

The Use of Anabolic Steroids in Males Attending a Sexual Health Clinic

Jennifer Entwisle, Sophie Poore, Arnold Fernandes, Kate Horn
Sexual Health & HIV Medicine, Royal United Hospitals Bath NHS Foundation Trust



Methods

All male attendees to the sexual health clinic were invited to participate in an anonymized self-completed questionnaire about use of anabolic steroids (AS). Demographic data and details of known pre-existing blood borne virus infections were obtained.

Results

135 men completed the survey. 3 were <18yrs, 77 were between 18-25yrs and 55 over the age of 25.

The sexual orientation of participants is summarised (diagram 1).

8 of the 135 participants, (5.9%) had used AS. Five of these were >25 and three were in the 18-25 age-range (diagram2).

One participant did not state route of administration or pattern of use. Of the other 7 participants who had used AS, 6 had done so within the last year and 1 between 1-5 years ago.

When reviewing routes of AS administration, 4 men had injected, 2 had taken them orally, 1 participant had used both injectable and oral AS and 1 did not state route of administration.

Out of the 8 men who had used AS, none declared a diagnosis of HIV, hepatitis B or C.

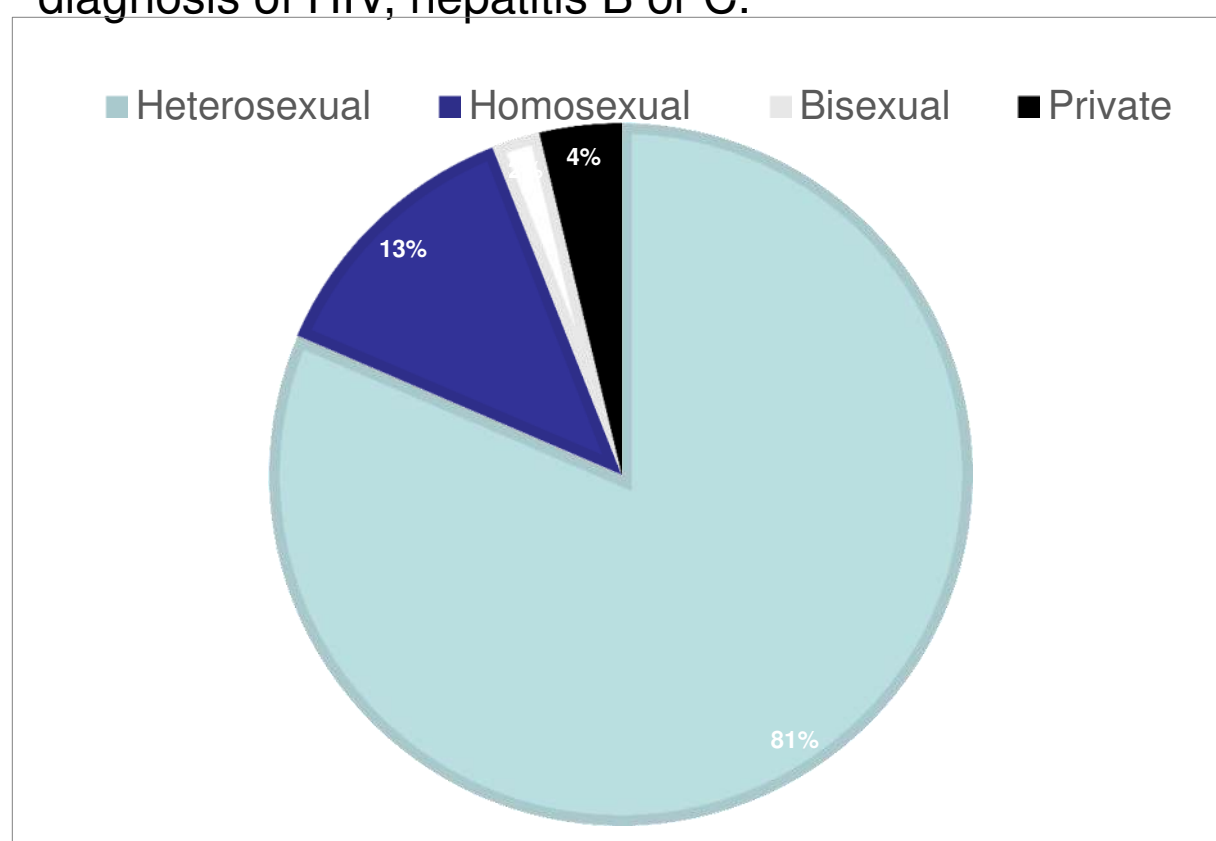


Diagram 1: Demographics of men taking part in AS survey

Summary

A 2013 study by Public Health England stated 'Men who inject anabolic steroids (AS) and tanning drugs are at higher risk of HIV and viral hepatitis'. Injectors of AS are now the biggest client group at many needle and syringe programmes in the UK. The British Crime Survey on AS use among 16-59 year olds in England and Wales found that in 2009/2010 0.7% had ever used AS and 0.2% had done so in the last year (1). To our knowledge, there have been no studies looking specifically at prevalence in sexual health clinic attendees and we wondered whether this might represent a different population.

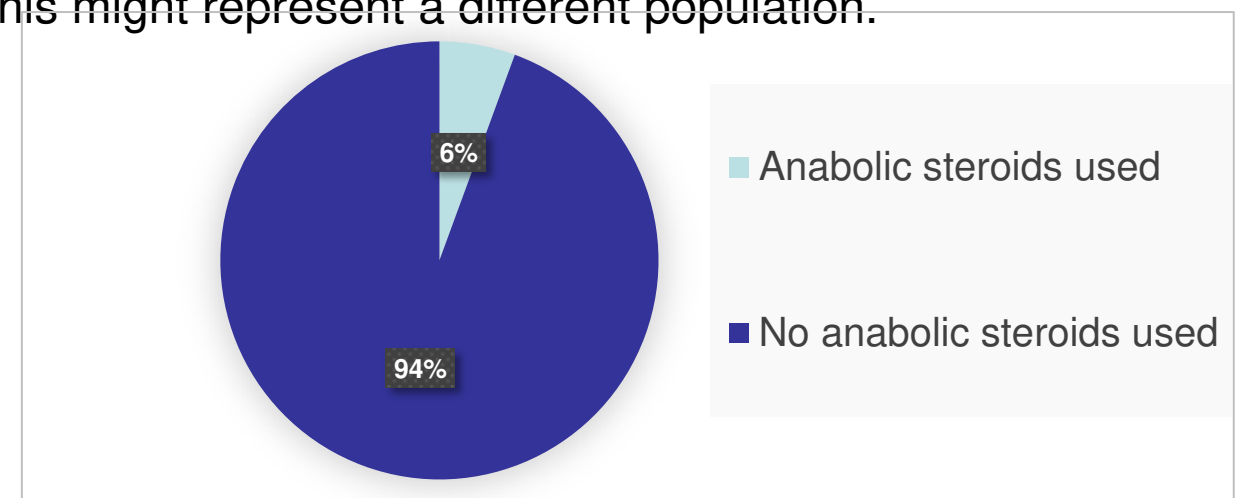


Diagram 2: percentage of surveyed patients taking AS

Discussion

Reports from needle exchange programmes and public health initiatives suggest a growing use of anabolic steroids in the UK(2).

This survey has found that AS use in this sexual health clinic (5.9%) was greater than found in the England and Wales crime survey (0.7%) in 2009/2010.

It would appear that there is a correlation between sexually active men and AS use. This may be due to the relationship between physical enhancement and sexual activity.

It is interesting that most 75% of the patient had utilised AS in the last year opposed to over a year ago which may show the growing popularity of such drugs. The majority of males in the survey chose to inject AS.

From this survey we were unable to draw any correlation between patients who use AS and who have blood borne diseases such as HIV, Hepatitis B or C.

It is important to note that often AS are obtained over the internet, from unreliable sources and can be taken in high doses and in irrational combinations (2). The harmful affects of AS in males include suppression of spermatogenesis, testicular atrophy, infertility and erectile dysfunction (2). In addition there has been numerous case studies that have linked AS use with negative effect on lipid profiles and cardiovascular disease(3).

Conclusion

This study shows a greater than expected incidence of AS use in the sexual health clinic. Therefore the sexual health clinic may be an ideal place to distribute patient information regarding AS.

1. Public Health England (2013). Steroid users at risk of HIV, hepatitis B and hepatitis C.

2. Nieschlag, E and Vorona, E. (2015). *Medical consequences of doping with anabolic androgenic steroids: effects on reproductive functions*. Germany: European Society of Endocrinology, R47-58.

3. Angell, P et al. (2012). Anabolic Steroids and Cardiovascular Risk. UK: Sports Med, 119-134.