Care of LGBT Patients

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Objectives

- Comfortably use some of the terminology used within the LGBT community
- Describe common medical and social issues within the LGBT community
- Understand the social and medical aspects of transitioning for transgender patients
- Challenge homophobic/transphobic jokes and epithets
- Use inclusive, affirming, or gender neutral language when referring to sexuality and human relationships in every day speech and with patients
Ms F

- 50 year old woman with h/o HLP, here for annual visit. She is o/w healthy. She is divorced, has two sons, has been in one relationship with a woman for 3 years and informs me that she has always known that she was meant to be a man.

- She would like some information about transitioning and soon would like help in starting hormone replacement.

- Meds- Lisinopril 10 mg daily
The Health of Lesbian, Gay, Bisexual, and Transgender People
Building a Foundation for Better Understanding
Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD

A Resource for Medical Educators
1. How do I use the right terminology?
Terminology

- LGBT Who?
  - Lesbian
  - Gay
  - Bisexual
  - Transgender

- Also under the umbrella
  - Queer
  - Questioning
  - Intersex
  - Asexual
  - Pansexual
Terminology

- Cisgender – an individual whose gender identity is congruent with their biological sex determined at birth
- Transgender – an individual whose gender identity is not congruent with their biological sex determined at birth
- Gender Dysphoria – discomfort or distress caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary characteristics)
Terminology

Male-to-Female (MtF)
Transgender woman

Individual whose biological sex assigned at birth was male but whose gender identity is female
Terminology

Female-to-Male (FtM)
Transgender man

Individual whose biological sex assigned at birth was female but whose gender identity is male
Terminology

- **Transitioning** – the process of changing one’s physical appearance to match that of one’s gender identity; this can range from adopting the dress and mannerisms of the true gender to hormone therapy and surgery.

- **Gender Confirming Surgery** – a multi-step surgical process that alters a person’s sex to match gender identity.

- **Passing** – the degree to which a person’s outward appearance matches societal expectations for their gender identity.
Pronouns

- Masculine
- Feminine
- Gender Neutral

Ask the patient their preferred identifying pronoun, remain consistent in using their preferred pronoun in conversation and when documenting in the patients chart.
2. What important demographic information do I need to know that could be impacting her?
LBGT Demographics

- 3.5% of the US adult population identifies as lesbian, gay or bisexual
- 8% of the US adult population has engaged in same-sex sexual behavior
- 11% of the US adult population reports same-sex attraction
- 0.3% of the US adult population identifies as transgender
  - Prevalence of Male-to-Female transgender adults: 1:11,900 to 1:45,000
  - Prevalence of Female-to-Male transgender adults: 1:30,400 to 1:200,000
  - Likely higher
Social Determinates of Health

- Understanding LGBT health starts with understanding the history of oppression and discrimination that these communities have faced.

- Social determinants affecting the health of LGBT individuals largely relate to oppression and discrimination.
  - Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
  - Lack of laws protecting against bullying in schools
  - Lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders
  - Shortage of health care providers who are knowledgeable and culturally competent in LGBT health
LGBT Health issues magnified

- LGB individuals are twice as likely to attempt suicide
- LGBT youth are more likely to be homeless
- Lesbians are less likely to get preventive services for cancer
- Lesbians and bisexual females are more likely to be overweight or obese.
LGBT Population Health

- Gay men are at higher risk of HIV and other STDs, especially among communities of color.

- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals.

- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.

- LGBT populations have the highest rates of tobacco, alcohol, and other drug use.
Transgender Population Health

- 50% postponed medically necessary care for financial reasons or because they were afraid of encountering discrimination from providers.

- 2.5% HIV infection rate (4x the general population)
  - MtF > FtM

- 30 – 40% have attempted suicide
  - ~60% have had suicidal ideation in lifetime

- Higher rates of multiple suicide attempts

- Increased rates of alcohol and drug abuse

- 30% smoke (10% more than the general population)
3. It’s 2017- is LGBT discrimination still a relevant issue?
LGBT Discrimination by Healthcare Providers

Table 1: I was refused needed health care

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>7.7%</td>
</tr>
<tr>
<td>Transgender</td>
<td>26.7%</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

Table 3: Health care professionals used harsh or abusive language

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>10.7%</td>
</tr>
<tr>
<td>Transgender</td>
<td>20.9%</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Table 2: Health care professionals refused to touch me or used excessive precautions

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>10.6%</td>
</tr>
<tr>
<td>Transgender</td>
<td>15.4%</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>35.6%</td>
</tr>
</tbody>
</table>

Table 4: Health care professionals blamed me for my health status

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>12.2%</td>
</tr>
<tr>
<td>Transgender</td>
<td>20.3%</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>25.7%</td>
</tr>
</tbody>
</table>
4. Is Gender Dysphoria a real diagnosis?
DSM-5: Gender Dysphoria

Gender Dysphoria in Adolescents and Adults

A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following:

1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).

2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescent’s, a desire to prevent the development of the anticipated secondary sex characteristics).

3. A strong desire for the primary and/or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).

5. A strong desire to be treated as the other gender (or in some alternative gender different from one’s assigned gender).

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
5. What does transitioning actually mean?
Social Transition

Hormone Therapy

Gender Confirming Surgery

- Fully Reversible
- Partially Reversible
- Irreversible
Social Transition

• The act of adopting a new or evolving gender role or gender presentation in everyday life

• Often begun by the patient on their own before presenting to healthcare professionals

• Essential to the transition to the gender role that is congruent with the patient’s gender identity

• Living 12-months full-time in the true gender is no longer recommended before beginning HRT
6. What are her preventive health needs?
Lesbian Health

- 54% of lesbian and bisexual women had been given a cervical smear within the past year, and 7.5% had never had a Papanicolaou smear.

- Misconception of both lesbians and health care professionals that lesbians are not at risk of cervical cancer.

- Lesbian and bisexual women are less likely to use oral contraceptives, more likely to be nulliparous, and more likely to smoke cigarettes than heterosexual women—all risk factors for breast and endometrial cancer.
Gay men

- Gay men have higher rates of eating disorders – up to 17%
- Anal-receptive intercourse is associated with an increased risk of infection with HIV, human papillomavirus, hepatitis B virus, and herpesvirus.
- The risk factors for the development of anal cancer
  - anal-receptive intercourse
  - history of genital warts
  - HSV, HBV infection
  - history of chlamydial infection

J Consult Clinical Psych, 1994
Sexually Transmitted Disease, 1997
7. Do I initiate hormone therapy?
Hormone Therapy

Male-to-Female

- Estradiol
  - Formulations
    - IM (q2wk)
    - PO (q.d.)
    - Patch

- Spironolactone
  - Anti-androgen
  - Can cause hyperkalemia

- Rarely
  - Finasteride
  - Flutamide

J. Clinical Endo Society, 2009
## Effects of Feminizing Therapy

<table>
<thead>
<tr>
<th>Effect</th>
<th>Expected Onset</th>
<th>Expected Maximum Effect**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body fat redistribution</td>
<td>3-6 months</td>
<td>2-5 years</td>
</tr>
<tr>
<td>Decreased muscle mass / strength</td>
<td>3-6 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Softening of skin / decreased oiliness</td>
<td>3-6 months</td>
<td>Variable</td>
</tr>
<tr>
<td>Decreased libido</td>
<td>1-3 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Decreased spontaneous erections</td>
<td>1-3 months</td>
<td>3-6 months</td>
</tr>
<tr>
<td>Male sexual dysfunction</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Breast growth</td>
<td>3-6 months</td>
<td>2-3 years</td>
</tr>
<tr>
<td>Decreased testicular volume</td>
<td>3-6 months</td>
<td>2-3 years</td>
</tr>
<tr>
<td>Decreased sperm production</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Thinning and slowed growth of facial and body hair</td>
<td>6-12 months</td>
<td>&gt;3 years</td>
</tr>
</tbody>
</table>
# Risks of Estrogen

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Feminizing Hormones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely increased risk</td>
<td>- <em>Venous thromboembolic disease</em></td>
</tr>
<tr>
<td></td>
<td>- Gallstones</td>
</tr>
<tr>
<td></td>
<td>- Elevated liver enzymes</td>
</tr>
<tr>
<td></td>
<td>- Weight gain</td>
</tr>
<tr>
<td></td>
<td>- Hypertriglyceridemia</td>
</tr>
<tr>
<td>Likely increased risk with presence of additional risk factors, including age</td>
<td>- Cardiovascular disease</td>
</tr>
<tr>
<td>Possible increased risk</td>
<td>- Hypertension</td>
</tr>
<tr>
<td></td>
<td>- Hyperprolactinemia or prolactinoma</td>
</tr>
<tr>
<td>Possible increased risk with presence of additional risk factors, including age</td>
<td>- Type 2 Diabetes</td>
</tr>
<tr>
<td>No increased risk or inconclusive data</td>
<td>- Breast cancer</td>
</tr>
</tbody>
</table>
Hormone Therapy

Female-to-Male

- Testosterone
  - Formulations
    - IM (q2wk)
    - Patch – contact dermatitis
    - Gel – contraindicated if in contact with women & children
    - Oral not recommend in US

Transitional Andrology & Urology, 2016
## Effects of Testosterone

<table>
<thead>
<tr>
<th>Effect</th>
<th>Expected Onset</th>
<th>Expected Maximum Effect **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin oiliness / acne</td>
<td>1-6 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Facial / body hair growth</td>
<td>3-6 months</td>
<td>3-5 years</td>
</tr>
<tr>
<td>Scalp hair loss</td>
<td>&gt;12 months</td>
<td>Variable</td>
</tr>
<tr>
<td>Increased muscle mass / strength</td>
<td>6-12 months</td>
<td>2-5 years</td>
</tr>
<tr>
<td>Body fat redistribution</td>
<td>3-6 months</td>
<td>2-5 years</td>
</tr>
<tr>
<td>Cessation of menses</td>
<td>2-6 months</td>
<td>N/A</td>
</tr>
<tr>
<td>Clitoral enlargement</td>
<td>3-6 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>3-6 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Deepened voice</td>
<td>3-12 months</td>
<td>1-2 years</td>
</tr>
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# Risks of Testosterone

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Masculinizing Hormones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely increased risk</td>
<td>• Polycythemia&lt;br&gt;• Weight gain&lt;br&gt;• Acne&lt;br&gt;• Androgenic alopecia (balding)&lt;br&gt;• Sleep apnea</td>
</tr>
<tr>
<td>Possible increased risk</td>
<td>• Elevated liver enzymes&lt;br&gt;• Hyperlipidemia</td>
</tr>
<tr>
<td>Possible increased risk with presence of additional risk factors, including age</td>
<td>• Destabilization of certain psychiatric disorders **&lt;br&gt;• Cardiovascular disease&lt;br&gt;• Hypertension&lt;br&gt;• Type 2 diabetes</td>
</tr>
<tr>
<td>No increased risk or inconclusive data</td>
<td>• Loss of bone density&lt;br&gt;• Breast cancer&lt;br&gt;• Cervical cancer&lt;br&gt;• Ovarian cancer&lt;br&gt;• Uterine cancer</td>
</tr>
</tbody>
</table>
Ms. F

- Because she had thought about this a long time, she was very comfortable with her decision. She had not informed her sons, one of whom was married.
- She preferred still being referred to in the feminine
- She wasn’t interested in gender conforming surgery
- She wanted to start HRT because she wanted to “feel like a man” - We talked about the need to socially transition first before we committed her to HRT and its potential side effects