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

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Disclosures

• No relevant conflicts of interest

• Board of Trustees, American Medical Association; SMART Health IT Advisory Board (unpaid); Royalties from textbooks (not enough to retire though)

• Views are my own
Vanderbilt Program for LGBTI Health

- Patient Care
- Faculty/Staff
- Community Outreach
- Institutional Climate
- Visibility
- Health Education
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?
A 48 year old female presents to the Vanderbilt Emergency Department by ambulance with a five day history of left-sided weakness, left facial droop, and headache.
An Actual Case …

A 48 year old female presents to the Vanderbilt Emergency Department by ambulance with a five day history of left-sided weakness, left facial droop, and headache.

Patient was seen in an outside hospital and diagnosed with Bell’s palsy, but symptoms persisted, leading to transfer to Vanderbilt. The ED team identified hypertension and smoking as risk factors for embolic stroke.
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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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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.

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
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)

Demographic and economic information about same-sex couples and same-sex couples raising children based on data from Census 2010
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
Table 1. Preclinical, Clinical, and Combined Hours Dedicated to LGBT-Related Topics in US and Canadian Medical Schools

<table>
<thead>
<tr>
<th></th>
<th>Preclinical</th>
<th>Clinical</th>
<th>Combined</th>
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<tbody>
<tr>
<td></td>
<td>Median (IQR) [Range]</td>
<td>P Value</td>
<td>Median (IQR) [Range]</td>
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<tr>
<td>All</td>
<td>4 (2-6) [0-24]</td>
<td>.58</td>
<td>2 (0-4) [0-15]</td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>4 (2-6) [0-24]</td>
<td>.58</td>
<td>0 (0-2) [0-3]</td>
</tr>
<tr>
<td>(n = 121)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada (n = 11)</td>
<td>4 (2-5.5) [0-13]</td>
<td>.58</td>
<td>0 (0-2) [0-3]</td>
</tr>
<tr>
<td>Country and degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US allopathic</td>
<td>4 (2-5.5) [0-24]</td>
<td>.58</td>
<td>0 (0-2) [0-3]</td>
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<tr>
<td>(n = 102)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US osteopathic</td>
<td>4 (2-8) [0-10]</td>
<td>.80</td>
<td>0 (0-2) [0-10]</td>
</tr>
<tr>
<td>(n = 19)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Canadian allopathic</td>
<td>4 (2-5.5) [0-13]</td>
<td>.80</td>
<td>0 (0-2) [0-3]</td>
</tr>
<tr>
<td>(n = 11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US institution type</td>
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<td></td>
<td></td>
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<tr>
<td>Private (n = 52)</td>
<td>4 (2-6) [0-20]</td>
<td>.21</td>
<td>1 (0-4) [0-15]</td>
</tr>
<tr>
<td>Public (n = 69)</td>
<td>3 (2-5) [0-24]</td>
<td>.21</td>
<td>2 (0-3) [0-10]</td>
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</tbody>
</table>

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

*P < .001 for preclinical vs clinical hours.

*P = .008, Bonferroni-adjusted α = .017.

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

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.
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
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
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
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

- **Identity**
  Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?

- **Behavior**
  Do you have sex with men, women, both?

- **Attraction/Desire**
  What gender(s) are you attracted to?
<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Identity</td>
<td>Man</td>
<td>Woman</td>
</tr>
<tr>
<td>Gender Expression/Role</td>
<td>Masculine</td>
<td>Feminine</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Women</td>
<td>Men</td>
</tr>
</tbody>
</table>
(More) Inclusive Gender Model

Sex
- Male
- Intersex
- Female

Gender Identity
- Man
- Trans*
- Woman

Gender Exp
- Masc.
- Andro.
- Fem.

Sexual Orientation
- Women
- All/Both
- Men
“Definitions”

- **Transgender**
  - Describes people whose gender identity differs from their sex assigned at birth

- **Cisgender**
  - A person who is not transgender
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 ≠ sexual orientation

• Sexual orientation
  – How a person identifies their physical and emotional attraction to others
  – Dimensions include: desire/attraction, behavior, and identity

• Transgender people can be any sexual orientation

(Grant et al 2010)

www.lgbthealtheducation.org
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.

<table>
<thead>
<tr>
<th>Norm</th>
<th>Objective</th>
<th>Possessive Pronoun</th>
<th>Reflexive</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
<td>She is speaking. I listened to her. The backpack is hers.</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>Himself</td>
<td>He is speaking. I listened to him. The backpack is his.</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>Themself</td>
<td>They are speaking. I listened to them. The backpack is theirs.</td>
</tr>
<tr>
<td>Ze</td>
<td>Hir/Zir</td>
<td>Hir/Zirs</td>
<td>Hirself/Zirself</td>
<td>Ze is speaking. I listened to hir. The backpack is zirs.</td>
</tr>
</tbody>
</table>

Design by Landyn Pan
For more information, go to transstudent.org/graphics

Please Check Your Title
- Mr
- Mrs
- 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

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.

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.*"

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

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

Source: Sylvia Rivera Law Project

**Barriers to Education**
- Can’t apply for school or access higher education due to lack of I.D. or because their I.D. doesn’t match the name or gender they live as
- Drop out due to harassment, violence and/or discrimination at school

**Low Income or No Income**
- Discrimination in hiring and workplace because few laws prohibit employment discrimination on the basis of gender identity; it’s hard to find trans-aware legal assistance
- Unequal access to benefits because benefit applications require I.D. which may show an incorrect name or gender; if cut off from welfare illegally, it’s hard to find trans-aware legal assistance
- Can’t apply for jobs or access good employment due to lack of I.D. or because their I.D. doesn’t match the name or gender they live as

**Homeless or At Risk for Homelessness**
- Permanent housing inaccessible due to housing discrimination in private housing market; low-income housing options are often gender-segregated, and trans people are rejected for placement
- Kicked out of home because of abuse from parents and foster parents; trans youth are not allowed to express their gender identity in gender-segregated group homes

**Inadequate or No Health Care**
- Temporary housing inaccessible often rejected from gender-segregated shelters or experience harassment and abuse at shelters
- Bias, discrimination and ignorance in medicine: inappropriate and harmful treatment, including institutionalization and damaging, incompetent medical procedures
- Trans-specific physical and mental health care needs are often not provided or covered even if insured; shortage of knowledgeable health care professionals who can provide trans-specific care

**Persistent and Severe Medical Problems**
- Transphobic violence leads to increased mental health and medical problems.

**No Access to Health Care**
- Trans people are often denied all treatment or are afraid to seek care due to past mistreatment

Source: Sylvia Rivera Law Project
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


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


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

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.

Mood Disorders

• Elevated depression risk in transgender pts (44.1%)

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

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


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)

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

Potok M. Southern Poverty Law Center – www.splcenter.org
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

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

_National Center for Transgender Equality and the National Gay and Lesbian Task Force. Findings of the National Transgender Discrimination Survey. 2009_
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

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%

Substance Use Disorders: Alcohol

• Multiple studies suggest lesbian women face a markedly increased risk of developing alcohol use disorder, with a lifetime prevalence that ranges from about 3-6 times 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.

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

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%.

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

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 to 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

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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/AIDS

Grant et al., 2011.
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

Charlton et al., 2012
Fethers, et al., 2000
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.

Grant et al., 2011.
## Patterns of Abuse Compared to Heterosexual Relationships

<table>
<thead>
<tr>
<th></th>
<th>Same-Sex Relationships</th>
<th>Opposite-Sex Relationships</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Emotional</td>
<td>unk</td>
<td>unk</td>
</tr>
<tr>
<td>Physical</td>
<td>21.5%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Sexual</td>
<td>5.1%</td>
<td>unk</td>
</tr>
</tbody>
</table>

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

Halpern CT et al, 2001, 2004; Ard and Makadon, 2011; Black et al., CDC, 2011
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.

<table>
<thead>
<tr>
<th>Comparisons¹⁶</th>
<th>General Population</th>
<th>Lesbian and Gay</th>
<th>Bisexual</th>
<th>Our Sample</th>
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</thead>
<tbody>
<tr>
<td>Men</td>
<td>23.1%</td>
<td>26.5-30.9%</td>
<td>29.5-38.1%</td>
<td>33%</td>
</tr>
<tr>
<td>Women</td>
<td>18.3%</td>
<td>22.3-26%</td>
<td>30.9-39.1%</td>
<td>29%</td>
</tr>
</tbody>
</table>

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 or 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”
Today’s Outline

• Why Discuss LGBT Health
• Terminology – The ABCs of LGBTQI
• Overview of Mental Health Considerations
• Demographics & Health Disparities Data
• Specific Consideration for Older LGBT Adults
• 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-live 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
Today’s Outline

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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)
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 dangers of not coming out to your physician. If your doctor does not know that you are LGBT, you may be at risk 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 knows seeing the doctor.

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 that? 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 knows seeing the doctor.

Coming Out for Your Health

Why come out to your healthcare provider? Simply put, the recommendations of the positive 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 you if you don’t come out.

For example, gay and bisexual men should have regular tests for HIV, screening for anal papillomas, and those under 35 should get the HPV (Human Papilloma Virus) vaccine in addition to the hepatitis vaccine which all gay men should get. Lesbian and bisexual women are at increased risk for certain types of gynecological cancers and may not realize they should be yearly gynecological exams, even if they are not having sex with men. These exams can help diagnose many forms of gynecological 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. These 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 deplete 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 unexpected 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.

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 someone/who 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 me to an ‘he/shes’/‘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 and/or an LGBT-affirming medical practice.
• 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 about this before you understand.
• TAKE ALONG A LIST OF QUESTIONS that are relevant to your health as an LGBT person.

Jesse M. Ehrenfeld, MD, MPH is a physician at Vanderbilt University Medical Center in Nashville, Tennessee, where he directs the Vanderbilt Program for LGBT Health. A US Navy combat veteran, Dr. Ehrenfeld has extensive experience taking care of LGBT patients in both the armed forces and veteran 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.
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Use</th>
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</thead>
<tbody>
<tr>
<td>Gay and Lesbian Medical Association (GLMA)</td>
<td>Finding a provider</td>
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<tr>
<td>Parents and Friends of Lesbians and Gays (PFLAG)</td>
<td>Support for friends and family</td>
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<tr>
<td>Gay, Lesbian, and Straight Education Network (GLSEN)</td>
<td>Support in schools</td>
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<tr>
<td>Children of Lesbian and Gays Everywhere (COLAGE)</td>
<td>Children in LGBT families</td>
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<td>Lambda Legal</td>
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<td>American Civil Liberties Union (ACLU)</td>
<td>Legal support</td>
</tr>
<tr>
<td>The Trevor Project</td>
<td>LGBT-focused suicide hotline</td>
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</table>
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
John E. Fryer as "Dr. H. Anonymous" at a 1972 dialogue discussing psychiatry and homosexuality.
Acknowledgements

The VUMC Program for LGBTI Health

-Andre Churchwell, MD
-Lauren Beach, PhD
-Kristen Eckstrand, MD

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