDS, using a large international dataset from the PROQOL-SexLife validation study.

Methods

Participants:
107 heterosexual men and 474 men who have sex with men (MSM) were recruited from HIV centers in five countries:
1.Australia: n=119
2.Brazil: n=139
3.Canada: n=77
4.France: n=192
5.USA: n=64

Measures:
• Participants’ physical and mental health status and HIV parameters were self-reported.
• Using PROQOL-Sexlife questionnaire for assessing SQoL with below characteristic:
  • The first instrument developed for measuring specifically SQoL among HIV patients.
  • Following a qualitative analysis, comprehensive dimensions were created considering the HIV-positive patient's sexuality.
  • Assessing the sexual functioning and wellbeing from a bi-psycho-social perspective.
  • Comprising six dimensions for MSM and five dimensions for heterosexual men.
  • The score of each dimension ranges from 0 (no impairment) to 100 (best).

PROQOL-Sexlife dimensions:
• Positive sexual perception (POP)
• Sexual dysfunction (DYs)
• Stigma/fear (STI)
• Sexual practices with partner (PAR)
• Soft sexual practices (SOP)
• Drug consumption (DRG)

Prevalence of sexual dysfunction among MSM and Heterosexual men

Table 1: Prevalence and frequency of the three common sexual dysfunctions among MSM and Heterosexual men.

<table>
<thead>
<tr>
<th>Sexual Dysfunction</th>
<th>MSM (n=119)</th>
<th>Heterosexual Men (n=474)</th>
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<tbody>
<tr>
<td>Erectile dysfunction</td>
<td>22.4%</td>
<td>51.7%</td>
</tr>
<tr>
<td>Ejaculation difficulty</td>
<td>16.6%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Low sexual desire</td>
<td>13.5%</td>
<td>37.0%</td>
</tr>
</tbody>
</table>

Results

Study findings:

Sexual quality of MSM population:
• POP dimension: Living with partner, comparing to living alone (β=-4.4, SE=2.13, p<0.05) and satisfaction from received health services (β=-15.1, SE=-2.2, p<0.001) were positively associated with better SQoL.
• STI dimension: Single participants (β=10.1, SE=2.2, p<0.00) or participants with cardiovascular complication (β=7.1, SE=3.0, p<0.05) were more likely to experience stigma and/or higher social distress.
• DYS dimension: Positively associated with using Viagra (β=7.9, SE=2.8, p<0.05) and anti-cancer treatment (β=9.0, SE=3.3, p<0.01).
• PAR dimension: Being infected by HIV (β=11.7, SE=3.7, p<0.05) and anti-chestral treatment was factors associated with lower variation of sexual practices with partner (β=8.7, SE=4.1, p<0.05), while being satisfied with health care services appeared to be positively associated with higher variety in practices (β=8.5, SE=3.0, p<0.05).
• SOF dimension: Soft practices were common between high-educated category and participants living with children and they were less frequent among older men.
• DRG dimension: Viagra consumption and being confronted with HIV were found associated with higher values in this dimension which indicate association lower SQoL.

Prevalence of sexual dysfunction among heterosexual men population:
• POP dimension: Being unemployed and African origin were two significant sociodemographic factors (β=12, SE=6.2, p<0.05) (β=-17, SE=6.3, p<0.01).
• SOF/DRG dimension: Comparing to MSM for whom separate dimensions address the concepts of soft practices(SOF) and drug consumption (DRG), among heterosexual men these concepts were addressed through one dimension(SOF/DRG), age, alcohol consumption and length of time being diagnosed with HIV were significant factors in this dimension.
• PAR dimension: Consumption of Viagra was found to be associated with higher variety of sexual practices with partner.

Factors common in both the MSM and heterosexual population:
• Mental health related variables (Ex: depression and hopelessness) were negatively associated with outcome of SQoL in three dimensions (POP, DYS, STI).
• Considering their effect size, they were associated with at least 6 to 8 points decrease in SQoL.
• The variable being preoccupied with serum status during sex appeared associated with impaired SQoL with in POP and DYS dimensions.
• No significant association between type of HIV treatment and PROQOL-Sexlife dimension

Conclusion

This study emphasizes on the significant impact of psychological factors on SQoL and absence of association with HIV-related biological parameters (CD4, viral load, HIV stage).

Emphasizes on the importance of both clinical and non-clinical factors in order to comprehensively and accurately assess all elements of SQoL.

Perceived quality of health care and confidence in knowledge about risk of transmission among patients are factors to be considered when developing future intervention in this area.

Reference

5. Bachok, A. D., Prens, M., S l i t h, M. A., O b a d i a, V. & S p i e r, B. (2010). Sexual difficulties in people living with HIV in France: Results for a large representative sample of outpatients attending French hospitals. AIDS and Behavior, 12, 670-675. doi:10.1007/s10461-007-9505-y

Data analysis:
A linear mixed model was used to explore the relationship between PROQOL sexlife scores and the explanatory variables:
• Socio-demographic variables
• General health status
• HIV biological related factors
• HIV treatments
• Treating countries as random effects

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