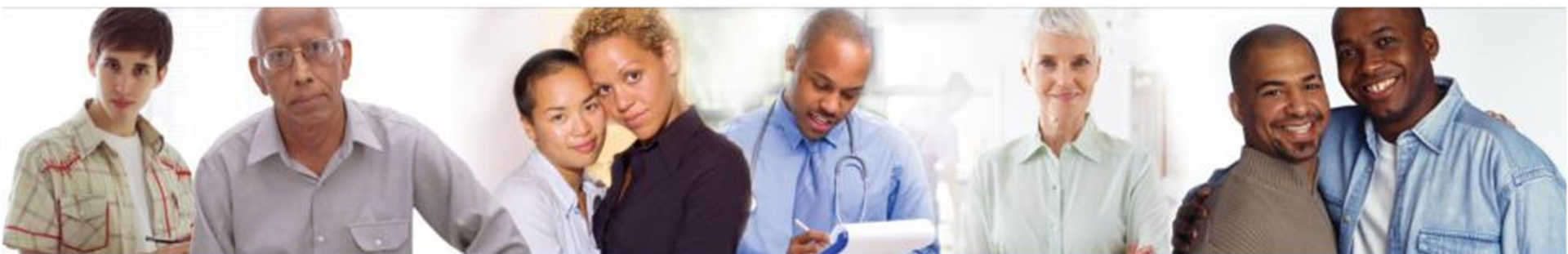




NATIONAL LGBT HEALTH
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Addressing Obesity, Eating Disorders, and Body Dissatisfaction among LGBTQ Youth

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Continuing Medical Education Disclosure

- Program Faculty: Alex S. Keuroghlian, MD, MPH;
- Current Position: Director, Division of Education and Training, The Fenway Institute, Fenway Health; Assistant Professor of Psychiatry, Harvard Medical School
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



LGBT Education and Training

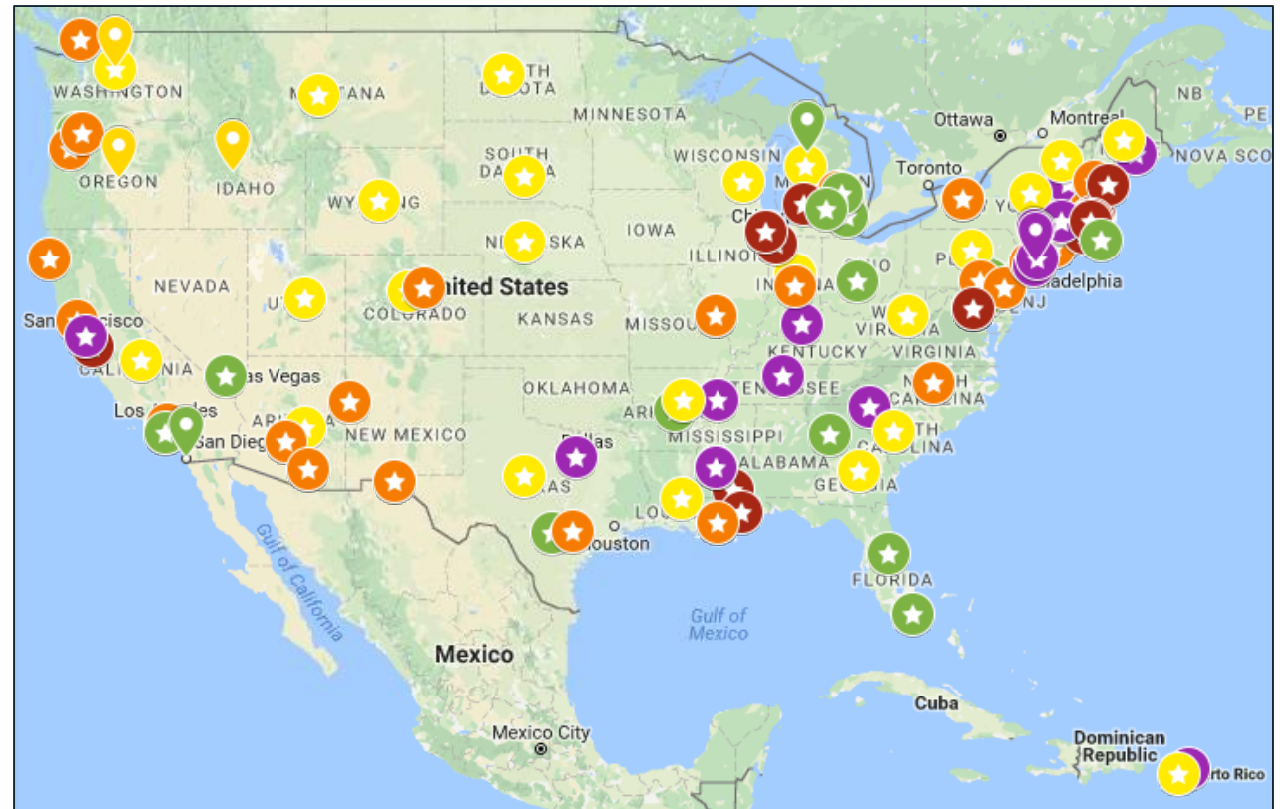
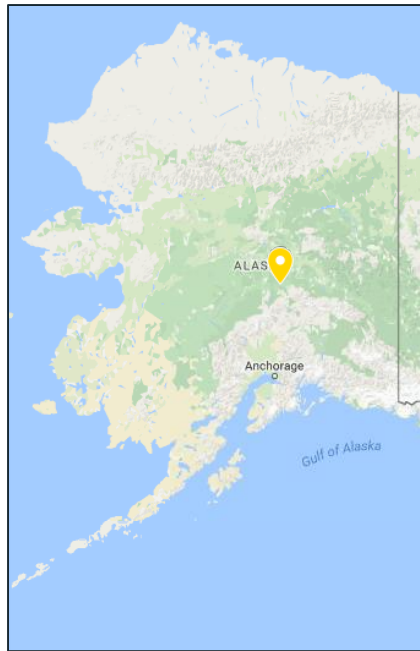
The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

- Training and Technical Assistance
- Grand Rounds
- On Line Learning
 - Webinars, Learning Modules
 - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbthealtheducation.org



The National LGBT Health Education Center



Training and Technical Assistance in 43 states, plus Washington D.C. and Puerto Rico

L,G,B,T,Q Concepts



Gender Identity and Sexual Orientation: The Basics



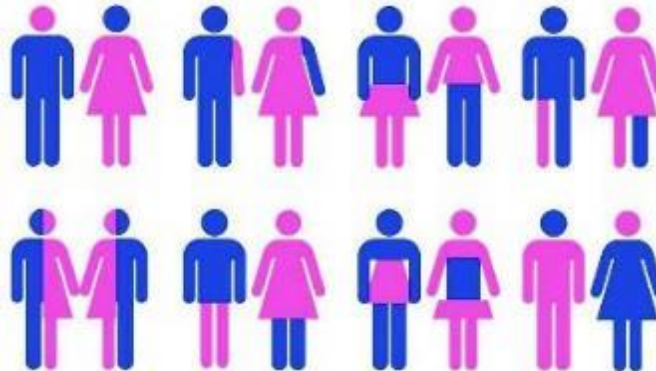
Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity ≠ Sexual Orientation



Gender Identity and Gender Expression

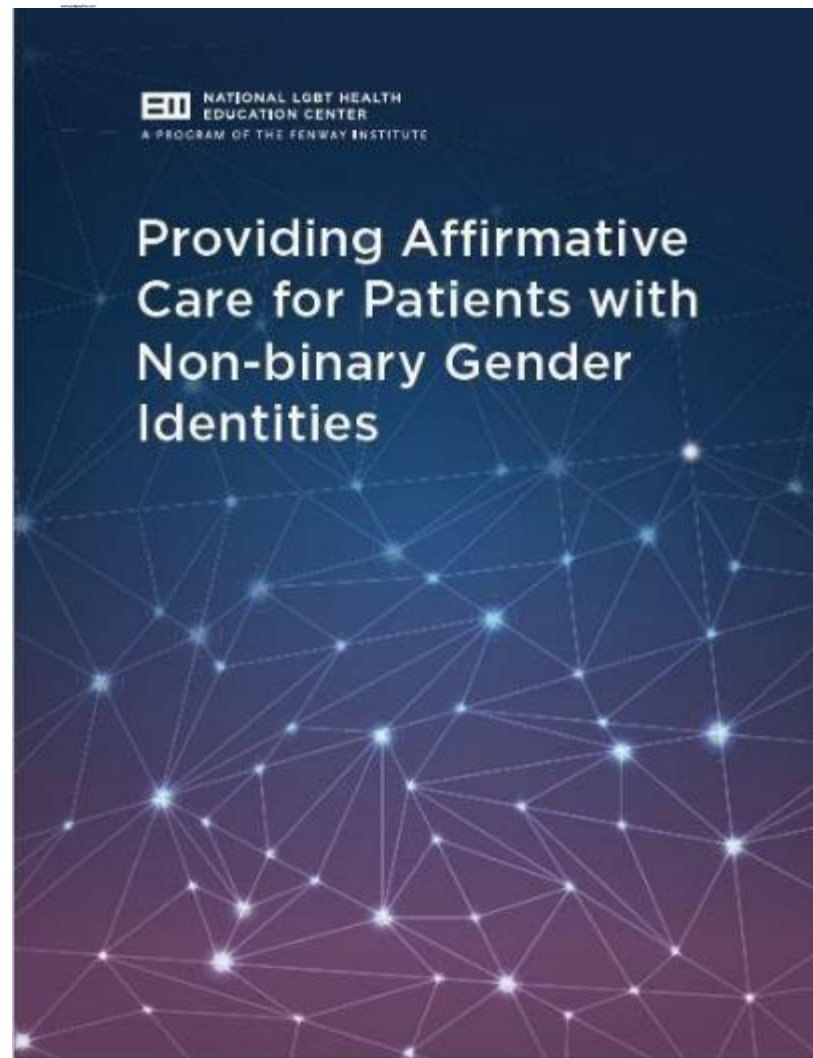
- Gender identity
 - A person's inner sense of being a boy/man/male, girl/woman/female, another gender, or no gender
 - All people have a gender identity
- Gender expression
 - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
 - May be on a spectrum



A complete glossary of terms is available at www.lgbthealtheducation.org/publication/lgbt-glossary/



In a 2013 community-based survey of 452 transgender adults, 40.9% of respondents described themselves as having a “non-binary gender identity.” (Keuroghlian)



The T in LGBTQ: Transgender

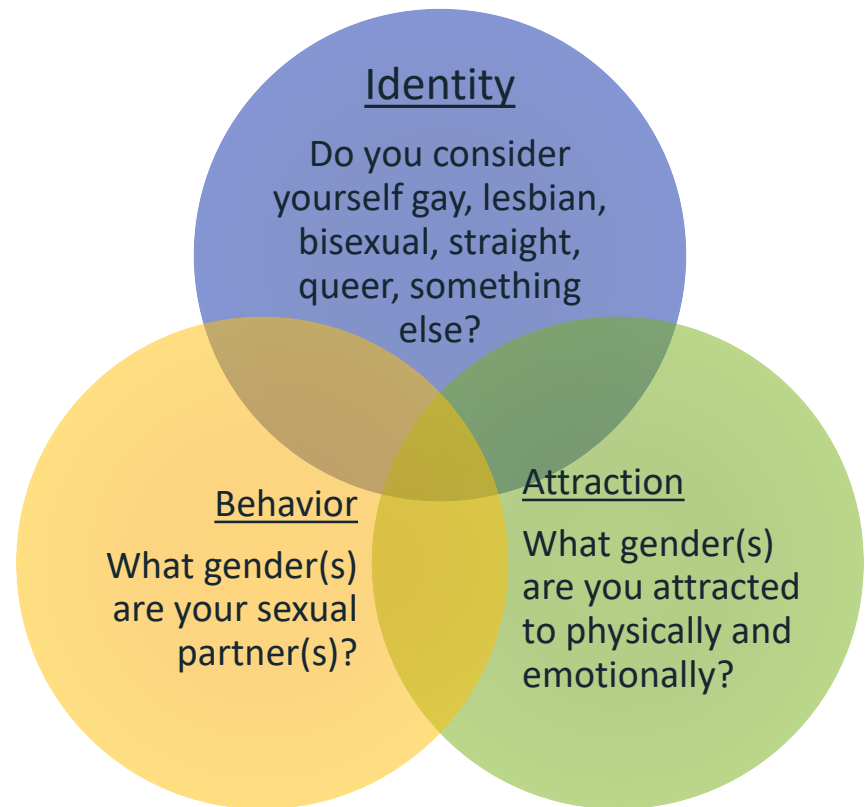
- Gender identity does not correspond with assigned sex at birth
- Alternate terminology
 - Transgender woman, trans woman, male to female (MTF)
 - Transgender man, trans man, female to male (FTM)
- Non-binary, genderqueer
 - Genderqueer person
- Transmasculine, Transfeminine



Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- Behavior
 - Men who have sex with men-MSM (MSMW)
 - Women who have sex with women-WSW (WSWM)
- Identity
 - Straight, gay, lesbian, bisexual, queer, other

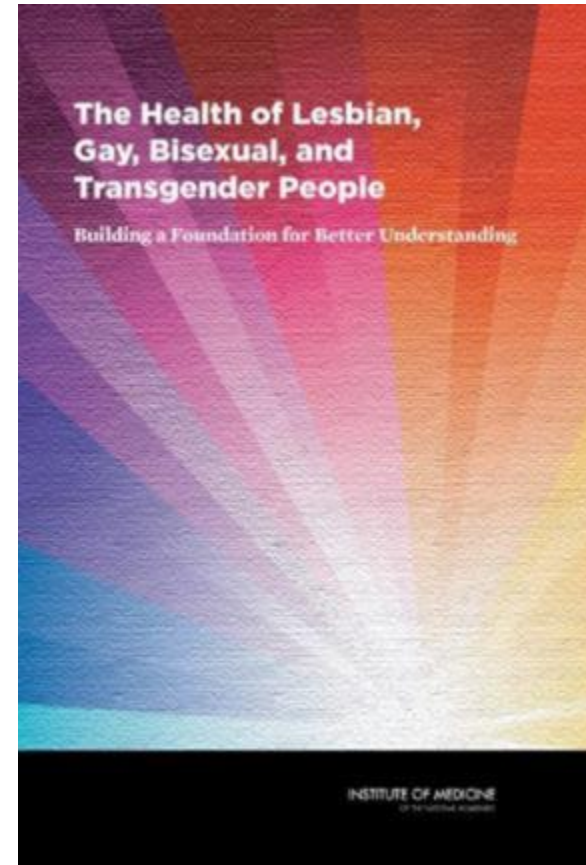
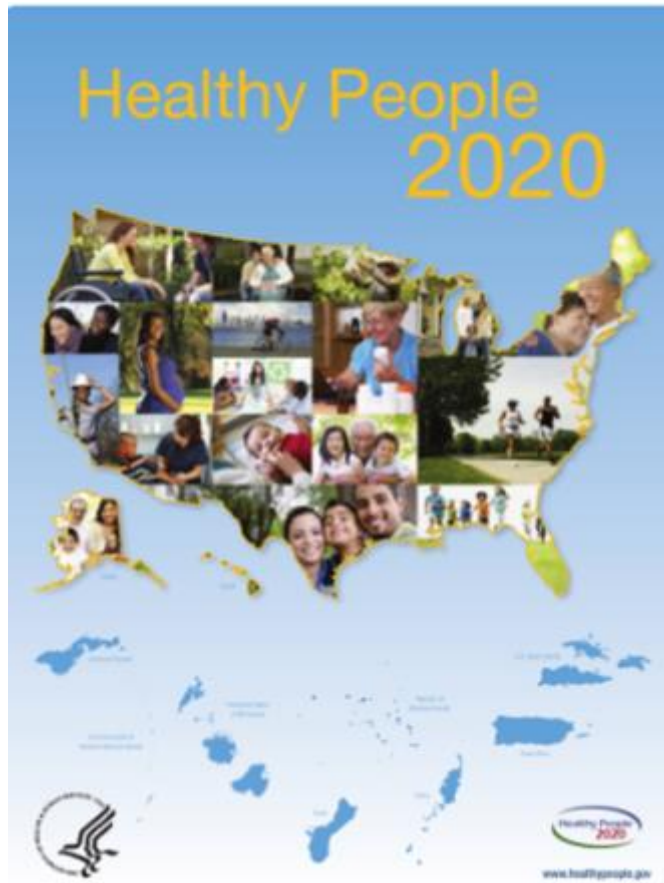
Dimensions of Sexual Orientation:



What Does Q Stand For?

- Q may reflect someone who is ‘questioning’ their sexual orientation or gender identity.
- Q may stand for ‘queer,’ a way some people identify to state they are not straight but also don’t identify with gay, lesbian or bisexual identities. The term ‘queer’ is particularly commonly used among younger people.

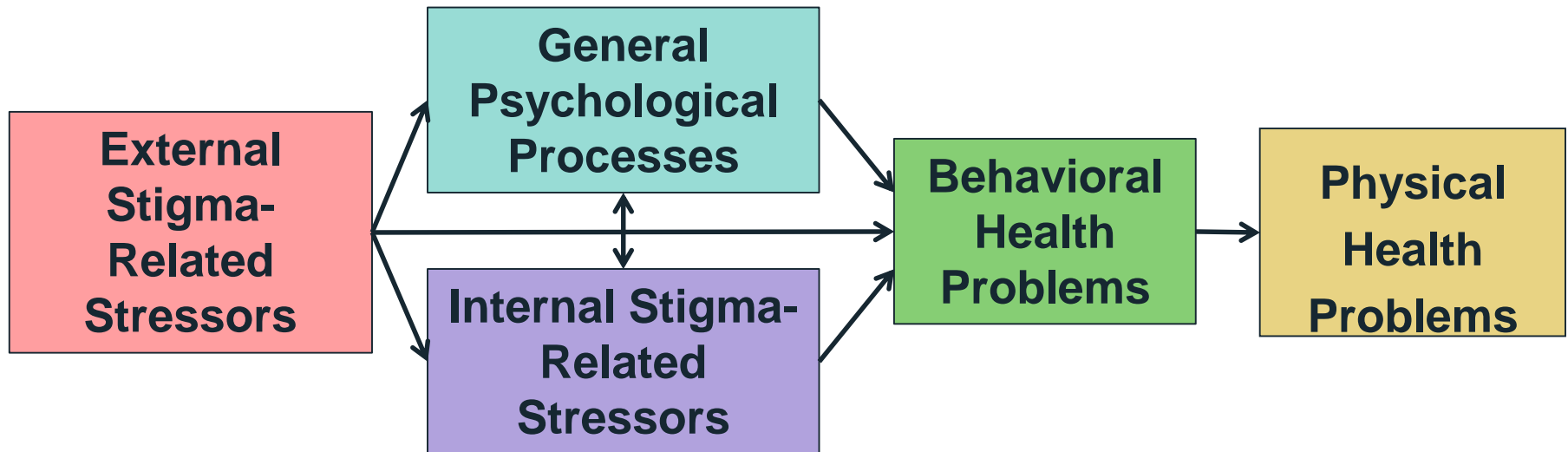
Why Programs for LGBTQ Youth?



LGBTQ People May Be Invisible but Experience Stigma



Minority Stress Framework for LGBTQ Youth



(2009)

Adapted from Hatzenbuehler, ML



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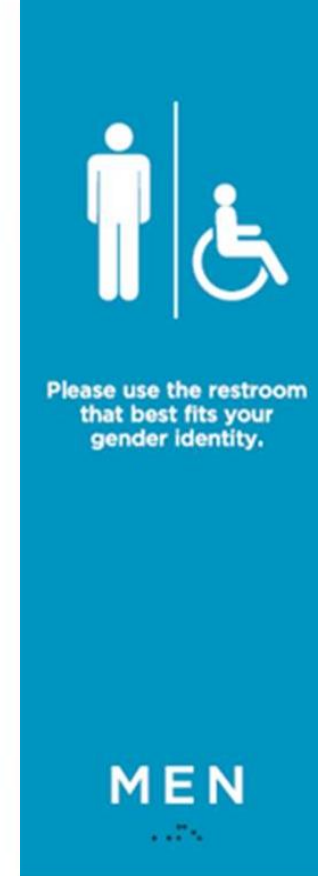
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Interpersonal Stigma



Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.



Intrapersonal Stigma

“...And to the degree that the individual maintains a show before others that [they themselves] do not believe, [they] can come to experience a special kind of alienation from self and a special kind of wariness of others.” (Goffman, 1978)



Obesity in Children and Adolescents

Weight Status Category	Percentile Range
Underweight	Less than the 5th percentile
Normal or Healthy Weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	95th percentile or greater

CDC, 2016 ([cdc.gov/obesity/childhood/defining.html](https://www.cdc.gov/obesity/childhood/defining.html))

Feeding and Eating Disorders (DSM-5)

- Characterized by persistent disturbance of eating or eating-related behavior.
- Result in altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning.
- Diagnostic criteria are provided for avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, binge-eating disorder, and others.

Body Dysmorphic Disorder (DSM-5)

- Diagnosis involving distress due to a perceived physical anomaly.
- Preoccupation with physical features they perceive as flawed, yet not apparent to observers.
- Repetitive behavioral component focused on perceived physical anomaly (e.g. obsessively examining in mirror).
- Specifiers can include
 - Body dysmorphia - obsession regarding musculature
 - Insight: Good/fair vs Poor vs Absent/delusional

Causes of Eating Disorder and Shape Control Disparities in LGBTQ Youth?

- Sexual and gender minority-specific community norms regarding ideal appearance, or importance of appearance and physical attributes (Calzo et al., 2017).
- Stress-induced responses to victimization, discrimination, internalized stigma.

Obesity in Female Sexual Minority Youth

- Studies indicate sexual minority females are more likely to be obese than their counterparts (Boehmer et al., 2007; Conron et al., 2010).
- Recent findings demonstrate an association between discrimination and overweight and obesity among lesbian-identified females (Mereish, 2014).
- Lesbian-identified females may engage in negative health behaviors, such as binge eating, to cope with discrimination (Mason and Lewis, 2015a).

Obesity in Female Sexual Minority Youth

- Internalized homophobia, stigma consciousness, and concealment of sexual identity associated with increased binge eating through maladaptive coping, social isolation, and negative affect (Mason and Lewis, 2015a).
- In a qualitative study, lesbian-identified females mentioned that depression and minority stress interfere with ability to eat healthy and exercise (Roberts et al., 2010).

Obesity in Female Sexual Minority Youth

- Among young partnered lesbian-identified females, overweight and obesity associated with more public lesbian identification, depressive symptoms, heavy drinking, longer relationship length, and lower relationship consensus (Mason and Lewis, 2015b).

Obesity in Female Sexual Minority Youth

- May be necessary to receive treatment for binge eating as adjunct to weight control.
- Important to determine triggers for binge eating behaviors, including issues related to lesbian identity.
- Essential for school-based health centers to create a safe environment in which sexual minority female youth are able to discuss identity openly.
- Focus prevention and intervention efforts for binge eating specifically on adolescent development period.

Obesity in Female Sexual Minority Youth

- Among young lesbian-identified females, binge eating was a salient predictor of overweight and obesity after controlling for demographic variables, outness, diet, and physical activity (Mason, 2016).
- Need for culturally-competent obesity interventions and health promotion programs.
- Standard weight control and health promotion programs that do not involve treatment for binge eating may not be effective for young lesbian-identified youth.

Obesity in Other LGBT Subgroups

- More than 50% of each LGBT subgroup reports body mass index (BMI) in the overweight/obese range (Warren, Smalley and Barefoot, 2016).
- Nearly half (46%) of trans masculine patients report BMI in the obese range.
- Further research needed examining potential impact of transgender-specific factors (e.g., gender-affirming hormone therapy usage, gender-affirming surgeries, and age of gender affirmation) on obesity.

Weight-related Disparities for Transgender Students

- Compared to non-transgender students, transgender students more likely to be either underweight or obese, and less likely to meet recommendations for strenuous physical activity, strengthening physical activity, and screen time (Vankim et al., 2014).
- Transgender students may need more targeted interventions to alleviate existing disparity and improve their long-term health.
- Providers need to deliver weight loss or weight gain messages that are sensitive to and affirming of gender needs and gender expression.

Eating Disorders in Sexual Minority Male Youth

- Stigmatization and treatment non-engagement may be more likely (Murray et al., 2017).
- Muscularity-oriented eating.
- Distinct array of medical complexities (e.g. more elevated liver enzymes than among females).
- Symptom presentation may differ from females (e.g. focus on high-protein foods).
- Less likely to receive eating disorder diagnosis, greater delay in help-seeking and greater illness entrenchment.

Eating Disorders in Sexual Minority Male Youth

- Compared to peers, sexual minority males more likely to (Murray et al., 2017):
 - Display body image concerns related to weight and shape, muscle tone and definition
 - Binge eating
 - Purging
 - Restrictive dieting
 - Using diet pills
 - Misusing anabolic steroids

Body Dissatisfaction in Sexual Minority Males

- Body dissatisfaction predicts elevated depressive symptoms, lower sexual self-efficacy, and elevated sexual anxiety among sexual minority males (Blashill et al., 2016).
- Given high prevalence of body image concerns in sexual minority men, depression and HIV/STI prevention programs may benefit from routine assessment for body dissatisfaction and intervening with those who report concerns.

Weight Misperception and Unhealthy Control Behaviors among Sexual Minority Youth

- Sexual minority males more likely to self-perceive as overweight despite being of healthy weight or underweight (Hadland et al., 2013).
- Sexual minority females more likely to self-perceive as being of healthy weight or underweight despite being overweight or obese.

Weight Misperception and Unhealthy Control Behaviors among Sexual Minority Youth

- Unhealthy weight control behaviors were significantly more prevalent among sexual minority males and females (e.g., fasting, pills, vomiting, laxatives).
- Treatment during high school or earlier may prevent downstream adverse effects on growth, bone density, and reproductive function (Hadland et al., 2013).

Cognitive Behavioral Therapy for Body Image and Self-Care (CBT-BISC) in Sexual Minority Males

- Tailored 12-session manualized treatment that integrates traditional cognitive behavioral therapy protocols for body image disturbance with sexual minority stress principles (Blashill et al., 2017).
- Sexual minority males showed substantial improvement in body image disturbance, depressive symptoms, physical self-care and global functioning.

Gender-affirming Care and Eating Disorders

- Elevated risk may be related to body dissatisfaction and/or societal reactions to gender nonconformity gender expression, such as misgendering (e.g., using incorrect pronouns) (Testa et al., 2017).
- Genital construction surgery, chest construction surgery, gender-affirming hormone therapy, hysterectomy, and hair removal reduce experiences of gender non-affirmation, increase body satisfaction, and thus decrease eating disorder symptoms.

Body Image Dissatisfaction in Transgender Individuals

- Transgender people have greater body dissatisfaction than control participants (Witcomb et al., 2015).
- Trans masculine participants have comparable body dissatisfaction scores to cisgender males with eating disorders.
- Drive for thinness is greater among trans feminine participants than trans masculine participants.
- Trans masculine and trans feminine participants report greater dissatisfaction not only for gender-identifying body parts but also body shape and weight.

DSM-5 Gender Dysphoria (F64._)

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration ...
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability

.1 adolescence & adulthood .8 other gender identity disorders .9 unspecified



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Gender Identity and Co-occurring Psychiatric Disorders

- Often impede gender identity exploration and alleviation of distress
- Need to stabilize co-occurring psychiatric symptoms for facilitation of gender identity discovery and affirmation
- World Professional Association for Transgender Health guidelines for reasonable control of co-occurring disorders



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Pronouns

- People may use a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears).



Subjective	Objective	Possessive	Examples
He	Him	His	He is in the waiting room. The doctor is ready to see him. That chart is his.
She	Her	Hers	She is in the waiting room. The doctor is ready to see her. That chart is hers.
They	Them	Theirs	They are in the waiting room. The doctor is ready to see them. That chart is theirs.
Ze	Hir	Hirs	Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.

Role of Behavioral Health Clinician in Gender Affirmation Process

- Fostering gender identity exploration, discovery and affirmation
- Presenting appropriate non-medical and medical strategies for gender affirmation
- Assistance in making fully informed decisions regarding personalized gender affirmation process:
 - relevant options
 - risks/benefits
 - evaluate capacity for medical decision making/informed consent
 - arranging suitable referrals to care

Gender-affirming Behavioral Health Care

- Explore gender identity, expression, and role
- Focus on reducing internalized transphobia
- Help improve body image
- Facilitate adjustment through affirmation process (physical, psychological, social, sexual, reproductive, economic, and legal challenges)



Treating Eating Disorders in LGBTQ Youth

- Enhanced Cognitive Behavioral Therapy for Eating disorders (CBT-E) (Fairburn 2008)
- Family-based Treatment (FBT) (Courturier et al., 2013)
- Interpersonal therapy (IPT) (Rieger et al., 2010)
- Dialectical Behavior Therapy (DBT) (Safer et al., 2001).
- Clinicians must be attentive to unique sociocultural factors, minority stressors that amplify risk for eating disorders (Calzo et al., 2017).

Minority Stress Treatment Principles for Behavioral Health Clinicians

- Normalize adverse impact of sexual and gender minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBTQ youth
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

Resilience in the LGBTQ Community

Despite the many challenges that LGBTQ youth often face, both internal and community-derived resilience can protect the health and well-being of LGBTQ youth.







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The Education Center is a part of [The Fenway Institute](#), the research, training, and health policy division of [Fenway Health](#), a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers.



Advice from one health care provider to another.

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