

Gay, Lesbian, Bisexual and Transgender Issues: Out of the Closet and Into the Clinic

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CME #135 Thursday, 9:00-10:00 a.m. Location: Korbel Ballroom 1A



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Learning Objectives/ Search References

- Select tools or resources that can help in the appropriate management of gay, lesbian, bisexual or transgendered (GLBT) patients.
- Distinguish health conditions that may have higher incidence rates among GLBT patients.
- Prepare a standard of treatment that is inclusive of heterosexual men and women or those in the GLBT community.
- Assess training needs for treating or referring transgendered patients for specialized care.
- Formulate plans to discuss family dynamics and community resources for GLBT patients who may require support or conflict management.

AHRQ, Bandler, Canadian Task Force on Preventative Health Care, Cochrane, DARE, Effective Health Care, National Guideline Clearinghouse, USPSTF



We all have gay,
lesbian, bisexual
and transgender
patients...

...and of course
we know them
all...



Our Experience: Who...

- Has gay and lesbian patients?
- Has bisexual patients?
- Has transgender patients?
- Received education on GLBT issues?
- Feels adequately trained in GLBT care?
- Has a GLBT employee?
- Identifies as GLBT?



Why is It Important to Know?

- Patient difficulty in locating care
- Special needs/issues
- Patient concerns of discrimination, biased care, uninformed care or refusal of care
- Already more there than you know
- Improved care with more openness
- Are we family docs or what?

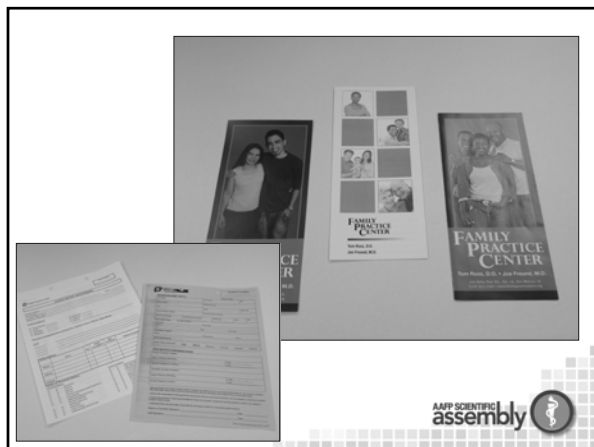


AAFP Policy on Patient Discrimination

- The AAFP opposes all discrimination in any form, including but not limited to, that on the basis of **actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus** or national origin. (1996) (April Board 2010)

GLBT Patient Current Situation:

- Un(der)recognized
 - Untrained (providers and staff)
 - Unprepared
 - Excluded
 - Un(der)funded
 - Risking job, family, safety
- ***Thus creating a group not receiving (appropriate) healthcare**




Clinic Inventory #1

- Nondiscrimination Policy
- Paperwork: marital status, sex, preferred name, male or female only questionnaires, family designations
- GLBT reading materials
- Inclusive medical info/clinic brochures
- Bathrooms
- Resource lists for patients and staff

Clinic Inventory #2

- Power of attorney/medical decision-making
- Staff training and comfort
- Supplies: immunizations, testing materials
- Appropriate referral sites, specialists, therapists, hospitals, others
- GLBT employees

Sexual Orientation

A physical, emotional, spiritual attraction to others, a form of self identity.

- heterosexual = to opposite sex (straight)
- homosexual = to same sex (gay/lesbian)
- bisexual = to both sexes (bi)

Sexual Behavior

- MSM = Men who have Sex with Men
- WSW = Women who have Sex with Women

*May be different than or not consistent with the stated or perceived sexual orientation

Gender Identity

The internal identification with a sex or gender, may not be consistent with the physical body

- Entirely separate from sexual orientation: they are independent of each other.

Transgender

•One with a strong sense of incongruity between their birth sex and their internal gender identity, *and /or*

•who does not conform to societal norms concerning gender identities, expressions or behaviors associated with their birth sex.

*May not identify with either gender

Transgender

Drag King and Drag Queen: Those who entertain by cross-dressing, challenge gender stereotypes and for personal satisfaction.

Gender Queer: Those identifying as a mix or blend, between the binaries.

Cross-dresser (transvestite): One who dresses in opposite gender clothing for erotic/emotional satisfaction.

Intersex/Disorder of Sexual Development: Those born with "nonstandard" genitalia.

Transexual

•A transgender person who has an overwhelming desire/drive to fully live their gender identity. May use hormones and/or surgery to change their body to match their gender identity.

FTM: Female to Male

MTF: Male to Female

GLBT is Not an Illness

- Homosexuality removed in 1973 from APA listing
- Reparative therapy has not been shown to be effective, is unnecessary and can be harmful
- Gender Identity Disorder (GID) is a current diagnosis but also requires
"Clinically significant distress or impairment in social, occupational or other important functioning".
There is debate on whether this is helpful or stigmatizing.

GLBT Health Care Barriers

- Homophobia / biphobia / transphobia
- Heterosexism
- Stigma and discrimination
- Consumer difficulties
- Provider and system difficulties



Phobias

The irrational fear or hatred of those perceived as:

lesbian or gay (*homophobia*), bisexuals (*biphobia*), or whose gender identity or gender expression does not match, in a "socially acceptable" way, the sex they were assigned at birth (*transphobia*)

often used as justification of, or a basis for discrimination.

Homophobia / Biphobia / Transphobia as Health Care Risks

- Generally an active or intentional attitude
- Affects the provider's ability to give culturally competent care
- May decrease GLBT education, research and medical care

Heterosexism

- The institutional and social reinforcement of heterosexuality as superior, privileged, and "normal"
- Generally a passive, unintentional attitude, creating a blind spot for anything other than heterosexuals
- Thus health care practices are structured around heterosexual life with minimal LGBT awareness, healthcare recommendations or research

Stigma and Discrimination

- The experience resulting from the phobias and heterosexism
- Worsened by any other minority status
- No or few legal or social supports available
- Discrimination is legal in 29/50 states re: sexual orientation, 38/50 re: gender identity

Stigma and Discrimination: Negative Health Effects

- Direct effects on mental health
- Negative health care experiences lead to avoiding or delaying medical care
- Internalized homophobia = poor self-care
- Hate crimes
- Denial of healthcare
- Transgender people affected even more

Stigma and Discrimination

- Traditional family support may be lost
- Clustering in large urban centers where health care risks may be higher
- Rights of same sex couples
 - eligibility rules - home ownership
 - Medical decision making and visitation

Consumer Difficulties

- Insurance issues
- Ability to be out/open with their provider
- Incorrect assumptions may give false sense of security
- Health maintenance exams not set up around LGBT needs

Provider and System Difficulties

- Lacking the basic tools, training, or understanding
- Provider discomfort
- No public health agency to coordinate research and policy



GLBT Healthcare

- Mental Health
- Tobacco use
- Substance Use
- STI including HIV, Hepatitis and HPV
- Cancer risk
- Violence
- Fitness/obesity/eating

Search for EBM Guidelines

- Search terms:
GLBT, gay, lesbian, MSM, WSW, intersex, bisexual, transgender, transexual
- Multiple data bases searched:
(Bandolier, Canadian Task Force, Cochrane, Centre for Review and Dissemination, National Clearinghouse, EHC Bulletins, USPSTF, AHRQ)
*very few hits,
*most pertaining to HIV

Mental Health

- Differences are due to the effects of discrimination and stigma
- Higher rates of:
- Depression: WSW 2X, MSM 3X, TG ?higher
 - Anxiety and panic attacks: 4-5X higher
 - Suicide
 - Eating disorders in young MSM

Smoking

Smoking rates much higher than the rest of the population:

- MSM - 42% (vs. 28%)
- WSW - 37% (vs. 14%)
*use increases with age
*especially high for teen lesbians-up to 59%

Substance Use

- May have higher rates of alcohol use, especially among the young
- MSM: higher rates of inhalants, hallucinogens and other illicit drugs. Meth use up to 40% in some
- WSW: higher marijuana and cocaine use
- TG: higher rates

Sexually Transmitted Infections

WSW

- transmission is possible between women
- partners often concordant for B.V.

MSM

- CDC recommends yearly (or more) STI testing including all applicable sites for gonorrhea and chlamydia, HIV and syphilis, whether or not condoms were used.
- Recent rises in LGV (lymphogranuloma venereum), syphilis and drug resistant GC

EBM #1

“Routine laboratory screening for common STDs is indicated for all sexually active MSM... at least annually”

- HIV and syphilis
- gonorrhea & chlamydia (if active in last year)
 - urethral: if insertive partner
 - anal: if receptive
 - pharyngeal: if receptive (GC only)

HIV

- Recent rise in incidence, especially young MSM
- Up to 16% of new infections are with strains resistant to at least one drug
- African-American and Latino MSM who do not so identify are disproportionately affected
- Possible to transmit through oral sex, woman to woman and through insemination.
- nPEP available

Hepatitis

- 2002; all acute cases: 47%A-43%B-9%C
- MSM, TG and IV drug users most at risk
- Immunizations available for:
 - Hepatitis A: series of 2 (0 and 6 mo)
 - Hepatitis B: series of three (0, 1, 6 mo)
- Hepatitis C: MSM at no higher risk unless very high risk sexual behavior. Contaminated needle use is main risk.

EBM #2

“Every person being evaluated or treated for an STD, who is not already vaccinated, should receive hepatitis B vaccination. In addition, some persons (e.g., men who have sex with men [MSM] and illegal-drug users) should receive hepatitis A vaccination.”

HPV: Human Papilloma Virus

- The cause of warts and cervical cancer
- WSW need regular PAP smears
- MSM have increased risk of anal cancer
 - 88%of cancer has HPV in it
 - can screen with rectal PAP smears
 - every 6-12 months for HIV+
 - every 2-3 years for HIV-

EBM #3

“All women, regardless of sexual orientation (heterosexual women and those who identify themselves as lesbian or bisexual) should be considered for cervical cancer screening in an STD clinic setting”

Centers for Disease Control and Prevention, Workowski, Ka, Berman SM.
Cervical cancer screening for women who attend STD clinics or have a history of STDs. Sexually transmitted diseases treatment guidelines 2006. MMWR 2006 Aug4;55(RR-11):67-69



Cancer

- Smoking increases many types of cancer
- WSW *may* have increased risk from breast, cervical and ovarian cancers
 - more smoking, obesity, alcohol use
 - lower protective measures
 - *fewer/later pregnancies
 - *less breast feeding
 - *less contraceptive use
 - *less screening



Violence Affecting GLBT

- Hate Violence: among the most frequent victims, often more violent, higher number of assailants to victims
- Domestic Violence: Similar to general population, may be victimized by system, few shelters/programs, underreported
- School Violence: youth 4x more likely to be threatened with a weapon, 5x more likely to miss school re: safety concerns.



Diet / Fitness / Obesity / Exercise

- Obesity is a growing problem for the entire US population.
- Lesbians tend to be 5% more obese than other women
- Some MSM, (“bears”) more obese
- Attention to the “ideal body” may affect MSM more, (steroid use, over exercise, eating disorders)



Routine Healthcare: The Same... ...but with Awareness

Regular preventative care as for all patients:

- Monitoring of medical problems and medications
- Immunizations: tetanus, hepatitis, influenza, pneumonia, meningitis, HPV
- Routine testing and screenings
cancer (anal), breast, cervical, colon, ovarian, prostate, testicular
cholesterol
monitor for: diabetes, hypertension, heart disease, mental health
osteoporosis, domestic violence
sexually transmitted infections



Transgender Healthcare

- Routine healthcare
 - More marginalized, even within GLBT
 - Monitor for effects of stress/discrimination
 - higher risks: mental health (depression, anxiety, PTSD, suicide risk), financial, poverty, homelessness, substance abuse, STI, violence, lack of insurance
- *Care is almost always specifically excluded from healthcare insurance

Addressing the Transgender Patient

- Honor choice of name and pronoun: *use it*
- Use pronouns consistent with presentation
- If you are confused or unsure, simply ask
- Mistakes: apologize and move on.
- ASSURE CONFIDENTIALITY

Transgender Body Status

- An individual's appearance or self-identity has no correlation with their body status
- Not everyone desires or is able to use hormones or have surgery
- Make no assumptions, ask
- ***If you've got it, it needs to be checked!***
(MTF: prostate+breast / FTM: pelvic exam+PAP+breast)

Transgender Hormone Therapy

- Goal is to improve the quality of life
- Hormone therapy is a vital part of this
- Assess patient expectations and plans
- Therapist involvement / World Professional Association for Transgender Health (previously; HBGDA) standards
- Informed consent

Transgender Hormone Therapy

FTM

- Testosterone

MTF

- Estrogens
- Anti-androgens
- (Progesterone)

• **ALL OFF-LABEL
USE: NOT FDA
APPROVED**


Transgender Care

- You *can* do it
- You can get training to do it
- You can extrapolate from other regularly used skills, medications and experience
- If you don't do it who will?




Special GLBT Concerns


- Elders
- Youth
- Partnered but not legally married
- Legally married but no federal recognition
- Parenting
- Medical decision making/POA
- Transgender Issues

AAP SCIENTIFIC assembly 

A Welcoming Medical Setting...


- displays a nondiscrimination policy or a recognizable GLBT symbol
- has GLBT publications and materials
- has paperwork options for GLBT patients:
 - married/partnered,
 - options for sex,
 - options for preferred names



AAP SCIENTIFIC assembly 


A Welcoming Medical Setting...

- uses accepting, open, and gender neutral language
- knows that not all patients may identify with a label or group
 - eg- Latino and African-American men, youth
- uses nonjudgmental behavior-based sexual history-taking techniques: *"Are you sexually active with men, women or both?"*

AAP SCIENTIFIC assembly 


A Welcoming Medical Setting...

- asks the patient how they identify and prefer to be addressed
- avoids stereotypes, does not assume heterosexuality or that gender is apparent and clear
- assures CONFIDENTIALITY
- discusses legal issues such as medical decision-making/power of attorney

AAP SCIENTIFIC assembly 

Your Community Resource List

- GLBT Community centers/organizations
- Support groups
- Counselors and therapists
- Lawyers
- Social organizations
- GLBT newspapers, magazines
- Hair removal providers, speech coaches
- Intimate partner violence, substance abuse (including tobacco) and other social service resources
- Welcoming churches and spiritual communities

AAP SCIENTIFIC assembly 

Professional Referrals

- Specialists
- Therapists and mental health providers and facilities
- Hospitals
- Testing and surgical facilities
- Trans-specific surgeons and facilities
- Speech therapy

Other Resources

- Local or state GLBT Community Centers or organizations
- Patients
- Local “out” GLBT physicians and other healthcare workers
- www.pflag.org : Parents, Families and Friends of Lesbians and Gays.

AAFP GLBT Listserve

- Go to AAFP website and log on
- Click on “**E-Mail Discussion Lists**”
- Click on “**Manage E-Mail Discussion Lists**”
- Join the “**Gay, Lesbian, Bisexual, Transgender Issues**”
- glbt@lyris.aafp.org

Professional Resources

- www.glma.org : The Gay and Lesbian Medical Society: resources, referral site to locate physicians and other healthcare providers, professional training
- www.wpath.org : The World Professional Association for Transgender Healthcare
- www.vch.ca/transhealth/resources : Vancouver Coastal Health: Transgender Health Project

Professional Resources: Books

- [Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health](#). Makedon, H. et al. American College of Physicians, 2008
- [Guidelines for Transgender Care](#). Bockting, W. and Goldberg, J., editors. The Haworth Medical Press, 2006.
- [Principles of Transgender Medicine and Surgery](#) Ettner, R., Monstrey, S., Eyler, A.E., editors. The Haworth Press, 2007



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