

# Primary Care of LGBT Patients



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## Basics

- Primary care of LGBT patients is primary care of a population with unique barriers to care
- Like any patient population there are population specific disease risks concerns and screening needs
- HIV risk prevention is a primary care concern

## Definitions

- L: Lesbian
- G: Gay
- B: Bisexual
- T: Transexual
- Q: Questioning (Queer)
- Sometimes I: Intersex
- And even A: Ally

## Barriers to Care

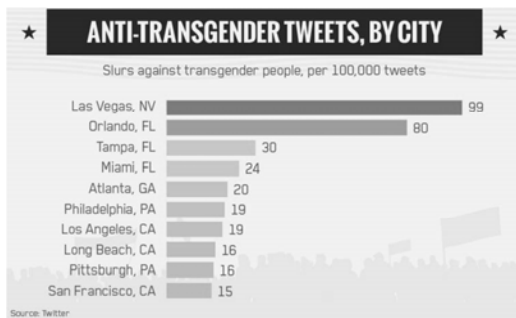
## Discrimination



## Discrimination



## Discrimination



## Trust

### Have You Told Your Parents?

% saying they have/have not told their ... about their sexual orientation or gender identity

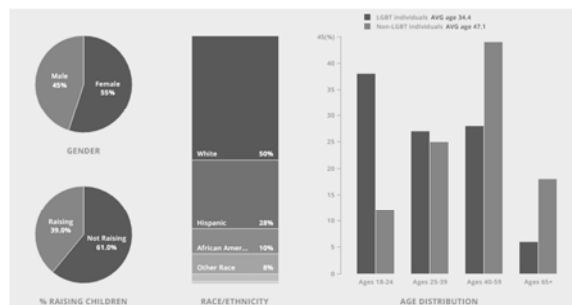
	No	Yes	Not applicable
Mother	34	56	10
Father	39	39	21

Notes: Based on all LGBT (N=1,197). "Not applicable" includes respondents who said their mother/father was not a part of their life, died before they could tell her/him or some other reason. Those who didn't answer the questions are not shown.

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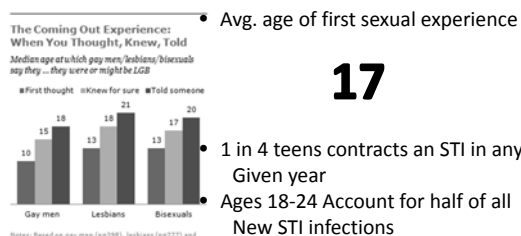
LGBT/44.45

## LGBT In Nevada



Same-sex Couple and LGBT Demographic Data Interactive. (May 2016). Los Angeles, CA: The Williams Institute, UCLA School of Law.

## LGBT Youths



## Language

- Provider comfort
  - “I have to ask...”
- Appropriate terminology
  - Bottoms and tops
  - Surgical status
- Avoid judgmental language

## The Messy State of Pronouns

Ask the patient what they prefer:

3 <sup>rd</sup> Person Singular Subjective	3 <sup>rd</sup> Person Singular Objective	3 <sup>rd</sup> Person Singular Possessive	3 <sup>rd</sup> Person Singular Reflexive
She	Her	Her	Herself
He	Him	His	Himself
They	Them	Their	Themselves
Ze	Zir	Zir/Zirs	Zirself
Xe	Xem	Xyr/Xyrself	Xemself
Ze	Hir	Hir/Hirs	Hirself
Per	Per	Peri/Pers	Perself

Source: Adapted from the University of Alberta Student Union

## Care Concerns

## LGBT Health

- Identity does not define all health risks
- Behaviors, not identity define STI risk
- Ongoing social stigma limits openness, communication and access to care
- Other risks may be associated with identity

## Risks Associated with LGBT Identity

- Higher risk of being a victim of violence
- Substance Abuse
  - LGBT as high as 30%
  - General population 10%
- Domestic violence risk: comparable but screened less

## Lesbians and Cancer

- Cervical Cancer
  - Historical sex with men
  - Shared sex toys
- Breast Cancer Risk Increased
  - Fewer pregnancies
  - Higher alcohol use
  - Higher rate of obesity
- Ovarian Cancer Risk Increased
  - Fewer pregnancies
  - Reduced rate of OCP use

## Lesbians and Sexual Health

- STI screening should be offered just as straight women
  - STIs can be readily transmitted by lesbian sex
  - Non-STI vaginal infections can be readily spread
- Reproductive issues
  - Family planning and fertility issues

## Gay/Bisexual Men and Cancer

- Routine prostate screening as appropriate
- Anal Cancer
  - HPV causative just as with cervical cancer
  - Routine screening is crucial to early diagnosis
    - Anal PAP smear
  - Marked increase in risk if HIV+

## Gay/Bisexual Men and STIs

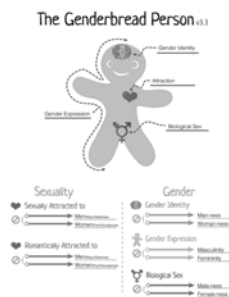
- Hepatitis Vaccination, A & B
- HPV vaccination
- Safer sexual counseling is essential, especially for youths
- Regular RPR and HIV as part of sexual health testing

## MSM On The "DL"

- Predominantly Black and Hispanic Men
- Significant Social Stigma/Pressures
  - Seeking to have children
  - Cultural homophobia
- Personal Shame
- Communication is key to protecting the patient and their partners

## Transgender Issues

- Focus of discussion
  - Male to Female
  - Female to Male
- Levels of disparity
  - Victims of violence
  - Alcohol and drugs
  - Incarceration
  - Sex work
  - Poverty/unemployment
  - Homelessness
  - Incidence of HIV



## Medical Issues

- Can not assume sexuality
- Hormonal Therapy
  - Impact on native organs
  - Metabolic impacts
  - Osteoporosis
- Counseling and supportive care

## Trans Men

- Language can be confounding
  - Chest vs. Breasts
  - “Front Hole” instead of Vagina
- Pelvic exams
  - Can be emotionally traumatic
    - May need additional support
    - Meds, Relaxation techniques, Pre-medication
  - May need vaginal estrogens for 1-2 weeks prior to address testosterone induced atrophy

## Trans Women


- Surgical changes
  - Surgical implants
    - Top surgery vs bottom surgery
    - Avoid referring to “fully transitioned”
  - Injectable implants
    - Migration
    - Infection

## Screening For STIs

- Urine: GC/Chlamydia
  - Females: Self collected vaginal swabs or urine ok
    - Urine may be less sensitive than vaginal/cervical
- Oral: GC/Chlamydia swab
- Rectal: self collected GC/Chlamydia swab
- RPR
- HIV

## Pharyngeal Self Collection

**How to Self Swab**



- 1 Tilt head back, breathe deeply, open mouth wide and say "Ahhh".
- 2 Guide the swab over the tongue into the back of the throat (posterior pharynx). Avoid touching your tongue, teeth, roof of the mouth or the inside of the cheeks.
- 3 Carefully but firmly rub the swabs over the tonsils (or tonsillar crypts if tonsils have been removed) in the back of the throat.
- 4 Insert the swab completely into the transport vial with the cotton tip pointing down.

## Anal Self Collection














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## Anal Self Collection

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## Anal PAP vs. GC/Chlamydia

- Medium
  - GC/Chlamydia = Genprobe
  - PAP = ThinPrep
- Depth
  - GC/Chlamydia = 1 inch (2.5 cm)
  - PAP = 2 inches (4-5 cm)

## HIV Risk Prevention

### PEP: Post-Exposure Prophylaxis

- 72 hour window
- 28 days of emtricitabine/tenofovir QD and an integrase inhibitor
  - CDC recommends BID raltegravir 400mg
  - Common use of QD dolutegravir 50mg
- 4<sup>th</sup> Generation HIV testing at
  - Initiation
  - 6 weeks and 12 weeks

### PreP: Pre-Exposure Prophylaxis

- What is it?
  - QD emtricitabine/tenofovir
- How well does it work?
  - > 90% effective preventing sexual transmission
  - > 70% effective preventing IV transmission
- Is it new?
  - Approved in 2012



## Who should take PrEP

- Persons with an HIV+ partner
- MSM who use condoms inconsistently with multiple partners
- Women with bisexual male partners
- Sex workers
- IV drug users
- Anyone who wants it?
- <https://www.truvadapreprems.com/>

## Prescribing PrEP

- HIV 4<sup>th</sup> generation test, CBC, Chem-14 every 3 months
- Rx for daily emtricitabine/tenofovir
- Routine monitoring for STIs, cancer screenings
- Fully vaccinated Hep A/B, HPV if available
- Advise of effectiveness window
  - Men protected at 7 days
  - Women protected at 21 days

## Questions

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