

The ABC's of LGB(TQIA+) Care

Mike Guyton-Nunley, MD, FAAP, FACP
Chief of the Division of Adolescent Medicine

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Disclosures

- Non-Financial Relationships

- Board Member for Just Say Something
- President of Pridefest Collaborative (non-profit)



- Financial Relationships

- Contracted MD with the Girlology/Guyology Program
- Contracted Nexplanon Trainer with Organon
- Full Time Employee with Prisma Health Upstate



None of these relationships have an influence or impact on the information presented in today's presentation

Objectives

- Visualize highlighted topics in LGBTQIA+ care
- Exit with enhanced knowledge around the disparities within the LGBTQIA+ population
- Experience fun and excitement when learning how to care for the LGBTQIA+ population

Intro to the Supplemental Package

- This presentation is meant to be a conversation starter for more in-depth topics in LGBTQIA+ care
- Some parts are going to be more detailed than others, and that's intentional
- I've provided a supplemental package of “freebie” presentations that provide more detail on the variety of topics presented

Definitions

Sex: assigned at birth based on biological characteristics (genitals or chromosomes)

Sexual Orientation: Individual's pattern of emotional and physical attraction to others

- Homosexual: patterns of sexual and emotional arousal are towards members of the same sex ("gay", "lesbian")
- Heterosexual: pattern of sexual and emotional arousal is towards members of the opposite sex ("straight")
- Bisexual: individuals attracted to both men and women in varying degrees

Sexual Behavior:

- Not defined by person's sexual orientation or gender identity
- MSM: male who has sexual contact with other males
- WSW: female who has sexual contact without other females

More Definitions

Sexual Minority Youth: term used to describe lesbian, gay, bisexual, transgender, questioning, queer (LGBTQ) youth

Homophobia: an irrational fear, prejudice, and hatred of gay individuals

Heterosexism: belief that heterosexuality is a superior orientation and fails to value alternative sexual identities

Gender Related Definitions


Gender Identity: internal/personal sense of being male or female (not the same as sexual identity)



Gender dysphoria: the emotional distress of having a gender identity that is different from natal sex



Transgender: individual whose gender identity does not match the gender thought to correspond to their biological sex. Does not imply sexual orientation.



Gender nonconforming: individuals, behaviors, interests that fall outside of what is thought to be typical for birth sex.



Genderqueer/gender fluid/gender expansive/gender non-binary: term representative of those who don't feel as though static or binary categories represent their experience.

A is for...Affirmation

- Foundational skill in providing care for the LGBTQIA+ population
- Both subjective and objective aspects
- Just providing one level of affirmation can make a huge impact
 - Use of chosen name at work associated with less reported depressive rates and negative suicidal ideation¹



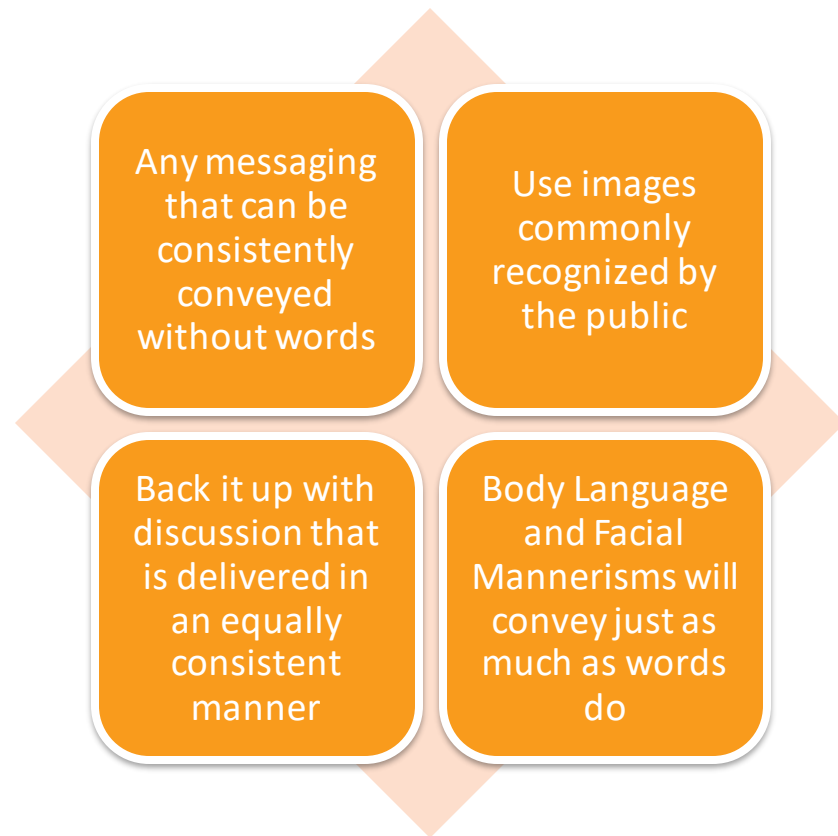
B is for...Behavior

- **Take home point:** Behavior not always congruent with orientation/identity
- Medical care should be based on behavior
 - 3 site testing for STI's
- Anticipatory guidance should also be aimed at behavior
 - Contraception for WSW patients
 - 5-28% of WSW report sex with men in the last year²



C is for...Communication

Non-Verbal

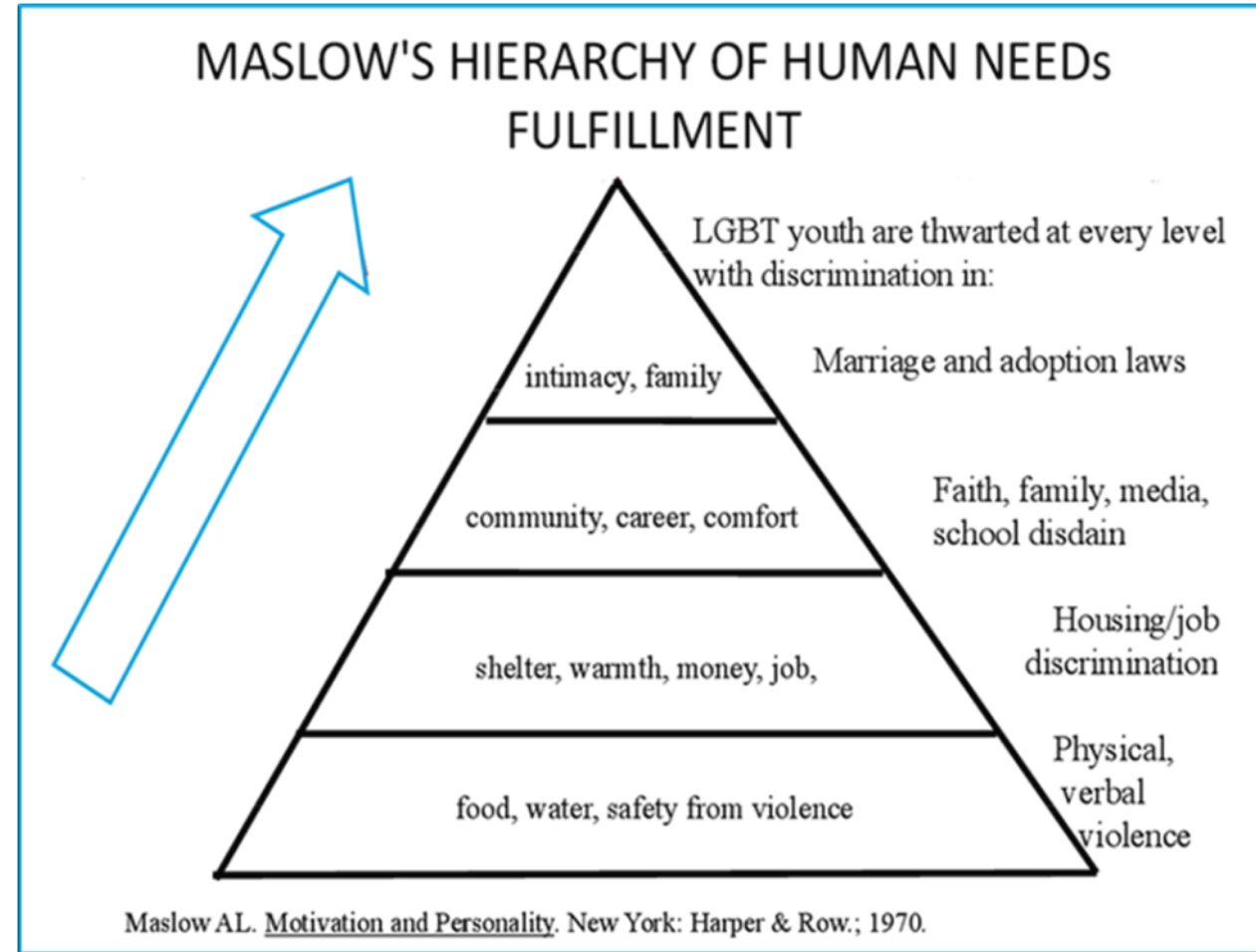


Empathy

- Several key concepts to show empathy
 - Reflective Listening
 - Body Language
 - Share your own emotion (stories are a good way)
 - Show interest in the conversation
 - Express thanks for telling their story

D is for... Disparities

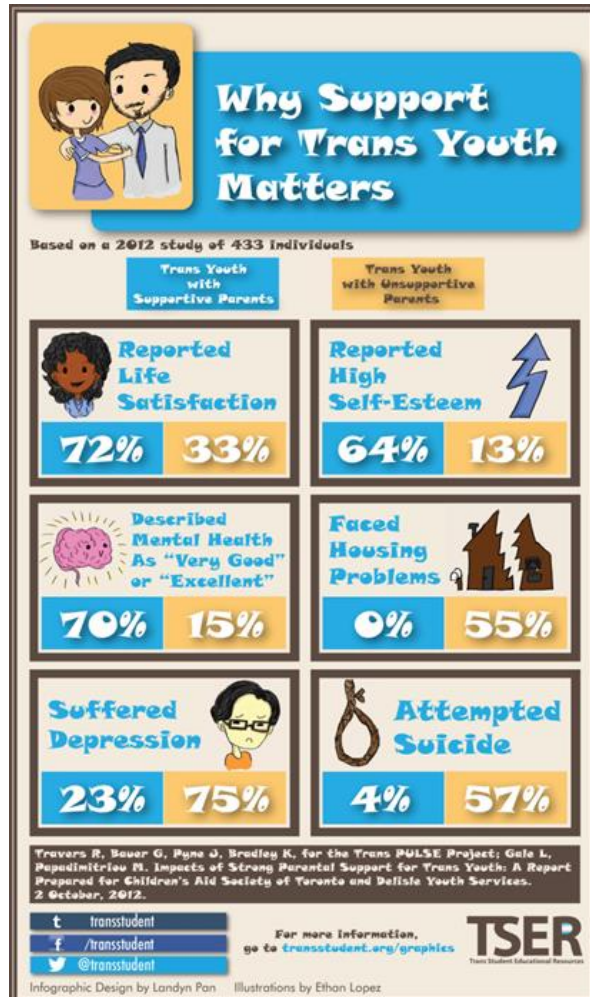
- Struggles with self image and self-esteem
- Risk of Homelessness
 - Survival sex
- Mental health comorbidities
- Victimization and Violence
 - More than 4x more likely to suffer than non-LGBT³
- Higher risk sexual behaviors²
 - Higher rates of intercourse <13 yo
 - Higher rates of multiple partners
 - Less likely to use condom or hormonal contraception
- Sexually Transmitted Infections
 - Rise of syphilis in Transgender population²



E is for...Eating Disorders

- **Take home point:** LGBTQIA+ AYA are at higher risk for development of clinical eating disorders due to many factors
 - Social Media Use
 - External Identity Pressure
 - Desire for acceptance within peer groups
- May be disparities within the LGBTQIA+ population⁴
 - Increased rates of “fasting to lose weight” in women with same sex partners compared to those with opposite sex partners
 - Increased rates of binge and purge behaviors in lesbian populations

F is for...Family Support



- Family connectedness and the role of caring adults is protective against depression, suicidality, and suicide attempts
- Occurrence of closer relationships allow Transgender individuals better define their identity
- Lack of parental support increases chance of living without fixed housing as an adult by nearly 4 times!⁵

G is for...Gender Dysphoria⁶

- **Marked Incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by 2 of the following:**
 - A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
 - A strong desire to be rid of one's primary and/or secondary sex characteristics because of this incongruence
 - A strong desire for the primary and/or secondary sex characteristics of the other gender
 - A strong desire to be of the other gender
 - A strong desire to be treated as the other gender
 - A strong conviction that one has the typical feelings and reactions of the other gender
- **The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning**

H is for...HRT

FTM Transition

- **Medications involved:**
 - **IM:** Testosterone Cypionate/Enanthate 200mg/1ml
 - **Topical:** Androgel 1.62% or Testosterone Patch
 - **Implantable:** Testosterone Pellets (Testopel)
- **Dosage range:**
 - 50mg – 200mg IM every 2 weeks (**usual is 100mg every 2 weeks**)
- **Baseline Labs:**
 - CBC w/o diff, CMP, Estradiol, Free/Total Testosterone, Lipid Profile
- **Monitoring:**
 - **Labs:** Every 3-6 months x 1 year, then 2x a year after that
 - **Adverse Effects:** Aggression/Irritability, Chest Pain, HA, Injection site soreness

MTF Transition

- **Medications involved:**
 - **Estrogen**
 - **Oral:** Estradiol (Estrace) 2mg tablets
 - **IM:** Estradiol Valerate 40mg/ml injection
 - **Testosterone Blocker**
 - Spironolactone 50mg or 100mg tablets
- **Dosage range:**
 - **Estrogen:** 4-8mg po daily in divided doses OR 10 - 40mg IM every 2 weeks
 - **Spironolactone:** 50 – 100mg po BID
- **Baseline Labs:**
 - CBC w/o diff, CMP, Estradiol, Free/Total Testosterone, Lipid Profile
- **Monitoring:**
 - **Labs:** Every 3-6 months x 1 year, then 2x a year after that
 - **Adverse Effects:** Mood change, SI, **ACHES** (Abdominal Pain, Chest Pain, Headache, Eye Problems, Swelling)

I is for...Identity

- There are SOOO many ways to define an identity
 - Not just Sexual Identity and Gender Identity
 - Professional Identity
 - Religious Identity
 - Cultural/Racial/Ethnic Identity
 - Disability Identity
 - Social Identity
 - Role in the Family, Classroom, or community
 - Economic Identity
- Internal
 - The ideal way in which one sees themselves
 - Developed through thought, experience, and often challenges
- External
 - How others interpret who a person is
 - Think public opinion
 - Development based on the external interpretation of one's behaviors, and not always congruent with internal identity

J is for...Journey

Completely Reversible

- Social Transition
- Puberty blocking agents (GnRH agonist)

Partially reversible

- Cross hormone therapy
 - **Transwomen:** Estradiol (oral, injection, topical) plus anti-androgen
 - **Transmen:** Testosterone (injection, topical)

Irreversible

- Surgery

K is for...Kinsey Scale⁷

- The Heterosexual-Homosexual Rating Scale
- Assigns a score 0-6 to an individual which represents their spectrum of sexuality
- Serves as a primary recognition of the fluidity of sexuality

Rating	Description
0	Exclusively heterosexual
1	Predominantly heterosexual, only incidentally homosexual
2	Predominantly heterosexual, but more than incidentally homosexual
3	Equally heterosexual and homosexual
4	Predominantly homosexual, but more than incidentally heterosexual
5	Predominantly homosexual, only incidentally heterosexual
6	Exclusively homosexual
X	No socio-sexual contacts or reactions

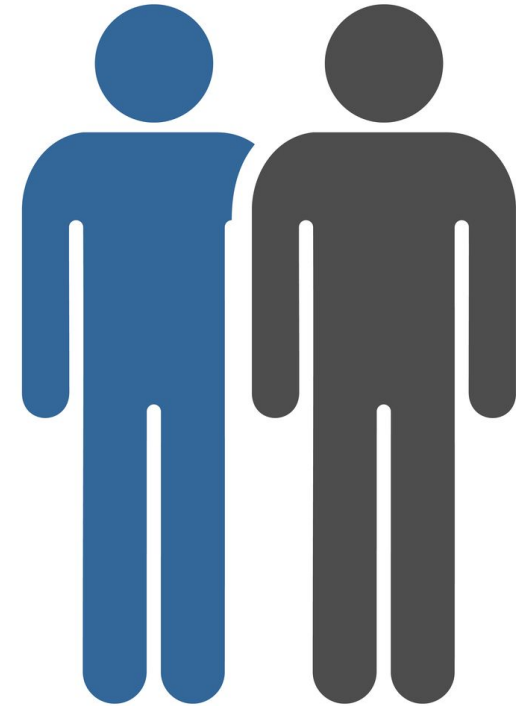
L is for...Lady Gaga



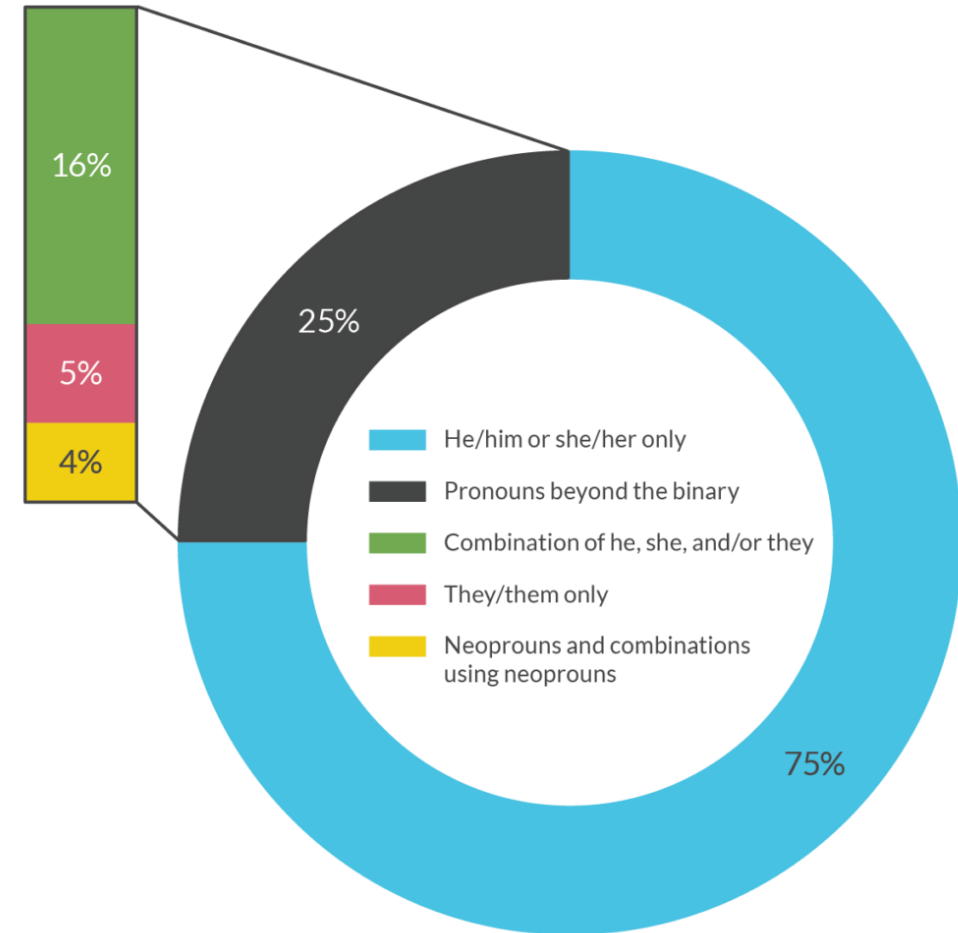
- Meaning, use your “Poker Face”
- The LGBTQIA+ population often is on the defense with any public or personal interaction
- Patients will often present with complex social and medical concerns and will also hit you with doorknob questions
 - Verbal diarrhea
- Act like you have seen it all, done it all, and wrote the book on it all
 - Your confidence will give them confidence

M is for...MSM

- Screening based on behavior (ex: men who have sex with men (MSM)) and NOT identity (gay men)
- Screening at least annually²:
 - HIV
 - Syphilis
 - Urine NAAT for Gonorrhea and Chlamydia if insertive anal sex
 - Rectal NAAT for GC/CT if receptive anal intercourse
 - Pharyngeal NAAT for GC if receptive oral intercourse
- Screen more frequently if high risk²
 - PrEP Users = every 2-3 months
 - Sex Workers = every 3 months
 - Multiple Partners = every 6 months at least
- Coinfection
 - HSV2 and Syphilis



N is for...Neo-Pronouns



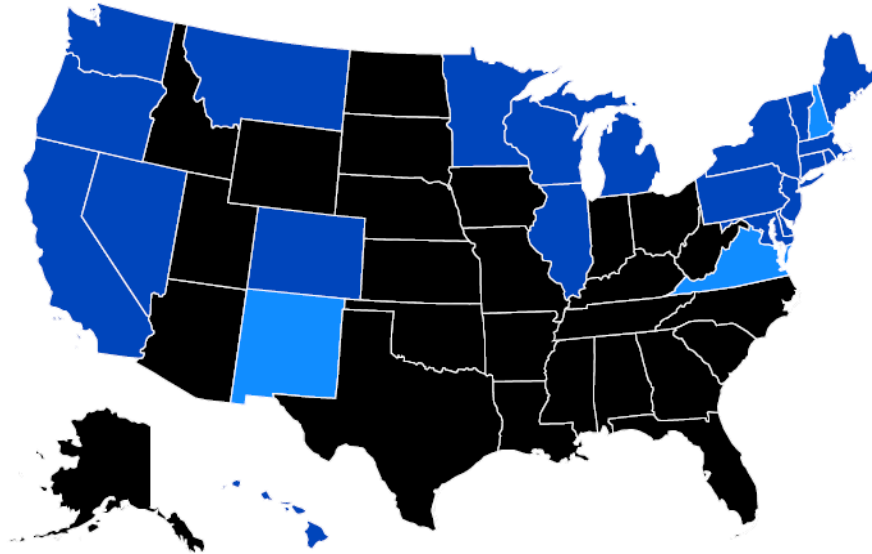
<https://www.thetrevorproject.org/research-briefs/pronouns-usage-among-lgbtq-youth/>

0 is for...Opposition



HUMAN
RIGHTS
CAMPAIGN

TRANSGENDER HEALTHCARE



Updated Wednesday, January 19, 2022

Updated January 19, 2022



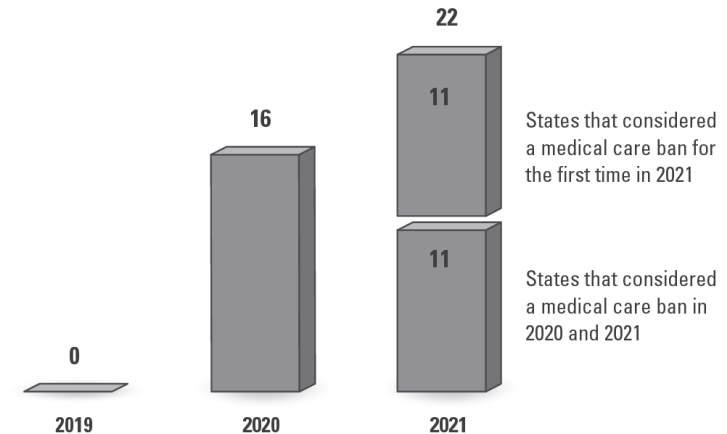
Bans insurance exclusions for transgender healthcare only (3 States): New Hampshire, New Mexico, Virginia



Bans insurance exclusions for transgender healthcare and also has protections for transgender healthcare in state Medicaid (21 States & DC): California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, Washington, DC, Wisconsin

- More and more bills introduced yearly regarding LGBTQIA+ healthcare

A Growing Number of States are Considering Banning Best Practice Medical Care for Transgender Youth



Source: Based on the Equality Federation's "Equality Tracker" for 2020 and 2021 state legislative sessions. Data as of 4/15/2021.



www.LGBTMAP.org

- In South Carolina:
 - H4047: SC Minor Child Compassion and Protection Act

P is for...PEP/PrEP

PEP

- Combination of 2 medications (*NRTI [nuke] + Integrase Inhibitor*)⁸
 - Tenofovir Disoproxil and Emtricitabine (**Truvada**) + Dolutegravir (**Tivicay**)
 - Tenofovir Alafenamide and Emtricitabine (**Truvada**) + Raltegravir (**Isentress**)
- Must be initiated within 72 hours of exposure⁸
 - Indicated Situations
 - An encounter of unprotected receptive/insertive vaginal/anal intercourse with someone who is HIV+ or someone at high risk of having HIV (eg, MSM, injection drug users, sex workers);
 - Percutaneous exposure to blood/body fluids contaminated with blood from a patient who is HIV-infected or with the risk factors described above
 - Sexual Assault

PrEP

- 1 pill daily to prevent the transmission of HIV
 - Truvada
 - Descovy
- FDA Approved for use as PrEP >18yo in 2012
 - <18yo since 2018
- PrEP is Effective
 - iPrEX Trial (2010):
 - 73% efficacy (N=2499 MSM)
 - Partners PrEP Trial (2011):
 - 62% effective in F, 83% effective in M (N = 4759 hetero M-F couples)
 - Bangkok Tenofovir Study (2013):
 - 49-70% reduction in acquisition of HIV (N = 2413 injection drug users)
 - Kaiser Permanente Study (2015): 657 PrEP users (mostly MSM)
 - 30% diagnosed with an STI at 6 months
 - 50% diagnosed with an STI at 12 months
 - NO NEW HIV INFECTIONS!!
 - DISCOVER Trial
 - >5,000 MSM and TWSM
 - Descovy comparable to Truvada in efficacy for HIV prevention

Q is for...Queer/Questioning

- Queer originally meant “Odd,” “Peculiar,” and “eccentric” in the English language
- The 1965 Webster’s Dictionary, queer is listed as slang for “homosexual”
- In the 1980’s, the LGBTQIA+ community began to “reclaim” the term
 - **Take home point:** General use of “Queer” can still be offensive, but with limited exception
- “Questioning” often refers to those who are exploring their sexuality, or in a state of fluidity not fully identified
 - In one study of those in both monogamous and polyamorous relationships, 34% of the adult participants reported a “sexuality shift”⁹



R is for...Risk

- **Several Risks of NOT treating Gender Dysphoria Exist**
 - **Trauma-Related Risks¹⁰:**
 - 2015 study showed 29% of transgender/non-conforming (TGNC) people living in poverty
 - TGNC youth represent 20-40% of the >1.6 million homeless youth in the US
 - Homelessness → ↑ risk of juvenile justice system interaction → ↑ risk of assault, mental health issues, engagement in transactional sex, and substance use
 - **Mental Health Outcomes**
 - ~85%/50% of TGNC adolescents have reported SI or attempted suicide in their lifetime¹¹
 - Matched cis-gendered adolescents: 60.4%/31.4%¹¹
 - **Risk of Self Treatment**
 - Potential interactions with medical conditions
 - Toxic hormone dosages/lack of appropriate monitoring
 - Injection related risks

S is for...Suicidality

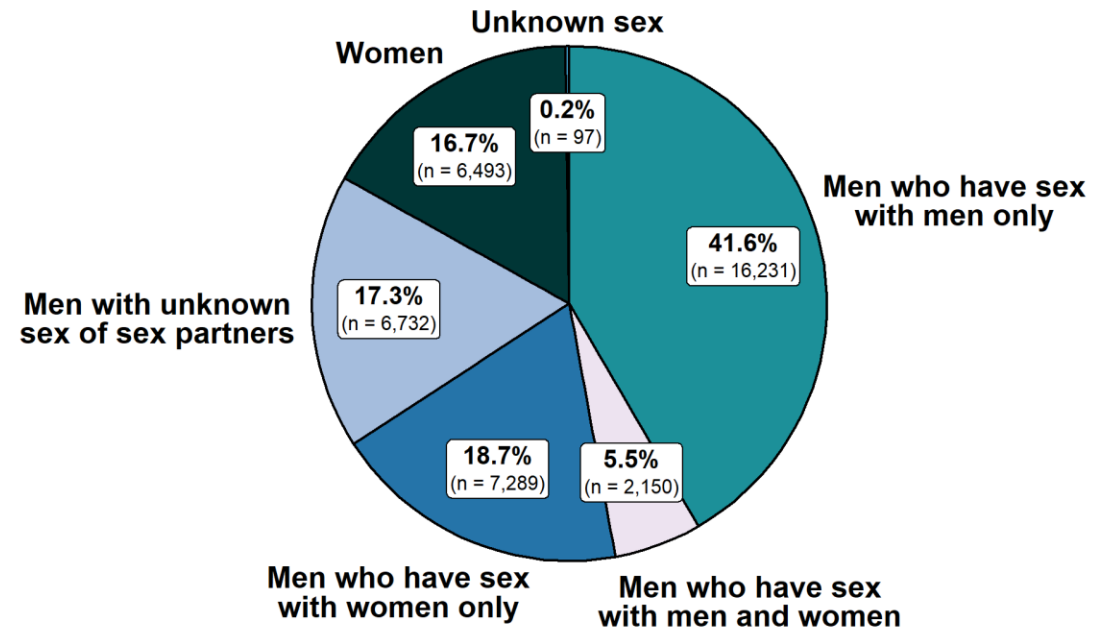
- **For Heterosexual Youth in High School¹²:**
 - 14.5% Seriously Considered Suicide in the past year
 - 12.1% Made a Suicide Plan in the past year
 - 6.4% Attempted Suicide during the past year
- **For Sexual Minority Youth in High School¹²:**
 - 46.8% of LGB Youth Seriously Considered Suicide in the past year
 - 40.2% of LGB Youth Made a Suicide Plan in the past year
 - 23.4% of LGB Youth Attempted Suicide during the past year



T is for...Testing

- Routine STI testing should be considered a method of safer sex
 - In 2019 (YRBSS Data):
 - 27.4% of HS youth were sexually active at time of survey
 - 14.1% of those were EVER tested for an STI other than HIV
 - 9.4% of those were EVER test for HIV
- Emphasis should be placed on POC testing when possible
 - HIV
 - Ab vs Ag/Ab tests
 - Syphilis
 - RPR based
 - Trichomonas
 - GC/CT
 - Herpes?

Primary and Secondary Syphilis Cases, 2019



<https://www.cdc.gov/std/statistics/2019/figures/SYPH-2.htm>

U is for... Undetectable = Untransmittable

- Also known as pre-exposure prophylaxis (PrEP)
- Very common in the US – “A person with HIV and suppressed viral load can't pass HIV to their partner.”



CAN'T
I WON'T
TRANSMIT HIV
TO ANYONE

Medication makes my **HIV undetectable.**

There's **not enough virus** to expose my sex partner.

HERNANDO

for those with
al load of HIV

sion

reduced risk

s but does not

V is for...Visibility



Used with permission from the Mount Sinai Adolescent Health Center

W is for...WSW

- Screening based on behavior (ex: women who have sex with women (WSW)) and NOT identity (lesbian)
- Up to 28% of WSW have had sex with a man in the past year¹³
 - Less likely to use hormonal contraception
 - Higher rates of teen pregnancy
- Bacterial Vaginosis
 - More common in WSW
 - Transmission of vaginal flora
 - Considered an STI
- Sex toys can be a means of transmission
- Pap smears according to current guidelines



XYZ...umm

.....gonna give you something X-tra

X-Tra Slide: Cabenuva⁸

PrEP

- 600mg IM in the gluteal muscle every 2 months
 - HIV testing prior to each injection
 - HIV-1 RNA assay recommended
- Ag/Ab Rapid with HIV-1 RNA confirmatory acceptable
- STI testing every 4-6 months (depending on risk level)
- 30-day oral lead-in optional

HIV

- Can be considered as first-line for adherence purposes or if a switch is needed
 - Renal Concerns related to Tenofovir regimens (Truvada, for example)
- 30-day oral trial required
 - Cabotegravir 30mg + Rilpivirine 25mg daily with food x 28-30 days
- After trial:
 - Loading dose of Cabotegravir-Rilpivirine 600mg-900mg IM on last day of oral regimen
 - Starting 1 month later, give Cabotegravir-Rilpivirine 400mg-600mg monthly

Loose Ends

- The Trevor Project Survey on Mental Health
- Providing affirming care for your LGBTQIA+ patients is much more than knowing the medicine
 - The medicine is, frankly, the easy part
- There are TONS of resources out there to help
 - Fenway Guide
 - WPATH Guidelines
- Always keep in mind the difference between moral and medical ethics
 - Autonomy, Non-maleficence, Beneficence, and Justice
- Your clinical encounter with your patient may be the one thing that impacts their willingness to engage in their health
- **Remember:** patients are not asking you to adopt their value system, so we shouldn't ask them to adopt ours

Questions

Mike Guyton-Nunley, MD, FACP,
FAAP

Mike.Guyton@prismahealth.org

**Prisma Health Adolescent
Medicine**

1350 Cleveland Street
Greenville, SC 29607
864-522-4888



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