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GMSH Research Digest:

Health and Wellbeing for 2SGBTQ+ Men

Current evidence, new developments, and emerging priorities in the health and wellbeing of 2SGBTQ+ men.

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The third edition of our Research Digest focuses on current evidence, new developments, and emerging priorities in the health and wellbeing of 2SGBTQ+ men, and people living with HIV. This issue highlights critical updates in HIV prevention and doxy-PEP, PrEP guidelines, STI trends, sexual health, Mpox, hepatitis A to E, bone health, non-AIDS defining cancers, comorbidities of aging and HIV, and polypharmacy of PLWH.

If you cannot access any report or journal article (s), please email: **dnambiar@gmsh.ca**

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1. STIs: Emerging doxy-PEP Treatment & Trends

The National Advisory Committee on Sexually Transmitted and Blood-Borne Infections (NAC-STBBI) has provided recommendations on the use of prophylactic doxycycline (doxyPEP) for the prevention of bacterial STIs (chlamydia, gonorrhea, syphilis) to the Public Health Agency of Canada. The recommendations are for primary care providers and public health professionals. (2025)

Note: Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG), and Treponema pallidum (TP).

- **Key Finding**: "Doxy-PEP may have some benefits in reducing the risk of NG, but this benefit is expected to be lower than for CT or TP due to higher rates of tetracycline resistance in NG at baseline in Canada and globally. The durability of any benefit for NG will be highly dependent on the evolution of resistant strains."
- **Practical Implications**: Recommendation 1 suggests offering doxy-PEP (200 mg orally to be taken within 72 hours of unprotected sex to gay, bisexual, men who have sex with men (gbMSM), and transgender women (TW).
    - Recommendation 2 focuses on shared decision-making via counselling and discussing antimicrobial resistance and doxy-PEP with service users.
- **Read more**

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The Public Health Agency of Canada webinar: Exploring new Doxy-PEP guidelines and bacterial STI trends in Canada (2026)

The webinar was presented by Dr. Andrea Chittle, Medical Advisor in the Sexually Transmitted and Blood -borne Infections Surveillance Division, and Genevieve Gravel, Manager of the Sexually Transmitted Infection and Hepatitis Surveillance Section of PHAC.

The webinar in English recording: **https://youtu.be/LXD91v2zWV0**

The webinar in French recording: **https://youtu.be/VuRnJmRGLro**

Additional PHAC resources:

- **Doxy-PEP Quick Reference for Health Professionals**
- **Cours : Une référence rapide sur la DOXY-PPE pour les professionnels de la santé | Portail de formation de l'ASPC**
- **Sexually transmitted and blood-borne infections surveillance**

CATIE and GMSH resources on doxy-PEP (2023, 2024, Canada)

Factsheet: Doxycycline to help prevent bacterial STIs (CATIE, 2024

Read more

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Factsheet: Doxycycline-PEP for Prevention of Sexually Transmitted Infections (GMSH, 2023) **Read more**

Don't share your Doxy-PEP! Addendum on Doxy Drug Interactions (GMSH, 2024) **Read more**

Webinar: Public Health Ontario Rounds and GMSH webinar (2023) **Webinar recording**

Dr. Jordan Goodridge. **Doxy-PEP for STI prevention in cisgender gbMSM and trans women.**

To whom should we prescribe doxy-PEP? A retrospective review of public health surveillance data for bacterial STI diagnoses among gay, bisexual, and other men who have sex with men in Ottawa, Canada (2025)

Doxy-PEP can prevent chlamydia and syphilis by 70% and gonorrhea by 33% to 50%. A three-year analysis of the number of infections, episodes of infections, and the number of persons who will require doxy-PEP to prevent one single bacterial STI infection.

- **Key Findings**: In this study (n=1,819), gbMSM experienced 2,834 positive bacterial STIs, and 3,114 bacterial STIs were diagnosed.
- **Practical Implications**: The analysis examined the average number of gbMSM required to treat, along with the efficacy of doxy-PEP and the average number needed to treat for first-time, second-time, and third-time positive bacterial STI. Examine the pros and cons of prescribing doxyPEP to all gbMSM versus after the second STI infection.
- **Read more**, and **more**

Perceptions and Acceptability of Doxycycline-Based STI Prophylaxis: Insights from Consumers and Healthcare Providers in Queensland (2025)

Two online surveys to examine the perceptions and acceptability of doxy-PEP among a diverse population (gbMSM, sex workers, young adults, and Indigenous Australians) at high risk of bacterial STIs, and healthcare providers who prescribe medications.

- **Key Findings**: Greater acceptance of doxy-PEP use was expressed by older participants' knowledge of HIV PrEP, and participants who had STI risk and previous antibiotic use. Healthcare providers viewed it as evidence-based practice.
- **Practical Implications:** There were concerns about long-term antimicrobial resistance and adherence. Social and clinical considerations require clear guidelines, education, and regulatory oversight.
- **Read more**

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ECDC issues guidance on doxycycline for STI prevention (2026)

The European Centre for Disease Prevention and Control (ECDC) has published public health considerations and guidance on the use of doxy-PEP amidst the ongoing rise in bacterial STIs across the European Union and European Economic Area.

- **Key Finding**: doxy-PEP has emerged as a potential prevention strategy after condomless sex. Clinical research has demonstrated efficacy in reducing the incidence of chlamydia and syphilis among gbMSM and trans women. But less effective in reducing the incidence of gonorrhea due to pre-existing high levels of tetracycline resistance.
- **Practical Implications**: Concerns about the development of antimicrobial resistance and other bacteria. The ECDC advises that doxy-PEP use should be made at an individual level based on risk of infection, and integrate a sexual health strategy that includes testing, vaccination, HIV prevention, and partner notification services.
- **Read more**

DoxyPEP and antibiotic resistance: What have we learned so far? (CATIE, 2026, Canada)

Doxy-PEP can significantly reduce STI infections like chlamydia and syphilis, but is less effective for reducing the risk of gonorrhea. Antimicrobial resistance over long- term use is a pressing concern on use of doxy-PEP. Currently, ceftriaxone is the preferred treatment for gonorrhea, and cefixime is prescribed for less severe cases of gonorrhea.

- **Key Finding**: In Europe, with high levels of tetracycline resistance, the gonorrhea bacteria have widespread resistance to doxycycline. In the DOXYVAC trial, the participants who used doxy-PEP were more likely to have gonorrhea-causing bacteria infection with reduced effectiveness of cefixime.
- **Practical Implications**: Recommendations suggest that doxy-PEP should be prescribed only for people at high risk of bacterial STIs. More research is required to study the long-term risk of antimicrobial resistance.
- **Read more**

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2. HIV prevention and PrEP guidelines

Canadian guideline on HIV pre- and postexposure prophylaxis: 2025 update

The Canadian Institutes of Health Research (CIHR) Pan-Canadian Network for HIV/AIDS and STBBI Clinical Trials Research has updated the guideline on clinical indications and drug regimens for PrEP and PEP. Meeting with community-based organizations and 3 systemic reviews have formulated 31 recommendations and 10 good practice statements on PrEP and PEP.

- **Key Findings:** Appropriate to prescribe PrEP to adolescents and adults who request it. Clinicians are to make PrEP discussion a safe and effective intervention vs. gatekeeping and are encouraged to assess HIV risk during health visits for adolescents and adults. Use a culturally sensitive and affirming manner to inquire about sexual partner(s), patient's anatomy, and sexual practices for cis and trans patients. Then, to recommend the most suitable PrEP (daily TDF, on-demand TDF, oral TAF, or LA-CAB).
- **Practical Implications:** Key populations at risk of HIV include gbMSM, PWID, gbMSM-PWID, females, Indigenous people, and all sexually active adolescents and adults, who should be counselled regarding PrEP and PEP as part of a comprehensive approach to preventing HIV and other STBBIs.
- **Read more**, and **more**

HIV prevention interventions for men who have sex with men (OHTN, 2026, Canada)

The rapid response explores HIV prevention interventions for men who have sex with men (MSM). The interventions include individual, couple- based, or group behavioural interventions; and provider-based or structural-level interventions, including digital health interventions.

- **Key Findings:** Despite the various interventions, data shows in Canada, Indigenous, and African, Caribbean, and Black men experience a disproportionately high burden of new HIV infections. A main finding of this review was that no PrEP delivery strategies in Canada that target Black MSM, despite PrEP being the most accessible and well-established HIV prevention intervention in Canada. Of the 17 unique interventions identified, less than half were tailored for Latino MSM, with no PrEP interventions that addressed culturally specific barriers to PrEP-related care for Hispanic MSM.
- **Practical Implications:** Future research on digital health interventions to promote PrEP should focus on trials that have culturally sensitive strategies. Researchers also described the lack of structural-level interventions for racialized MSM. Various research via social media and peer-based approach reduced stigma, increased trust, and motivated conformity to peer norms/behaviours, which was successful in promoting PrEP initiation for racialized men.
- **Read more**

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3. Mpox

Mpox infection in a 49-year-old man with possible immune reconstitution inflammatory syndrome (CMAJ, 2026, Canada)

Male, 49 years of age, living with HIV, identifies as gbMSM, has a 2-month history of ulcers in the perianal and buttocks. Patient was not adherent to ARV, CD4+ T-cell count of 54 cells/mm3, and a HIV viral load of 650,000 copies/mL, and reported unprotected oral and anal intercourse.

- **Key Findings**: PCR test confirmed Mpox infection. Patient started on ganciclovir and ARV, the viral load decreased to 970 copies/mL, but lesions worsened, and new ulcers appeared on his tongue. The patient was prescribed tecovirimat for over 3 months.
- **Practical Implications**: Favourable response to tecovirimat, worsening of Mpox lesions, plus new ulcers, and viral load decrease may indicate an immune reconstitution inflammatory response.
- **Read more**

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Long-term consequences of monkeypox virus infection or modified vaccinia virus Ankara vaccination in Belgium (MPX-COHORT and POQS-FU-PLUS): a 24-month prospective and retrospective cohort study (2026)

Mpox infections continue to affect globally. This study currently is the longest comparative follow-up of persons with Mpox infection (n=250), or people (n=1,700) who received modified vaccinia Ankara–Bavarian Nordic (MVA-BN) vaccination, up to 24 months after infections or vaccination. There were 143 PLHIV, and six with CD4 cell count less then 350cell/mm3. Participants born before or in 1976 were assumed to have received smallpox vaccination in childhood, whereas those born later were assumed to be unvaccinated. The research explores the impact of scarring and the long-term effects on physical and mental health due to Mpox infection. Are vaccinated people well protected against Mpox infection as those with previous Mpox infection, and is a booster vaccination required to maintain immunity?

- **Key Finding:** Scarring from Mpox persists in one-third of people up to 2 years after infection. Mpox infection maintains neutralising antibodies up to 2 years after infection. The differences in Mpox vaccination show that intradermal vaccination induces persistently lower antibody concentrations than subcutaneous administration. Participants not vaccinated against smallpox during childhood had vaccination-induced lower binding antibody concentrations than those with Mpox infection. At month 8, Mpox PCR tested negative for saliva, anorectal, and semen. HIV infection was associated with 2·00-fold higher vaccinia virus (VACV) lysate antibody concentrations among people with Mpox vaccines born before or in 1976.

- **Practical Implications:** The study highlights the urgency to assess the durability of immunological memory beyond 8 months after vaccination, particularly in individuals who received the vaccine via the intradermal route. Vaccine-induced immunity can wane over time. See 'Finding' and 'Results' for enrolled participants and lost to follow-up.
- **Read more**

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4. Hepatitis A to E

Hepatitis A to E in People with HIV: A Virus-Specific Review of Prevention and Treatment (2026)

Viral hepatitis remains a major cause of liver-related morbidity and mortality in people living with HIV (PLHIV) even with use of antiretroviral therapy and directly acting antivirals. This review summarizes recent advances in treatment, vaccination, and epidemiology for hepatitis A, B, C, D, and E among PLHIV.

- **Key Finding**: HAV has re-emerged in gbMSM, HBV requires lifelong dual - active ARV, poor vaccine response, LT response, HCV, while curable, reinfection is common among gbMSM, and people who inject drugs, HDV causes severe liver
- **Practical Implications**: The need for improved vaccination coverage and durable immunity for PLHIV, while addressing clinical, immunological, and virological differences of each virus. Ideally, an integrated model to combine HIV and hepatitis healthcare.
- **Read more**

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The management of chronic hepatitis B: 2025 Guidelines update from the Canadian Association for the Study of the Liver and Association of Medical Microbiology and Infectious Disease Canada.

Hepatitis B is a preventable liver infection disproportionately affecting key populations, such as immigrants and newcomers from countries where hepatitis B is more common. In some cases, it can lead to chronic infection and result in serious health complications, such as liver disease and liver cancer. An estimated 262,000 Canadians were living with chronic hepatitis B. at the end of 2021, yet fewer than 60% had been diagnosed.

Read more

Long-acting ART possible therapeutic option for HIV with prior HBV exposure (2026)

In this research (n=741), and 92% cisgender men, switching to LA-CAB plus rilpivirine (RPV) does not appear to increase risk for hepatitis B virus (HBV) reactivation or incident infection in people living with HIV. But LA-CAB/RPV does not have activity against HBV. This raises concern about HBV reactivation or new HBV infections in persons with prior exposure or incomplete immunity to HBV.

- **Key Finding**: 61% of the participants had HBV immunity from the vaccine, and the remaining participants had been exposed to HBV (core antibody positive). Four participants had HBV activation. In 2 participants, there was evidence of chronic HBV reactivation, and they were switched to ARV with anti-HBV activity.

- **Practical Implications:** It was observed that there were high rates of HBV reactivation in participants with chronic HBV, and no reactivation in participants with no history of chronic HBV disease. The research calls for a standardized ARV switching protocol in the context of using LA-CAB/RPV lacking HBV activity.
- **Read more**

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5. Bone Health and PLHIV

Osteoporosis and fracture risk among individuals with HIV: a systematic review and meta-analysis (2025)

People living with HIV (PLHIV) are at increased risk of bone -related complications such as fractures, osteopenia, and osteoporosis, due to ARV, immunological dysregulation, and lifestyle factors. This meta-analysis compared bone health in PLHIV and those without HIV. 16 studies on fracture, 19 studies on osteopenia, 25 studies on osteoporosis, and 11 studies on risk ratios. PLHIV have a greater prevalence of reduced bone loss (25%) and greater prevalence of fractures (31%).

By continent, fractures were highest in the US (31%), Europe (21%), and Asia (19%). PLHIV at 50 years of age had a greater risk of fracture. In men, there is a higher fracture prevalence (28%) compared to women (21%). Fracture risk of years of HIV diagnosis >10 years (24%), and <10 years (25%), and on ARV treatment for >10 years, the fracture rate (24%), and 19% for < 10 years. Osteoporosis prevalence was also higher among PLHIV with a BMI > 25, and osteoporosis had a higher prevalence in the spine. Osteopenia was more prevalent in PLHIV with a BMI < 25.

- **Key Finding**: Living with HIV disease raised the risk of developing osteoporosis by 25%. In PLHIV (21%) had fractures, osteopenia (43%), and osteoporosis (14%). In the spine, the prevalence of osteopenia (37%) and osteoporosis (14%). In the pelvic bone, osteopenia (36%) and osteoporosis (5%) were found. The prevalence of vertebral fractures (16%).
- **Practical Implications**: Older PLHIV may experience higher fracture risk due to age-related bone density loss, chronic inflammation, and altered calcium metabolism. Healthcare providers need to implement routine screening for bone mineral density. Especially for older PLHIV, and low BMI or prolonged ART use. A multidisciplinary approach of primary care providers, endocrinologists, and nutritionists to manage bone health effectively. PLHIV should be educated about lifestyle modifications, including weight-bearing exercises and adequate calcium and vitamin D intake, and pharmacological interventions may be necessary for those at high risk.
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Breaking Down Bone Disease in People Living with HIV: Pathophysiology, Diagnosis, and Treatment (2024)

The chapter review outlines the various factors that contribute to bone loss, including direct HIV effects, immune activation, and ARV-induced bone metabolism. Despite ARV and U=U, long-term health complications of living with HIV continue to be documented as increased risk of osteoporosis and fractures.

- **Key Finding**: PLHIV had lower bone mineral density and a greater risk of overall fractures and fragility fractures. PLHIV has more fractures in the vertebral, hip, and wrist.
- **Practical Implications**: The review examines diagnostic and management strategies such as radiological and non-radiological evaluations, vitamin D optimization, bisphosphonates, and other emerging treatments, to provide a comprehensive overview of effective interventions to improve patient outcomes.
- **Read more**

Osteoporosis and HIV Infection (2022)

As people living with HIV (PLHIV) live longer, more age-related challenges are observed. In PLHIV, bone mineral density (BMD) decreases, the risk of fractures is higher, and this is observed 10 years earlier. The majority of bone loss occurs during virus replication and during immune reconstitution at ARV initiation. It is observed in PLHIV not on ARV that there are abnormalities in bone formation and mineralization. Many of the aging PLHIV were not on ARV in 80 or 90s.

- **Key Finding:** When HIV is untreated, BMD decreases, and PLHIV experience weight loss. It is observed that the greatest decline in BMD is after starting ART, for a period of 1 to 2 years. Data from the START study demonstrated that bone loss during ARV initiation is much greater than that resulting from HIV infection alone. The transient acceleration of bone loss has been attributed to immune reconstitution and is associated with increased bone resorption, plus the use of TDF.
- **Practical Implications:** HIV has a direct effect on bone metabolism. With long term ARV and an undetectable viral load, BMD may increase and stabilize. The research describes further roles of gut microbiome, preventive and screening, calcium and Vitamin D, and use of bisphosphonates.
- **Read here**

People with HIV infection had lower bone mineral density and increased fracture risk: a meta-analysis (2021)

The meta-analysis included 35 articles with 106,994 people living with HIV (PLHIV) and 228,794,335 controls. While ARVs have increased the life expectancy of PLHIV, some ARVs may also negatively impact bone health. What is the difference in risk of fracture in people living with HV and not living with HIV?

- **Key Finding:** PLHIV had lower bone mineral density and a greater risk of overall fractures and fragility fractures. PLHIV has more fractures in the vertebral, hip, and wrist.
- **Practical Implications:** PLHIV to maintain skeletal strength and reduce fragility.
- **Read more**

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CMAJ Canadian guidelines for osteoporosis and fracture prevention (2023)

"The 25 recommendations and 10 good practice statements are grouped under the sections of exercise, nutrition, fracture risk assessment and treatment initiation, pharmacologic interventions, duration and sequence of therapy, and monitoring. The management of osteoporosis should be guided by the patient's risk of fracture, based on clinical assessment and using a validated fracture risk assessment tool. Exercise, nutrition, and pharmacotherapy are key elements of the management strategy for fracture prevention and should be individualized."

Read more

A new dawn for osteoporosis drug development (2026)

The need for new therapies for osteoporosis is urgent, with an aging population globally. Osteoporosis affects 500 million people worldwide. Osteoporotic fractures affect one in three women and one in five men. Hip fractures are projected to triple by 2050.

- **Key finding:** A previous fracture increases the risk of future fractures. Fractures cause chronic pain, disability, loss of independence, and increased mortality. High importance must be given to primary prevention, including treating patients at high risk of osteoporosis, and including increased awareness, prevention, diagnosis, and treatment in men.
- **Practical Implications:** In an analysis of 52 clinical trials of osteoporosis participants (n=160,000), the FDA is enabling smaller trials, shorter duration, hastening regulatory approval, and increasing access to new treatments with safety and efficacy.
- **Read more**

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6. PLHIV and Health priorities

Understanding residual risk of cardiovascular disease in people with HIV (2025)

PLHIV have almost twice the risk of developing cardiovascular disease (CVD) versus people without HIV. In PLHIV, systemic inflammation contributes to the development of CVD. The modifiable risk factors include smoking, drug use, physical activity, heavy alcohol consumption, and unhealthy food increasing to obesity. This review highlights various key factors from the **REPREIVE study** on statins for the prevention of major CVD incidents in PLHIV. Treatable conditions include high cholesterol and triglycerides, high blood pressure, diabetes, and HIV. In PLHIV, it is believed several factors contribute to the inflammation, including HIV reservoirs, trained immunity, co-infections, and gut microbiome.

- **Key Finding**: Residual CVD risk is the risk after optimal management of traditional risk factors. There are PLHIV who, despite having started statins, have elevated cholesterol, triglycerides, persistent inflammation, thrombotic factors, and lipoprotein A. This is thought to be due to persistent reservoirs, co-infections of CMV, HCV, and leaky gut/ gut microbiome.
- **Practical Implications**: Target interventions to reduce calcified plaque and inflammatory biomarkers in PLHIV. The research found that pravastatin had reduced **LpPLA-2**, **oxLDL**, and **hs-CRP**. But no change in IL-6, IL-10, IL-18, IL-1β, MCO1, sCD163, sCD14. Therapeutic possibilities include CCR5 antagonists, immunomodulatory agents (methotrexate, colchicine), and anti-inflammatory agents like Maraviroc.
- **Read more and audio**

Study reveals genetic signatures linked to HIV-related cognitive impairment (2026)

In spite of effective ARV treatment and undetectable virus, neurocognitive disorders affect 25 to 50% of people living with HIV (PLHIV). The study collected fibroblasts from six PLHIV and seven people without HIV. A **fibroblast** is a type of cell that helps to form connective tissue. The fibroblast was induced to become **neurons.** At initial HIV infection, HIV can enter a person's central nervous system and infect brain cells and immune cells, and can cause inflammation and various neurocognitive problems.

- **Key Findings:** There is no treatment for neurocognitive effects because we are only now learning how HIV affects neurons. The research found PLHIV had "key differences in gene activity pattens" versus people not living with HIV. New gene-activity differences were observed for the first time.
- **Practical Implications:** HIV infection has a significant effect on cells despite viral suppression. The inflammatory gene **IF127** was more active in PLHIV versus other genes **FOXL2NB**, FOXL2, and LINC01391.
- **Read more**

Evaluating the Impact of Blood Brain Barrier-Penetrant ACE Inhibitors on HIV-Associated Neurocognitive Disorders (2026)

Cognitive impairment is a critical concern of age-related comorbidities for aging PLHIV. In previous research, the researchers identified the link between the blood-brain barrier (BBB) and penetrant **angiotensin-converting enzyme inhibitors** (ACEi) and reduced risk of dementia in PLHIV. The goal of the ACEi is to penetrate the BBB to reduce cognitive decline.

- **Key Finding**: The research explored BBB ACEi exposure with HIV-associated dementia, mild neurocognitive disorder, and asymptomatic neurocognitive impairment. Between 2000 and 2024, PLHIV (n=10,110) who had HIV-associated neurocognitive disorders (HAND) initiated ACEi therapy.
- **Practical Implication**: It was observed that the group that received ACEi had a significantly lower risk of HAND. Further studies are called for the use of ACEI in examining its benefits as a neuroprotective medication for PLHIV who are at risk of HAND.
- **Read more**

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Aging: Lived Experiences of Social Isolation and Meaningful Relationships Among Older Adults Living with HIV with a Concurrent Mental Health Diagnosis: A Heideggerian Phenomenological Approach. (2026, Canada)

This study in Ontario of PLHIV (n=33) aged 50 years old and with a diagnosed mental health condition frequently experience loneliness, social isolation, stigma, and systemic inequities.

- **Key Finding:** Social isolation is a physical and existential experience, compounded by stigma, mental health challenges, and variance in urban versus rural settings. Meaningful relationships provided validation, impacted well-being, and were identified as emotional safety, reciprocity, trust, and often formed with peers with similar lived experiences. Participants build connections via virtual platforms and in community engagements.
- **Practical Implication:** Effective intervention programs should prioritize spaces that are "affirming, support disclosure, trust, and reciprocal relationships," recognizing the multi-level needs of the community.
- **Read more**

Cancer in older adults living with HIV (OHTN, 2026, Canada)

The Rapid Response explores the complex health need for aging people living with HIV. In Ontario, PLHIV between 55 and 64 made up the largest number (n=5,278; 26.5%) of PLHIV in Ontario. In older PLHIV, cancer risk is increased for some types of non-AIDS-defining cancers (NADC) such as anal, lung, and liver. NADC varies with PLHIV on when ARV was initiated, co-infections, opportunistic infections, nadir CD4+ count, immune dysregulation, and inflammaging. HIV infection contributes to chronic inflammatory conditions that contribute to comorbidities. Aging-related cancers (breast, colon, lung, prostate) are expected to increase.

- **Key Finding**: As the communities of PLHIV increase in Ontario, there are gaps in best practices, the need for increased future health care resource utilization, and how to "organize health care systems in ways that effectively address the unique' health and social needs' of the aging population of PLHIV.
- **Practical Implications**: In Ontario and across Canada, there is a lack of specific cancer recommendations tailored to PLHIV, including a lack of comprehensive and multifaceted vaccination and prevention strategies. In addition, the lack of resources for various diagnostic procedures across the province, including specialist and medical experts. The health care system has to fill in the gaps in a time-sensitive manner.
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High prevalence of polypharmacy and nervous system medications in people with HIV: a cross-sectional analysis (2026)

As people living with HIV manage their health and live longer, polypharmacy is increasingly prevalent to manage multiple comorbidities. Polypharmacy is defined as greater than 5 non-antiretroviral medications.

- Key Finding: The study collected data from (n=268) PLHIV from 2020 to 2023 with over 51.9% prevalence of multimorbidity. The most common medications are as follows, nervous system medications (47.0%), alimentary tract/metabolism drugs (36.2%), and cardiovascular drugs (34.3%) were the most common. Psychotropic drugs were frequent, particularly **anxiolytics** (24.8%) and antidepressants (22.9%). Anxiolytic use was associated with older age, current smoking, past cocaine use, and antidepressant use.
- Practical Implications: The complexity of aging with HIV has highlighted the need for strategies to focus on best practices to optimize medication use and adherence, and cope with medication fatigue.
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7. Chemsex Among HIV Positive Gay, Bisexual, and Men Who Have Sex with Men: Exploring the Intersections Between Sero-status, Mental Health, Substance Use, and Addiction. (Canada, 2026)

Chemsex is a growing phenomenon amongst gbMSM subcultures worldwide to use various drugs to facilitate connection, emotional intimacy, and uninhibited sex, which may increase STIs transmission. This research in Ottawa explores the motivation and rewards amongst gbMSM living with HIV, and the gaps in nursing knowledge to provide care for gbMSM living with HIV and participating in chemsex.

- **Key Finding:** The research examined the values, beliefs, and behaviors, and the effect of chemsex on healthcare needs and risk-taking behaviors. In a chemsex event, gbMSM can participate freely without HIV stigma and discrimination and be free to have varied experiences.
- **Practical Implications:** Chemsex events provide a sense of community for gbMSM living with HIV. Participants unconditionally support each other. The outcomes can help nursing practice to provide healthcare by knowing what the client's needs are versus what they require**.**
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Continuing Professional Development

- Prescribing PrEP and PEP: Canadian Guideline. CIHR Pan-Canadian Network for HIV and STBBI Clinical Trials Research and co-developed with CATIE. This asynchronous e-learning course offers an overview of PrEP and PEP guidelines over 4 modules. This course is designed for healthcare professionals who PrEP and prescribe PrEP and PEP to their patients. This activity has been certified by the College of Family Physicians of Canada for up to 4 Mainpro+® Certified Activity credits. E-learning **here**.
- International Antiviral Society-USA. Earn CME From On-Demand Webinars. The webinars are available On-Demand for educational purposes **here.**
- HIV Drug Therapy Glasglow Conference. Nov 8 to 11, 2026. Read **here**
- Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable pre-exposure prophylaxis. WHO. Read **here**
- Clinical management and infection prevention and control for mpox: Living guideline, May 2025. WHO. Read **here.**
- WHO consolidated operational handbook on STIs. Read **here.**
- WHO releases updated recommendations on HIV clinical management. Read **here.**

We'd love your feedback. Fill out this short survey,

Thank you.
Devan Nambiar