

Sexual Health Care for LGBTQIA+ People in College Health

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Outline

- Terminology and concepts
- Strategies to make clinical environments welcoming for LGBTQIA+ people
- STI presentation and diagnosis in the setting of surgical gender affirmation

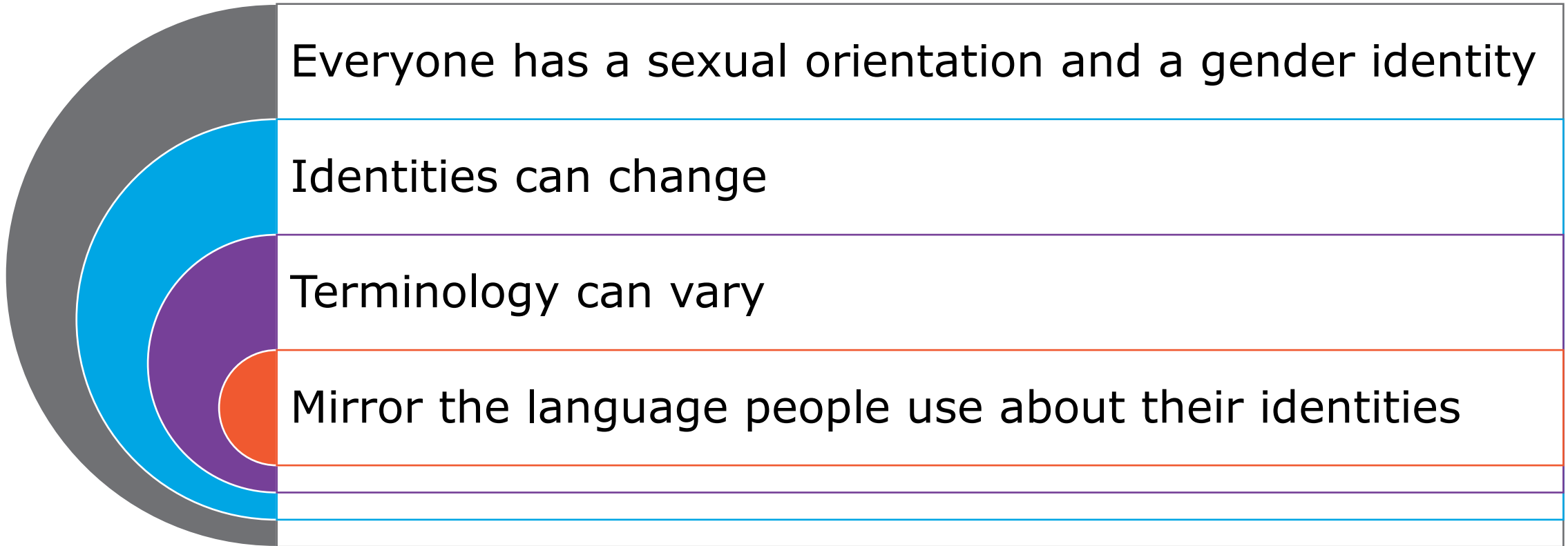
People, especially young people, increasingly identify as LGBT(QIA+).

Americans' Self-Identification as LGBT, by Generation

	LGBT	Straight/Heterosexual	No response
	%	%	%
Generation Z (born 1997-2003)	20.8	75.7	3.5
Millennials (born 1981-1996)	10.5	82.5	7.1
Generation X (born 1965-1980)	4.2	89.3	6.5
Baby boomers (born 1946-1964)	2.6	90.7	6.8
Traditionalists (born before 1946)	0.8	92.2	7.1

GALLUP, 2021

Sexual Orientation and Gender Identity



What Does Gender Affirmation or Transition Mean?

Gender Affirmation or Transition is unique to each person and can occur throughout their lifetime. Personal gender affirmation occurs when someone makes changes to live in alignment with their internal sense of their own gender.

This journey is unique to each person, but **can** include:

- **Social affirmation**: names, pronouns, clothing, hair, mannerisms, voice
- **Legal affirmation**: driver's license, social security, passport
- **Psychological affirmation**: exploring, discovering and accepting one's gender identity
- **Medical affirmation**: puberty suppression, gender-affirming hormone therapy
- **Surgical affirmation** : chest and genital surgeries, facial feminization, body sculpting, and/or hair removal

Making clinics more welcoming for LGBTQIA+ people

1. Routinely collect sexual orientation and gender identity (SOGI) information from all patients (Caveat: This is not the same thing as a sexual history!)
2. Ask all patients how they would like to be addressed and what their pronouns are, and have a system to convey this information to everyone involved in the patient's care.
3. Incorporate visual cues of acceptance (e.g., pronoun buttons).
4. Communicate in a way that does not convey assumptions about sexual orientation or gender identity.
5. Ensure policies, procedures, and forms are inclusive.
6. Provide access to all gender restrooms.
7. Collaborate with LGBTQIA+ community organizations.
8. Develop expertise in care pertinent to LGBTQIA+ people.

Collecting Data About Gender Identity

What name do you use?

- What pronoun(s) do you use? (e.g. he/him, she/her, they/them)

What is your current gender identity?

- Girl/woman/female
- Boy/man/male
- Nonbinary, genderqueer, or not exclusively male or female
- Transgender man/boy/male
- Transgender woman/girl/female
- Additional gender (please specify) _____
- Don't know (questioning, do not understand)
- Prefer not to answer

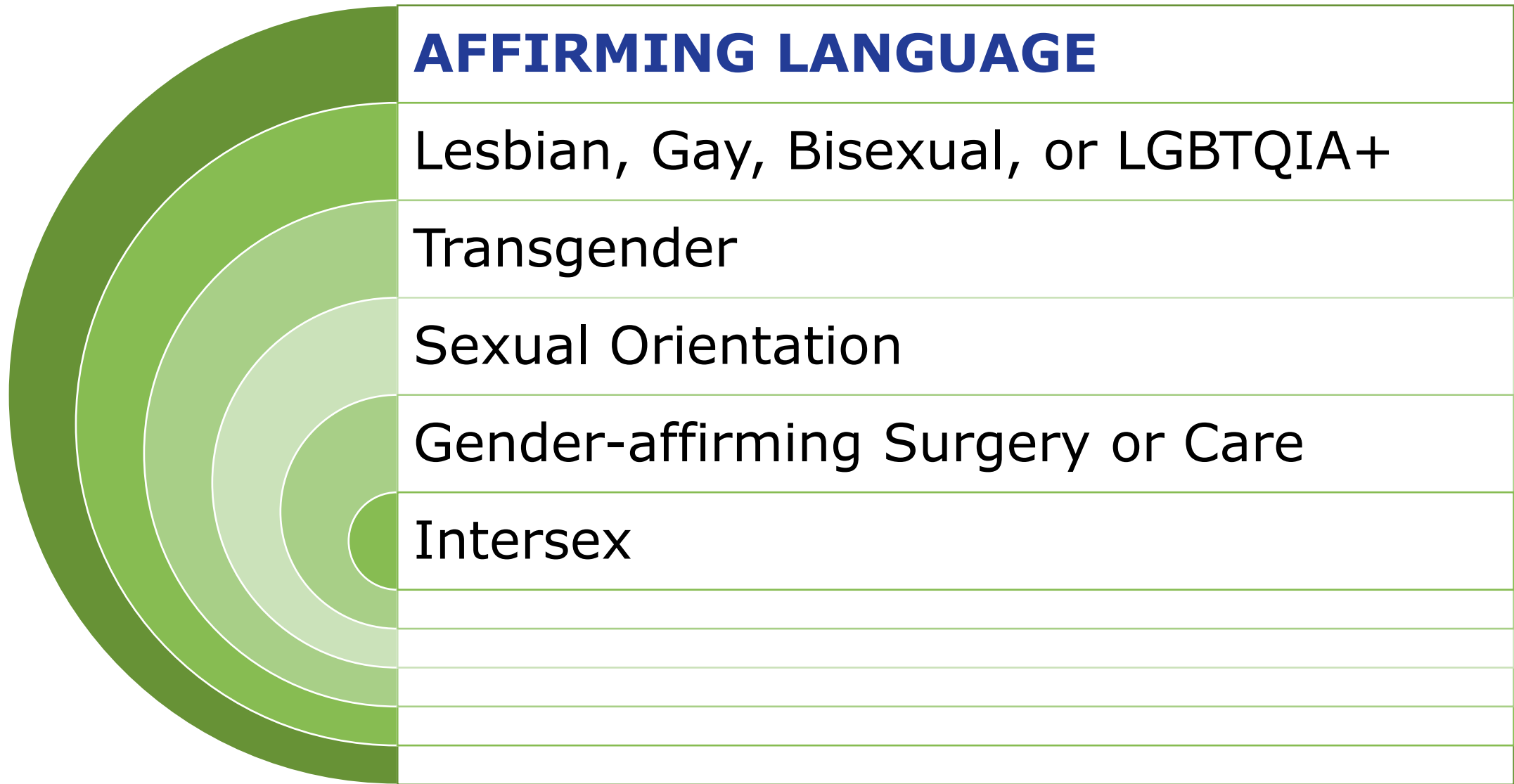
What sex were you assigned at birth?

- Male
- Female
- Intersex
- Decline to Answer



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Ways to Ask for Information Without Making Assumptions



“How may I help you?”

“Jesse is here in the waiting room.”

“Are you in a relationship?”

“What is the name of your parent or guardian?”



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Does PrEP interact with gender-affirming hormones?

- Hormone therapy is a priority for many transgender and gender diverse people.
- Concerns about drug-drug interactions between PrEP and hormones may impact willingness to take PrEP and/or adherence.
- The medications currently available for PrEP do not impact levels of hormones.
- Hormone therapy does not appear to impair the effectiveness of PrEP, provided patients take PrEP as prescribed.
 - No infections in those with high PrEP adherence in iPrEx.
 - Tenofovir concentrations adequate in women taking hormones in DISCOVER
 - Efficacy among transgender women in HPTN 083



Statement 15.11

We recommend health care professionals counsel transgender and gender diverse people that the use of antiretroviral medications is not a contraindication to gender-affirming hormone therapy.

Human immunodeficiency virus (HIV) prevalence is disproportionately high in TGD

challenging in this population. Two studies of the effects of GAHT on tenofovir diphosphate (Grant et al., 2021) and tenofovir diphosphate and emtricitabine (Shieh et al., 2019) found the significantly lowered ART drug levels were unlikely to be of clinical significance. Overall, data on the interactions between hormonal contraceptives and antiretrovirals are reassuring in terms of the impact of hormones on ART (Nanda

STI presentation and diagnosis in the setting of surgical gender affirmation

- Anogenital warts
- Syphilis
- Chlamydia
- Gonorrhea – Seen in sigmoid colon vaginoplasty and possibly with penile inversion; case of neovaginal gonorrhea presenting as coital bleeding

The optimal specimen type for gonorrhea/chlamydia testing in the setting of surgical affirmation is not known. My approach is anatomy-based (e.g., swab for neovagina; urine in phalloplasty).

Summary

- An increasing proportion of Americans identify as LGBTQIA+.
- Ask all patients how they would like to be addressed and what their pronouns are, and (if the patient wants) ensure this information is conveyed to others taking part in their care.
- Other strategies to make clinics more welcoming to LGBTQIA+ people include routine SOGI data collection, affirming imagery/policies/procedures, speaking in a way that does not convey assumptions about sexual orientation or gender identity, and developing expertise in areas that are important for the care of LGBTQIA+ people.
- STIs can affect surgically constructed genitalia. The optimal specimen type for diagnosing chlamydia and gonorrhea in this setting is not known.