

LGBT+ Primary Healthcare

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Objectives

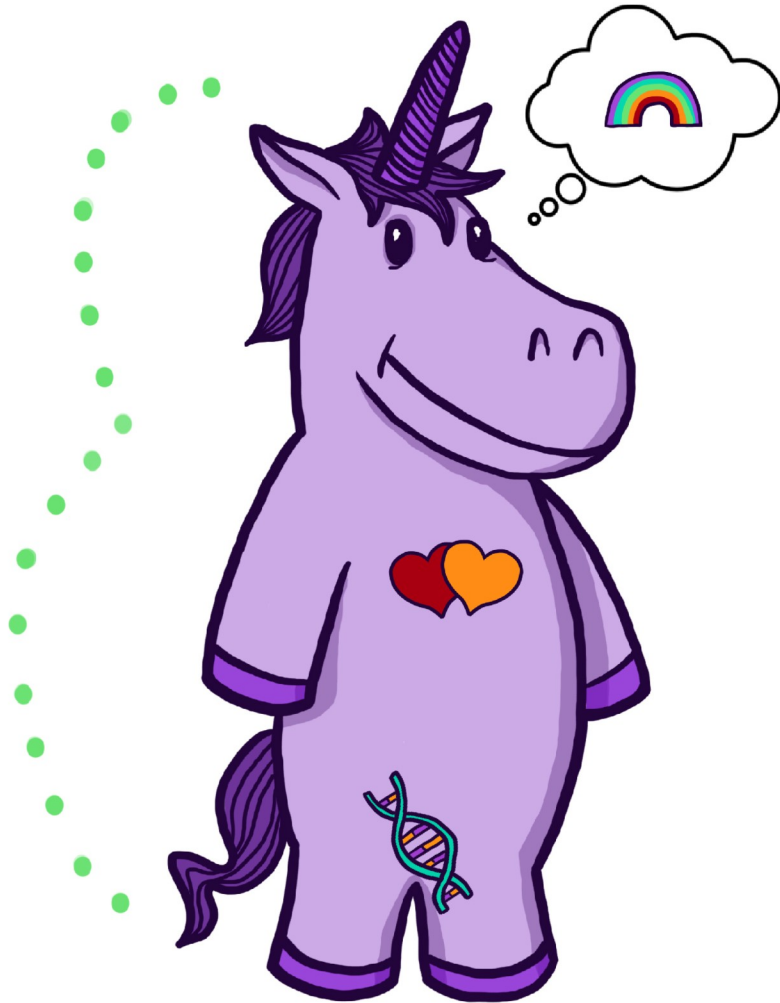
- Recognize barriers faced by gender and sexual minorities in accessing healthcare
- Increased comfort in taking a comprehensive and inclusive health history
- Identify risks and benefits associated with different forms of gender-affirming hormone therapy
- Identify patients who may benefit from PrEP and counsel them on the risks, benefits, and recommended follow-up

Disclosures/Conflicts of Interest




- None!

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

-  Female / Woman / Girl
-  Male / Man / Boy
-  Other Gender(s)

Gender Expression

-  Feminine
-  Masculine
-  Other

Sex Assigned at Birth

-  Female
-  Male
-  Other/Intersex

Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Health Disparities in LGBT Individuals

- Less likely to get screened for breast and cervical cancer
- Higher rates of substance use including tobacco, cocaine, and marijuana
- Bisexual women are at a greater risk of stalking, intimate partner violence, and sexual assault (Office on Women's Health, 2021)
- Higher rates of depression, anxiety, and suicide attempts

Health Disparities Cont.

- Gay and bisexual men and transgender women are at increased risk for sexually transmitted infections including HIV and syphilis
- Less likely to utilize healthcare services due to fear of discrimination
- Higher rates of incarceration and homelessness

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Barriers to Care



- Lower income/lack of health insurance
 - Lack of knowledgeable providers
 - Fear of discrimination
 - 2 out of 3 transgender adults that their health evaluations are affected by their sexual orientation or gender identity
 - 47% reported experiencing discrimination or negative experience with a healthcare provider (68% in non-white participants)
- (Medina, Santos, Mahowald, & Gruber, 2021)

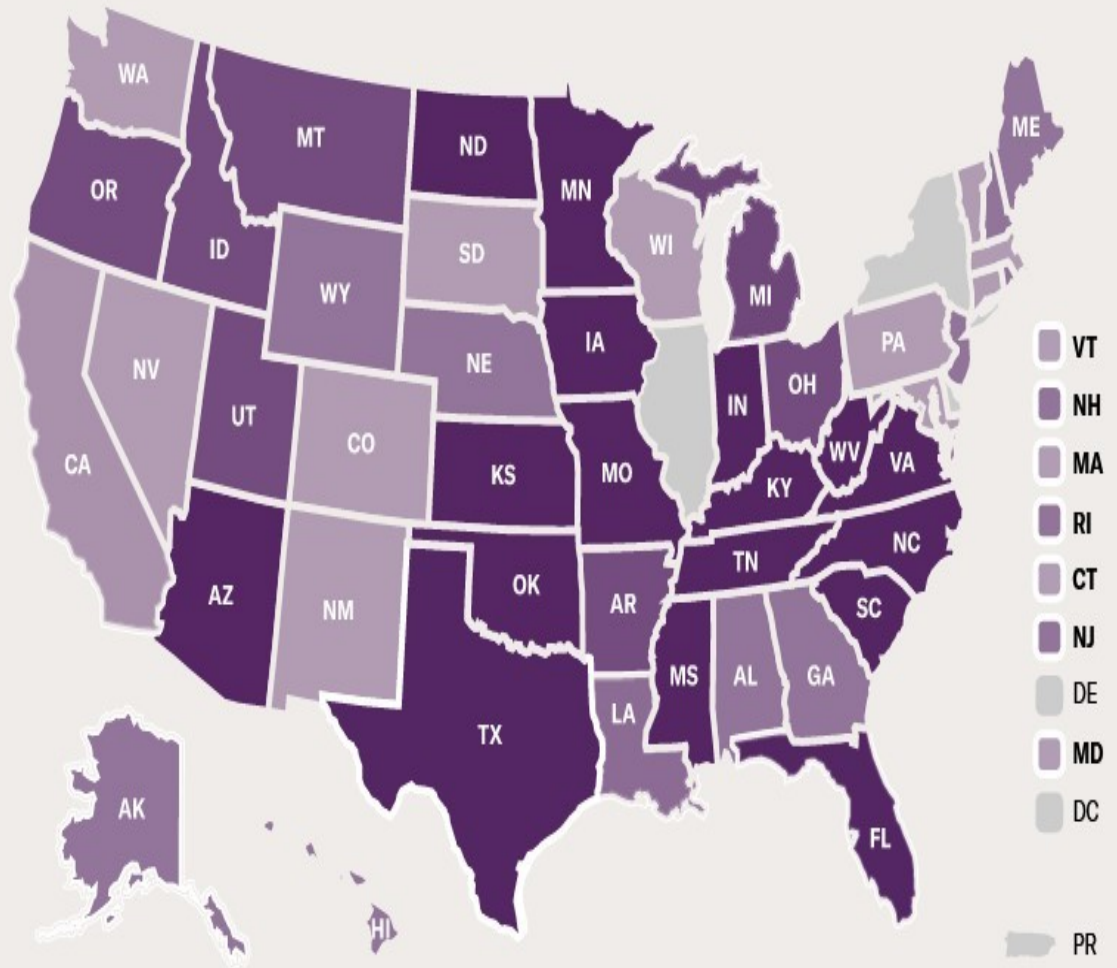
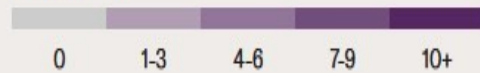
2023 LEGISLATIVE SESSION

The ACLU is tracking **496** anti-LGBTQ bills in the U.S.

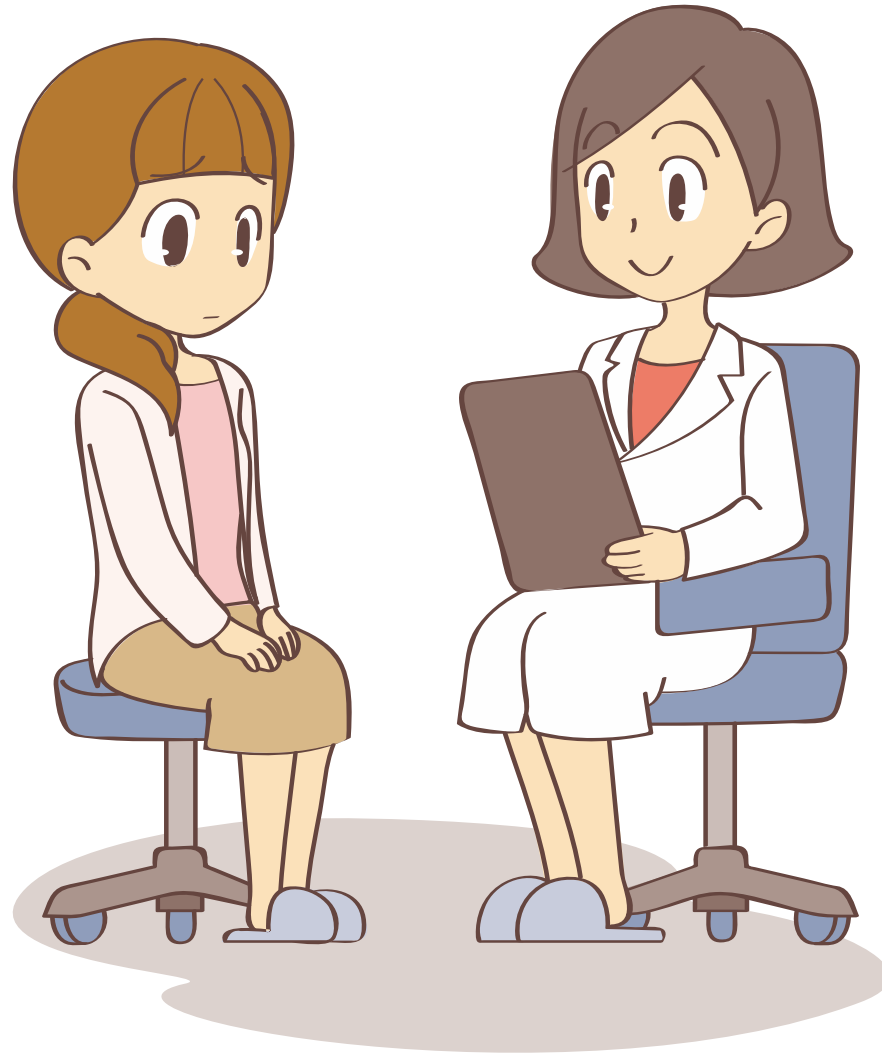
Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

[View past legislative sessions.](#)

Bills per state



How do you typically greet a patient when you are meeting them for the first time?



Pronouns/Chosen Forms of Address

- Use correct pronouns in conversation AND documentation

Environment of Care

- Clerical staff
- Bathrooms
- Inclusive posters/pamphlets

Health History Taking

- Ask if they are comfortable talking about sexual orientation, sexual history, and gender identity before asking them (also good to ask before discussing potentially sensitive topics like weight or mental health)
- Asking what terms they use to describe body parts
- Open-ended questions
- Don't make judgments/assumptions
- Be direct and only ask questions relevant to their health care

Intimate Partner Violence

- Screen patients *ALONE*- abuser may pose as a friend or relative rather than a domestic partner
- Consider barriers to leaving the relationship/seeking help from the justice system
 - Unable to access shelters, more likely to experience violence within the shelter
 - Fear of being “outed,” losing custody
 - Negative past experiences with law enforcement
 - May depend on abuser for housing

Sexual History

- 5 P's of Prevention (equal curriculum)
 - Partners (who, how many in the past 3 months and past year)
 - Pregnancy- any contact that could result in pregnancy (ie “penis in vagina” sex), any contraception?
 - Protection (how often do you use condoms? If no, why/what situation? Interested in PrEP?)
 - Practices (what parts of anatomy? Pain or discomfort? Devices/toys? Change in function?)
 - Past history (Have you ever had/been treated for STI? Any known exposure?)

Language

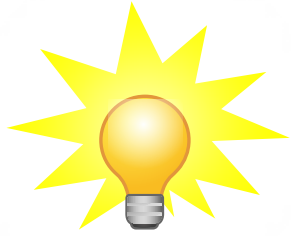
- Trans masculine: penis, front hole/frontal, chest, front bleeding
- Trans feminine: clitoris, girldick
- Top/Bottom/Vers
- Polyamory/polycule
- Chemsex
- Demi-, pan-, asexual
- AMAB/AFAB
- If you don't know, ask!

Considerations for Lesbian and Bisexual Women

- STIs can be transmitted through
 - Mucosal contact (vagina to mouth)
 - Skin to skin (HSV)
 - Menstrual blood
 - Vaginal fluid
 - Shared sex toys
- Safe sex practices
 - Barrier methods for oral sex (condoms, dental dams)
 - Regular STI testing treatment
 - Avoid sharing sex toys, use condoms on toys
- Cervical cancer screening

Considerations for Gay and Bisexual Men

- Encourage condom use for oral, rectal, and genital intercourse
- Discuss risk behaviors: ETOH or chem sex, high number of partners
- Hepatitis A, B, and HPV vaccinations (ages 9-45)



Helpful Scripts

- “To understand your risks for sexually transmitted infections, I need to understand what kinds of sexual activity you've had recently. It's important for me to know what infections you may be at risk for, so I'm going to ask what kinds of sexual activity you've engaged in the past year” (Equal Curriculum)
“Would this be alright with you?”
- “What parts of your anatomy do you use when you have sex?” (Ex: mouth, genitals, anus). We ask this because sexually transmitted infections can occur in all of these areas and we want to make sure we test appropriately”

Pre-exposure Prophylaxis

- Medication to prevent HIV infection (should NOT be used in HIV + individuals)
- Indications: any sexually transmitted infection in the past 6 months, commercial sex work, multiple and/or casual partners, lack of barrier protection use, partner who is HIV+, IV substance use, patients who request PrEP
- Certain anti-convulsants (carbamazepine, oxcarbazepine, phenobarbital, phenytoin) and antimycobacterials (rifampin, rifapentine) may decrease effectiveness

TDF/TAF

- Combination of two medications that can be used to treat HIV: Emtricitabine and tenofovir disoproxil fumarate (TDF/Truvada) and emtricitabine tenofovir alafenamide (TAF/Descovy)
- Daily oral medication (TDF/truvada is a larger pill)
- Both are >99% effective when taken as directed
- Side effects are typically mild (GI upset, headache) and resolve within the first few weeks
- Possible adverse effects: decreased renal function, bone density loss, elevated lipid levels, acute hepatitis (in patients with hepatitis B who discontinue PrEP)
- Fewer renal SE in Descovy (approved in patients with GFR>30)
- Truvada has generic form

TDF/TAF Initiation and Monitoring

- Initial labs: HIV screen, hepatitis panel, lipids, renal function, +/- other STI screening
- Follow-up every 3 months: repeat HIV screen, BMP, g/c and syphilis screening as indicated
 - Continue to encourage safe sex practices
- STOP if patient becomes HIV + and refer to ID

Cabotegravir (Apretude)

- Long-acting IM injection
- Given every 2 months (can be +/- 7 days from target injection date)
- Confirm HIV negative status before initiating and at every visit
- Side effects: injection site pain/swelling, GI upset, headache, rash fever
- Adverse effects: hepatotoxicity, hypersensitivity reaction, mood change

Feminizing Hormone Therapy

- Estradiol
 - Can be administered orally, transdermally, or IM/SQ
 - Promotes breast development, fat redistribution
 - Does not affect voice
 - Potential side effects include anemia, mood swings, increased risk for blood clots, heart attack, stroke (in postmenopausal cis-women)
- Spironolactone
 - Administered orally, 1-2 times daily
 - Blocks circulating testosterone
 - Possible SE: hypotension, dizziness, fatigue, urinary frequency, hyperkalemia, renal dysfunction
- Alpha blockers (dutasteride, finasteride)
 - Does not block testosterone
 - May decrease body hair growth

Masculinizing Hormone Therapy

- Testosterone
 - Administered through IM/SQ injection, topical gel, implant (testopel), nasal spray, pill
 - Promotes lower voice, facial/body hair, fat redistribution, increased muscle mass, cessation of menses
 - Possible SE: Acne, irritability, polycythemia, male pattern baldness, increased risk for HLD, DM, CAD

Gender-Affirming Surgeries

- Top Surgery
- Bottom surgery
 - Metoidioplasty
 - Phalloplasty
 - Vulvoplasty (“Zero depth”)
 - Vaginoplasty (Full depth)
 - Hysterectomy

Case 1

- A 30 year-old Caucasian woman presents to establish care. She identifies as a cis-gender queer and is in a relationship with a woman, but occasionally has sex with other people. When the provider asks whether she is in a relationship now, she replies “Yes, my girlfriend and I have been together for three years.” The provider assumes the patient is in a monogamous lesbian relationship and stops the sexual health history at this point.

- How might the provider have better approached the sexual health history?
- What are some of the questions they could have asked

- In the course of a more complete history she reveals that in the past six months, she has had sex with two women, and genderqueer person, and, and a man.
- How would this new information change your approach?
- What more information would you want to know?

Case 2

- A 27 year-old Hispanic man presents for a wellness visit. He reports that he identifies as gay and that he has been with his boyfriend for the past seven months. He is asking about STI testing because they would like to be monogamous and stop using condoms

- Without asking about the patient's partner, what might the provider miss?
- What would you want to ask?

- The patient reports that his partner is a transgender man and that they have penis-vagina penetrative sex
- What additional counseling would you want to provide?
- Why might the patient be hesitant to disclose this?

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