



ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

Sexual and Gender Minority Health: Primary Care & Prevention

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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



SGM 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.

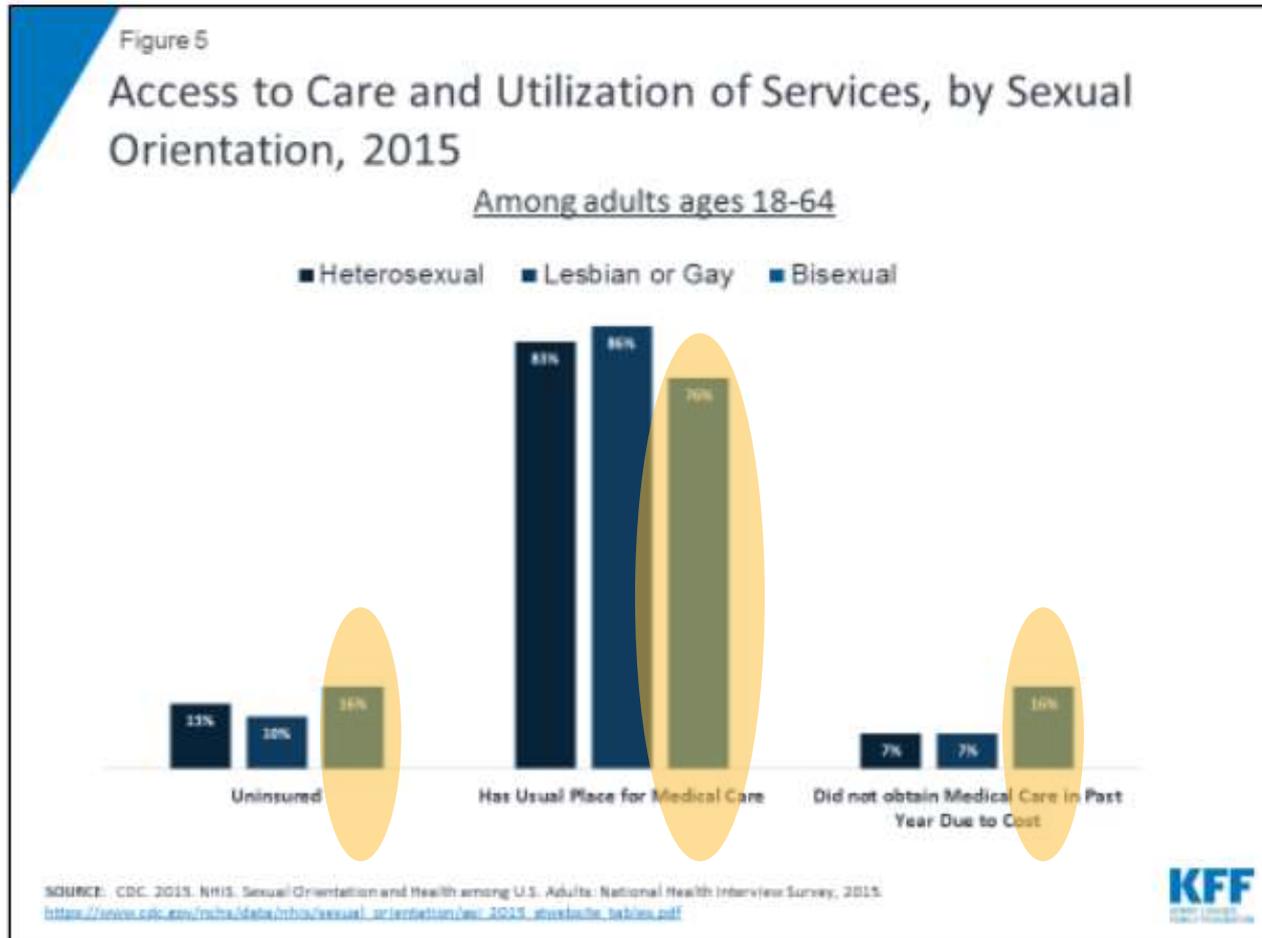
% of adults receiving ER care



Source: 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

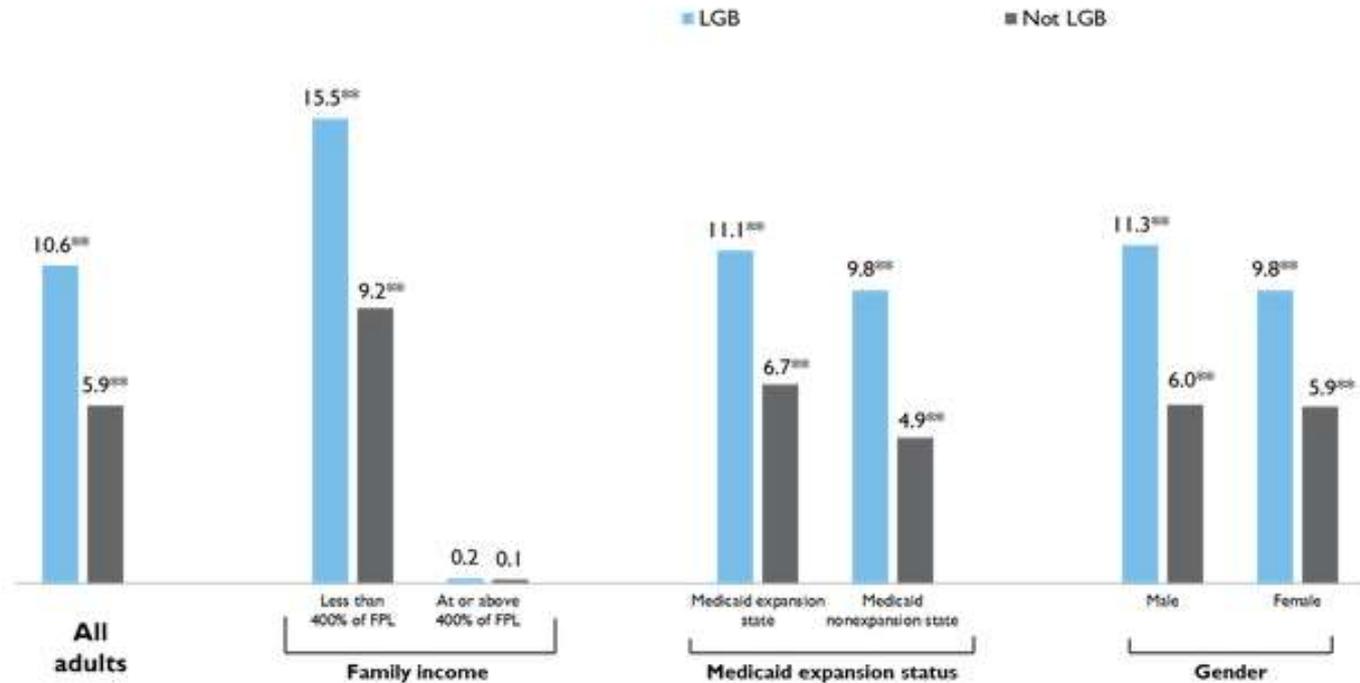


SGM Access to Care



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



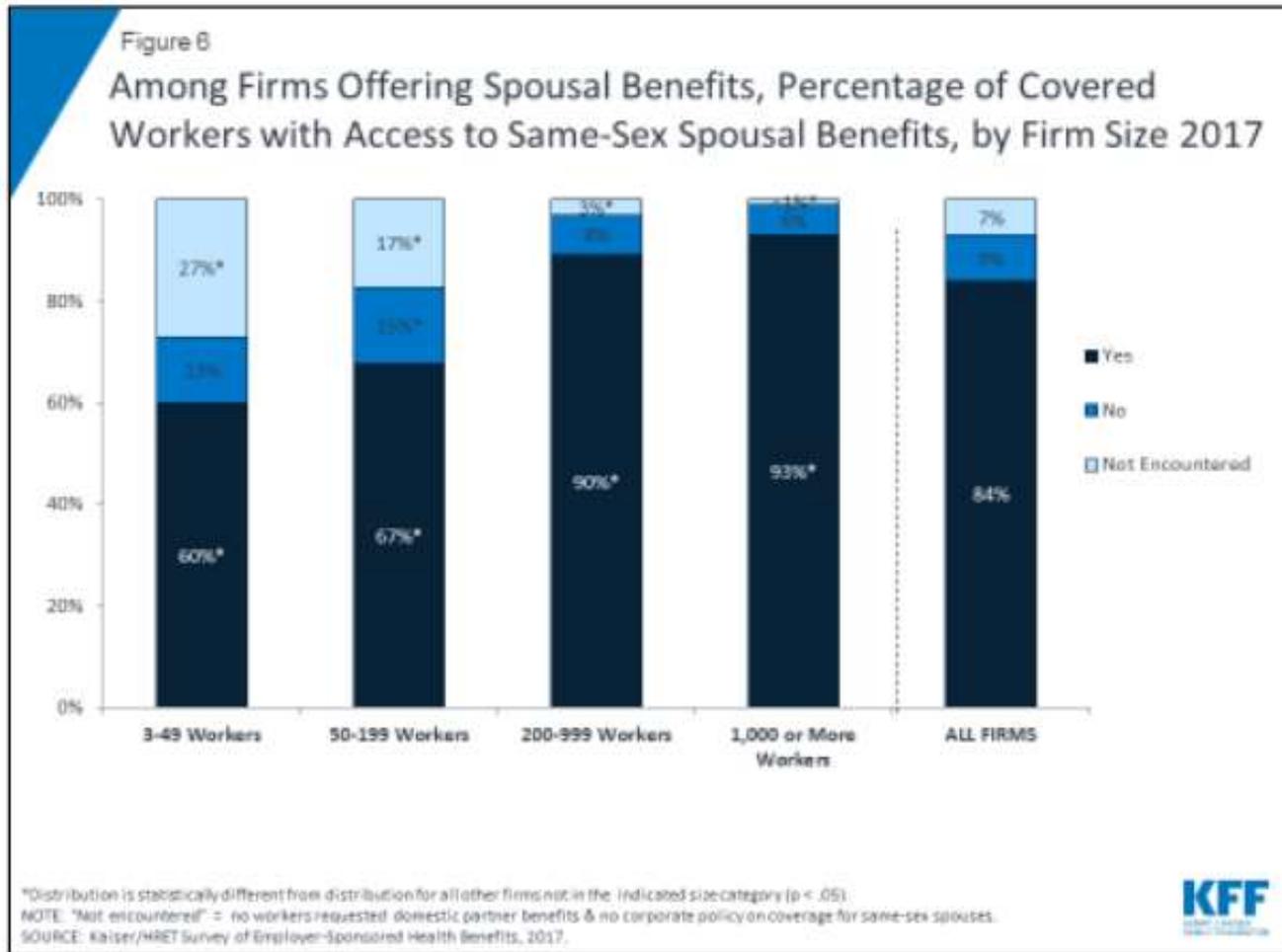
Source: Health Reform Monitoring Survey, quarter 2 2013 through quarter 1 2015.

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.

^{***} 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
- USPSTF recommends screening for HCV in adults ages 18-79
- Check HCV serology regularly in highest risk groups (HIV+, SGM with high risk factors – IVDU, unprotected sex, fisting, chemsex/PNP); check VL (RNA) in people with previous history of infection who are at risk for reinfection



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

IPV Screen Due Before: **ASAP**

[Contacts for immediate/urgent support](#) **ALL NORMAL**

Please answer all questions

I prefer not to answer these questions

In the past year, did a current or former partner....

1. Make you feel cut off from others, trapped, or controlled in a way you did not like?

Yes No Declined to Answer

2. Make you feel afraid that they might try to hurt you in some way?

Yes No Declined to Answer

3. Pressure or force you to do something sexual that you didn't want to do?

Yes No Declined to Answer

4. Hit, kick, punch, slap, shove, or otherwise physically hurt you?

Yes No Declined to Answer

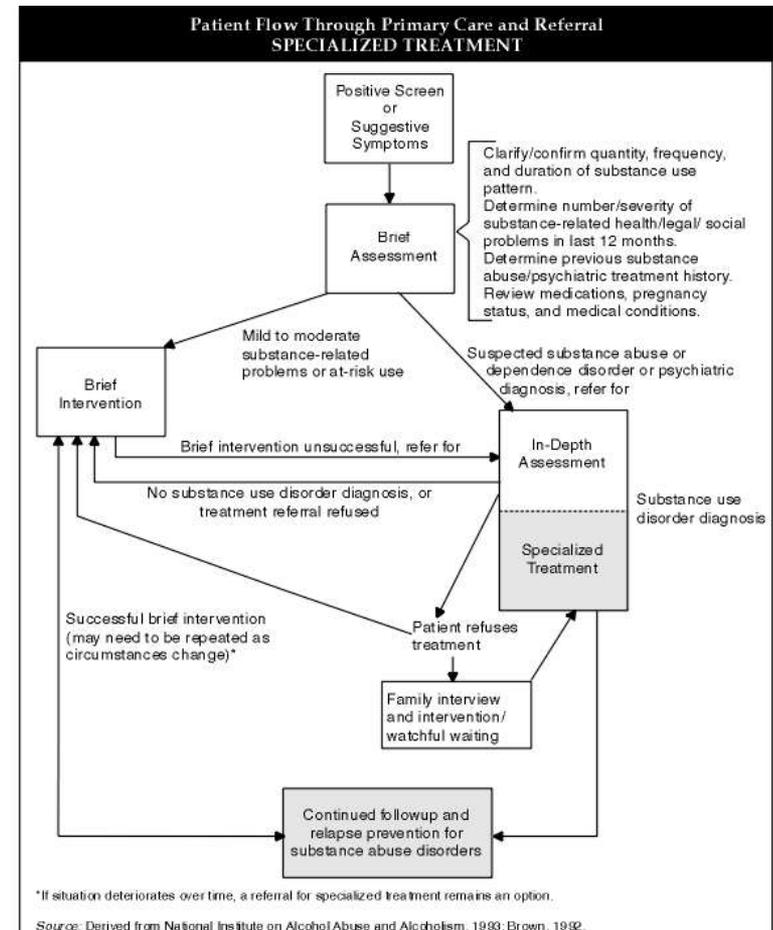


Behavioral Health & Substance Use Disorders

SGM Primary Care & Prevention: Universal Principles

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

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



Behavioral Health & Substance Use Disorders

SGM Primary Care & Prevention: Universal Principles

Depression Screen Due Before: PHQ9 Due Before:

ALL NORMAL

Please indicate how often over the LAST 2 WEEKS you have been bothered by any of the following problems.

1) Little interest or pleasure in doing things:
 Not at all Several days More than half the days Nearly every day

2) Feeling down, depressed or hopeless:
 Not at all Several days More than half the days Nearly every day

3) Trouble falling or staying asleep, or sleeping too much:
 Not at all Several days More than half the days Nearly every day

4) Feeling tired or having little energy:
 Not at all Several days More than half the days Nearly every day

5) Poor appetite or overeating:
 Not at all Several days More than half the days Nearly every day

6) Feeling badly about yourself - or that you are a failure or you have let yourself or your family down:
 Not at all Several days More than half the days Nearly every day

7) Trouble concentrating on things, such as reading the newspaper or watching television:
 Not at all Several days More than half the days Nearly every day

8) Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual:
 Not at all Several days More than half the days Nearly every day

9) Thoughts that you would be better off dead, or of hurting yourself in some way:
 Not at all Several days More than half the days Nearly every day

10) How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
 Not difficult at all Somewhat difficult Very difficult Extremely difficult



Behavioral Health & Substance Use Disorders

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Depression	Intimate Partner Violence	Fall Risk (65+ Only)
PLEASE NOTE RESPONSE TO QUESTION 9		
Today's Depression Score: <input type="text" value="18"/> Moderately Severe Depression		
Proposed Treatment Actions* : Active treatment with pharmacotherapy and/or psychotherapy		
* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521		



Behavioral Health & Substance Use Disorders

SGM Primary Care & Prevention: Universal Principles

Generalized Anxiety: GAD7

Please use the flowsheet below to determine the dates and scores of previous GAD7 screens

Days	02/28/2018					
GAD7 Q1	Several ...					
GAD7 Q2	Several ...					
GAD7 Q3	Several ...					
GAD7 Q4	Several ...					

Today's GAD7 Score:

Over the last 2 weeks, how often have you been bothered by the following problems?

- Feeling nervous, anxious or on edge
 - Not at all
 - Several days
 - Over half the days
 - Nearly every day
- Not being able to stop or control worrying
 - Not at all
 - Several days
 - Over half the days
 - Nearly every day
- Worrying too much about different things
 - Not at all
 - Several days
 - Over half the days
 - Nearly every day
- Trouble Relaxing
 - Not at all
 - Several days
 - Over half the days
 - Nearly every day
- Being restless that it is hard to sit still
 - Not at all
 - Several days
 - Over half the days
 - Nearly every day
- Becoming easily annoyed or irritable
 - Not at all
 - Several days
 - Over half the days
 - Nearly every day
- Feeling afraid as if something awful might happen
 - Not at all
 - Several days
 - Over half the days
 - Nearly every day



Behavioral Health & Substance Use Disorders

Today's GAD7 Score: 14

Moderate Anxiety: Probable diagnosis of GAD; confirm by further evaluation.

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Universal
Principles



Behavioral Health & Substance Use Disorders

SGM Primary Care & Prevention: Universal Principles

Cigarettes

Cigarette use Current every day smoker
 Current some day smoker
 Former smoker
 Never smoker
 Unknown if ever smoked

Number of cigarettes you smoke/smoked: 13-24 cigarettes per day

Number of years you are/were a cigarette smoker: 6-10 years

Currently, approximately how many minutes after you wake up do you have your first cigarette? Within 10 to 20 minutes

Have you made a serious quit attempt in the past year (i.e. stopped smoking for more than 24 hours)? yes no

On a scale of 1 to 10, how motivated are you to quit in next month? 5

Tobacco Use Comments:

When you next plan to quit smoking, which of the following would you be interested in?

Cold Turkey	<input type="checkbox"/>
Support from friend/relatives	<input type="checkbox"/>
Gradual reduction	<input type="checkbox"/>
Nicotine Replacement Therapy	<input checked="" type="checkbox"/>
Chantix	<input type="checkbox"/>
Wellbutrin/Bupropion	<input type="checkbox"/>
Telephone Quit Line	<input type="checkbox"/>
Smoking Cessation Group	<input type="checkbox"/>
Behavioral Counselling	<input type="checkbox"/>
Hypnosis	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>
Advice/support from my PCP	<input type="checkbox"/>
Other	<input type="checkbox"/>
Other Specify:	<input type="text"/>
I don't plan to quit smoking	<input type="checkbox"/>

Counseled to quit/cut down: yes no

[How to Stop Smoking Handout](#)



Behavioral Health & Substance Use Disorders

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Cigars, Pipes, Smokeless Tobacco

Have you ever used any of the following?

Cigars yes no

How many cigars per week do you currently smoke?

Pipes yes no

How many pipes per week do you currently smoke?

Smokeless Tobacco yes no

How many times per day do you currently use smokeless tobacco?

Passive Smoke

Passive smoke exposure: yes no

Electronic Cigarettes

Electronic Cigarettes yes no



Behavioral Health & Substance Use Disorders

SGM Primary Care & Prevention: Universal Principles

Alcohol Use: AUDIT-C

Load today's results

Please use the flowsheet below to determine the dates and scores of previous AUDIT-C screens

Days	02/28/2018	06/16/2017			
AUDIT SCORE	0	20			
AUDITRECOMM	NO ALCOH...	FURTHER ...			
AUDIT-CQ1	Never	4 or mor...			
AUDIT-CQ2		10 or mo...			

****A drink is defined as: 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirit****

Today's AUDIT-C Score:

Screening Result: **Disordered Use**

Recommendation: **FURTHER DIAGNOSTIC EVALUATION & REFERRAL NEEDED**

Detailed Action: **Referral to detox, ER; SATP, BH Specialist warm-handoff, motivational interviewing**

- How often do you have a drink containing alcohol?
 - Never
 - Monthly or less
 - 2-4 times a month
 - 2-3 times a week
 - 4 or more times a week
- How many drinks containing alcohol do you have on a typical day when you are drinking?
 - 1 or 2
 - 3 or 4
 - 5 or 6
 - 7 to 9
 - 10 or more
- How often do you have five or more drinks on one occasion?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
- How often during the last year have you found that you were not able to stop drinking once you had started?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
- How often during the last year have you failed to do what was normally expected of you because of drinking?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
- How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
- How often during the last year have you had a feeling of guilt or remorse after drinking?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
- How often during the last year have you been unable to remember what happened the night before because of your drinking?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
- Have you or someone else been injured because of your drinking?
 - No
 - Yes-not in the last year
 - Yes-during the last year
- Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?
 - No
 - Yes-not in the last year
 - Yes-during the last year



Behavioral Health & Substance Use Disorders

SGM Primary Care & Prevention: Universal Principles

Drug Use: DAST-10

Please use the flowsheet below to determine the dates and scores of previous DAST10 screens

Days	02/28/2018				
DAST-10TOTAL	3				
DASTRECOMM	Problema...				
DAST-10 Q1					
DAST-10 Q10	No				

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

Today's DAST-10 Score: 5

Screening Result: **Problematic Use**

Recommendation: **FURTHER DIAGNOSTIC EVALUATION & REFERRAL NEEDED**

Detailed Action: **SATP, BH Specialist warm-handoff, motivational interviewing**

In the past 12 months...

1. Have you used drugs other than those required for medical reasons? No Yes
2. Do you abuse more than one drug at a time? No Yes
3. Are you always able to stop using drugs when you want to? No Yes
4. Have you ever had "blackouts" or "flashbacks" as a result of drug use? No Yes
5. Do you ever feel bad or guilty about your drug use? No Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs? No Yes
7. Have you neglected your family because of your use of drugs? No Yes
8. Have you engaged in illegal activities in order to obtain drugs? No Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? No Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? No Yes



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

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 as USPSTF EXCEPT don't start until 5+ years of hormone therapy
CERVIX	Cytology (+HPV) Q3y (Q5y) for women age 21-65 (30-65)	Same as USPSTF	
PROSTATE	Shared decision making for men age 55-69		Same as USPSTF
NEOPHALLUS	None	Visual inspection (skin CA)	
NEOVAGINA	None		Visual inspection (skin/colon CA)

SGM Primary Care & Prevention: Special Considerations (Transgender)



Special Considerations: Transgender Patients

Organ Inventory

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

The screenshot displays a web-based form titled "Organ Inventory". It is organized into sections for different body parts, each with a list of surgical procedures and their status (checked or unchecked). The sections include:

- BREAST**: Congenital Absence, Chest Reconstruction, Bilateral Mastectomy, Unilateral Mastectomy, R, Unilateral Mastectomy, L, Breast Augment/Implant(s) [checked].
- CERVIX**: Congenital Absence [checked].
- 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 [checked], Unilateral Orchiectomy, R, Unilateral Orchiectomy, L.
- URETHRA**: Urethral Lengthening.
- UTERUS**: Hysterectomy - Cervix Removed, Hysterectomy - Cervix Remains.
- VAGINA**: Colobectomy - Closure of the Vagina, Vaginoplasty [checked].

On the right side of the form, there are input fields for "Surgeon Name" and "Last Date" for each section. For the BREAST section, the surgeon is "Smith" and the last date is "4/1/2007". For the TESTIS section, the surgeon is "Jones" and the last date is "8/5/2010". For the VAGINA section, the surgeon is "Jones" and the last date is "6/5/2010".

SGM Primary
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Prevention:
Special
Considerations
(Transgender)



Special Considerations: Transgender Patients

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 - Vaqina		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

SGM Primary
Care &
Prevention:
Special
Considerations
(Transgender)



Case: Maxine

- 30 year old cisgender woman, new patient to the practice
- Presents for routine health maintenance exam

Case: Maxine

After introductions, Dr. X takes a history, including a sexual history.

He asks, “Are you sexually active?”

“Yes,” Maxine answers.

“What do you use for birth control?”

“I don’t use any.”

“Are you trying to get pregnant?”

“Um, no.”

“Did you know that 86% of women who routinely have unprotected intercourse will become pregnant within 1 year?”

“Oh. My wife and I really aren’t that concerned about it.”

Dr. X is flustered. “Oh, ok, I guess that’s not a problem. Well, I guess then that means that you won’t need a Pap smear or STI testing today... However, when you are older, you will need to make sure you get regular breast cancer screening, because you’re at a higher risk since you’ve probably never been pregnant.”

“Actually, I have two kids,” says Maxine.



Case: Maxine

- What did you think of X's approach to taking a sexual history? Would you have done anything differently?
- What do you think of X's statements regarding cervical cancer, STI, and breast cancer screening?
- In terms of health disparities and necessary screening, what are lesbian, gay, and bisexual people at risk for?
- How do you think this interaction will impact Maxine's relationship with healthcare providers in the future?

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 (“dead”) 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?

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