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HIV-infected patients' expectations about emotional and sexual health

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ABSTRACT

Objectives: People living with HIV (PLWH) are particularly affected in their sexual life. Medical support of PLWH's sexuality is increasingly proposed however no data are available. We assessed the interest of PLWH for sexual and emotional health support within a French HIV outpatient care facility.

Population and methods: Anonymous questionnaire proposed to PVWH attending our facility. Five types of consultations were investigated: overall sexual and emotional health; HIV transmission and prevention; sexually transmitted diseases; sexual practices; recreational drugs. Cluster analysis in order to identify groups of PLWH with similar expectations.

Results: 138 questionnaires completed: 64.5% were interested by at least one type of consultation. No significant differences between clusters by gender, age, or sexual orientation.

Conclusion: These results confirm patients' demand for sexual and emotional health support in the frame of PLWH's health care. Patients declaring no interest for this type of consultation were no different from those interested.

Keywords: clusters analysis, sexual health, HIV,

HIV-infected patients' expectations about emotional and sexual health

1. Introduction

People living with HIV (PLWH) are particularly affected in their sexual life. Indeed, a higher rate of sexual inactivity (Boyer et al., 2016; Schiltz et al., 2006), and less diversity of sexual practices (Boyer et al., 2016) have been found in PLWH compared with the general population. PLWH's perceptions concerning their infection, the risk of contaminating their sexual partners and their future have changed since efficient combined antiretroviral therapy (cART) allows successful HIV control in most patients. Hence, modern management of HIV infection must consider sexual health (Morlat and Expert Group Recommendation, 2013).

French guidelines for HIV infection management include educational consultations, in particular regarding to antiretroviral therapy and nutrition, which have proved efficient for improving adherence and life quality (Yeni and Expert Group Recommendation, 2006). Sexuality participates to the quality of life. Unfortunately, many PLWH suffer from sexual dysfunctions (El Fane et al., 2011) caused by psychological reasons, like stigma and poor self-perception, or by physical causes, including cART side effects (Schiltz et al., 2006; Troussier and Tourette-Turgis, 2006). For this reason, medical support of sexuality is increasingly proposed to PLWH (Morlat and Expert Group Recommendation, 2013). However, the demand for this type of medical support has not been documented to date. We assessed the interest of PLWH for sexual and emotional health support within a French HIV out-patient care facility.

2. Materials and methods

2.1. Study population and sample

Between June and December 2015, an anonymous questionnaire was proposed to patients attending the HIV out-patient care unit of the Sainte Marguerite Hospital, Marseille, France, where 893 PLWH compose the active list. Patients that accepted to fill out the questionnaire will be called the "responders". As any identity are collected, no ethics committee was required. The patients' answer to the questionnaire assert consent.

2.2. Questionnaire

The questionnaire assessed the interest and expectations of PLWH for a consultation addressing their emotional and sexual health. It was composed of five questions including a general question ("*Would you be interested by a consultation where your emotional and sexual health would be addressed?*"), and four specific questions about their interest for a consultation addressing the following topics 1) HIV transmission and prevention; 2) sexually transmitted diseases (STDs); 3) sexual practices; 4) recreational drugs. The questionnaire also collected data on gender, age (< 25 years, 25-40 years, 40-60 years, > 60 years) and sexual orientation (heterosexual, homosexual, bisexual).

2.3. Statistical analysis

First, we compared gender, age, and sexual orientation between the responders and the rest of the patients composing the active list of our facility. Then, we described responses to each item of the questionnaire.

Finally, in order to identify groups of PLWH displaying associations of different needs or expectations for their sexual life, we used cluster analysis combining these responses. Cluster analysis is a multivariate method which aims to classify a sample of subjects on the basis of factors under study into different groups such that similar subjects are placed in the same group, without preconception as to any relationship among these factors. We described the clusters obtained and we compared responders' main characteristics between the different clusters (chi-square or Fisher exact tests).

3. Results

Among 893 PLWH attending the out-patient unit during the study period, 138 completed the questionnaire. Responders were not significantly different in terms of age, gender and sexual orientation compared to other PLWH of the active list (Table 1).

Among responders, 64.5% declared being interested by at least one type of consultation proposed. More specifically, 16.5% of responders reported being interested by one type of consultation out of 4 proposed, 12.8% by 2, 14.3% by 3 and 15% by 4.

Among those responding to the first general question, 53.1% reported they would attend a consultation addressing their emotional and sexual health (Figure 1).

Consultations providing information on STDs were more demanded (50.4% of responders), while those addressing the use of recreational drugs were less frequently demanded (22.2%).

Cluster analysis provided a classification of PLWH responders in three clusters. Cluster 1 (n = 49) was composed of patients who were interested by none of the 5 consultations proposed (Table 2).

Cluster 2 (n = 62) was composed by 80% of patients interested by a consultation addressing sexual and emotional health. More than a half of cluster 2 was also interested by all other types of consultations proposed with the exception of recreational drugs. Cluster 3 (n = 27) was composed of all patients interested by consultations addressing the use of recreational drugs; these patients were also interested by other consultations proposed (Table 2).

No significant differences between clusters were found in terms of gender, age, or sexual orientation (Table 2). These results were confirmed when comparing cluster 1 versus clusters 2 and 3 merged.

4. Discussion / Conclusion

This study highlights the need for a consultation addressing emotional and sexual health for PLWH. Indeed, 64.5% of the study participants reported being interested by a consultation addressing at least one of the proposed areas, showing a real interest on this theme. This is in line with the fact that PLWH often face sexual dissatisfaction (Boyer et al., 2016; El Fane et al., 2011; Lorente et al., 2013; Schiltz et al., 2006; Schiltz and Sandfort, 2000).

Surprisingly, patients showing no interest for a consultation on sexual and emotional health were not different from those interested by this kind of consultation in terms of gender, age and sexual orientation. Indeed, it has been shown that HIV-infected men who have sex with men (MSM) maintain a rate of sexual activity higher than the other men and women PLWH who may feel more isolated in face of their disease (Schiltz et al., 2006). The very early implication of the community of HIV-infected MSM in the fight against HIV has certainly played a key role, by facilitating their access to

prevention and more globally, to sexuality-related information. Moreover, sexual behaviors in terms of frequency, number of partners and proportion of sexual inactivity were found to be different between HIV-infected men and women (Lorente et al., 2013; Schiltz et al., 2006). Also, the ANRS-Vespa2 study showed the persistence of disparities between HIV-infected men and women regarding prevention (Lorente et al., 2013). Finally, the gap in the proportion of sexual inactivity found between PLWH and the general population was found to increase greatly with age (Banens, 2016; Schiltz et al., 2006).

Our results may be biased by the fact that patients responding to the questionnaire could be the more interested ones. This would lead to overestimation of the proportion of patients interested by this kind of consultation. However, an expert group recommends caution on the question of sexuality during the management of PLWH, and stresses the need for a health sexual program covering information on transmission risk, prevention, STDs and sexual practices (Morlat and Expert Group Recommendation, 2013).

Another limitation of this study is the lack of biological data such as plasma HIV viral load. However, previous studies have found no link between sexual dysfunction and markers of the HIV disease (Kaida et al., 2015; Schiltz et al., 2006).

To conclude, these results confirm the interest in providing sexual and emotional health support in the frame of PLWH's health care (Troussier and Tourette-Turgis, 2006). Further research is needed to target subgroups of PLWH who could benefit from more specific counseling. There is a need to develop a program including specific and varied consultations to address both targeted prevention and personalized support. Such a program is essential to respond to individual situations specific to the HIV-infected population, who are not covered in prevention campaigns targeting the general population.

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CONFLICT OF INTEREST

The authors declares that they have no competing interest.

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Figure 1 - Proportion of PLWH who reported to be interested in a consultation about:

Table 1 – Characteristics’ of responders to the questionnaire and other PLWH in the clinical unit HIV caseload

	Responders	Non responders
	N (%)	N (%)
Gender		
Male	86 (63.2)	605 (67.7)
Female	50 (36.8)	288 (32.3)
Age (in years)		
25-40	25 (18.4)	100 (11.4)
40-60	89 (65.4)	653 (74.1)
> 60	22 (16.2)	128 (14.5)
Sexual orientation		
Heterosexual or any ^a	94 (74.0)	603 (68.2)
Homosexual or bisexual ^b	33 (26.0)	281 (31.8)

^a The category “any” included only one PLWH.

^b The category “bisexual” included only two PLWH.

Table 2 – Clusters' identification according to the consultation proposed and to PLWH's characteristics.

	Cluster 1 ^a N = 49 (35.5%)	Cluster 2 ^b N = 62 (44.9%)	Cluster 3 ^c N = 27 (19.6%)	<i>d</i> ^d	<i>p</i> ^e
Type of consultation proposed					
Emotional and sexual health	0	48 (80.0)	23 (85.2)	<.0001	
Mode of transmission and prevention	0	30 (54.5)	20 (74.1)	<.0001	
STDs	0	39 (69.6)	24 (88.9)	<.0001	
Sexual practices	0	30 (55.6)	23 (85.2)	<.0001	
Recreational drugs	0	0	27 (100.0)	<.0001	
PLWH characteristics					
Gender					
Male	29 (61.7)	36 (58.1)	21 (77.8)	0.21	0.79
Female	18 (38.3)	26 (41.9)	6 (22.2)		
Age (in years)					
25-40	7 (14.6)	11 (17.7)	7 (26.9)	0.66	0.60
40-60	34 (70.8)	39 (62.9)	16 (61.5)		
> 60	7 (14.6)	12 (19.3)	3 (11.5)		
Sexual orientation					
Heterosexual or any	35 (77.8)	40 (71.4)	19 (73.1)	0.78	0.47
Homosexual or bisexual	10 (22.2)	16 (28.6)	7 (26.9)		

^a Not interested

^b Interested in consultations concerning sexual and emotional health

^c Interested in consultations concerning drugs

^d Chi-square or Fisher exact test of the difference between the 3 clusters

^e Chi-square or exact Fisher exact test of the difference between the cluster 1 and the cluster 2 and 3 merged.

Recreation	22.2
Modes of t	40.2
Sexual pra	41.7
Sexually tr	50.4
Emotional	53.1

