Toolkit for Care of the LGBT patient

**National & local efforts**

* Hospitals that accept Medicaid and Medicare funding must grant same sex partners visitation rights
* Health People 2010 and now 2020 have specifically addressed the healthcare needs of the LGBT population for the first time
* Contra Costa County has many resources for the LGBT community and recognizes the population through the inclusion initiative:

**LGBTQQI2 Inclusion Initiative** *It is the vision of Contra Costa Health Services, that all residents of Contra Costa County—including the Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex and 2-Spirit (LGBTQQI2-S) communities—will have equal access to quality health care services. Further, it is the Departments' goal to reduce barriers to culturally appropriate and competent health care, for Contra Costa County LGBTQQI2-S residents.*

**The CCMH Inclusion Initiative** *The Contra Costa Mental Health's Inclusion Initiative's Mission is to protect Lesbian, Gay, Bisexual, Transgender, Queer, Questioning & Intersex (LGBTQQI) consumers and their families from discrimination and mistreatment, and to ensure that they are welcomed in culturally affirmative settings where they will receive clinically competent mental health care.*

**LGBTQQI2 Alphabet soup** Important to recognize the words that are often part of patient’s closely held identity

* **L**esbian or Women who have sex with women (WSW)
* **G**ay or Men who have sex with men (MSM)
* **B**isexual: a person who is attracted to two sexes or two genders, but not necessarily simultaneously or equally
* **T**ransgender: someone whose gender identity does not match their anatomical sex. Includes Transsexuals who identifies with a gender other than the birth gender AND often transition hormonally or surgically
* **Q**ueer: often used by those who reject traditional gender and/or sexual identities or don’t feel they fit within other labels
* **Q**uestioning: used by those in process of exploring their sexual identity, orientation, gender
* **I**ntersex: an individual who is born with external/internal genitalia and/or secondary sex characteristics determined as neither exclusively male nor female
* **2**-spirit: used by indigenous North Americans for gender-variant individuals

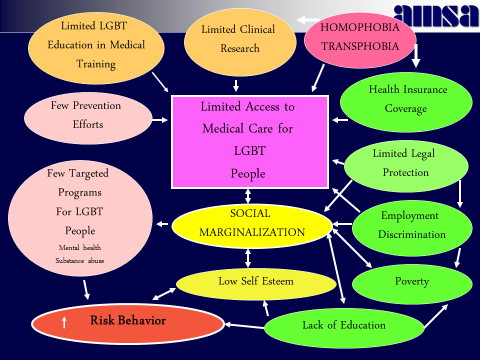
**Sex vs Gender**

* **Sex**: the genetic & biologic distinction between male and female determined by chromosomes, hormonal profiles and internal and external sex organs
* **Gender**: societal construct in which men are associated with masculinity and women with femininity
* **Gender identity**: individual’s own sense of gender regardless of biologic sex

**“Men, Women, or Both?”** Understanding a patient's sexual orientation, including one’s identity, behavior, and desires, all have a bearing on the ability to provide quality care

* Take a sexual history in context of taking a complete social history, during an appropriate focused visit (psychosocial, genitourinary problems), or when discussing healthcare maintenance (to suggest appropriate screening tests)
* Ask “Do you have sex with men, women, or both?” Important to assess sexual identity AND behavior. For example: some men identify as straight, but have sex with other men, particularly in minority populations. On the other hand, some patients may be emotionally struggling with their sexuality but not actually engaging in sex yet. Also ask: "Are you sexually attracted to men, women, or both?" "Do you feel comfortable with your sexuality?"
* Don’t assume heterosexuality! Use neutral terms like “partner” and “spouse” vs “wife” and “husband” until you are clear on patient’s orientation
* Inform patient that questions related to sexual identity & behavior are asked of everyone and that sexual orientation can impact specific health risks and help to guide preventative medicine decisions
* Ask patient if it is okay to document in chart. Suggestion: Document on problem list under “Family Circumstance”

**Why it matters** TheLGBT population experience significant healthcare disparities related to social stigma, discrimination and marginalization

* ****LGBT less likely to have **health insurance**
* LGB adults more likely to **delay or not seek** medical care and get prescriptions
* LGB adults more likely to receive health care in **emergency rooms**
* Lesbian and bisexual women less likely to receive mammograms
* LGB adults more likely to have **cancer**
* LGBT youth have higher rates of **depression and suicide** related to isolation and low self-esteem from societal, familial and peer rejection during a very important period of psychosocial development
* LGB youth more likely to be **threatened or injured** with weapon in school; more likely to be in physical fights that require medical treatment
* LGB youth more likely to be **overweight**
* LGB youth 2-3 times more likely to **attempt suicide**
* LGB adults more likely to experience **psychological distress** and need medication for emotional health issues
* Transgender adults 25 times more likely to have **suicide ideation**
* LGBT have highest rates of **tobacco, alcohol and others drug use**

**Medical issues to address with your patients**

For detailed discussions of the following items See UpToDate articles: Medical care of women who have sex with women; Primary care of gay men; Treatment of transsexualism

For detailed guidelines check out GLMA’s guidelines for Care of Lesbian, Gay, Bisexual, and Transgender patients: <http://www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf>

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| **Women who have sex with women** | |
| **Obesity** | Risk factors: Some evidence that weight gain & obesity more culturally acceptable to lesbians because don’t share mainstream goal of being aesthetically thin.  Recommendations: Address by focusing on significant health risks of obesity |
| **Cervical cancer** | Risk factors: higher rates likely related to lower rates of screening possibly due to perception by patient and healthcare provider that risk is lower; also not receiving regular gynecological exams often tied to contraception management in heterosexual females  Recommendations: Follow general screening guidelines for all females |
| **Breast cancer** | Risk factors: higher theoretical risk & actual rates from nulliparity or low parity, less screening, obesity, and alcohol use  Recommendations: Follow general screening guidelines for all females |
| **Ovarian cancer** | Risk factors: higher theoretical risk due to nulliparity, lower likelihood of using hormonal contraception  Recommendations: Follow general screening guidelines for all females |
| **Sexually transmitted infections** | Risk factors: still at risk through , some association between bacterial vaginosis and h/o female sexual partners  Recommendations:   * Screen with symptoms or periodically based on risk factors. * Advise use of barriers (e.g. dental dam) * Advise washing sex toys with hot soapy water between uses or cover with condom |
| **Substance & tobacco abuse** | Risk factors: higher rates of smoking, alcohol abuse and drug use  Recommendations: Screen regularly and offer assistance as needed |
| **Mental health** | Risk factors:   * Higher rates of depression, anxiety, suicidality, substance abuse. * Higher levels of chronic stress as result of lifelong stigmatization. Particularly in elder lesbians who also might not have adult children & extended family and therefore experience more social isolation   Recommendations: Screen for mental disorders and refer for counseling and/or psychopharmacological intervention as appropriate |
| **Domestic violence** | Risk factors: Domestic violence rates same as heterosexual population, but less screening  Recommendations: Screen for domestic violence and assist patient with interventions when appropriate |

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| **Men who have sex with men** | |
| **HIV/AIDS** | Risk factors:   * HIV incidence has increased in populations of MSM, particularly African American and to a lesser extent Hispanic adolescents and young men * The reason for the high incidence among black MSM is not due to increased unsafe sexual practices or drug use, but related to lack of awareness of HIV status, lack of access to care, delayed recognition and treatment of sexually transmitted infections, and increased prevalence of HIV in black MSM social networks making the risk of any single encounter greater   Recommendations:   * Sexually active MSM should be tested at least annually for HIV and other sexually transmitted infections * Counsel on choosing less risky behaviors, using condoms consistently and correctly if they have vaginal or anal sex, reducing the number of sex partners, and if HIV-positive, letting potential sex partners know their status * Educate on obtaining post-exposure prophylaxis (PEP) in event of unsafe sexual encounter * Consider Pre-exposure prophylaxis (PrEP) in high-risk patients, serodiscordant couples |
| **Sexually transmitted infections** | Risk factors:   * Risky sexual activity likely related to or exacerbated by higher rates of drug use * Higher risk of both Hepatitis A (oral-fecal transmission) and Hepatitis B (sexual contact)   Recommendations:   * CDC recommends screening asymptomatic sexually active gay men for syphilis, chlamydia, and gonorrhea * MSM who are sexually active should receive Hepatitis A & B vaccines |
| **Cancer** | Risk factors: increased rates of anal carcinoma, regardless of HIV status  Recommendations:   * HPV vaccine for boys and young men to prevent HPV and anal cancer * Consider anal pap smear. Widely used, but no official guidelines yet. |
| **Substance & tobacco abuse** | Risk factors: higher rates of smoking, alcohol abuse and drug use  Recommendations: Screen regularly and offer assistance as needed |
| **Mental health** | Risk factors: higher rates of depression, anxiety, suicidality. Increased rates of body image disorders.  Recommendations: Screen for mental disorders and refer for counseling and/or psychopharmacological intervention as appropriate |
| **Domestic violence, rape & hate crimes** | Risk factors:   * Domestic violence rates same as heterosexual population, but less screening. Facilities designed to accommodate victims of DV not likely to be accommodative to men * Sexual assault among men tends to be underreported. Rape programs usually designed for women and some legal definitions of rape exclude male victims * Gay men shown to be most frequent victims of violence in studies, including violence by police officers   Recommendations: Screen for violence and assist patient with interventions when appropriate |

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| **Transgendered** | |
| **Sexually transmitted infections** | Risk factors:   * higher rates of sex work (harder to find a job, high cost of hormones, surgery) with riskier sexual behaviors * Injecting hormones, silicone with shared needles   Recommendations:   * Follow general screening guidelines based on patient’s specific behavior risk factors * Educate on safe and proper use of needles |
| **Cancer screening** | Risk factors: based on biologic gender, exogenous hormonal influence & lifestyle factors  Recommendations:   * FTM patients should receive general screening for breast & cervical cancer. Ovarian cancer should be considered if clinically appropriate * MTF patients treated with estrogen should undergo same screening guidelines for breast cancer as biologic females * MTF patients should be provided same guidance on prostate cancer screening |
| **Substance & tobacco abuse** | Risk factors: higher rates of smoking, alcohol abuse and drug use  Recommendations: Screen regularly and offer assistance as needed |
| **Mental health** | Risk factors:   * Very high risk due to high rates of mood disorders, anxiety, and PTSD due to stress, social isolation, victimization * Higher rates of suicide attempts and self-harm (genital mutilation, auto-castration) * Note: being transgendered does not in itself constitute a mental disorder. Gender Identity Disorder in DSM-IV requires evidence of distress, or impairment in functioning.   Recommendations: Screen for mental disorders and refer for counseling and/or psychopharmacological intervention as appropriate |
| **Hormone-related adverse effects** | Risk factors:   * MTF use of estrogen leads to risk of DVTs (compounded with smoking), PEs, weight gain, emotional lability, liver disease * FTM use of testosterone leads to risk of hyperlipidemia, heart disease (compounded with smoking), mood changes, liver disease, male pattern baldness, acne * Use of black-market hormones and injectable silicone (for body shaping)   Recommendations   * Screen transgendered patients for self-medicating with hormones or use of injectable silicone * Advise patients of all possible side effects * Follow medication-specific monitoring guidelines * Discontinue estrogens 3-4 weeks prior to elective surgical interventions due to increased risk of VTEs with immobilization * Obtain fasting lipids prior to starting hormonal therapy |

For more specific and detailed discussion on transgendered care including hormones and surgery:

* UpToDate article on Treatment of Transsexualism
* Care of Transsexual Persons: <http://www.nejm.org/doi/full/10.1056/NEJMcp1008161>
* Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People: <http://www.wpath.org/uploaded_files/140/files/IJT%20SOC,%20V7.pdf>

**Intersex** Multiple conditions with varying phenotypes beyond scope of this toolkit. See UpToDate article on Management of the infant with ambiguous genitalia

**Parenting** LGBT obviously have special needs regarding fertility including donor selection from sperm banks, insemination methods, preconception counseling, use of surrogates, alternative pathways to parenthood, and legal issues. Refer to the local resources available to infertile heterosexual couples.

**Patient Handouts**

Top Ten Things Gays, Lesbians, Bisexuals, and Transgendered Persons Should Discuss with their Health Care Providers: Patient Handouts by Gay & Lesbian Medical Association (GLMA)

<http://www.glma.org/_data/n_0001/resources/live/Top%2010%20forlesbians.pdf>

<http://www.glma.org/_data/n_0001/resources/live/top%2010%20forGayMen.pdf>

<http://www.glma.org/_data/n_0001/resources/live/top%2010%20forbisexuals.pdf>

<http://www.glma.org/_data/n_0001/resources/live/Top%2010%20fortransgndr.pdf>

Ten Things Every LGBT Older Adult Should Know about HIV/AIDS

<http://www.lgbtagingcenter.org/resources/pdfs/TenThingsHIV.pdf>

**Community Resources**

Contra Costa County’s Inclusion Initiative: <http://cchealth.org/topics/lgbtq/>

Contra Costa County LGBT Community Center: <http://rainbowcc.org/>

Rainbow Counseling Services: <http://cchealth.org/topics/lgbtq/pdf/rcc_counseling.pdf>

Youth Resources: <http://www.eastbaypride.com/youth-2.html>

Contra Costa Crisis Center 211 Database with numerous resources:

<http://www.crisis-center.org/wp-content/uploads/LGBTQ_Resource_Guide.pdf>

**References**

UptoDate: Medical care of women who have sex with women; Primary care of gay men; Treatment of transsexualism; Management of the infant with ambiguous genitalia

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Dean, L MEd et al. Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns. Journal of Gay and Lesbian Medical Assoication. Vol 4. No 3. 2000.