

Approach to your LGBT Patient

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Disclosures

- None

Why this topic?

- Special healthcare considerations in this population
- Drastic underexposure to communication strategies for this patient population
- Drastic underutilization of primary care by LGBT persons due to fear, h/o bad experiences, insurance constraints, etc.
- 33.3% of 150 medical schools reported they spent “zero hours” on GLBT health topics
 - The others? Average of ~5 hours in 4 years

And because...

“ If a person is
gay and seeks
the Lord and is
of good will,
who am I to
judge him? ”

- POPE FRANCIS

July 29, 2013



RIGHT SIDE
OF
HISTORY



But this is still happening...



Objectives

- Review LGBT terminology
- Discuss gender identity/development
- How to establish a “welcoming” practice
- Care for your lesbian and bisexual female patients
- Care for your gay and bisexual male patients
- Care for your transgender patients
- Take home points

LGBT Terminology

- LGBT – acronym for Lesbian, Gay, Bisexual, and Transgender
- GSM – acronym for Gender and Sexual Minorities
- Sexual orientation – a person's emotions, sexual, and/or relational attraction to others. Terms can include asexual, bisexual, homosexual, heterosexual, pansexual, etc.
- Gender identity – a person's internal sense of being male, female, or something else. Not necessarily visible to others. Does NOT imply sexual orientation.
- Gender expression – the manner in which a person represents or expresses their identity gender

LGBT Terminology cont'd.

- Transgender – a person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth
- Transsexual – a person whose gender identity differs from their assigned sex at birth
- Transvestite – a person who *cross-dresses* in a manner different than their stereotypical assigned sex. Can be a part of a sexual fetish. NOT to be confused with transgender/transsexual
- MTF – an acronym for a person who transitions from male-to-female. These individuals identify as female. Does NOT imply sexual orientation
- FTM – an acronym for a person who transitions from female-to-male. These individuals identify as male. Does NOT imply sexual orientation

LGBT Terminology cont'd.

- MSM – an acronym used to identify men who have sex with men
 - May identify as heterosexual, gay, bisexual, queer, questioning, or prefer not to label themselves
- WSW – an acronym used to identify as women who have sex with women
 - May identify as heterosexual, gay, bisexual, queer, questioning, or prefer not to label themselves
- “Down Low” – term used to describe a man (often AA or Latino) who identifies as heterosexual but regularly engages in high risk sexual behavior with other men
- Homosexual – clinical term for individuals who usually have sex with same-sex partners. Not a preferred term for self-identification.

Gender vs. Sex

- Before the 19th century the terms *gender* and *sex* were used synonymously
- Ongoing studies since the 1950s have raised awareness that gender is *not* exclusively determined by an assigned sex at birth
 - Initially psychologists believed that gender identity was the extent to which a person felt masculine or feminine
 - Some thought that one needed to meet cultural gender roles in order to have a positive sense of well-being
 - Actually the opposite may be true for many patients

Gender Identity

Gender identity is developed in three stages:

- Construction (ages 0-5 years)
- Consolidation (ages 5-7 years)
- Integration (ages 7 years and up)



Gender Development

- Construction phase (0-5 yo)
 - No hard-and-fast feelings to gender norm variations.
 - Ex: A little boy may play with a Barbie doll and be unphased
- Consolidation phase (5-7 yo)
 - Children develop gender stereotypes and have personal, rigid beliefs.
 - Ex: A boy may refuse to even touch a Barbie doll
- Integration phase (7 yo and up)
 - Children begin to develop flexibility in their comfort around gender
 - Ex: A boy may choose to play with only certain dolls

Gender Identity Disorder (GID)

- Diagnostic criteria are different for children and adults
 - Include a persistent discomfort with the assigned sex at birth
 - Persistent discomfort with the role typically associated with the roles typically associated with their assigned sex at birth
 - Significant discomfort or impairment at work, social situations, or other major life areas
 - (depression, anxiety, isolation, suicidal ideation, poor body image, self-mutilation, etc.)

Sexual Orientation

“Coming Out”

- A study in 2010 evaluating openly gay and lesbian individuals reported adults in their 30s came out at an average age of 21
- The Advocate magazine has recently published a new statistic that the average age is now “mid-to-late teens” with age 13 being an age at which 40% of LGBT youth have “come out” to themselves

Your Clinic Environment

- A study of healthcare providers in 1998 suggested¹:
 - 8-12% “despise” GLBT persons
 - 5-12% found them “disgusting”
 - 40-43% would prefer if their patient’s kept their sexuality “private.”
- Maybe this is why:
 - As many as 45% of lesbian women and 42% of gay men report they are NOT out to their healthcare providers

Establishing a Welcoming Practice

- LGBT patients often scan a new physician's office when they enter to see if they can identify a friendly environment
- Visible non-discrimination policy?
- Health magazines, brochures from LGBT community centers, advertisement of events such as "World AIDS Day," etc.
- Inclusive images within your office or waiting area.
- Unisex restrooms?
- INTAKE FORMS!

Inclusive Images



The “Bathroom Laws...”



James P Sheffield
@JayShef

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[@PatMcCroyNC](#) It's now the law for me to share a restroom with your wife. [#HB2](#) [#trans](#) [#NorthCarolina](#) [#shameonNC](#)

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8,562



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Intake Form

- Consider updating your forms to include BLANKS or lines for OTHER in every category
- Gender – Male, Female, Other (please specify)
- Relationship Status – get rid of the single/married/divorced/widowed options – many more family structures exist now!
- Emergency contact? POA forms?
- Describe your family structure?
 - Who lives with you in your home?

H&P Questions – Tips for Success!

- Avoid making assumptions about sexual orientation. Absolutely any of your patients may be LGBT. Period.
- Use gender neutral language
 - Do you have a significant other?
- Focus on sexual behavior, not sexual orientation.
 - Are you sexually active?
 - Do you have sex with men, women, both?
 - Is birth control necessary? If yes – which type. If no – why not? Desire to discuss birth control?
- Echo language. If a patient openly identifies as “gay” use the word “gay.” If a patient brings a same-sex partner into the room that they identify as their “wife,” use the word “wife.”
- Apologize if you use a term that seems to offend!

Substance History

Do you smoke? Vape?

Smokeless tobacco?

Do you smoke
marijuana or synthetic
marijuana?

Do you use any designer
drugs, bath salts, etc?

Do you use other illegal
drugs?

Do you use poppers?

Do you inject any
medications?
Prescribed or not
prescribed?

Do you drink alcohol?
How much? CAGE?



Caring for Your Lesbian and Bisexual Female Patients

- WSW have certain health behaviors and tendencies which may uniquely predispose them to greater health risk groups
- Higher risk of obesity, smoking, physical inactivity
- Less likely to have children, have children later in life
 - DO NOT PRESUME NO DESIRE FOR CHILDREN!
- Less likely to see the doctor on a regular basis





WSW and Heart Disease

- The more risk factors a woman has, the greater chance to develop heart disease
- “Pro-obesity” tendency among lesbian and bisexual women
 - Very positive body image tendencies, lots of support in this population to be who you are
- Physical inactivity
- Higher smoking rates
 - Lesbians are 1.5-2x more likely to smoke than heterosexual women
 - Younger women more likely to smoke than older women
 - “Butch” lesbians are more likely to smoke and use marijuana than “femme” lesbians

Smoking and Obesity



- Lesbians are more likely to be overweight than their heterosexual, age-matched counterparts
- Lesbians smoke, drink, and use drugs more, on average, than heterosexual, age-matched counterparts

WSW and Cancer

- Lesbians are at higher risk for breast cancer
 - Less likely to bear children and less likely to have taken continuous hormonal birth control
 - Less likely to see the doctor and have routine screening
- Belief there is “no need” for PAP smears
 - Vast majority of lesbian women have had at least one male sexual partner
 - Bisexual women have the highest percentage rate of never having received a PAP test



WSW and Fitness

- Lesbians possess somewhat different attitudes towards beauty than do heterosexual women.
- Perceptions of being overweight are skewed and lesbians are less likely to be sufficiently physically active.
- Barriers include not having activity partners, comparative lack of lesbian-focused physical activity groups, and lacking same-sex family memberships at many gym and community centers.

WSW and Sexual Health

- Any h/o sexually transmitted infections?
- When comfortable – discuss safer sexual practices with your female patients
 - What is lesbian sex?!
 - Cunnilingus/oral sex.
 - Sex involving fingers, hands, sex toys.
 - Tribidasm – pelvis-to-pelvis contact.
- Risks of sex during menstrual cycle
- BE OPEN MINDED.
 - Keep eye contact, consider your facial expressions, be prepared to offer resources if you are not comfortable discussing these topics!

Unique Sexual Health Concerns for Bisexual Women

- Bisexual women are more likely to report engaging in sex with MSM, engaging in sex with HIV+ men, having multiple sexual partners, and having sex partners who have had sex with prostitutes.
- Bisexual women with larger numbers of partners are more likely to experience infections including BV, trichomonas, and HSV.
- Bisexual women exhibit the highest rates of combining substance use/alcohol with sex.

Mental Health Concerns

- “Coming Out”
 - Adverse, punitive, and traumatic reactions from parents, friends correlate closely with poor mental health and increased substance abuse.
- A study examining psychiatric disorders found that individuals with same-sex partners experienced more mental health disorders in the previous 12 months than those with opposite sex partners
 - Anxiety, depression, PTSD, phobia.
- IF “out” to their healthcare practitioner, lesbians are *more* likely to discuss these concerns than heterosexual age-matched women.

Mental Health cont'd.

- Anonymous survey administered in 33 healthcare sites across the United States:
 - Lesbian and bisexual women who were *OUT* experienced more emotional stress as teenagers and were 2-2.5x more likely to have experienced suicidal thoughts in the preceding 12mo than heterosexual women
 - Lesbian and bisexual women who were *NOT OUT* were more likely to have attempted suicide during this same 12mo interval

Partner Violence

- 56.4% of lesbian or gay adults have reported experiencing intimate partner violence
- 47.4% of bisexual adults have reported experiencing intimate partner violence
- Heterosexual couples? 17.5%
- Always assess your lesbian patients for any history of past or current domestic violence issues
 - May be more difficult to leave partners compared to heterosexual relationships.\

Caring for Your Gay and Bisexual Male Patients



- Similar to caring for lesbian patients, gay men have unique heart disease, cancer, and mental health concerns
- Increased risk for certain sexually transmitted infections
- Several unique substance abuse concerns

MSM and Heart Disease

- Heart disease remains a significant concern for men of all sexual orientations
- Major risk factors in MSM include
 - Higher rates of tobacco use – up to 50% higher!
 - Heavier alcohol use, binge drinking
 - Use of drugs (club drugs and ED medications) which may contribute to serious cardiac risks

MSM and Cancer

- In some cases, gay men are at an *increased* risk for several types of cancer
 - Prostate cancer
 - Testicular cancer
 - Colorectal cancer
 - Anal cancer due to becoming infected with HPV viruses
- Access to routine screening may be severely limited due to challenges of receiving culturally sensitive care, lack of insurance or partner benefits, etc.

Gay Men, Fitness, Body Image

Problems with body image are more common among gay men than among their straight counterparts

Gay men are much more likely to experience eating disorders such as anorexia or bulimia

Ageism

Contrary to some shortcomings among all women's groups, there is no shortage of gay male sports teams, fitness groups, etc.



Mental Health Concerns

- Multiple studies have shows that depression and anxiety affect gay men at a higher rate than the general population
- More severe for adolescent and adult men who remain closeted
- Bullying, verbal and physical harassment, and negative experiences with coming out all contribute to significantly higher rates of suicide attempts and completions among gay men and youth each year

MSM and Sexual Health

- Has got to be a priority in routine health care due to numerous health concerns
- HIV/AIDS
- Syphilis
- HPV, anal cancer
- Hepatitis

MSM and Sexual Health

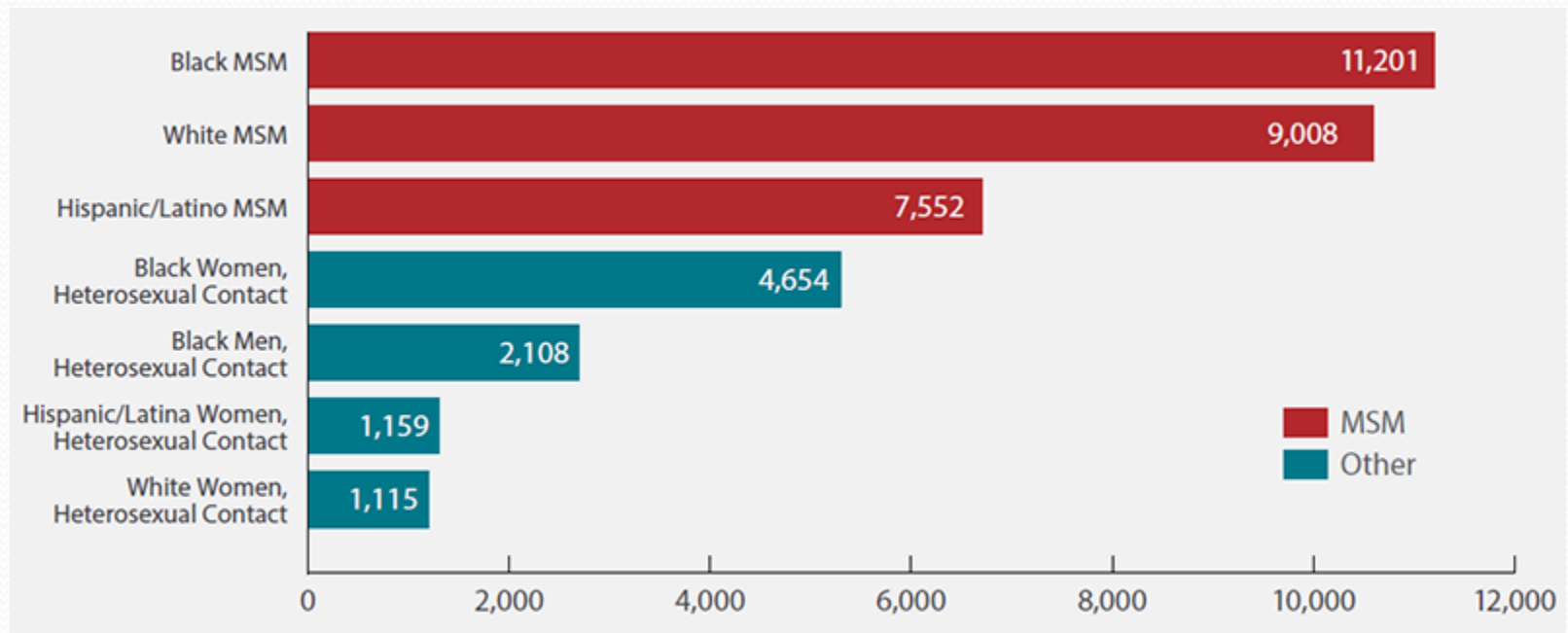
- What's going on in the bedroom?
 - Top or bottom partner? Many men are exclusively the insertive partner or the receptive partner. The receptive partner is more susceptible to certain STIs and to acquiring HIV.
 - 91% of sexually active MSM have been the receptive partner in their lifetimes
 - 46% of sexually active MSM admit to having unprotected anal sex at some point in their lifetimes
 - Equal partners? “Versatile” is the term many use
 - Fellatio, anilingus, sex involving hands/fingers, sex toys used both anally and urethrally
 - No conclusive evidence that the “receptive” partner is predisposed to prostatitis or fecal incontinence

Unique Sexual Health Concerns for Bisexual Men

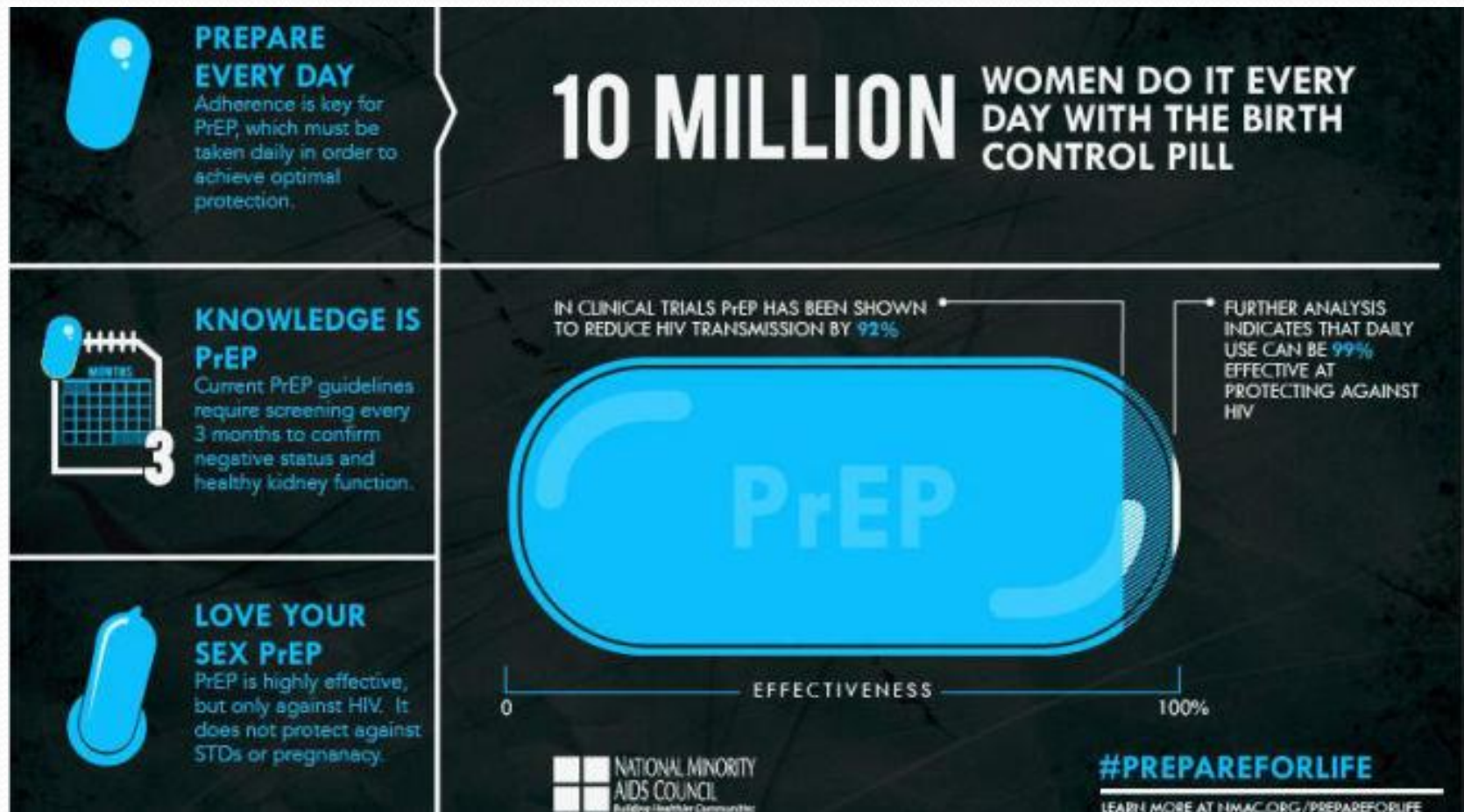
- Bisexual men are more likely than heterosexual men to have sex with male and female prostitutes
- Bisexual men are more like to engage in anal sex with women
- Studies have generally found that bisexual men are more likely to report having had a sexually transmitted infection
- Some studies suggest that bisexual men report less anal sex with men and less anal receptive sex

MSM and HIV/AIDS

It is estimated that 1,218,400 individuals are living with HIV/AIDS in the US as of 2012



Discuss PrEP?



MSM and Syphilis

- Increase in syphilis among MSM with outbreaks reported in:
 - Chicago, Seattle, San Francisco, Southern California, Miami, New York City
 - Syphilis and HIV co-infection ranges from 20-70% in these areas
- Screen high risk individuals for HIV annually
- Screen HIV+ individuals for syphilis 1-2x/yr
- Contraction of syphilis correlates with a higher likelihood of acquiring HIV infection

MSM and HPV

- HPV infections can cause both anal and genital warts
- HPV infections may play a role in the increased rates of anal cancers in gay men
 - Anal PAP smear?
 - FULL physical exam at least annually
- Gay and bisexual men are estimated to be 17x more likely to develop anal cancer than heterosexual men

MSM and Hepatitis

- Hepatitis A and E are primarily transmitted by the fecal-oral route, through either person-to-person contact or consumption of contaminated food or water
- Hepatitis B virus is transmitted through puncture or mucosal contact with infectious blood or body fluids
- Hepatitis C virus is spread by sexual contact or contact with the blood or an infected person
- Screen all gay/bisexual men and vaccinate for Hep A/B when able!

Care for Your Transgender Patients

Transgender persons experience a very wide range of incongruity between their natal sex, gender roles, sexual orientations, and intrinsic identity.

Assumptions should NOT be made.

Transgender persons may identify as gay, lesbian, bisexual, asexual, queer, etc.

Transgender persons may or may not change their names. Do not ask birth name if not offered! Ask preferred name!

Transgender persons may or may not elect to explore hormonal therapies or gender reassignment surgeries.

Suicidal ideation in this population is between 38-65% and 16-32% have reported a suicide attempt.



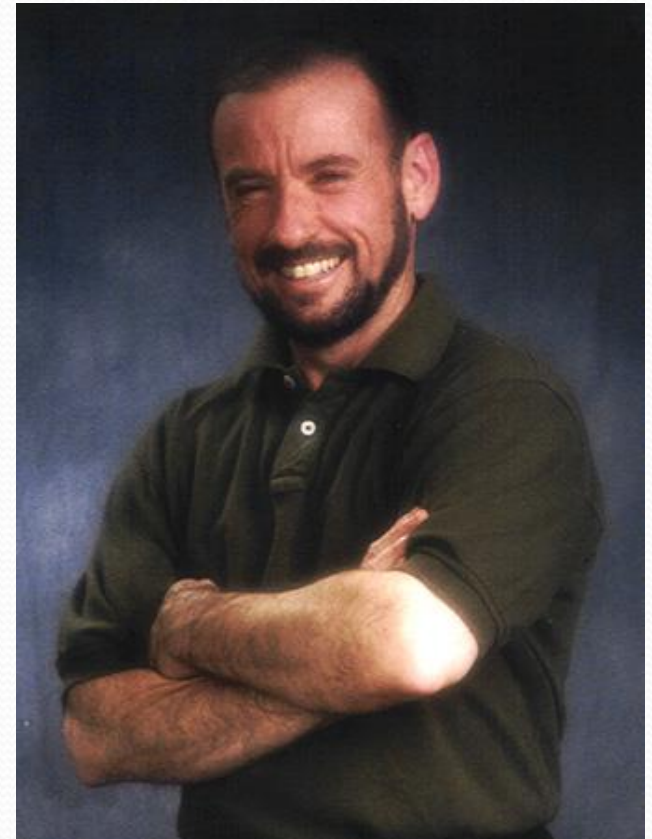
Pregnancy

- Do not presume no desire to become pregnant if FTM
- If male and female organs are present, pregnancy can and WILL occur – again, may need to discuss contraception
- Consider using gender neutral terms “pregnant patient” “pregnant individual”
 - Not all pregnant individuals identify as women



STOP Stereotyping







Transgender Health

- Three stages of transitioning
 - Each with unique needs/support from healthcare providers
- Stage I – the real life experience
- Stage II – hormonal therapy
- Stage III – reconstructive surgeries
- Not all trans patients move through all stages

Transgender Heath – Stage I

- Stage I – The real life experience
 - Living in the gender role consistent with gender identity for a period of time (often a year or more)
 - Breast binding, dressing as opposite gender, attempting to “pass” as the opposite gender
 - Possible selection of a new name – be prepared to make this known on the patient’s chart and among your staff so your patients may be addressed properly
 - Loss of important relationships, gender discrimination, bullying, harassment, violence/assault

Transgender Health – Stage II

- Stage II – Hormonal therapy
 - ASK this question! Hormones are readily obtainable from unregulated internet and underground sources
 - HIV, Hepatitis screening!
 - Patients should be referred to an endocrinologist who specializes in hormonal therapies for transgender patients
 - Be aware of increased cardiac risk-factors, elevated LFTs, hypercholesterolemia, hyperprolactinemia, and other metabolic issues
- Trans youth should be referred to pediatric endocrine or gender specialists

Transgender Health – Stage III

- Stage III – Reconstructive surgeries (resources?)
 - Female-to-Male
 - Bilateral mastectomy
 - TAHBSO
 - Metoidoplasty – micropenis created from hormonally enlarged clitoris
 - Philoplasty/scrotoplasty, vaginectomy
 - Male-to-Female
 - Tracheal shave
 - Penectomy/orchiectomy
 - Vaginoplasty
 - Breast augmentation
- Not all trans patients have reconstructive surgeries
 - State laws vary as to when patients are legally their new sex

Take Home Points

- Be prepared!
 - Know where to find resources for all of your patients including community outreach, mental health, and specialty care
- Make your office a safe, welcoming environment
- Be thankful when patients “come out” to you. This means you are trusted and opens the door for further communication.
- Echo language - make notes in their charts!
- Do NOT be afraid to ask your patients questions!
- Be open minded, consider body language and treat your LGBT patients the same as all others



Questions?

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