Abrar Ahmed and Jaydon Daniels

Group Notes- David Pantalone

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Lecture Notes:

- Difference between HIV and AIDS
    - HIV (Human Immuno Deficiency Virus)- infective virus you begin with
    - AIDS (Acquired Immuno Deficiency Syndrome)- progressive form of HIV
- Worldwide- 40 million cases
- Advancements in technology but no advancements in HIV
- U.S HIV epidemics is about having intercourse without projection→ targeting behaviors of unprotected sex, sharing needles, etc
- HIV transmission through bodily fluids such as seminal fluid, blood, vaginal fluid, breast milk
    - Couldn't saliva be considered a bodily fluid?
- HIV Prevalence versus Incidence
        - Prevalence- total number of cases/ portion of population that has HIV
        - Incidence - number of new cases that occur in a specified period of time/ occurrence rate
- Socioeconomic factors that play into who has a higher risk of HIV
    - MSM- racism= fewer partners to choose them, and a small group gives rise to higher risk of spreading HIV
- Transmission efficacy- some behaviors spread virus more than others
    - Vaginal sex- 40 skin cells thick
    - Anal sex- rectum is only 2 skin cells thick= higher risk of attaining sexually transmitted disease
- HIV virus particles hijacking T-cells attack immune cells of the body and make more of itself to send out to the rest of the body.

- Losing battle between our body and the virus-something happens in the body and the virus starts winning
- It's a vicious cycle

- Exposure versus Infection
  - Exposure- exposes and *poses* risk of infection
  - Infection- exposes and infects
- Early HIV testing can enforce intervention and prevention
- It enforces the need for both prevention and intervention because those who know they have the disease will want to cure it, and those who don't will be targeted through the prevention aspect.
- When medication serves as attacking different viral characteristics, it becomes efficient however people need to follow up with their medications and a lot of times they don't which means they don't benefit from treatment.
- Pre-exposure Prophylaxis (PREP)- where a person who doesn't have HIV takes HIV treatment for protection
- PEP = Post Exposure Prophylaxis
- Interesting to see relation of MSM to "Wisdom of Whores" text
  - Men who would sell sex with men reducing an identity to practices

<u>Promoting the Sexual Health of MSM in the Context of Comorbid Mental Health Problems</u>

- MSM (men who have sex with men) community represents the largest at-risk group with 28,700 new cases per year= 53% of all new infections
- HIV prevention intervention for MSM can be more effective if psychosocial problems are also addressed based the following findings
  - -MSM have higher rates of varied mental health problems partly because of sexual minority stress and the societal challenges associated with their identity
  - - These mental health problems build on top of one another and increase HIV risk and compromise the impact of traditional prevention programs

increases chances for mental health problems amongst the MSM community

- According to epidemiological studies, sexual minorities, like as HIV- infected men (MSM) are at increased risk for depression, anxiety, and substance use disorders

- Higher rates of mental health problems among MSM than heterosexual men because of sexual minority
    - Sexual minority- “excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority position”
    - ex: stigma, prejudice, internalized homophobia, concealing one’s identity, etc. → represent vulnerable areas for the progression of developing mental health problems
- Hatzenbuehler and colleagues suggested coping/ emotional regulation and maladaptive cognitive construct pathways to address mental health problems
    - Result? Found that perhaps community-based or structural interventions (reduces sexual minority prejudice) combined with individual based interventions (that may inhibit progression of “maladaptive” psychological processes) may lower rates of mental health problems amongst MSM
- “Syndemics”- co-occurring psychosocial problems
- Studies show increase psychological problem= increase in engagement in sexual risk behaviors= increase in risk for HIV infection
- Sample of 380 HIV infected MSM
    - Those with 1-3 syndemic indicators (ex. Childhood sexual abuse, PTSD, anxiety disorder, etc) were twice as likely to engage in sexual transmission risk behavior
    - Those with 4 or more syndemic indicators were four times as likely
- Has been suggested that moderate levels of depression may present additional risk for sexual risk behavior among MSM
    - Ex. Study with 4,295 HIV- negative MSM volunteers showed those with second quartile of depression scores were significantly more

likely to acquire HIV during study period than those in the other quartiles

- Very few interventions that emphasize treatment for mental health issues into sexual risk reduction
- Problematic because mental health problems may inhibit effectiveness of interventions
    - EXPLORE study showed correlation of history of childhood sexual abuse lead to increased transmission risk among MSM and interfered with prevention intervention
- For depressed HIV-infected MSM, self efficacy was not associated with HIV transmission risk
- Intervention groups address sexual risk for HIV (keeping in mind comorbid mental health issues) may provide at risk MSM with the additional support they need to respond and effectively benefit from these interventions
- Importance of developing integrated, individual-based prevention programs for MSM that integrate cognitive behavioral supportive strategies to address interfering mental health issues to improve efficacy of prevention programming.
- How did their analysis of the MSM participants determine this??
    - Considering that the their models of sexual risk taking behaviors were based on social psychological theories that may or may not consider impact of comorbid psychiatric disorders…