Introduction to LGBT Health in Adolescent and Pediatric Care

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Disclosure
No conflicts of interest
No offlabel usage of medications/drugs

Objectives
Discussion of Adolescence and Sexuality
Discussion of LGBT Health Care
Discussion of LGBT Health Disparities
Discussion of LGBT resources

Scenarios
14 yo female 6 months ago identified to mom that wants to live her life as a male and comes to you because she wants to bind her breast
16 yo female, I am attracted to women, I have friend, we haven’t done anything yet…I haven’t told many people yet…anyway “this could be a phase”

Blake is transgender. Sometimes comes to your office dressed at Stephanie, sometimes dressed as Blake.
- Staff registers him as Blake
- When he is dressed as Stephanie, do you call him back to the room as Blake or Stephanie

Jessica is transgender, goes by Jessie. By the way Jessie and Stephanie are partners.
**Scenarios**

Tisha is has a boyfriend. Boyfriend is in jail. Boyfriend allows Tisha to have a sex with females while he is locked up....“That’s not cheating”

Andre- “Dr. Lowery… I don’t think I am bisexual, you could say I’m trisexual…I guess you know I’ll try anything”

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**Adolescence**

Adolescence- physical, emotion, and sexual change

Sexual exploration, experimentation

Sexual orientation typically emerges before or early in adolescence

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**Sexuality**

Sexuality is complex and multifaceted

Sexual attraction may be on a continuum

Sexual attraction, sexual behavior, sexual identity

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**Lesbian, Gay, Bisexual, Transgender, and Questioning youth (LGBTQ)**

Resilient, most emerge unscathed

Go on the productive lives

Develop strength and self awareness
Definitions

**Gender identity** - the knowledge of oneself as being male or female

**Gender expression** - outward expression of maleness or femaleness

How they present to the world

Definitions

Transgender – their gender or identity does not match their “natal” sex

Gender dysphoria - distress about one’s gender and about the outward manifestations of gender

Emotional distress of having gender identity that is different from natal sex

Definitions

Transsexual - undergone (undergoing) social, hormonal and/or surgical from male to female or female to male

Sexual orientation describes a pattern of emotional, romantic, and/or sexual attractions to men, women, both, neither, or other genders.

Youth Risk Surveillance System (YRBSS)

- 1-2.6% identified themselves as gay or lesbian
- 2.9-5.2% identified themselves as bisexual
- 1.3-4.7% unsure of sexual identity
- 0.7-3.9% only had sexual contact with same sex
- 1.9-4.9% had sexual contact with both sexes

Transgender

World Professional Association for Transgender Health Estimates

- 1 in 11,900 to 1 in 45,000 MTF
- 1 in 30,400 to 1 in 200,000 FTM
Health Services
May lack access to sensitive, comprehensive care
Some areas have specialized health care services
Some providers may feel insufficiently trained
Transgender youth may lack access to health care and transition-related health services

Health Care
May feel uncomfortable initiating conversation regarding sex
May feel uncomfortable disclosing sexuality

Health Care Disparities
Depression
Anxiety
Homelessness
Runaway
Abandonment
Risky sexual behaviors

Mental Health Disparities
Higher rates of depression
More than twice likely to have considered suicide
Increased social anxiety
Homelessness in LGBTQ more likely than heterosexual
- Depressive disorder
- Post traumatic stress
- Substance Abuse
- Conduct Disorder

Violence
Higher risk of being jumped
More likely to report-retrospectively history of sexual abuse
Limited LGBT data- survey of men in same sex relationships was as high as 22% and 39.2%
One sample of adolescents-14.6% of males and 26% of females reported psychological violence, and 24% of males and 28% of females reported physical violence

Victimization at School
8 of 10 students had been verbally harassed at school
4 of 10 had been physically harassed at school
6 of 10 felt unsafe at school
1 of 5 have been the victim of a physical assault at school
Abuse

WSW and MSM
- Higher rates of physical and sexual abuse
- Higher rates of intimate partner violence as adults
Childhood sexual abuse does not cause children to become LGBTQ

Cyberbullying

52% of LGBT adolescents noted being cyberbullied in past 30 days

Substance Abuse Usage

Higher rates of Cigarette smoking
- Median 13.6% heterosexual vs. 30% LGB
Higher rates of Alcohol use
- Hetero 37.6% vs. 47.5% LG vs. 55.6% Bi
Higher rates of Marijuana
- Hetero 21.8% vs. 34.5% LG vs. 36.8% Bi
Higher rates of Cocaine, Inhalants usage

Risky Behaviors

Club drugs – associated with risk behavior included unprotected sex
“Party and Play” PNP

Sexual Behavior

More likely have >4 more partners
Less likely to use condoms, last intercourse
HIV rates – highest MSM <25 years old especially racial minorities
LGBTQ – less likely to report contraceptive usage

Diagnoses of HIV Infection among Adolescents and Young Adults Aged 13–24 Years, by Transmission Category, 2006–2009—40 States and 5 U.S. Dependent Areas
Transgender Youth

Limited data
Mental health
- Depression, Suicide, Anxiety, Body Image Distortion, PTSD
Substance abuse
Verbal and physical harassment
Injection of drugs, silicone, hormones

HEADSS

Home
Education
Eating
Activities/Occupation
Drugs
Social/Sexuality
Suicidality/Homicidality/Depression

Supportive Environment

Confidentiality
Office policy - know your staff, set level of expectations
Information and forms gender-neutral, nonjudgmental
- Harder in the era of standardization
EMRs
- Do you put in on the problem list

Supportive Environment

Barriers to health care
- YOU-BE aware of your personal biases and providing care
- If you are uncomfortable - ethical and professional obligation to refer

Supportive Environment

Consider your displays
- Brochures, posters
Provide information on support groups and other resources
Scenarios

“Dr. Lowery… I am a Christian and I am concerned about some of the pamphlets you have up in your office”

Adolescents Sexuality

Heterosexual youth may have had same sexual experiences
Some youth are homosexual and may have concerns about their sexual orientation
Don’t be quick to label
Even if they label- ask about sexual partners
  ▪ WSW- can still get pregnant

History

Start with the non threatening questions
Questions-we ask all of our patients
Avoid gender biased
  ▪ Boyfriend, girlfriend
“Are you sexually active?”
“Do you have sex with men, women, or both?”
“Are you sexually attracted to men, women, or both?”

Anticipatory Guidance

Strength Based Interviewing
Self esteem
Empowerment
Disclosure
Support system

Discuss abstinence and safer sex practices
Ask about substance use
Ask about safety and violence
Ask about their support system
Preventative Health Care

Weight
- MSM - are at risk for body dysmorphic and eating disorders
- Lesbians - some higher prevalence of obesity

Unplanned pregnancy

Cervical Cancer screening
- Age 21 for pap smear if immunocompetent

Anal Cancer
- Increased rate of anal carcinoma
- Screen HIV infected men
- No specific guidelines for MSM

Parenting - may desire to have children in the future

Sexually Transmitted Infections

Immunizations
- Hepatitis B, Hepatitis A, HPV

At least yearly - screen more often if higher risk
- Chlamydia
- Gonorrhea
- HIV
- Syphilis
- Hepatitis

Contraceptives

Discuss and offer barrier methods
- Male
- Female condoms
- Dental Dams

Discuss and offer hormonal contraceptive
- Emergency contraceptive

Safer Sex

STD Screening for Guidelines for MSM

HIV serology, if HIV negative or not tested within the previous year

Syphilis serology

Test of urethral infection with N. gonorrhoeae and C. trachomatis using NAAT's in men who have had insertive anal intercourse during the preceding year

Test for rectal infection with N. gonorrhoeae and C. trachomatis using NAAT's in men who have had receptive anal intercourse during the preceding year with NAAT's for laboratories that have met regulatory requirements for off-label procedure or culture for N. gonorrhoeae and enzyme immunoassay or direct fluorescent antibody assay for C. trachomatis

Test for pharyngeal infection with N. gonorrhoeae in men who acknowledged practicing receptive oral intercourse during the preceding year using NAAT's for those laboratories that have met regulatory requirements for an off-label procedure or culture; testing for C. trachomatis pharyngeal infection is not recommended

All MSM should be tested for HBsAg to detect HBV infection

Screening for anal cytological abnormalities can be considered
**Transgender Youth**

Psychology
- To provide support to explore identities and consider the transition experience
- Reversible, partially reversible, irreversible
- Clothing, hair style, name change
- Gonadotropin-releasing hormone analogues—block puberty

**Endocrine Society**

Suppression of pubertal hormones start when girls and boys first exhibit changes in puberty
- No earlier than Tanner stages 2-3
- Many teenagers present later in puberty

Pubertal development of desire opposite gender be initiated at about 16 years using gradually increasing cross-sex steroid

Recommend deferring surgery at least 18 yrs old

**Disclosure**

Process
- Offer to be a resource or even be present
- Parents, sibling, friends may need resources
- Remind parent that their child can and will be successful
- Continue to discuss with patient about disclosure

**Parent/Families**

Supporting parents
- Emotional reactions
- Mourning
- Lead with Love—movie

Siblings—support

**Resources**

Varies by community

Gay-Straight Alliance (GSAs)
- Provide safe, affirming space and critical support
- Students involved with GSA report less victimization

Students involved note a greater sense of connectedness to school

Parents and Friends of Lesbians and Gays (PFLAG)
The Network Grand Rapids

Network Groups

Ask the uncomfortable questions
Nonjudgmental Care
Screen- Sexually Transmitted Diseases
Promote safer sex practices
Screen- Substance Abuse
Mental Health
Safety

THANK YOU

References


Center for Disease Control and Prevention. MMWR Release 2011: 60.

Uptodate.com