The ABC’s of LGB(TQIA+) Care

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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 was 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 ideation\(^1\)
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 year$^2$
C is for... Communication

Non-Verbal

- Any messaging that can be consistently conveyed without words
- Use images commonly recognized by the public
- Back it up with discussion that is delivered in an equally consistent manner
- Body Language and Facial Mannerisms will convey just as much as words do

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+ population\(^4\)
  – 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!
G is for...Gender Dysphoria

- 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

**Complete 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 Scale

• 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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Exclusively heterosexual</td>
</tr>
<tr>
<td>1</td>
<td>Predominantly heterosexual, only incidentally homosexual</td>
</tr>
<tr>
<td>2</td>
<td>Predominantly heterosexual, but more than incidentally homosexual</td>
</tr>
<tr>
<td>3</td>
<td>Equally heterosexual and homosexual</td>
</tr>
<tr>
<td>4</td>
<td>Predominantly homosexual, but more than incidentally heterosexual</td>
</tr>
<tr>
<td>5</td>
<td>Predominantly homosexual, only incidentally heterosexual</td>
</tr>
<tr>
<td>6</td>
<td>Exclusively homosexual</td>
</tr>
<tr>
<td>X</td>
<td>No socio-sexual contacts or reactions</td>
</tr>
</tbody>
</table>
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 annually\(^2\):
  - 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 risk\(^2\)
  - 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/
O is for...Opposition

TRANSGENDER HEALTHCARE

- More and more bills introduced yearly regarding LGBTQIA+ healthcare

- 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)*
  - Tenofovir Disoproxil and Emtricitabine *(Truvada)* + Dolutegravir *(Tivicay)*
  - Tenofovir Alafenamide and Emtricitabine *(Truvada)* + Raltegravir *(Isentress)*

- Must be initiated within 72 hours of exposure

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)
    - 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 Risks**:  
    • 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 lifetime  
    • Matched cis-gendered adolescents: 60.4%/31.4%
  
  - **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 School**:¹²
  – 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 School**:¹²
  – 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?

U is for... Undetectable = Untransmittable

- Also known as “Treatment as prevention”
- Very clear statement from the CDC:
  - “A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and will not transmit HIV to their sex partners.”

### Transmission Category

<table>
<thead>
<tr>
<th>Sex (anal, oral, vaginal)</th>
<th>Risk of transmission for those with an undetectable viral load of HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Risk</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>1% or less</td>
<td>Reduced risk</td>
</tr>
<tr>
<td>Sharing Syringes/Other Drug Equipment</td>
<td>Unknown but likely reduced risk</td>
</tr>
<tr>
<td>Breast Feeding</td>
<td>Substantially reduces but does not eliminate</td>
</tr>
</tbody>
</table>

Table information reproduced from www.cdv.gov
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 year\textsuperscript{13}
  • 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
**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

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References

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7. The Kinsey Institute: University of Indiana