Lesbian/Bisexual Care and Gay/Bisexual Care

Emily Ashbaugh, MD and Scott Itano, MD
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Learning Objectives

- Understand the importance of identifying lesbian, gay and bisexual (LGB) patients in your clinic
- Recognize common health disparities for LGB patients and evidenced-based practices for care
- Learn about local Seattle risks and resources
Identifying LGB Patients in Your Practice
Demographics

- Williams Institute (2011)
  - 8.2% of Americans with same-sex behavior
  - 11% with same-sex attraction
  - 3.5% identify as LGB

- NHIS (2013):
  - 1.6% identified as gay, 0.7 as bisexual, 1.1% “other or refused to answer
Same Sex Households by County

Each star represents 250 same-sex households
Map Courtesy: J. Bradford PhD. and K. Barrett PhD., SERL, VCU
In Metropolitan Seattle: 173,000 LGBT individuals

- 4.8% of the metropolitan area
- 2.6% of couples in Seattle are gay
Translating History into Practice

Knowledge + Power

Knowledge + Action = Power
Health Disparities
Quality Care

- Health disparities (Healthy People 2020, Petroll 2011)
  - STI’s including HIV
  - Mental health
  - Substance use
  - Smoking
  - Eating disorders and body image
  - Domestic violence
STIs in Men Who Have Sex With Men (MSM)

- 10 to 14 times more common than heterosexual men and women to have gonorrhea

- 56 percent of the estimated 1.1 million people living with HIV in the United States.

- More than two-thirds of all new HIV infections each year
**Lifetime Risk of HIV Diagnosis by Transmission Group**

- **MSM**: 1 in 6
- **Women Who Inject Drugs**: 1 in 23
- **Men Who Inject Drugs**: 1 in 36
- **Heterosexual Women**: 1 in 241
- **Heterosexual Men**: 1 in 473

**Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity**

- **African American MSM**: 1 in 2
- **Hispanic MSM**: 1 in 4
- **White MSM**: 1 in 11

Source: Centers for Disease Control and Prevention
Screening STIs

- RPR
- HIV
- Gonorrhea NAAT (throat, urethral, rectal)
- Chlamydia NAAT (urethral, rectal)
- +/- Hep B and C
- +/- Anal pap smear
- +/- HSV 2
Screening STIs

- **Intervals**
  - Low risk patients – Annually
    - 0-1 partners in the past year
  - High risk patients – Every 3-6 months
    - Multiple or anonymous partners
    - Drug or alcohol use with sex
    - History of STD
    - Inconsistent condom use
Risk levels

- **Risk**
  - How many partners in the past 6 months?
  - How often do you not use condoms OR When was the last time you didn’t use a condom?
  - Do you or your partner use drugs or alcohol while having sex?
    - Ecstasy (MDMA), Special K (Ketamine), Speed/Crystal meth (Methamphetamine), poppers (Amyl nitrate), Sildenafil, Liquid X (GHB)
    - Party and play
  - Do you or your partner use any IV drugs?
  - Any history of STD?
Gonorrhea and Chlamydia

- “If you use it, screen it”.
  - If only doing urethral screens, you miss 85% of gonorrhea and 70% of chlamydia infections (Kent 2005, Marcus 2011)
  - Except don’t obtain oropharyngeal chlamydia screen for asymptomatic patients (< 2% prevalence)

- FDA only approves culture for rectal and pharyngeal NAAT, but labs can get FDA approved
Syphilis

- Highest rate of syphilis ever in King County

- Strains of neurosyphilis and ocular syphilis specifically in Seattle
  - Refer any HIV positive or patients with symptoms for lumbar puncture
Background: STDs predict future HIV Risk

Rectal GC or CT

1 in 15 MSM were diagnosed with HIV within 1 year.*

Primary or Secondary Syphilis

1 in 18 MSM were diagnosed with HIV within 1 year.**

No rectal STD or syphilis infection

1 in 53 MSM were diagnosed with HIV within 1 year.*

*STD Clinic Patients, New York City. Pathela, CID 2013:57;
**Matched STD/HIV Surveillance Data, New York City. Pathela, CID 2015:61
Non-Occupational Post-exposure Prophylaxis (nPEP)

- Tenofivir – Emtricitabine + integrase strand inhibitor

- 28 days

- 70-80% reduction in occupational or vertical exposure, unclear benefit for nPEP (Connor 1994, Tokars 1993)
Non-Occupational Post-exposure Prophylaxis (nPEP)

- Consider risk and timing

- Condomless receptive or insertive anal or vaginal intercourse

OR

- A percutaneous exposure to blood (or body fluids contaminated with blood)

AND

- Within 72 hours
Pre-exposure Prophylaxis (PrEP)

- Tenofivir – Emtricitabine

- 44% to greater than 96% effective (Grant 2014)

- Can be costly, needs medication adherence, and needs labs routinely
Substance use

- Increased rates of smoking in gay men
- Increased rates of drinking in gay men
- Increased rates of drug use in gay men
Nutrition and Body Image
Nutrition and Body Image

- Bears

- Increased risk for cardiovascular disease?

- Eating disorders (Feldman 2007)

- Steroid use and muscle culture
  (Bolding 2002, Blashill 2014)
Mental Health

- Increased rates of most mental health disorders (Herrell 1999)
  - Depression/Suicide
  - Anxiety
  - Panic attacks
  - Bipolar Disorder
Rates are similar to women

Stigma and shame around being a man
Primary Care - Vaccinations

- Hep A and B vaccinations
- HPV vaccinations
  (Palefsky 2011)
Primary Care - Anal Pap Smears

- 35 per 100,000 in MSM, 131 per 100,000 in HIV+ MSM

- Similar embryology and histology to cervical canal (Darragh 2004)

- Cost effective (Silverberg 2012)
Primary Care - Anal Pap Smears
UCSF

Screen

- Normal
  - Annual Pap
    - No lesion found
- ASC-US
- LSIL
- HSIL
  - HRA with biopsy
    - AIN I
      - Follow with annual HRA
    - AIN II, III
      - Treat
Primary Care - Anal Pap Smears

- Shared decision making
  - Discussion with MSM HIV- patients
  - Annual anal pap smears for MSM HIV+ patients

- Long-term research studies underway (SPANC and ANCHOR)

- If performing, make sure you have experienced providers who can do high resolution anoscopy (HRA)

- http://analcancerinfo.ucsf.edu/hra-providers-washington
Primary Care - Symptoms and DDx

- Rectal bleeding, perianal itching, anal discharge, changes in bowel habits, changes in the shape of stool, condyloma?
  - Anal pap smear?

- Diarrhea, abdominal discomfort, GI concerns?
  - Amebiasis, bacterial/parasitic infections

- Rash?
  - Syphilis
Summary: MSM

- Identify MSM to provide better care
- Unique health disparities exist within the community
- Expand your differential and be aware of local Seattle resources
Lesbians and Bisexual Women
Challenges in Epidemiology

- Defining them operationally can be challenging.
- Individuals may be reluctant to answer research questions.
- Because LGBT populations represent a relatively small proportion of the U.S. population, it is labor-intensive and costly.
Health Considerations

- Obesity
- Tobacco
- Alcohol and Drugs
- Mental Health
- Cancer screening
- Sexually transmitted infections
- Intimate Partner Violence (IPV)
- Pregnancy and parenthood
Obesity

- Generally, higher BMI than hetero women, starting in adolescence
- Studies contradictory in regards to physical activity
Tobacco Use

- Smoking rates:
  - Bisexual women (35%)
  - Lesbians (22.2%)
  - Heterosexual women (14.3%)

- Initiation at younger ages, more likely (3x) to smoke e-cig, hookah, cigars

- Bisexual women start younger, smoke more, and quit less
Substance Use: Alcohol and Illicit Drugs

 Alcohol

 Higher rates consumption, dependence, earlier initiation
 Greater risk for abuse and alcohol related problems, less treatment
 Demographics (female, older age) not shown to be protective
 Bisexual identity/behavior associated with increased risk of substance abuse
Substance Use: Alcohol and Illicit Drugs

- **Illicits**
  - Higher lifetime use of marijuana, cocaine, and other drugs
  - Compared with exclusive WSM, WSMW are more likely to report past and recent injection drug use
An Ounce of Prevention is Worth a Pound of Cure
- Benjamin Franklin -
Cancer screening: Pap

- May avoid gyn care due to perceived low risk of STI and/or lack of need for contraception
- May have less HPV vaccination
- Lower rates of pap testing (44-57% vs 75-84%), screening initiated later
- Increased cancer risks (obesity, smoking)
Cancer screening: Mammogram

- Decreased rates of screening
- Cancer prevalence unquantified
- Risk factors
  - Obesity
  - Smoking
  - Nulliparity
  - Unopposed ovulation
  - Alcohol abuse
Mental Health

Majority of LB adults are typically well-adjusted and mentally healthy!
Mental Health

- More likely to report depression and antidepressant use

- Lower rates among:
  - Lesbians with exclusively same-sex sexual behavior and women with exclusively same-sex attraction
  - Women with social support, involved in a satisfying relationship, and those more open about their sexual orientation

- Bisexual behavior associated with the highest incidence of mood/anxiety disorders (IOM)
Mental Health - Suicide

Survey data 2008:
- 9% WSW-associated deaths were suicide (vs 0.5% male-partners-only)

Suicide attempts
- Bisexual 21.3%
- Lesbian 16.7%
- Heterosexual 10.2%
Mental Health: Eating disorders

- Historically believed prevalent in gay/bi male community, less data in LB population

- Koh and Ross (2006):
  - Bi women were more than twice as likely to have had an eating disorder than lesbians.
  - OUT Bi women twice as likely to have had an eating disorder than a heterosexual woman.
Safety: Intimate Partner Violence

- Lifetime prevalence of rape, physical violence or stalking by intimate partner
  - Lesbians 43.8%
  - Bisexual women 61.1%
  - Heterosexual women 35%

- Lifetime prevalence of severe physical violence by intimate partner
  - Lesbians 29.4%
  - Bisexual women 49.3%
  - Heterosexual women 23.6%
Safety: Intimate Partner Violence

- Most bisexual women (90%) indicated male perpetrators, 67% lesbians report only female perpetrators.

- In DV situation with same sex couple, 10-30% more likely to BOTH be arrested over heterosexual couple (2007 Dept of Justice)
  - Fewer services available
  - Fear of discrimination
  - Threats to "out" the victim
  - Fear of losing custody
Most self-identified WSW (53%–97%) have had sex with men in the past and might continue this practice

More reports of multiple sex partners, drug use, pregnancy, STIs and coercion

Bis women more likely to have used EC, terminated pregnancy

WSW more likely to have sex with MSM
STI Risks

- Self-ID LB youth
  - Sex with males at earlier age, with multiple partners
  - As likely as hetero youth to ever have had penile-vaginal sex
  - More likely to combine sex with drugs/alcohol
  - 50% less likely to have used condoms during most recent sexual encounter
  - Pregnancy rates as high or higher than heterosexual youth
Sexually Transmitted Infections

- Bacterial Vaginosis
  - Common, 25-50% (greater than heterosexual women)

- HPV
  - Up to 30%, lower rates of vaccination, LSIL/HSIL in women with no hx sex with men

- Chlamydia
  - At least one study found higher positivity than hetero women, risk factors <20yo and non-white, rate of transmission unknown

- Syphilis has been reported, HIV rare
Pregnancy and Parenthood

- 21.5% female-female couples reported having own children in the household (2014 Census)

- Fertility data not specifically applicable, little data known

- Infertility risk factors: stress, ETOH, tobacco, obesity, cost, age

- Legal considerations
Bisexual Women

- Less likely to have ever had a cancer screening
- More likely to have experienced IPV
- Eating disorder 2x lesbians, especially if out
- More hazardous drinking and depression than heterosexual women or lesbian women
- Bisexual men and women have the highest smoking rates (>30%) of any subgroup for which data is readily available
- More suicide attempts than all other women
Bisexual Women

- Biphobia, stigma
- Less connection to established gay communities, less likely to disclose within their social networks → Less resiliency
- Bisexuals in opposite sex relationships are even more invisible and reluctant to disclose, even to intimate partners
- Difficult population to study
Sexual Minority Stress

- Stigma, prejudice and discrimination create a hostile and stressful social environment that causes health problems.

- **External/Distal/Enacted Stigma** (violence, discrimination, policy)

- **Internal/Proximal/Felt** (internalized homophobia, concealment of identity, and perceived/expected stigma)
Lesbian and Bisexual Women Summary

- Greater burden of risk factors
- Sexual history important, screen appropriately
- Competent providers can help mitigate minority stress
- Ask and advocate
Thank you

- Emily Ashbaugh, MD
  - ebashbaugh@gmail.com

- Scott Itano, MD
  - Scott.itano@gmail.com
Resources

- Fenway Health
  http://www.lgbthealtheducation.org/training/learning-modules/

- Gay City
  https://www.gaycity.org/resources

- King County Public Health Department

- IPV: The Northwest Network
  http://nwnetwork.org/

- The LGBT Smoke-Free Project
  http://www.gaycenter.org/health/smokefree


Read More: http://ajph.aphapublications.org/doi/ref/10.2105/AJPH.2012.301069

Healthy People 2010


References


References


- [http://caps.ucsf.edu/archives/factsheets/club-drugs](http://caps.ucsf.edu/archives/factsheets/club-drugs)


References


