



ADVANCING EXCELLENCE IN SEXUAL  
AND GENDER MINORITY HEALTH

# Sexual and Gender Minority Health: Primary Care & Prevention

---

Alex Gonzalez, MD MPH

Medical Director – Fenway Health

Clinical Instructor – Beth Israel Deaconess Medical Center

March 23, 2019



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



HARVARD  
MEDICAL SCHOOL

# Financial Disclosures

- none



# Objectives

1. Summarize the differences in preventive health standards of care between...
  - gay and bisexual cisgender men and their heterosexual cisgender counterparts.
  - gay and bisexual cisgender women and their heterosexual cisgender counterparts.
  - transgender people and their cisgender counterparts.
2. Develop competency in implementing SGM standards of care in your own care setting



# SGM Primary Care & Prevention: Access to Care



# LGBT Access to Care

## Access to health care and health insurance

■ Heterosexual ■ LGB ■ Transgender

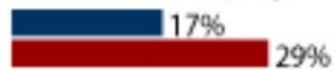
**Health Disparity #1:** Heterosexual adults are more likely to have health insurance coverage.

% of adults with health insurance



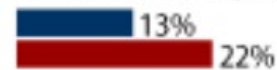
**Health Disparity #2:** LGB adults are more likely to delay or not seek medical care.

% of adults delaying or not seeking health care



**Health Disparity #3:** LGB adults are more likely to delay or not get needed prescription medicine.

% of adults delaying or not getting prescriptions

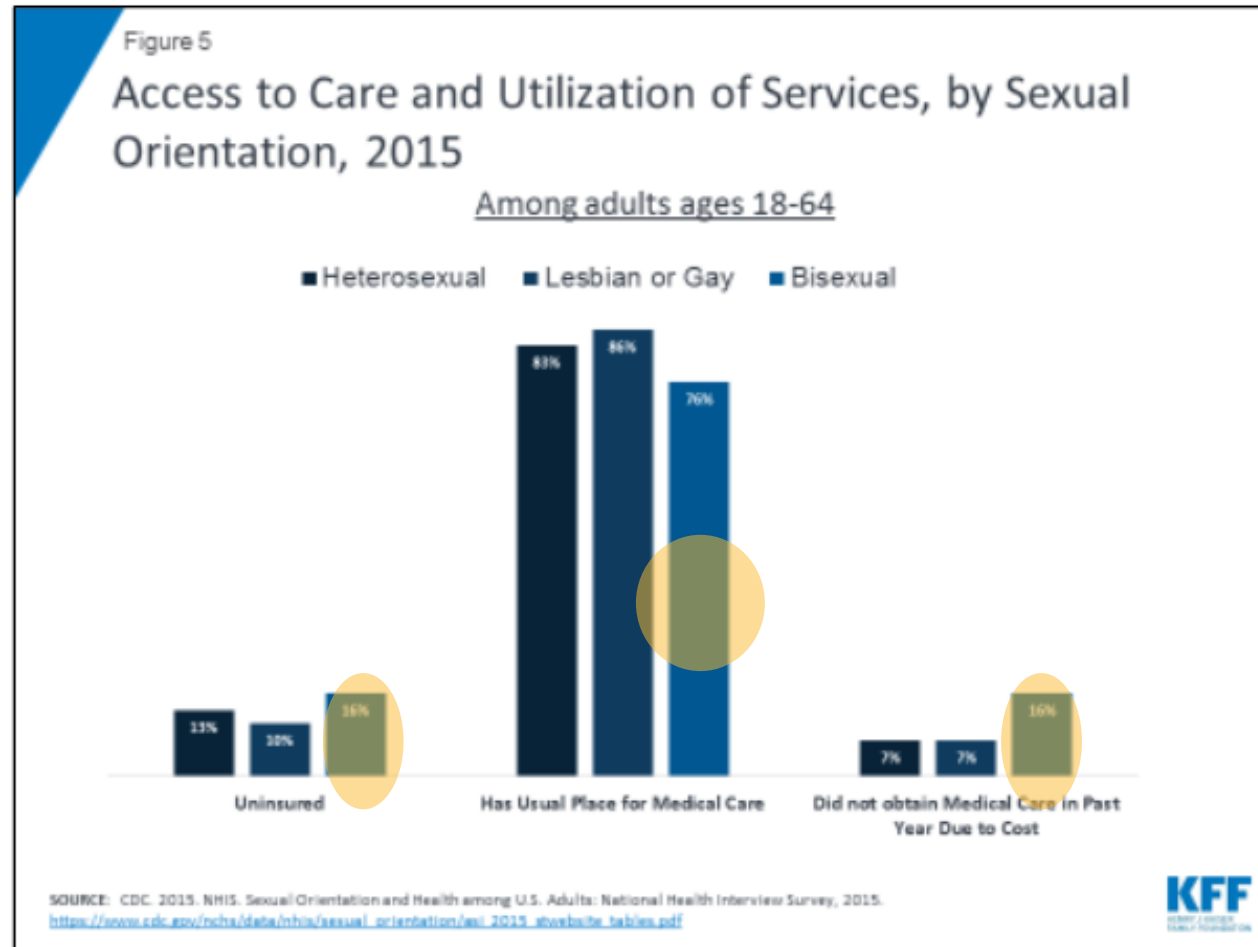


**Health Disparity #4:** LGB adults are more likely to receive health care services in emergency rooms.

% of adults receiving ER care

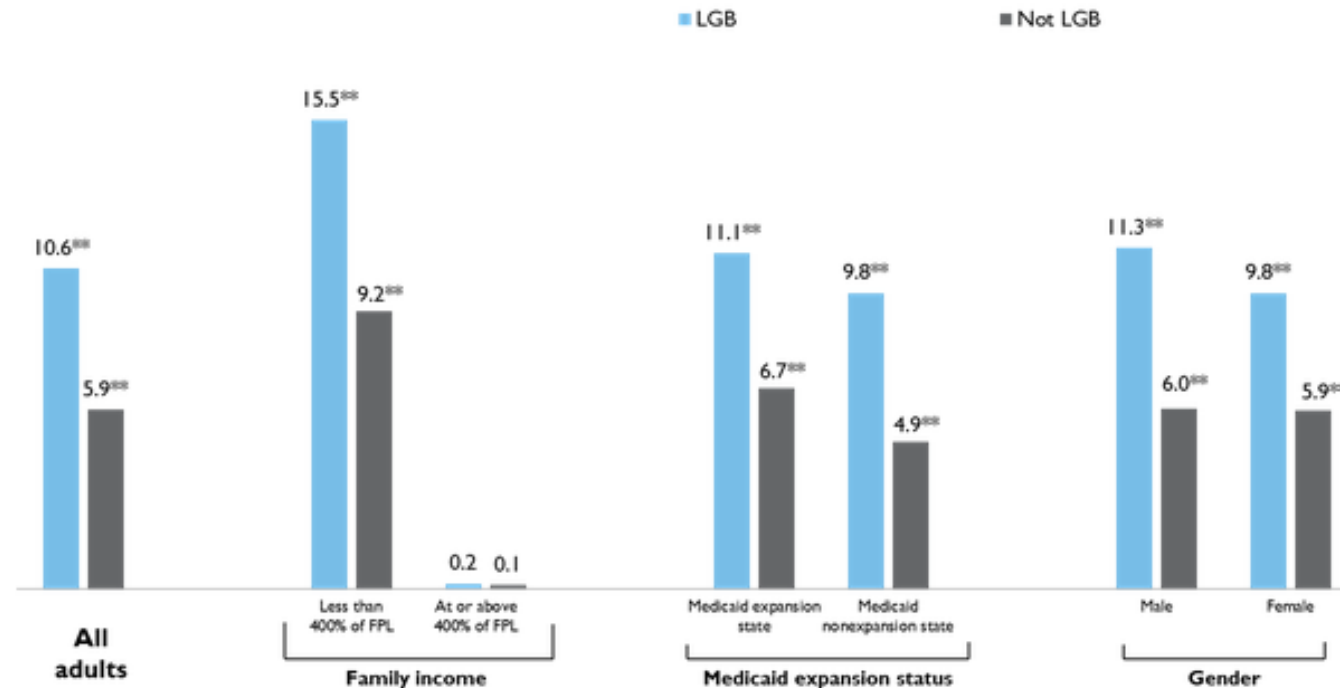


# SGM Access to Care



# The Affordable Care Act of 2010 Improved SGM Insurance Coverage

Figure 1. Percentage-Point Increase in Insurance Coverage for Adults Ages 18 to 64 between June/September 2013 and December 2014/March 2015, by Sexual Orientation



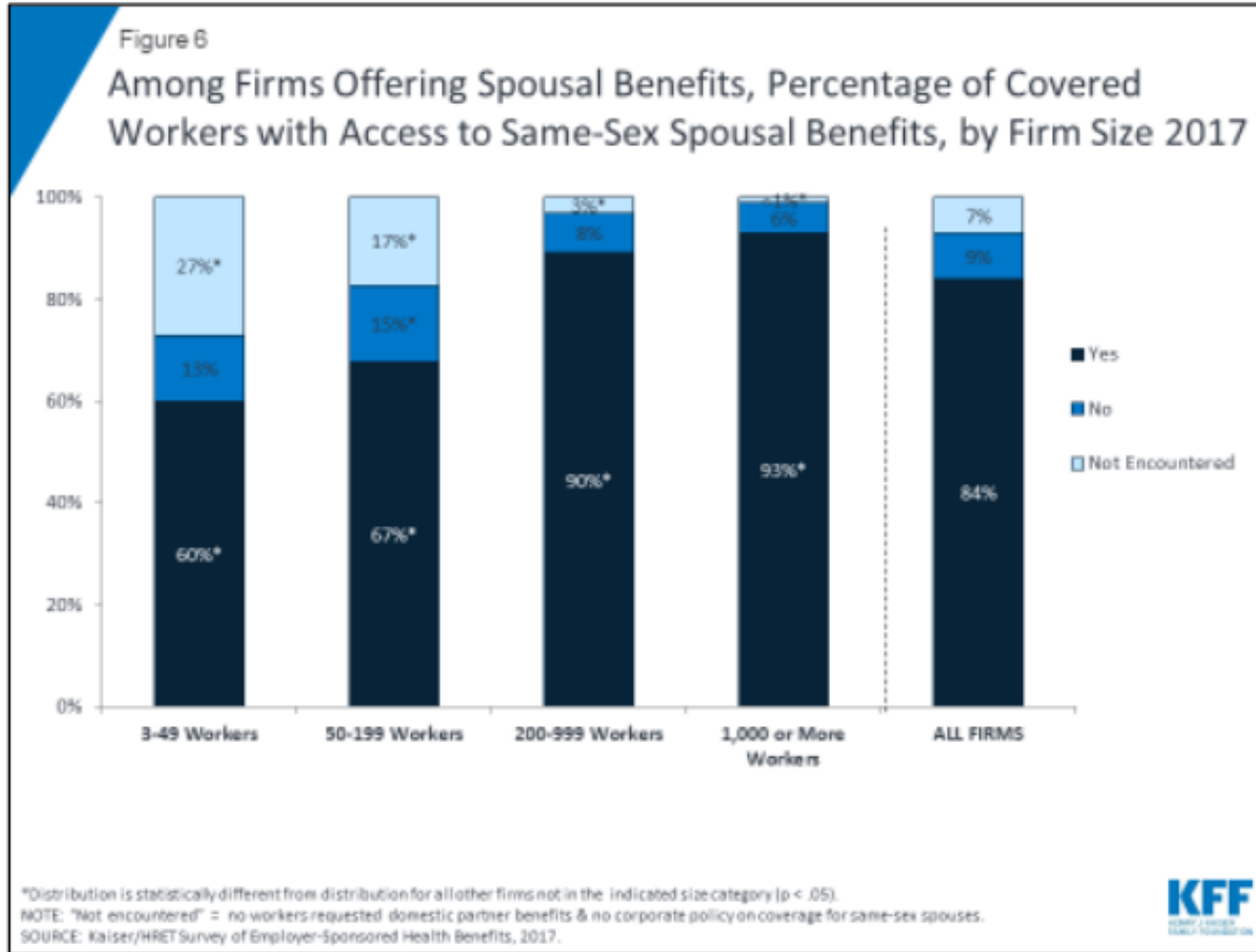
Source: Health Reform Monitoring Survey, quarter 2 2013 through quarter 1 2015.

Notes: LGB is lesbian, gay, or bisexual. FPL is federal poverty level. Medicaid expansion status is as of March 2015. Estimates compare data from quarters 2 and 3 2013 to data from quarter 4 2014 and quarter 1 2015. Quarterly data are combined because of small sample sizes for LGB adults in a single round of the HRMS.

<sup>\*\*\*</sup> Estimate differs significantly from zero at the 0.05/0.01 levels, using two-tailed tests.



# SGM Coverage & Spousal Benefits





# SGM Primary Care & Prevention: Universal Principles



# Sexual Health: Taking a Sexual History

## SGM Primary Care & Prevention: Universal Principles

- Are you having sex? How many sex partners have you had in the past year?
- Who are you having sex with? (including anatomy and gender of partners) What types of sex are you having? What parts of your anatomy do you use for sex?
- How do you protect yourself from STIs and/or pregnancy? (How often do you use condoms/barriers? Any use of PrEP?)
- What STIs have you had in the past, if any? When were you last tested for STIs?
- Has your partner(s) ever been diagnosed with any STIs?
- Do you use alcohol or any drugs when you have sex?
- Do you exchange sex for money, drugs, or a place to stay?
- Are you having any trouble engaging in sex in any way?
- Other: age of sexual debut, # of partners in lifetime, history of sexual abuse

# Sexual Health: Bacterial Sexually Transmitted Infections (STIs)

## SGM Primary Care & Prevention: Universal Principles

- Can affect all SGM people based on exposure and risk
- If a penis/toy/neophallus touches it, screen it for chlamydia and gonorrhea at least every 12 months
- Check serologic test for syphilis at least every 12 months

	CHLAMYDIA	GONORRHEA	SYPHILIS
PHARYNX	?	X	
CERVIX/VAGINA	X, U	X, U	
PENIS	X, U	X, U	
RECTUM	X	X	
NEOVAGINA (TF)	U	U	
NEOPHALLUS (TM)	X, U	X, U	
BLOOD			X

U = urine test available



# Sexual Health: Viral Sexually Transmitted Infections (STIs)

## SGM Primary Care & Prevention: Universal Principles

### HPV: Human Papillomavirus

- Can affect all SGM people based on exposure and risk
- Offer HPV vaccination up to and including age 26 (45)
- Inspect oral, genital, and anal areas for warts

### HBV: Hepatitis B Virus

- Can affect all SGM people based on exposure and risk
- Universal vaccination program in US since 1991
- Check HBV serologies in highest risk groups (MSM, trans); offer catchup immunizations to anyone needing them

### HCV: Hepatitis C Virus

- Can affect all SGM people based on exposure and risk
- Universal 1x screening in US for anyone born 1945-1965
- Check HCV serology in highest risk groups (HIV+, SGM with high risk factors – IVDU, unprotected sex, fisting, chemsex/PNP)

# Intimate Partner Violence

## SGM Primary Care & Prevention: Universal Principles

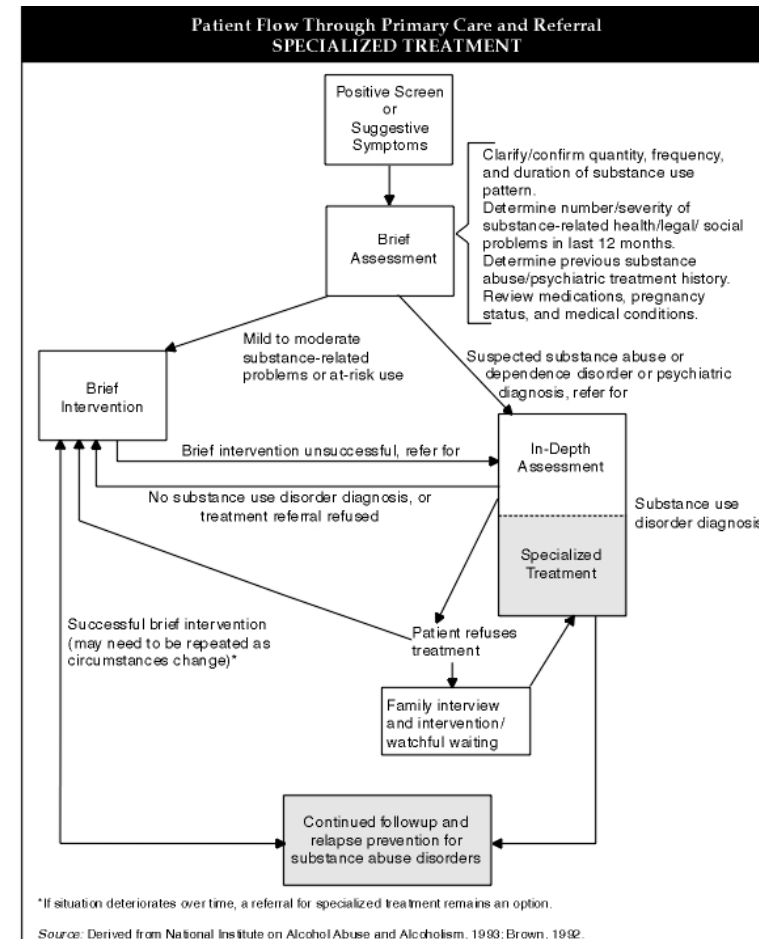
- Intimate partner violence and sexual assault occur at rates in the LGBT community that are equal to, and sometimes higher than, the general population

# Behavioral Health & Substance Use Disorders

## SGM Primary Care & Prevention: Universal Principles

Screen all SGM annually for all of the following...

- Depression
- Anxiety
- Tobacco use
- Alcohol use
- Other drug use



# SGM Primary Care & Prevention: Special Considerations



# Special Considerations: MSM Patients

## SGM Primary Care & Prevention: Special Considerations (MSM)

### HIV: Human Immunodeficiency Virus

- Disproportionately affects MSM and trans people
- Check fourth generation antibody/antigen test for HIV at least every 12 months
- Educate all SGM people at risk for HIV about nonoccupational postexposure prophylaxis (PEP) and preexposure prophylaxis (PrEP) and consider prescribing these to at risk individuals

### HAV: Hepatitis A Virus

- Disproportionately affects MSM
- Offer HAV vaccination to all MSM
- As per previous slide – HBV 1x screening & immunization, too
- As per previous slide – HCV screening annually in high risk MSM, too

### Meningococcal Meningitis

- Rare but serious disease caused by a type of bacteria called *Neisseria meningitidis* (serogroup C)
- Small but deadly outbreaks have occurred among MSM clusters in the US over the past ten years
- Several large US cities recommend vaccination for MSM, with varying emphasis on HIV status, close/intimate contact with other men via online websites/dating apps/random meetups at bars/clubs.



# Special Considerations: MSM Patients

## SGM Primary Care & Prevention: Special Considerations (MSM)

### HPV Associated Anal Cancer

- HIV infected MSM have anal cancer incidence that is 80x higher than for HIV uninfected men
- Overall incidence of anal cancer precursors (AIN, SCC) has increased nearly threefold in the last 20 years
- No consensus exists regarding routine screening of at-risk populations, but anal dysplasia screening of these populations is nevertheless becoming more common

# Special Considerations: MSM Patients

## SGM Primary Care & Prevention: Special Considerations (MSM)

### Anal Cytology Screening:

- All HIV infected patients age 21 years and older, regardless of gender or sexual orientation, should receive anal cytology testing upon initiation of care, with re-testing to occur annually.
- HIV negative MSM age 35 years and older (especially those engaging in condomless receptive anal intercourse) should receive anal cytology testing at least once in their lifetime.
- All patients diagnosed with perianal condylomata, regardless of gender, sexual orientation, age, or HIV status, should receive anal cytology testing at the time of each condylomata diagnosis but not more than annually.
- *All women with a history of CIN 3, VIN 3, cervical cancer, or vulvar cancer, should receive anal cytology testing upon initiation of care, with re-testing to occur annually.*

# Special Considerations: MSM Patients

## SGM Primary Care & Prevention: Special Considerations (MSM)

### Referral to Anal Dysplasia Program:

- Any patient with an abnormal cytology result (LSIL, HSIL)
- Any patient with an atypical cytology result (ASCUS, ASC-H); the rationale for referral of patients with atypia is that, contrary to cervical cytology screening, anal cytology screening (using an anal pap smear) has a very low sensitivity for high-grade dysplasia.

# Special Considerations: Transgender Patients

## SGM Primary Care & Prevention: Special Considerations (Transgender)

### Cardiovascular Disease

- Depending on age of hormone therapy onset and total length of hormone exposure, providers may choose to use the risk calculator for the natal sex OR for the affirmed gender OR an average of the two
- Transgender Women: Ethinyl estradiol (usually dosed 2-4x higher than OCP dose) associated with 3x increased risk of cardiovascular death – **DO NOT USE!**
- Transgender Women: transdermal/sublingual estradiol is likely safer
- Transgender Men: T not associated with increase in cardiovascular events, but concern still exists (BP, lipid, BMI, hct changes + higher smoking rates)

# Special Considerations: Transgender Patients

## SGM Primary Care & Prevention: Special Considerations (Transgender)

### Bone Health / Osteoporosis

- Transgender people should begin bone density screening at age 65. Screening between ages 50-64 should be considered for those with established risk factors for osteoporosis
- Transgender people who have undergone gonadectomy and have a history of at least five years without hormone therapy should also be considered for bone density testing, regardless of age

# Special Considerations: Transgender Patients

## SGM Primary Care & Prevention: Special Considerations (Transgender)

### Fertility

- Prior to transition all transgender persons should be counseled on the effects of transition on their fertility as well as regarding options for fertility preservation and reproduction
- Because infertility is not absolute or universal in transgender people undergoing hormone therapy, all transgender people who have gonads and engage in sexual activity that could result in pregnancy should be counseled on the need for contraception. Gender affirming hormone therapy alone is not a reliable form of contraception, and testosterone is a teratogen that is contraindicated in pregnancy. It is unknown how long of a testosterone washout period is appropriate in transgender men prior to pregnancy

# Special Considerations: Transgender Patients

SGM Primary Care & Prevention: Special Considerations (Transgender)

## Cancer Screening

- As a rule, if an individual has a particular body part or organ and otherwise meets criteria for screening based on risk factors or symptoms, screening should proceed regardless of hormone use

	USPSTF	TRANS AFAB	TRANS AMAB
BREAST	Mammogram Q2y for women age 50-74	(-) chest surgery: same (+) chest surgery: annual chest wall examination	Same EXCEPT don't start until 5+ years of hormone therapy
CERVIX	Cytology (+HPV) Q3y (Q5y) for women age 21-65	Same	
PROSTATE	Shared decision making for men age 55-69		Same
NEOPHALLUS	None	Visual inspection (skin CA)	
NEOVAGINA	None		Visual inspection (skin/colon CA)



# Special Considerations: Transgender Patients

SGM Primary  
Care &  
Prevention:  
Special  
Considerations  
(Transgender)

## Organ Inventory

- Providers should maintain an organ inventory to guide cancer and STI screening as well as management of certain specific complaints

Organ Inventory

**BREAST**

- [Congenital Absence](#)
- [Chest Reconstruction](#)
- [Bilateral Mastectomy](#)
- [Unilateral Mastectomy, R](#)
- [Unilateral Mastectomy, L](#)
- [Breast Augment/Implant\(s\)](#)

Surgeon Name:  Last Date:

**CERVIX**

- [Congenital Absence](#)

**OVARY**

- [Bilateral Salpingo-Oophorectomy](#)
- [Unilateral Salpingo-Oophorectomy, R](#)
- [Unilateral Salpingo-Oophorectomy, L](#)

**PENIS**

- [Phalloplasty/Penile Implant](#)
- [Erectile Device](#)

**PROSTATE**

- [Prostatectomy](#)

**TESTIS**

- [Testicular Implant\(s\)](#)
- [Bilateral Orchiectomy](#)
- [Unilateral Orchiectomy, R](#)
- [Unilateral Orchiectomy, L](#)

Surgeon Name:  Last Date:

**URETHRA**

- [Urethral Lengthening](#)

**UTERUS**

- [Hysterectomy - Cervix Removed](#)
- [Hysterectomy - Cervix Remains](#)

**VAGINA**

- [Colpocleisis - Closure of the Vagina](#)
- [Vaginoplasty](#)

Surgeon Name:  Last Date:





# Special Considerations: Transgender Patients

SGM Primary  
Care &  
Prevention:  
Special  
Considerations  
(Transgender)

## Organ Inventory

- Providers should maintain an organ inventory to guide cancer and STI screening as well as management of certain specific complaints

**Rhashida Test** Name used: **Rhashida** MRN: 599937 SSN: Home: No  
45 Years Old Female (DOB: 03/04/1974) Resp. Provider: None Insurance: Aetna

### Problems

Description	ICD-9	ICD-10	Onset Date
Other artificial opening status - Vagina		Z93.8	04-Mar-2019
Acquired absence of other genital organ(s) - Testis(Both)	V45.77	Z90.79	04-Mar-2019
Agenesis and aplasia of cervix	752.43	Q51.5	04-Mar-2019
Breast implant status	V43.82	Z98.82	04-Mar-2019



# Case: Jim

- 25 year old Native American transgender man (AFAB)
- Wants to look into services that you provide.
- He has not legally changed his name so his documents display his given male name of Jennifer.
- He is new in transition, dresses in baggy shirts and jeans and binds his chest.
- He appears to be shy, jittery and very nervous, does not look anyone in the eyes.
- Jim had unprotected anal and front anatomy sex one month prior and is concerned about his HIV status.



# Case: Questions

- How would you start the visit with this patient?
- How would you prioritize this patient's primary care and prevention needs?



# Case: Angela

- 52yo transgender woman (AMAB) with history significant for HTN, obesity, and is a smoker, who has been on estrogen therapy for 3yrs and is s/p vaginoplasty 1yr ago.
- She is currently on 6mg of estrogen therapy and 200mg of spironolactone daily.
- Other medications include lisinopril 20mg
- Presents for her annual physical and states she very interested in a full check up and preventive screening tests, mammogram, pap test, and colonoscopy, etc.



# Case: Questions

1. What alternative therapy considerations should be made?
2. What primary prevention/lifestyle modifications should be stressed?
3. What age-related preventive screening tests should be considered for this patient?

# References

- Brown TNT, Herman JL. Intimate partner violence and sexual abuse among LGBT people (Internet). 2015. Los Angeles: The Williams Institute at the UCLA School of Law. Available from: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Intimate-Partner-Violence-and-Sexual-Abuse-among-LGBT-People.pdf>
- Douaiher J, Langenfeld SJ. Multidisciplinary approach to the management and treatment of anal dysplasia. Clin Colon Rectal Surg. 2018; 31:361-367.
- Gooren LJ, Wierckx K, Giltay E. Cardiovascular disease in transsexual persons treated with cross-sex hormones: reversal of the traditional sex difference in cardiovascular disease pattern. Eur J Endocrinol. 2014 Jun; 170(6): 809-919.
- Karpman M, Skopec L, Long S. QuickTake: Uninsurance rate nearly halved for lesbian, gay, and bisexual adults since mid-2013 (Internet). 2016. Washington, DC: Urban Institute Health Policy Center. Available from: <http://hrms.urban.org/quicktakes/Uninsurance-Rate-Nearly-Halved-for-Lesbian-Gay-and-Bisexual-Adults-since-Mid-2013.html>
- Kates J, et al. Health and access to care and coverage for lesbian, gay, bisexual, and transgender (LGBT) individuals in the U.S. 2018. San Francisco: Kaiser Family Foundation. Available from: <http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>
- Knight DA, Jarrett D. Am Fam Physician. 2015 Jun 15; 91(12):844-852.
- Krehely J. How to close the LGBT health disparities gap (Internet). 2009. Washington, DC: Center for American Progress. Available from: [https://cdn.americanprogress.org/wp-content/uploads/issues/2009/12/pdf/lgbt\\_health\\_disparities.pdf](https://cdn.americanprogress.org/wp-content/uploads/issues/2009/12/pdf/lgbt_health_disparities.pdf)
- Leeds IL, Fang SH. Anal cancer and intraepithelial neoplasia screening: A review. World J Gastrointest Surg. 2016 Jan 27; 8(1):41-51.
- Makadon HJ, Mayer KH, Potter J, Goldhammer H. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, 2<sup>nd</sup> Edition. 2007. Philadelphia: American College of Physicians.
- McNamara MC, Ng H. Best practices in LGBT care: a guide for primary care physicians. Cleve Clin J Med. 2016 July; 83(7): 531-541.



# References

- Schillie S, et al. Prevention of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep. 2018; 67(No. RR-1):1-31.
- A guide to substance abuse services for primary care clinicians. 1997. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- AAFP Policy on Primary Care (Internet). 2016. Leawood, KS: American Academy of Family Physicians. Available from: <https://www.aafp.org/about/policies/all/primary-care.html>
- Case studies in cultural competency (Internet). 2012. Newark: AETC National Coordinating Resource Center. Available from: <https://aidsetc.org/resource/case-studies-cultural-competency>
- Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (Internet). 2016. San Francisco: Center of Excellence for Transgender Health, UCSF. Available from: <http://transhealth.ucsf.edu/protocols>
- Laboratory considerations for male chlamydia screening (Internet). 2018. Research Triangle Park, NC: American Sexual Health Association. Available from: <http://chlamydiacoalition.org/laboratory-considerations-for-male-chlamydia-screening/>
- Meningitis in gay, bisexual, and men who have sex with men (Internet). 2015. Fort Myers, FL: National Meningitis Association. Available from: <https://www.nmaus.org/disease-prevention-information/meningitis-in-gay-bisexual-and-men-who-have-sex-with-men-msm/>
- Meningococcal disease: what gay and bisexual men need to know (Internet). 2017. Atlanta: Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/meningococcal/downloads/17-275138C1-MeningococcalDis-ACWY-Outbreak-FS.pdf>
- USPSTF A and B recommendations (Internet). 2019. Washington, DC: US Preventive Services Task Force. Available from: <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
- Viral hepatitis and men who have sex with men (Internet). 2019. Atlanta: Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/hepatitis/populations/msm.htm>

