

Considerations for **Lesbian, Gay, Bisexual, Transgender** Patients & Families

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Disclosures

- No relevant conflicts of interest
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- Views are my own





Learning Objectives

- Describe the **health problems** that occur more commonly **in the LGBT population**
- Describe theories of the **etiology of sexual orientation and gender identity**.
- Explore unique aspects of **LGBT relationships** and how these can **affect both physical and mental health**.
- Understand **treatment issues** that are **specific to the LGBT community**.

Today's Outline

- **Why Discuss LGBT Health**
- **Terminology – The ABCs of LGBTQI**
- **Overview of Mental Health Considerations**
- **Demographics & Health Disparities Data**
- **Specific Considerations for Older LGBT Adults**
- **Tips for Success**



How many people have had **sexuality**
or **gender identity concerns** come up
with their patients and/or families that
were **difficult to navigate?**

An Actual Case ...

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After the patient had been inpatient for several days, she revealed that she is a transgender woman and had been taking large quantities of a friend's oral contraceptive pills to transition to female gender.

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Inpatient for **seven days** before her gender identity, preferred gender pronouns, and preferred name were documented in her chart (by physical therapist). The medical and nursing teams continued to refer to patient by birth name, sex, and male pronouns.

My Goal for **You**

- LGBT people – historically marginalized, mistreated, ignored by society and the health care delivery systems, including hospice and palliative care services
- Consider how we can all work **together** to better meet their needs



NY Times, Oct 9, 2007

Why Discuss LGBTI Health?

There are significant LGBT Health Disparities:

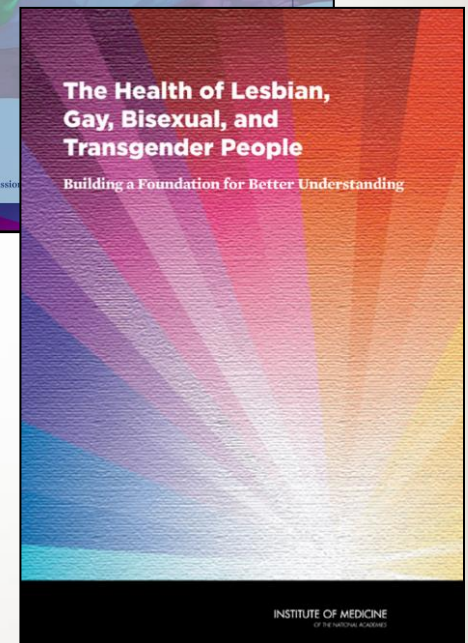
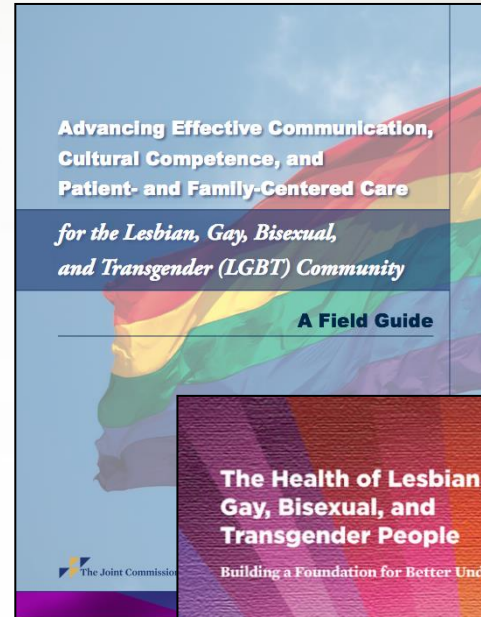
- Access to Care
- Health Outcomes and Treatment
- Cultural Barriers

Medicine Can Contributes to these Disparities:

- Negative environment
- Bias and discrimination
- Lack of appropriate education
- Poor cultural sensitivity / communication
- Limited outreach and advocacy

This Topic is of National Concern:

- Presidential Executive Orders
- Joint Commission Standards
- Affordable Care Act
- Department of Health & Human Services
- NIH: Research on LGBTI Populations



Why LGBT Health Matters

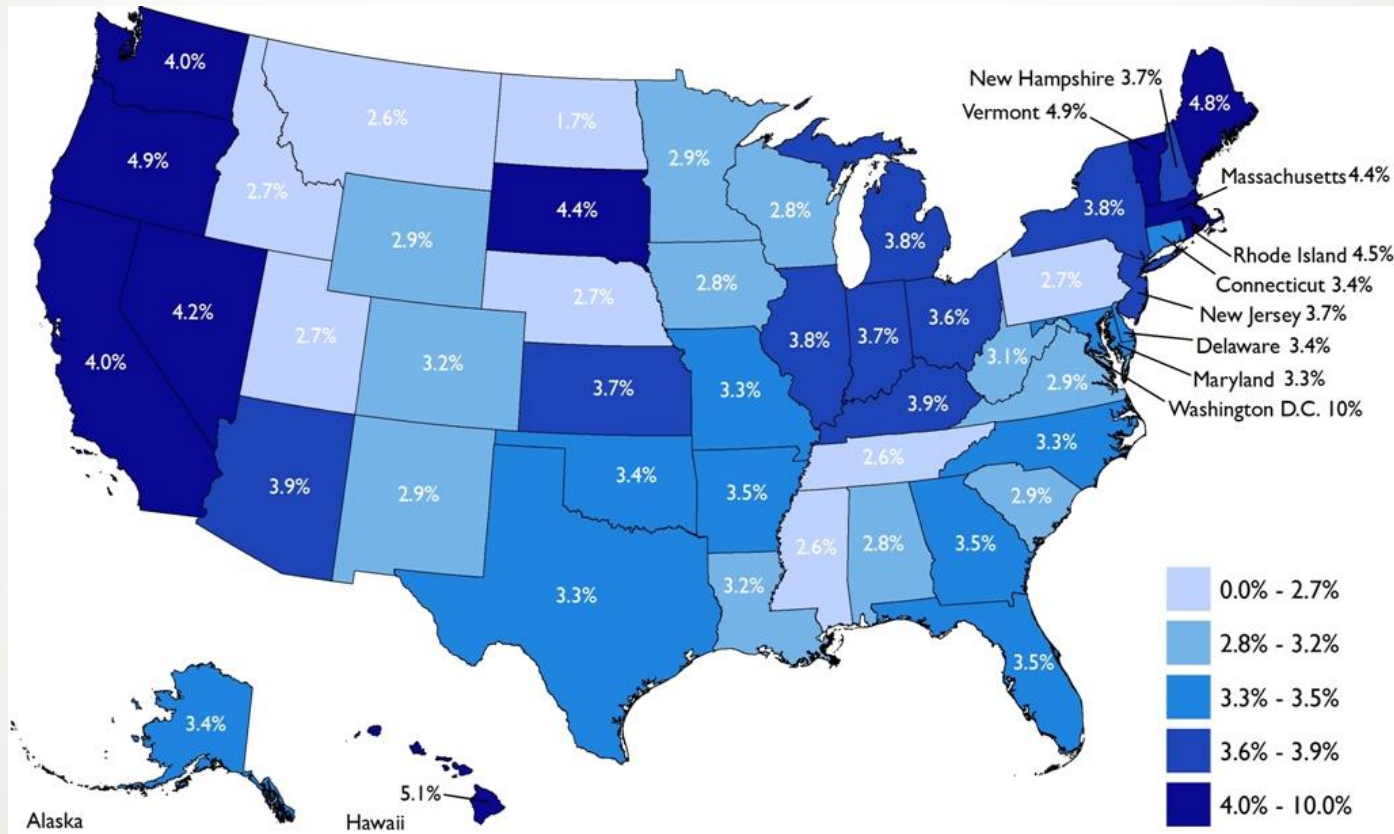
LGBT Health Outcomes

- 3-7x increased risk for suicide
- 10% report attempted suicide in the past year
- Increased risk for obesity, cardiovascular disease, and cancer
- Almost 40% of homeless adolescents are LGBT

LGBT Access to Care

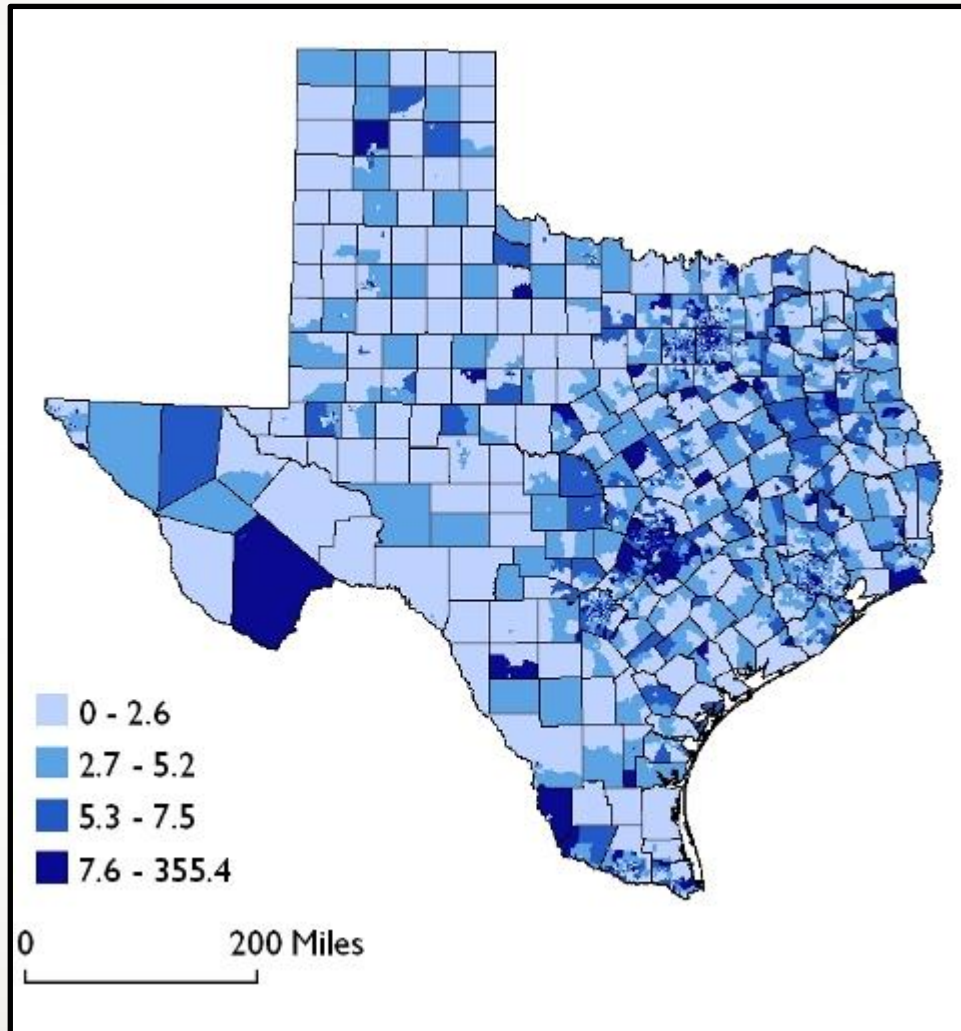
- 2x more likely to be uninsured
- 56% of LGB and 70% of transgender patients report bias/discrimination when accessing care
- pronounced in minority, rural, and lower income LGBT patients

US Demographics



Percentage of LGBT Population, by state
(Source: Gallup, 2013)

Texas LGBT Demographics



Same-sex couples
per 1,000
households by
census tract
(adjusted)

Your 1:45 pm new patient...



Your 1:45 pm new lesbian patient...



CDC Data - 2013

CDC National Health Interview Survey on sexual orientation and health interviewed ~ 33,500 people (ages 18 to 64)

- 96% of Americans described themselves as straight
- 1.6% gay or lesbian
- 0.7% bisexual
- 1% “something else”

Approximately 1.4 million lesbian women and 2.5 million gay men in the U.S.

*National Health Statistics Reports, Number 77, July 15, 2014
“Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013”*

CDC Data – Jan 2016

- 9,000 respondents interviewed 2011-2013
- 5.5% women, 2% men reported themselves as bisexual.
- 17.4% of women, 6.2% of men claimed they had same-sex contact in their lifetime
- 11% married women report having had some same-sex sexual intimacy

*National Health Statistics Reports, Number 88, January 7, 2016
“Sexual Behavior, Sexual Attraction, and Sexual Orientation
Among Adults Aged 18–44 in the United States: Data From the
2011–2013 National Survey of Family Growth”*

2010 Study of 132 U.S. & Canadian Medical Schools

Table 1. Preclinical, Clinical, and Combined Hours Dedicated to LGBT-Related Topics in US and Canadian Medical Schools

	Reported Hours					
	Preclinical		Clinical		Combined	
	Median (IQR) [Range]	P Value	Median (IQR) [Range]	P Value	Median (IQR) [Range]	P Value
All	4 (2-6) [0-24] ^a		2 (0-3) [0-15] ^a		5 (3-8) [0-32]	
Country						
United States (n = 121)	4 (2-6) [0-24]	.58	2 (0-4) [0-15]	.065	5 (3-9) [0-32]	.24
Canada (n = 11)	4 (2-5.5) [0-13]		0 (0-2) [0-3]		4 (2-5) [0-13]	
Country and degree						
US allopathic (n = 102)	4 (2-5.5) [0-24]	.80	2 (0-4) [0-15] ^b	.005 ^c	5 (3-9) [0-32]	.38
US osteopathic (n = 19)	4 (2-8) [0-10]		0 (0-2) [0-10] ^b		4 (3-8) [0-19]	
Canadian allopathic (n = 11)	4 (2-5.5) [0-13]		0 (0-2) [0-3]		4 (2-5) [0-13]	
US institution type						
Private (n = 52)	4 (2-6) [0-20]	.21	1 (0-4) [0-15]	.46	6 (3-11) [0-32]	.46
Public (n = 69)	3 (2-5) [0-24]		2 (0-3) [0-10]		5 (3-8) [0-30]	

Abbreviations: IQR, interquartile range; LGBT, lesbian, gay, bisexual, and transgender.

^aP < .001 for preclinical vs clinical hours.

^bP = .008, Bonferroni-adjusted $\alpha = .017$.

^cOnly the comparison of US osteopathic schools with US allopathic schools was statistically significant.

Obedin-Maliver J, Goldsmith ES, Stewart L, White W, Tran E, Brenman S, Wells M, Fetterman DM, Garcia G, Lunn MR. "Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education." JAMA. 2011 Sep 7;306(9):971-7.

**Joint AAMC-GSA and AAMC-OSR Recommendations
regarding
Institutional Programs and Educational Activities
to Address the Needs of
Gay, Lesbian, Bisexual and Transgender (GLBT) Students and Patients**

1. Institutions recognize the **professional obligations** of treating each patient with dignity and respect, regardless of the patient's sexual orientation or gender identity.

2. **Medical school curricula** ensure that students master the knowledge, skills, and attitudes necessary to provide excellent, comprehensive care for GLBT patients. Specifically
 - **Training in communication skills** with patients and colleagues regarding issues of sexual orientation and gender identity.
 - **Visible faculty members** and administrators who model behaviors reflecting respect and appreciation for each student, regardless of the student's sexual orientation or gender identity.
 - **Faculty development programs** for faculty members and residents regarding GLBT issues.
 - **Comprehensive content** addressing the specific health care needs of GLBT patients.

3. Student Affairs deans and other responsible institutional officials ensure a **safe learning environment** for all students, regardless of their sexual orientation or gender identity.
 - Ensuring that all students are aware of institutional non-discrimination policies.
 - An institutional culture that promotes and respects diversity in the learning community.
 - Mechanisms for students to report any instances of discrimination or mistreatment without recrimination.
 - Clear policies and procedures to be followed when discrimination or mistreatment are reported.

4. **Admissions deans** and **admission committees** be made aware that bias and prejudice concerning sexual orientation and gender identity are important issues in the learning environment for medical students. Admission materials and programs should educate applicants and prospective students about the learning community that they will be joining and about the institution's commitment to a safe, welcoming, and respectful environment for all persons



Tomorrow's Doctors, Tomorrow's Cures®

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



Learn
Serve
Lead



The VUMC Climate ... 2010



- Experience of LGBT VUMC Employees
 - 45% conceal their identity for fear of harassment/discrimination
 - 14% were victims of harassment/discrimination
 - 45% do not receive their healthcare from Vanderbilt
- VUMC Medical Students
 - 10% disagree that physicians in private practice have a responsibility to treat LGBT patients
 - 30% disagree that same-sex behavior/attraction is a valid expression of sexuality
 - 21% of 3rd year Vanderbilt medical students observed supervising physicians display bias against LGBT patients

Vanderbilt Intern Survey - 2016

- 71 new interns surveyed (random sample)
(Psychiatry, Pediatrics, General Surgery, Internal Medicine, and Anesthesiology)
- 74.6% went to a medical school with curriculum discussing LGBT patients
 - 33% received 1-4 hours of instruction
 - 18% received 6+ hours of instruction
 - Curriculum was mandatory for 63%
- **100% of respondents** thought LGBT patients have specific health concerns
 - 4% feel uncomfortable caring for LGBT patients
 - 10% feel uncomfortable caring for transgender patients
- 86% interested in learning more about the health needs LGBT people

Vanderbilt's LGBT Curriculum Evolution

~ 8 Hrs of LGBT Content in **Required** Courses:

- Foundations of Healthcare Delivery
- Endocrine, Digestion & Reproduction
- Brain, Behavior & Movement
- Physical Diagnosis Course
- Pediatrics Clerkship
- Emergency Medicine Clerkship
- Psychiatry Clerkship

Certificate in Lesbian, Gay, Bisexual, and Transgender (LGBT) Health

Optional Certificate, Requires 4 components:

- Multidisciplinary seminar, *LGBT Health – Theory and Practice*.
- Research Clerkship in LGBT Health.
- Sex, Sexuality, and Sexual Health Elective
- Capstone Project

Available to all health professions graduate students

LGBT Health in Interprofessional Practice

- 13-week course
- Open to **any graduate** student
 - **Medical students** can take this as an elective in the third or fourth year
 - **Nursing students** can take it as part of the master's, post-master's or doctoral programs.
- Seminars, face-to-face meetings, clinical projects, online learning modules and conferencing.

Integrative Science Course in Sexual Health/Medicine

3rd / 4th Year Month Long Offering (Expect 25% of class to enroll)

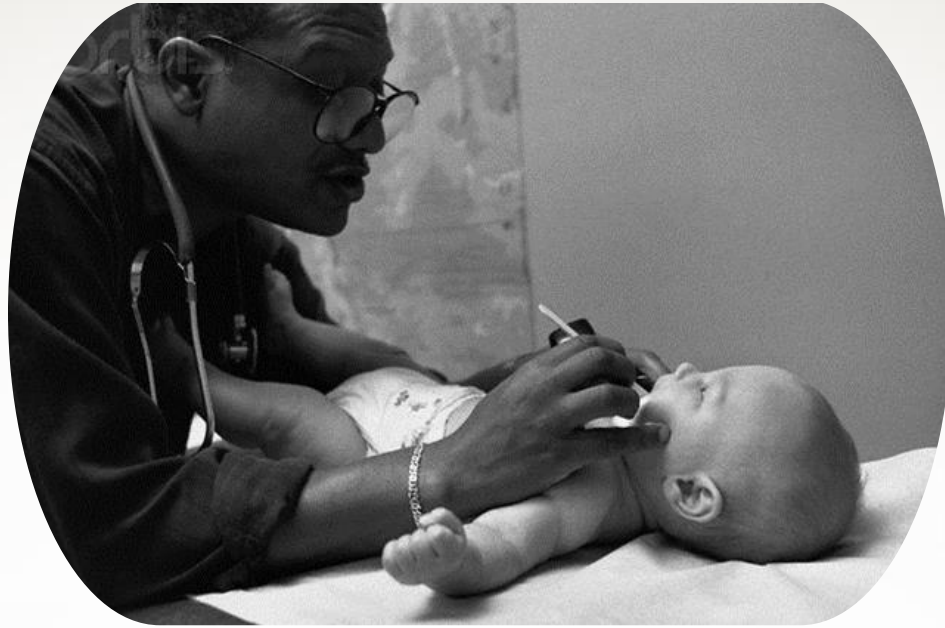
- Adolescent Development and Puberty
- Neuroanatomy and Function
- Male and Female Sexual Response
- Sexual Orientation and Relationships
- Wide Range of Sexual Behavior
- Interviewing the Sexually Active Patient (*Adolescent and Adult*)
- Routine Care of the Sexually Active Patient
- Diagnosis and Treatment of Male and Female Sexual Dysfunction

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COMMON LANGUAGE



Sex

A medically assigned identity based on physical packaging – our chromosomes, hormones, and genitalia.

female, male, intersex

Gender Identity

Our inner sense of being a man, woman, or another gender; “how the mind and the heart regard the body.”

woman, man, transwoman, transman, genderqueer



Gender Expression



The ways in which we externally communicate our gender identity to others, such as through mannerisms, clothing, body language, roles, hairstyles, etc.

feminine, masculine, androgynous, butch, femme

Sexual Identity

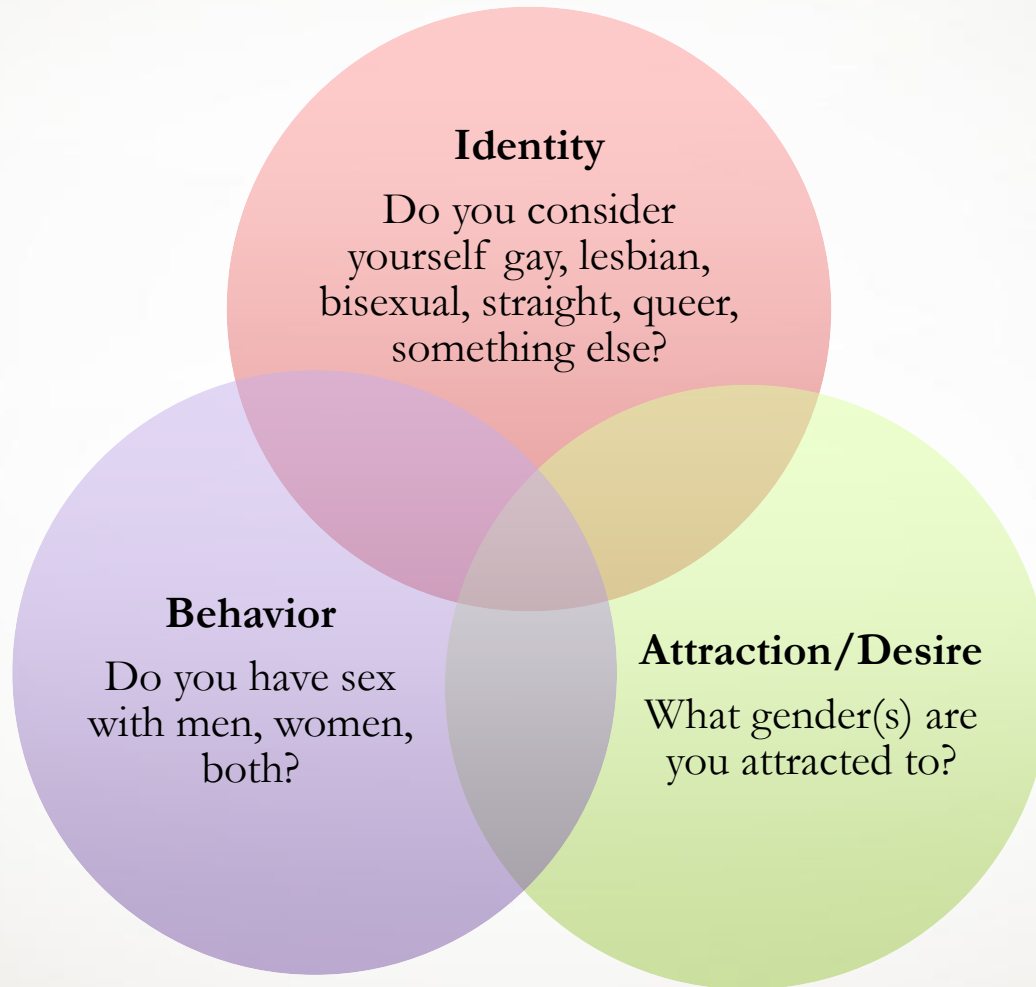
An enduring emotional, romantic, sexual, affectional, & relational attraction to other people.

Determined by the personally significant sexual or romantic attractions one has, and the way in which someone self-identifies.



lesbian, gay, bisexual, MSM, WSW, queer, asexual, pansexual, straight

Dimensions of Sexual Orientation



Binary Gender Model

Sex

Male

Female

Gender Identity

Man

Woman

Gender Expression/Role

Masculine

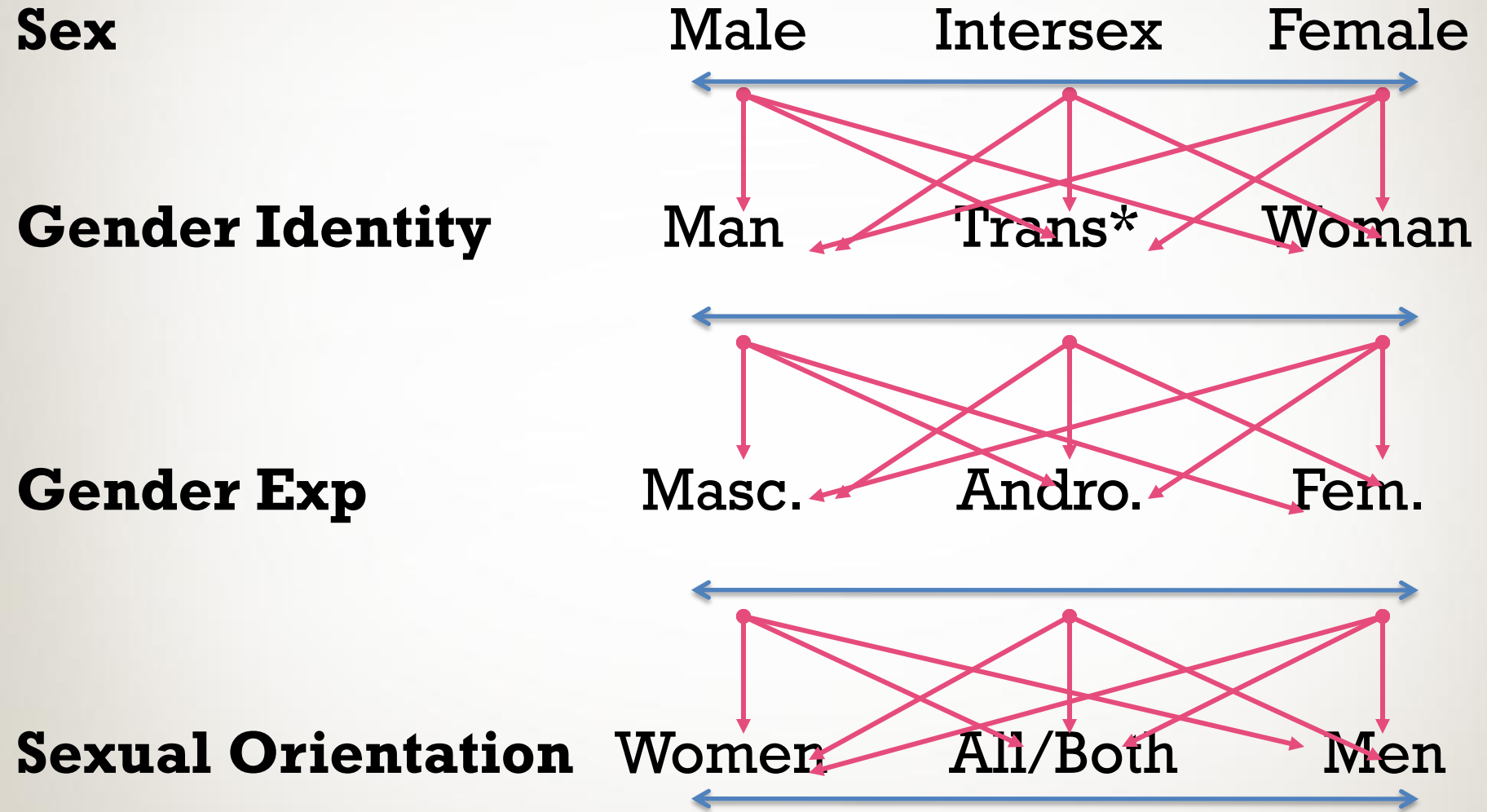
Feminine

Sexual Orientation

Women

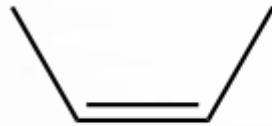
Men

(More) Inclusive Gender Model

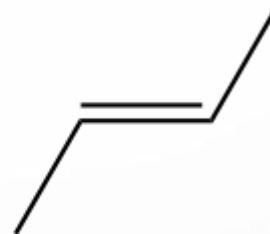


“Definitions”

- Transgender
 - Describes people whose gender identity differs from their sex assigned at birth
- Cisgender
 - A person who is not transgender



cis (Z)



trans (E)

Definitions Continued

Transgender people are very diverse and use many different terms to describe themselves. These terms tend to change over time. Some of the more common terms in 2015 include:

- Transgender woman, trans woman, male-to-female (MTF)
 - A person assigned male at birth who identifies as a woman
- Transgender man, trans man, female-to-male (FTM)
 - A person assigned female at birth who identifies as a man

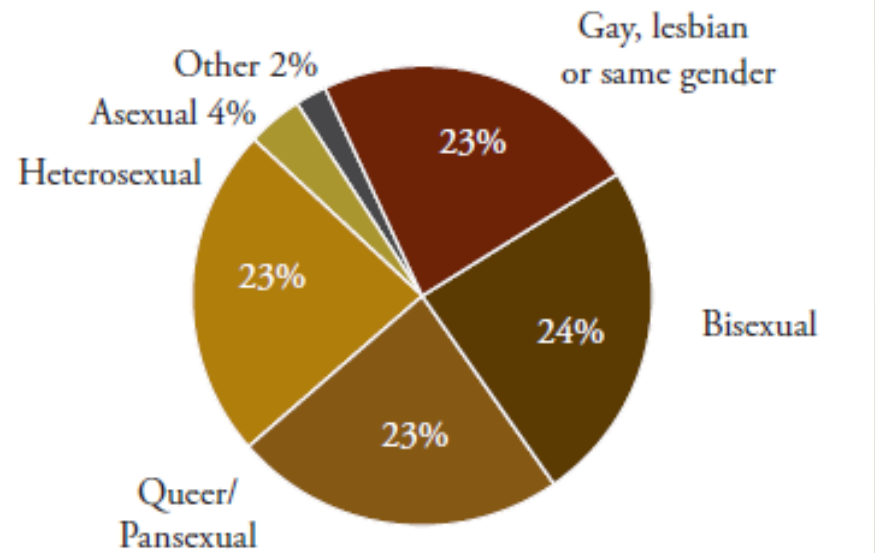
Definitions Continued

- Transsexual
 - Historically referred to individuals who had undergone medical/surgical treatment to transition to the “opposite” gender; many now find this term too specific and clinical
- Genderqueer, gender fluid
 - Someone who rejects the gender binary and blurs the distinction between male and female
- Around the world, many cultures use various other terms to describe a diversity of trans identities and expressions

Gender identity \neq sexual orientation

- Sexual orientation
 - How a person identifies their physical and emotional attraction to others
 - Dimensions include: desire/attraction, behavior, and identity
- All people have a sexual orientation and a gender identity

- Transgender people can be any sexual orientation



(Grant et al 2010)

Gender Affirmation

- Gender affirmation (transition) is the process by which individuals are affirmed in their gender identity
- Transgender people may choose to make social, medical, and/or legal changes to affirm their gender identity, including:
 - Legal: e.g., changing their name and sex on birth certificate, driver's license, etc.
 - Social: e.g., clothing, pronouns, name
 - Medical: e.g., cross-sex hormones, surgery



Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Norm	Objective	Possessive Pronoun	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Design by Landyn Pan

 transstudent
 /transstudent
 @transstudent

For more information,
go to transstudent.org/graphics

TSER
Trans Student Educational Resources

Please Check Your Title

Mr Mrs Miss

Ms Dr Mx

Disorders of Sex Development (DSD)

- An individual whose combination of chromosomes, gonads, hormones, internal sex organs, and genitals differs from the two expected patterns of male or female
- Sometimes referred to as “intersex”
- DSD people are occasionally grouped with transgender people, but they are not the same
- For more information on DSD/intersex, visit:
www.dsdguidelines.org and www.isna.org

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Gender and Sexuality from the Perspectives of Culture, History, and Mental Health

- The **perspective of psychiatrists** on people with minority sexual orientations and gender identities has **evolved over time**.
- Emerging consensus within the psychiatric community that **homosexuality is not a disease** – rather, it is a normal variation of human sexual experience.
- Every major mental health, public health, and medical professional organization has issued a position paper affirming that **homosexuality is a normal variation** of sexuality and opposing discrimination based upon it.

Gender and Sexuality from the Perspectives of Culture, History, and Mental Health

- APA perspective on gender more complex.
 - DSM 5 includes the diagnosis of “**gender dysphoria**,”
 - focuses on the distress and impaired functioning that some transgender and gender non-conforming people may experience due to their gender identity.
 - APA clarified that “gender nonconformity is not, in itself, a mental disorder” in response to concerns that this diagnosis is reminiscent of “ego-dystonic homosexuality” (removed from DSM in 1987) in that it pathologizes the effects of social prejudice
 - APA contends there is a need for a diagnosis related to gender variance so that insurers will cover medically necessary treatment

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington: American Psychiatric Publishing; 2013.

Gender Dysphoria – **DSM V** Criteria

- A definite mismatch between the assigned gender and experienced/expressed gender for **at least 6 months** duration as characterized by ≥ 2 features:
 - Mismatch between experienced or expressed gender and gender manifested by primary and/or secondary sex characteristics at puberty
 - Persistent desire to rid oneself of the primary or secondary sexual characteristics of the biological sex at puberty.
 - Strong desire to possess the primary and/or secondary sex characteristics of the other gender
 - Desire to belong to the other gender
 - Desire to be treated as the other gender
 - Strong feeling or conviction that he or she is reacting or feeling in accordance with the identified gender.
- The gender dysphoria leads to **clinically significant distress** and/or social, occupational and other functioning impairment. There may be an increased risk of suffering distress or disability.

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington: American Psychiatric Publishing; 2013.

Gender and Sexuality from the Perspectives of Culture, History, and Mental Health

- Psychiatrists were among the first clinicians to study sexual orientation and gender identity.
- Early investigators were not universally pathologizing
 - In *Three Essays on Sexuality*, Sigmund Freud contended that humans are born with pluripotent libido that can develop in many different ways based on societal taboos and relational events
 - Writing to an American mother in 1932, Freud reassured her that homosexuality was "*nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness, but a variation of sexual function.*" Freud opposed attempts to change a patient's sexual orientation on the grounds that it was unlikely to succeed and felt the role of therapy was to help the patient "*gain harmony, peace of mind, full efficiency, whether he remains a homosexual or gets changed.*"

IF BEING **GAY** IS
A CHOICE, THEN
WHEN DID YOU
DECIDE TO
BECOME
STRAIGHT?

WHY ARE PEOPLE **GAY?**

The Etiologies of Sexual Orientation and Gender Identity

- Causes of varying sexual orientations and gender identities widely studied
- No etiologic theory has proven conclusively a primary determining factor for sexuality/gender
- Variety of causative factors identified;
 - likely that both sexuality and gender are determined by a combination of genetic, hormonal, psychological, and social factors

Langstrom N, Rahman Q, Carlstrom E, Lichtenstein P. Genetic and environmental effects on same-sex sexual behavior: a population study of twins in Sweden. Archives of Sexual Behavior. 2010 February; 39(1): p. 75-80.

What are some of the **factors** that contribute to **mental health disparities** in **LGBT People**?

Mental Health Disparities in LGBT People: Contributing Factors

- Minority stress
 - theory developed to explain why minority individuals (including sexuality and gender minorities) often suffer physical & mental health experience disparities
 - LGBT people face difficult social situations that lead to poor health, including prejudice and discrimination, unequal socioeconomic status, and limited access to healthcare.
 - Environmental factors explain minority health disparities better than do genetic factors

Mental Health Disparities in LGBT People: Contributing Factors

- External stressors:
 - experiences with prejudice, rejection, and discrimination
 - can lead to internal stressors, including internalized homophobia, remaining in the closet, and vigilance and anxiety about prejudice.
- Internal and external stressors
 - chronically high levels of stress
 - poor health outcome

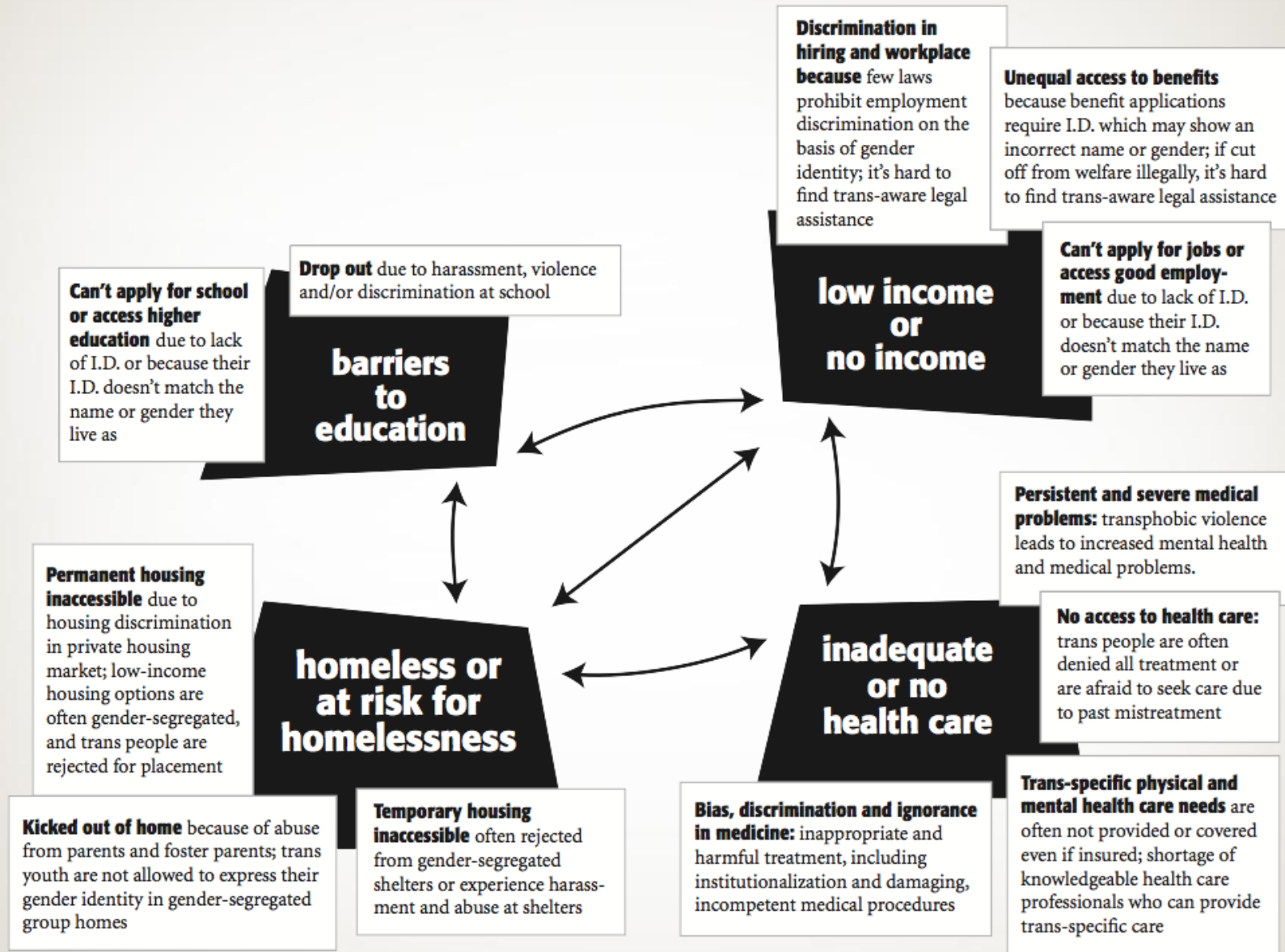
Mental Health Disparities in LGBT People: Contributing Factors

- Internalized sexual prejudice
 - Commonly known as “internalized homophobia”
 - Negative beliefs, stereotypes, stigmas, and prejudices about homosexuality and LGBT identity held by LGBT people about themselves, whether or not they identify as LGBT
 - Creates a conflict between a person’s idealized self-image and his or her actual sexual orientation.
 - The person may not be fully consciously aware of this conflict.

Mental Health Disparities in LGBT People: Contributing Factors

- Internalized sexual prejudice
 - People with high levels of internalized sexual prejudice tend to hold negative views of their own sexual orientation, ranging from mild discomfort to outright disapproval
 - Chronic internal conflict and negative self-judgment leads to chronic anxiety, depression, repression of sexual desire, forced attempts at heteronormative behavior, and desperate attempts to change one's sexual orientation.
 - Likely related to the **high rate of self-harm behaviors**, substance use, risk-taking behaviors, and suicide among LGBT youth and adults

Inequality and Health





SPECIFIC **MENTAL** HEALTH CONCERNS

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders

Suicide

- LGBT pts at increased risk of deliberate self-harm, attempted suicide, and completed suicide
- Rates of suicide attempts among gender and sexuality minorities ranging from **1.5-7x** rate of heterosexual, cis-gendered peers
- Large meta-analysis (214,344 heterosexual and 11,971 non heterosexual subjects) found **2x excess suicide attempts** in adult LGBT people

Haas A, al. e. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. Journal of Homosexuality. 2011; 58: p. 10-51.

Suicide

- Compared with heterosexual women, lesbian and **bisexual women** are about 2x as likely to have attempted suicide;
 - having a “closeted” sexual orientation further increases risk

Koh A, Ross L. Mental health issues: A comparison of lesbian, bisexual and heterosexual women. Journal of Homosexuality. 2006; 51(1): p. 33-57.

- LGBT **people of color, Native Americans, Latinos** may be at increased risk of suicide compared with white LGBT people

Meyer I, Dietrich J, Schwartz S. Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. American Journal of Public Health. 2008; 98(6): p. 1004-1006.

Mental Health Concerns

- Suicide
- **Mood Disorders**
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders

Mood Disorders

- LGBT people suffer a disproportionately high rate of mood disorders, especially major depression.
- Risk of a gay man developing depression is approximately 2-3x that of a heterosexual man
- Lesbian women face approx. 1.5 times risk of straight women
- For both men and women, rates are even higher among bisexual women.

Bostwick W, Boyd C, Hughes T, McCabe S. Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. American Journal of Public Health. 2010 March; 100(3): p. 468-475.

Mood Disorders

- Elevated depression risk in transgender pts (44.1%)

Hoffmann B. An overview of depression among transgender women. Depression Research & Treatment. 2014: p. 1-9.

- Social stigma was positively associated with psychological distress, but is moderated by peer support from other transgender people

Bockting W, Miner M, Swinburne Romine R, Hamilton A, Coleman E. Stigma, mental health, and resilience in an online sample of the US transgender population. Am J. of Public Health. 2013 May; 103(5): p. 943-951.

- Strong evidence that **depression symptoms improve dramatically** with the initiation of **gender affirmation treatments**, including hormones

Gorin-Lazard A, et al. Hormonal therapy is associated with better self-esteem, mood, and quality of life in transsexuals. Journal of Nervous and Mental Disorders. 2013; 201: p. 996-1000.

Mental Health Concerns

- Suicide
- Mood Disorders
- **Anxiety Disorders**
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders

Anxiety Disorders

- LGB people suffer anxiety disorders 2-3x rate of same-gendered heterosexuals
- Similar elevated risk for each specific anxiety disorder (panic disorder, specific phobia, social phobia, generalized anxiety disorder). Prevalence of anxiety disorders may decrease with age

Bolton SL, Sareen J. Sexual orientation and Its relation to mental disorders and suicide attempts: Findings from a nationally representative sample. Canadian Journal of Psychiatry. 2011; 56(1): p. 35-43.

Bostwick W, Boyd C, Hughes T, McCabe S. Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. American Journal of Public Health. 2010 March; 100(3): p. 468-475.

Anxiety Disorders

- Generalized anxiety disorder related to general societal attitudes.
 - 34,000 subject study of LGB mental health in the 14 states that banned same sex marriage in 2004
 - LGB subjects in states that banned same sex marriage displayed a **248% increase** in generalized anxiety disorder, compared to no significant increase in the control group (states without marriage bans)

Hatzenbuehler ML MCKKHD. The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study. Am J Public Health. 2010; 100: p. 452-59.

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- **PTSD**
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders

Post-Traumatic Stress Disorder

- LGBT people experience high rates of discrimination and bias crimes, corresponding high rates of PTSD
- LGBT people are more likely than almost any other minority group to be victimized in a hate crime
 - 2010 FBI hate crime data: LGBT people account for more than 17% of all hate crimes victims
 - LGBT are victimized at 2.4x rate of Jewish Americans, 2.6x rate of African Americans, 4.4x rate of Muslim Americans, 13.8x rate of Latinos, 41.5x rate of non-gay whites
 - Incidence of hate crimes against transgender people even higher; crimes tend to be brutal, sexual, and lethal

Post-Traumatic Stress Disorder

- Very large, representative, national survey, found lesbian women, gay men, bisexual women, and heterosexuals who reported **any same-sex sexual partners** over their lifetime had approximately **2x risk** of developing **PTSD** compared to exclusively heterosexual people.
- Higher risk largely accounted for by exposure to violence, traumatic events, earlier age of trauma

Roberts A, Austin S, Corliss H, Vandermorris A, Koenen K. Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. American Journal of Public Health. 2010 December; 100(12): p. 2433–2441.

Post-Traumatic Stress Disorder

- Anti-gay prejudice often intertwined with prejudice against gender non-conformity.
- Transphobia is widespread and severe, even in progressive states and within the LGB community.
 - 2009 study in Massachusetts:
 - 58%** of transgender adults **verbally harassed** in public
 - 22%** transgender adults **denied equal treatment** by govt. agency/official
 - 24%** of transgender adults suffered **police harassment**
 - Multiple studies suggest rates of discrimination events approaching 60% and bias crimes approaching 25%.
- No conclusive data regarding risk of PTSD among gender identity minorities, although expect rates exceeding that LGBT

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- **Body Image / Eating Disorders**
- Substance Use Disorders
- Personality Disorders

Body Image / Eating Disorders

- Sexual orientation robust risk factor for eating disorders in men → increasing risk of anorexia or bulimia
- Sexual minority men represent a disproportionate % (42%) -- of men seeking treatment for eating disorders.
 - Being in a stable relationship is protective factor
- Bisexual women were 2x as likely to have or have had an eating disorder compared with lesbian women

Feldman M, Meyer I. Eating disorders in diverse lesbian, gay, and bisexual populations. International Journal of Eating Disorders. 2007; 40(3): p. 218–226.

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- **Substance Use Disorders**
- Personality Disorders

Substance Use Disorders: **Tobacco**

- Tobacco use major health hazard for LGBT pts
 - Systematic review found gay men appear to have 1.1-2.4 odds of smoking compared to straight men
 - Lesbian women have 1.2-2.0 odds of smoking compared to straight women
 - Younger women smoke more than older women
 - Bisexual women have the very highest rate of tobacco use – approaching 40%

Lee JG , Griffin G, Melvin C. Tobacco use among sexual minorities in the USA, 1987 to May 2007. Tobacco Control. 2009; 18: p. 275-282.

Substance Use Disorders: **Alcohol**

- Multiple studies suggest lesbian women face a markedly inc risk of developing alcohol use disorder, with a lifetime prevalence that ranges from about 3-6x heterosexual women
- Minority sexual orientation conveys a smaller risk for men; the odds ratio of alcohol dependence for gay men (vs. heterosexual men) ranges from about 1.25 to 2.

Cochran S, Sullivan J, Mays V. Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. Journal of Consulting and Clinical Psychology. 2003; 71(1): p. 53-61.

Substance Use Disorders: **Illicits**

- LGB pts elevated risks of illicit substance use
- Meta-analysis relative risk of 2.41 for gay or bisexual men and 3.50 for lesbian or bisexual women compared with heterosexual peers
- Bisexuality is associated with a higher risk than same-sex orientation
- LGBT people much more likely to abuse **methamphetamine** and **cocaine** or **crack**

Cochran B, Cauce A. Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment. Journal of Substance Abuse Treatment. 2006; 30: p. 135–146.

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- **Personality Disorders**

Personality Disorders

- Studies in late 80s-90s examined the sexual orientations of pts with borderline personality disorder (BPD)
 - Elevated rates of homosexual or bisexual orientation, with a markedly larger effect observed in men than in women.
 - Using a variety of study designs in a variety of settings (inpatient and outpatient), authors have found rates of homosexual orientation among borderline men ranging from approximately 16% to approximately 50%
 - Rates of same-sex attraction among borderline women ranged from 1% to approximately 15%.

Zubenko G, George A, Soloff P, Schultz P. Sexual practices among patients with borderline personality disorder. American Journal of Psychiatry. 1987; 144(6): p. 748-752.

Personality Disorders

- 2008 study using McLean Study of Adult Development
- Subjects with borderline personality disorder were about twice as likely as comparison subjects to report either homosexual/bisexual orientation or intimate same-sex relationships

Reich D, Zanarini M. Sexual orientation and relationship choice in borderline personality disorder over ten years of prospective follow-up. Journal of Personality Disorders. 2008; 22(6): p. 564-572.



ASSESSMENT & TREATMENT

Assessment and Treatment of the LGBT Population

- LGBT people suffer from the same types of psychiatric illness as do the general population
 - often at higher rates
- Principles of psychiatric care are therefore the same, regardless of a particular patient's identity
- An attitude of **gentle curiosity** balanced with **compassion** for a person's suffering and **respect** for their experience and strength underlies all effective psychiatric interventions.

Assessment and Treatment of the LGBT Population

- Providers should **not** feel daunted by the specialized mental health needs of LGBT patients!
- Patients are our best teachers
 - We’ve all had the uncomfortable experience of feeling “caught” in our own ignorance about a situation
 - (lack of knowledge around nuances of an HIV regimen)
 - (which pronouns with a gender non-conforming spouse)

Assessment and Treatment of the LGBT Population

- We're all more comfortable feeling like an “expert”
- Given our **diverse communities** and the explosion of **specialized medical knowledge**, achieving “expertise” an ideal not reality
- What to do when feeling “caught?”

Assessment and Treatment of the LGBT Population

- We're all more comfortable feeling like an “expert”
- Given our **diverse communities** and the explosion of **specialized medical knowledge**, achieving “expertise” an ideal not reality
- What to do when feeling “caught?”
 - acknowledge the gap in our knowledge base
 - enlist the patient’s experience
 - seek available medical resources in a transparent and timely manner
 - **patients don’t expect us to be perfect**

Today's Outline

- **Why Discuss LGBT Health**
- **Terminology – The ABCs of LGBTQI**
- **Overview of Mental Health Considerations**
- **Demographics & Health Disparities Data**
- **Specific Considerations for Older LGBT Adults**
- **Tips for Success**



Use of Disparity Data in LGBTI Care Considerations

Statistics used throughout the rest of this presentation are used to illustrate challenges LGBT individuals can *potentially* face. It is also important understand the context from which your patients are coming from to navigate whether these barriers are relevant to the care you provide to those patients.

Health Concerns for Lesbian and Bisexual Women

Women who have sex with women have higher rates of:

- Breast Cancer
- Ovarian and Cervical Cancer
- Colon Cancer
- Substance Use; including illicit substances, alcohol, and tobacco
- Heart Disease
- Depression and Anxiety

Women who have sex with women...

- face challenges in finding friendly and knowledgeable providers
- are more likely to delay care

medschool.vanderbilt.edu/lgbti

Health Concerns for Gay and Bisexual Men

Men who have sex with men have higher rates of:

- HIV/AIDS
- Anal Papilloma
- Hepatitis A and B
- Substance and Alcohol Abuse/Dependence
- Tobacco Use
- Depression and Anxiety
- Prostate, Testicular, and Colon Cancer
- Intimate partner violence
- Eating Disorders

Men who have sex with men...

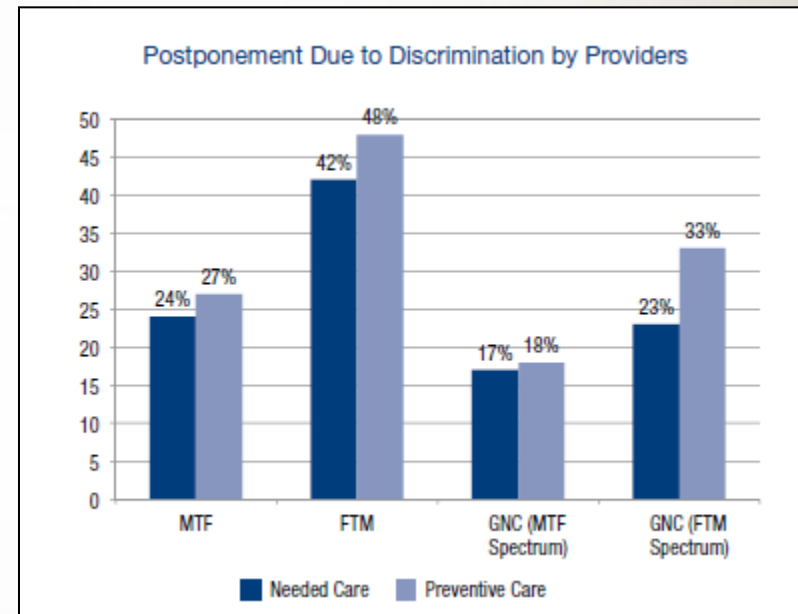
- face challenges in finding friendly and knowledgeable providers
- are more likely to delay care

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Health Concerns for Transgender People

Transgender communities:

- are currently underserved
- are more likely to delay care due to fear of discrimination or past negative experiences
- face challenges in finding friendly and knowledgeable providers
- higher rates of depression, anxiety, and suicide
- higher incidence of HIV/AIDSs



STIs and Women Who Have Sex with Women (WSWs)

Compared to heterosexual women...

- Bisexual women 30% lower odds of Pap test within last year
- Bisexual women 40% higher odds of STI dx
- Lesbian women 75% lower odds of Pap test within last year
- Lesbian women 60% lower odds of STI dx

Compared to heterosexual women...

- WSW 1.7x prevalence of bacterial vaginosis
- Equal likelihood of abnormal Pap
- Equal prevalence of gonorrhea and chlamydia
- WSW 7.7x prevalence of hepatitis C
- WSW reduced likelihood (.7x prevalence) of genital warts

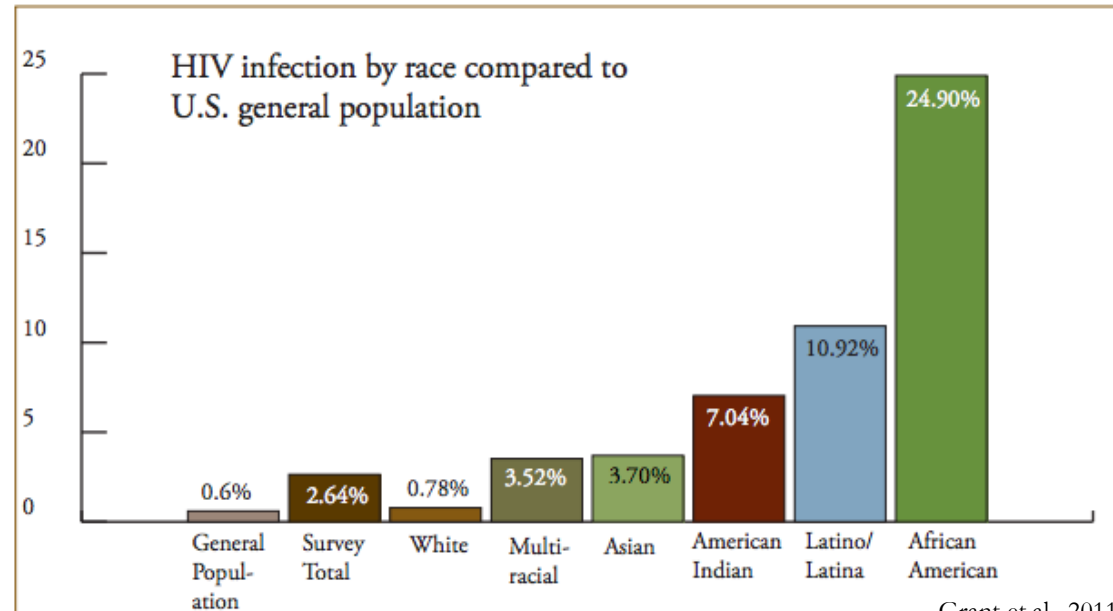
~7-18% of WSW report no sexual contact with men

STIs and Transgender People

Some research has found varying prevalence rates of syphilis (3 to 79 percent); gonorrhea (4 to 14 percent); chlamydia (2 to 8 percent); herpes (2 to 6 percent); and human papillomavirus (HPV) (3 to 7 percent) within transgender populations.

Transgender People and HIV/AIDS

- HIV prevalence rates among transgender women (MTF) were found to vary from 5 to 68 percent. HIV prevalence in transgender men (FTM) is estimated to be lower (2 to 3 percent).
- HIV infection is highest among transgender Women of Color.
- MTF trans youth are a population at high risk for HIV infection.



Patterns of Abuse Compared to Heterosexual Relationships

	Same-Sex Relationships		Opposite-Sex Relationships	
	Males	Females	Males	Females
Emotional	unk	unk	28%	29%
Physical	21.5%	35.4%	7.1%	25%
Sexual	5.1%	unk	unk	9.4%

NOTE: patterns of abuse and violence tend to be higher for bisexual/questioning individuals

Transgender People and Violence

- Between 16 to 60 percent of transgender people are victims of physical assault or abuse.
- Between 13 to 66 percent are victims of sexual assault.

Comparisons ¹⁶	General Population	Lesbian and Gay	Bisexual	Our Sample
Men	23.1%	26.5-30.9%	29.5-38.1%	33%
Women	18.3%	22.3-26%	30.9-39.1%	29%

International Transgender Day of Remembrance is November 20th.



Alejandra Leos of Memphis, TN was murdered by her partner on September 5th, 2014
Gizzy Fowler of Nashville, TN was murdered on November 11th, 2014



Unique Aspects of LGBTI IPV

Barriers to Reporting / Seeking Services

- Belief that IPV doesn't occur in LGBTI relationships, or fear that provider won't believe it exists
- Lack of appropriate training among IPV service providers
- Lack of resources available to help LGBT individuals leave relationships (61% of LGBT IPV survivors were **denied admission** to shelters)

Consequences of “Outing”

- Threat of disclosure of SO/GI to family, friends, school, work, etc.
- Forced to deal with internalized homophobia
- LGBT adolescents less likely to have a social support system
- Law enforcement are more likely to conclude fighting was “mutual”

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- **Tips for Success**



Conceptual Framework

- LGBT identity influences relationship, choices, and experiences
- Lives must be viewed in historical context
- Minority stress model



Overview of the Elderly LGBT Population

- **Limited research** on LGBT elderly people
- ~1.9% of those older than 65 identify as LGBT and 6.9% do not identify as LGBT or heterosexual/cisgender
- More than 20% of elderly LGBT people **do not disclose** their sexual orientation or gender identity to their physician
- 40% think being LGBT gives resilience and helps with aging process
- **Excess disease burden** due to lack of screening and prevention
- LGBT people, especially elderly people, tend to have a **lower SES**
- Mental health concerns related to **minority stress** and increased obesity, alcohol, and smoking
- Approximately 10% of LGBT older adults drink excessively
- LGBT people report significant concerns about long term care settings

Key Considerations for Elderly LGBT Patients

- Take thorough, accurate, open minded sexual history
- **Half of all HIV** positive people are 50 or older
- People over 50 account for 17% of *new* HIV cases; 24% of *new* AIDS cases
- 1/6 of all newly acquired HIV infection in the general population is in men older than 50
- Be aware of certain types of cancer that LGBT people are more at risk for (such as anal cancer and HPV for MSM)

Transgender **Elderly** Patients

- Older trans adults are more likely to have increased morbidity as a result of a lack of appropriate screening and early intervention
- May have medical problems due to taking hormones that were not prescribed by a provider
- Patients will need screenings of reproductive organs if they have not been removed
- 12% of transwomen & 1% of transmen **transition after age 55**

Caregivers

- Older LGBT may be taken care of by “family of choice” rather than “family of origin”
- Might be more at risk for institutionalized care rather than “aging in place”
- Caregivers might not know about the Federal Medical Leave Act or might not qualify
- Ask open ended questions about support rather than assuming the gender of a potential caregiver or marital status of a patient



LGBT Adults and Relationships

- Majority of older LGBT adults are single
- “A friend” might actually be a significant other
- Patients may not be out to their family, which increases stress
- Patients’ partner may be barred from being involved with end-of-life and after death care if the patient is not out or is not accepted by their family of origin

Finances

- Single LGBT older adults, especially women, tend to have fewer assets and lower incomes
- Paying for the cost of long term care is a major challenge for LGBT older adults



Legal Issues & End-of-Life-Planning

- LGBT people continue to experience legal issues and challenges not faced by heterosexuals
- Basic family rights and protections denied to most LGBT people
- Older non-heterosexual adults have a long history of being **ineligible** for most protections provided by the federal elder safety net (*although changing*)
- Most policies, protections and assistance programs are geared toward heterosexuals
- Wide discrepancy in local, state, and federal laws
- June 26, 2013 Defense of Marriage Act (DOMA) struck down
 - Allowed Social Security benefits to be extended to partners

Advanced Directives

- Only ~50% of LGBT people have a living will
- Most LGBT people do not have a designated surrogate decision-maker; the number is even lower for single LGBT people
- About 1/3 do not have a will or durable power of attorney
- Advanced directives can be used to as advocates for trans patients in regards to telling people how the patient wishes to be identified, presented, and possible continuation of hormones



Advanced Directives for Transgender Patients

- **Name:** During any period of treatment, I direct my physician and all medical personnel to refer to me by the name of _____ irrespective of whether I have obtained a court-ordered name change, changed my gender marker on any identification document, or undergone any transition-related medical treatment.
- **Pronouns:** During any period of treatment, I direct my physician and all medical personnel to use the _____ pronoun in reference to me, my chart, my treatment, etc., irrespective of whether I have obtained a court-ordered name change, changed my gender marker on any identification document, or undergone any transition-related medical treatment.
- **Gender expression:** During any period of treatment, if I am unable to personally maintain my _____ appearance, I direct my physician and all medical personnel to do so to the extent reasonably possible, irrespective of whether I have obtained a court-ordered name change, changed my gender marker on any identification document, or undergone any transition-related medical treatment.

Respectful Remembrance

- During any memorial service or preparation thereof, I direct all coroners, funeral home employees, healthcare workers, and participants to refer to me by the name of _____ and the pronoun of _____ irrespective of whether I have obtained a court-ordered name change, changed my gender marker on any identification document, or undergone any transition-related medical treatment. These individuals should also maintain my _____ appearance, irrespective of whether I have obtained a court-ordered name change, changed my gender marker on any identification document, or undergone any transition-related medical treatment.
- Critical that trans individuals complete a Disposition of Bodily Human Remains (DBHR) at the same time as they complete an HCPOA; sad history of trans individuals not having their final wishes respected by family members.

Other Issues in Hospice & Palliative Care Settings

- Surveys of areas of concern for LGBT elderly
 - pts report: medical/health care, legal, institutional/housing, spiritual, family, mental health, and social issues
 - medical/health care, including failing health, financial concerns and rising health care costs, was the primary concern.
- Spirituality and connection to organized religion important aspect for many LGBT people
 - religious groups condemnation can add considerable stress

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Assessment and Treatment of the LGBT Population

- The assessment of LGBT patients is not fundamentally different from that of non-LGBT patients.
- However, given the specific health risks faced by LGBT people, it is useful to keep in mind some general principles and questions

Pragmatic Steps

- Contextualize patients' situation and identities
- Look for the effect of lifetime stigma, discrimination, and violence
- Integrate methods of collecting sexual orientation and gender identity data
 - Tell me more about yourself.
 - Who are the important people in your life? Who do you turn for support?
 - Who do you live with?
 - Are you in a relationship?
 - Ask patients their gender identity, sex assigned at birth, and pronouns
- Stay up to date on emerging research on health disparities and best practices for LGBT older adults and patients in palliative care

Assessment and Treatment of the LGBT Population

1. Create a welcoming practice:

Consider the overall experience of LGBT patients seeking care. Creating a safe space will help patients feel comfortable and share critical information. Do you have pride symbols, “**safe space**” stickers, or LGBT-themed **magazines** in the waiting area? Are front office staff trained on how to maintain a safe and welcoming environment? Do you have a **gender neutral bathroom** for trans patients?

Assessment and Treatment of the LGBT Population

2. Practice forms: paperwork sets tone for encounter. Inclusive intake forms might ask:

- What is your gender? (male, female, transgender [male to female], transgender [female to male], gender non-conforming, other, declines to answer)
- What sex were you assigned at birth? (male, female, or something else)
- What is your sexual orientation? (include heterosexual, gay, lesbian, bisexual, queer, other, and declines to answer)
- What sex/gender are your sexual partners? (Check all that apply – options include none, male, female, or transgender)

Assessment and Treatment of the LGBT Population

3. Language: follow the patient's example in using words to describe sexual orientation and gender identity.

- If uncertain, ask directly – for example, “what name would you like me to use when addressing you? What pronouns would you like me to use when speaking about you with other providers?”

How Do I Talk About Transgender People?

- Incorrect: "Max is transgendered."
Correct: "Max is transgender."
- Incorrect: "Max is *a transgender*,"
Correct: "Max is *a transgender person*."
- When referring to a transgender person, you should always use the person's preferred pronoun and name.
- Transgender women should NEVER be referred to as male or as men. Transgender men should NEVER be referred to as female or as women.

What terminology is offensive (or outdated)?

- Transvestite
- She-male
- He-she
- It
- Transsexual (pathologizing)
- Tranny
- Hermaphrodite
- Pre-Op/Post-Op
- Sex Reassignment Surgery

Assessment and Treatment of the LGBT Population

4. Screening: LGBT people face elevated risks of most mental health conditions (internalized sexual prejudice and minority stress)

- Be sure to screen thoroughly for conditions that pose an inc. risk for members of this population

5. Trans-specific issues: World Professional Association for Transgender Health's Standards of Care document (free at www.wpath.org)



Current and future healthcare providers from Massachusetts General, Brigham and Women's Hospitals, and Boston University School of Medicine march in the Boston Pride Parade and show their support for LGBT patients and their wellness. Credit: Kerstin Palm (left) and Marilyn Humphries (right).

Staying in the Closet, an LGBT Health Hazard

How and why to come out to your doctor

By Jesse Ehrenfeld

Most LGBT people know about the health risks of unprotected sex, heavy drinking, and using drugs. But many are unaware of the danger of not coming out to your physician. If your doctor does not know that you are LGBT, you really ought to have a discussion at your next visit in order to make sure that you are getting all the preventive health care you need and deserve to stay healthy. Coming out to your healthcare provider could be one of the most important things you ever do!

You Are Not Alone

Studies have consistently shown that many LGBT people are not open with their doctors about their sexual orientation or gender identity. Why is this? A lot of people are afraid of being discriminated against, judged, or even turned away. Additionally, some people may feel embarrassed or uncomfortable talking about their sexuality—especially if they happen to be sitting in a doctor's office in a paper gown! And it's quite natural to feel some reluctance in talking about something so deeply personal. After all, almost no one loves seeing the doctor.

Coming Out for Your Health

Why come out to your healthcare provider? Simply put: the recommendations for the routine preventive screenings and vaccinations that you need as an LGBT person are different from those who are not LGBT. But your doctor will not know to do these for things you, if you don't come out.

For example, *gay and bisexual men* should have regular tests for HIV, screenings for anal papilloma, and those under 27 should get the HPV (Human Papilloma Virus) vaccine in addition to the hepatitis vaccine which all gay men should get. *Lesbians and bisexual women* are at increased risk for certain types of gynecological cancers but many do not realize they should have a yearly gynecological exam, even if they are not having sex with men. These exams can help diagnose many forms of gynecologic cancers in their early stages and so all women who have sex with women should be screened for gynecological cancers every year.

Transgender people may have specialized medical needs, including management of cross-gender hormones. While hormone therapy is

often used to make a transgender person more masculine or feminine, the use of hormones does pose some risks. Testosterone can damage the liver, especially if taken in high doses or by mouth. Estrogen can increase blood pressure, blood glucose (sugar), and blood clotting. Anti-androgens, such as spironolactone, can lower blood pressure, disturb electrolytes, and dehydrate the body. Hormone use should always be supervised by a doctor.

This is My Partner

If you have a partner or spouse, it is important that your doctor not only knows about them, but also knows how to get in contact with them in case of an emergency, crisis, or another unanticipated health event. You want to make sure that your partner can be by your side when facing a health problem or new diagnosis, or having to make an important decision about undergoing surgery. But this is only possible if you are out to your doctor and they know who makes up your support system.

How Should I Come Out

Coming out to your doctor does not need to be a production. Just be honest, open, and matter of fact about who you are. Medical practices are increasingly asking sexual orientation and gender identity questions during new patient registration. But not all do, so be prepared to provide this key detail directly to the person taking care of you.

If your sexuality does not come up naturally in the course of care, take ownership of the conversation and start by saying, "Doctor, I need to tell you something."

I'm Out, Now What? Questions to Ask

Coming out is obviously just the start of having a productive doctor-patient relationship. You'll want to ask questions that are relevant to *your* health. Go into your next visit with a list of questions. Here are some to get you started:

1. What screening tests or other services do you recommend that I get as an LGBT person?
2. What sexually transmitted infections should I be concerned about?
3. Do I need to be screened for HPV?
4. Am I a candidate for PrEP (HIV Pre-exposure Prophylaxis)?
5. Have you had training on LGBT health issues and taking care of LGBT patients?
6. How can I fill out an advanced directive or healthcare power of attorney for my partner and me?
7. Should I be worried about my drinking or drug use?
8. Can you help me quit smoking?

Come Out, Come Out, Wherever You Are

Your doctor can only provide you with care that is *personalized* and *relevant* if you come out. This will ensure that you receive the right referrals to specialists and other providers with expertise in LGBT care. Remember, staying healthy isn't just about having your blood pressure checked or getting an HIV test. It's about taking care of the whole person. When you are open and honest with your doctor, you enable that person to give you comprehensive and compassionate health care that will support your entire mind and body. ●



Jesse M. Ehrenfeld, MD, MPH is a physician at Vanderbilt University Medical Center in Nashville, Tennessee, where he directs the Vanderbilt Program for LGBTI Health. A US Navy combat veteran, Dr. Ehrenfeld has extensive experience taking care of LGBT patients in both the armed forces and civilian community. A former chair of the Massachusetts Medical Society Committee on LGBT Matters, Dr. Ehrenfeld now serves on the Board of Trustees of the American Medical Association.

Say What? If your doctor doesn't know about your sexual orientation or gender identity, here are a few suggestions to start a conversation:

- "I have some questions for you about being gay/lesbian/bisexual/transgender and my health."
- "This is my partner."
- "There is a conversation I need to have with you."
- "I am interested in getting tested for HIV."
- "I have been taking these hormones to transition my gender."
- "Would you mind referring to me as 'he'/'she'/'they'?"

Tips on Coming Out to Your Doctor

- BRING A FRIEND along if you're uncomfortable being open with your doctor.
- ASK FOR A REFERRAL to an LGBT-affirming doctor; if you're new in town, you can also look online at the Gay and Lesbian Medical Association's Health Care Provider Directory.
- ASK ON THE PHONE when making an initial appointment if your doctor takes care of LGBT patients.
- PICK A TIME THAT WORKS FOR YOU to bring up the subject. Ask your doctor for a couple of minutes to talk before you undress.
- TAKE ALONG A LIST OF QUESTIONS that are relevant to your health as an LGBT person.

Patient Advocacy

Date

Re: Tyler H.

DOB: x-xx-xxxx

To Whom It May Concern:

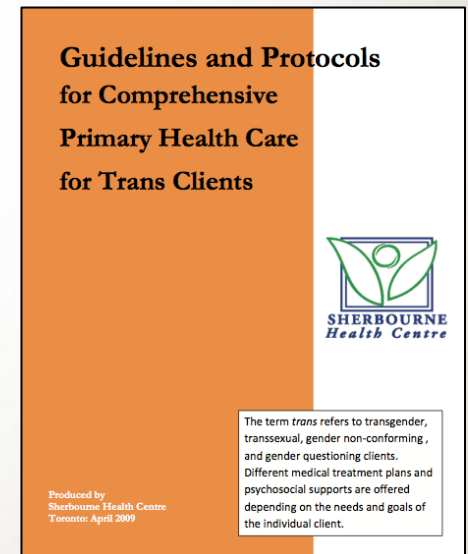
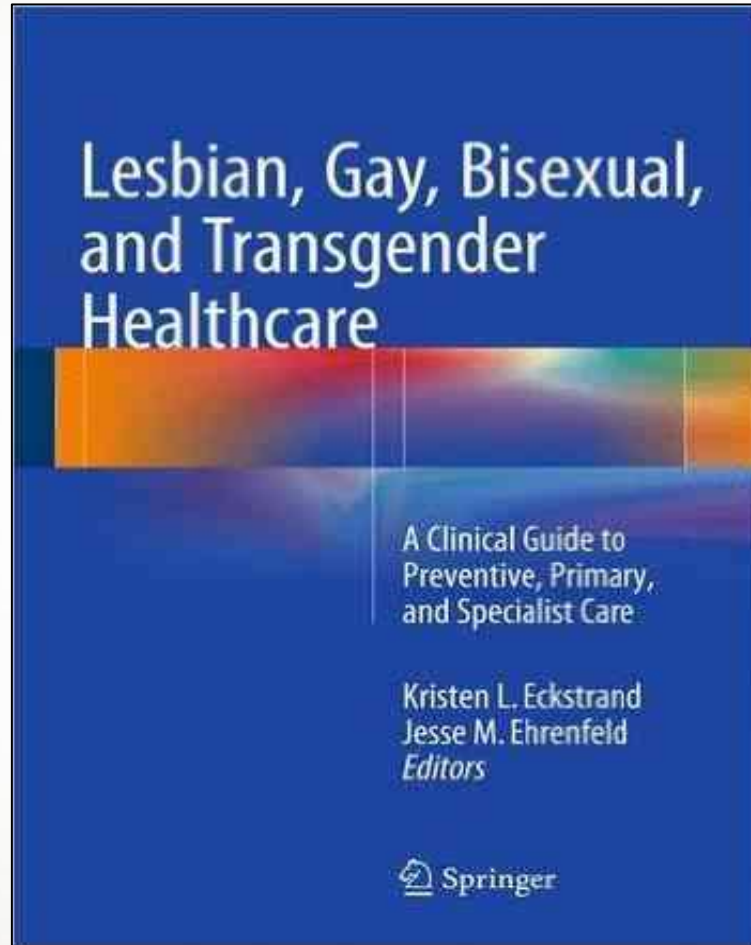
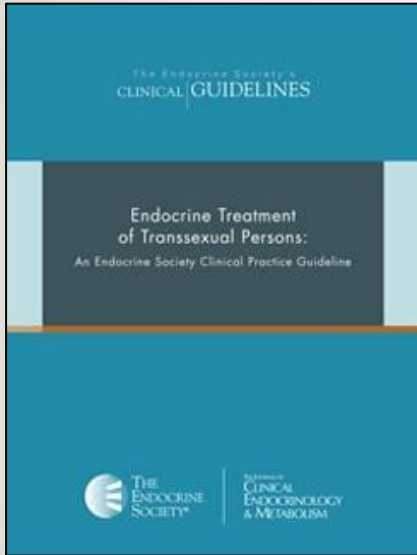
Please be advised that Tyler H. is a transgender person in my care. She is participating in a program of gender reassignment.

As part of this process, Tyler is expected to live as a female at all times. I request that you provide her with your understanding and assistance. Should you require further information, please feel free to contact me.

All the best,



Resources



Resources for LGBTI People

Organization	Use
Gay and Lesbian Medical Association (GLMA)	Finding a provider
Parents and Friends of Lesbians and Gays (PFLAG)	Support for friends and family
Gay, Lesbian, and Straight Education Network (GLSEN)	Support in schools
Children of Lesbian and Gays Everywhere (COLAGE)	Children in LGBT families
Lambda Legal	Legal support
American Civil Liberties Union (ACLU)	Legal support
The Trevor Project	LGBT-focused suicide hotline

Vanderbilt's Trans Buddy Program

The Trans Buddy Program's goal is to increase access to care and improve healthcare outcomes for transgender people by providing emotional support to transgender patients during healthcare visits. We emphasize a patient-centered approach, with the goal of empowering the patient to make informed healthcare decisions. Trans Buddy recognizes the importance of intersectionality to our direct care practice, and we therefore aim to work with people of all identities with compassion and respect.

CONTACT US: (615) 326-5185

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Vanderbilt, 1957

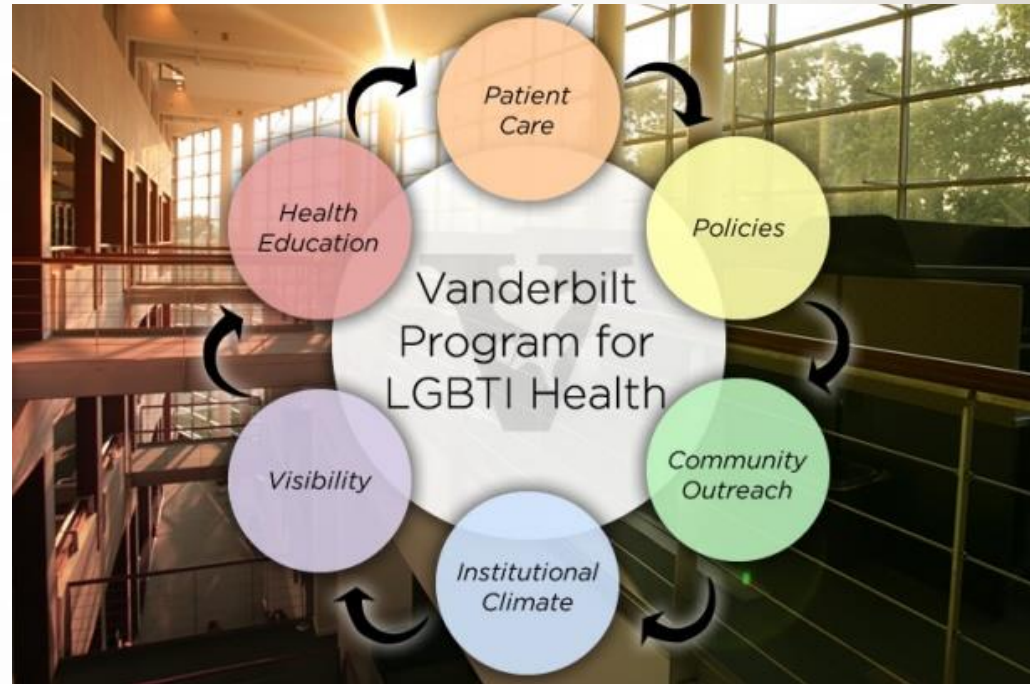


John E. Fryer as "Dr. H. Anonymous" at a 1972 dialogue discussing psychiatry and homosexuality

Acknowledgements

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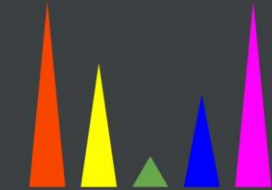
promoting national leadership in providing excellent patient care, research, and advocacy for the lesbian, gay, bisexual, transgender and intersex community

2014-2015

TRANS BUDDY PROGRAM

Volunteer

8,760
Hours



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24/7 Hotline: (615) 328-5185



New Patient Referrals

260

VANDERBILT HEALTH

Growing Reach

locally, nationally & globally



Extramural Grants
NIH



Provider Trainings
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Manuscripts
Original Research

Lesbian, Gay, Bisexual, and Transgender Healthcare

A Clinical Guide to
Preventive, Primary,
and Specialist Care

Kristen L. Eckstrand
Jesse M. Ehrenfeld
Editors

Springer



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