

# LGBTQIA<sup>+</sup>

## Navigating the Alphabet with Understanding and an Open Mind

Barb Dehn, NP, FAANP, NCMP

@NurseBarbDehn



# Disclosures

## Vendor:

Cord Blood Registry

## Speaker/Spokesperson:

Pharmavite, Bayer, Shield, POCN





# Disclosures

This presentation uses use gender-neutral pronouns in most examples.  
When the words “woman” and “women” are used, they pertain to cis-women.



# Objectives

*At the conclusion of this session, participants will be able to:*

- Understand and describe the difference between Sexual Orientation and Gender Identity
- Explain the framework for providing safe, gender neutral care that meets individuals where they are
- List the key clinical considerations for evaluating and providing primary care for individuals receiving gender affirming care from other providers



# Poll

Do you provide care for people who identify as LGBTQIA+?

**Yes**

**No**

# Stats

- LGBT identification 7.1% up from 5.6% in 2020
- 1 in 5 Gen Z adults identify as LGBT
- Within LGBT – 40% of people identify as Bisexual

Gallup Poll, Feb 2022.



# Why are we here?

- Bias is a human trait resulting from our tendency and need to classify individuals into categories as we strive to quickly process information and make sense of the world.<sup>1</sup>
- Despite recent advances and elimination of rights for sexual and gender minorities, bias against lesbian, gay, bisexual, and transgender (LGBT) people exists and leads to disparities in health outcomes<sup>2</sup>

1. Billig, M. *European Journal of Social Psychology*, 1985.

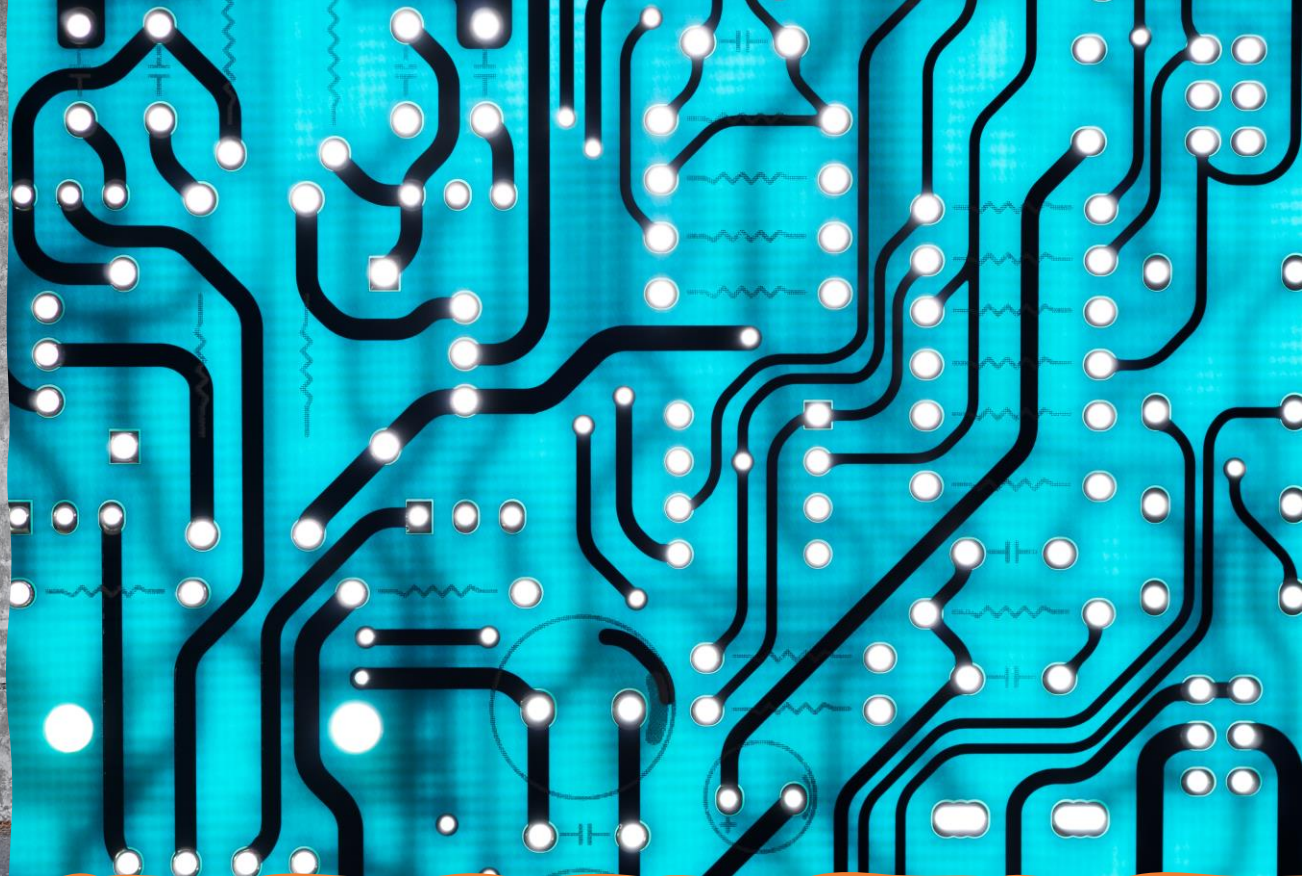
2. Valdiserri R.O. et. al, *J Homosex*. 2019.





We are often  
expected to be  
experts in  
everything





Design these

And do it within minutes

# And yet: Self-doubt + Inadequacy =

*“We put so much of our time and energy into making sure that we meet everyone’s expectations and into caring about what other people think of us, that we are often left feeling angry, resentful and fearful.”*

— Brené Brown

# HCPs – Stigma, Bias & Healthcare

*“In medical learning and workplace culture, the acts of sharing doubts or seeking help are often perceived as signs of weakness...”<sup>1</sup>*

- Avoidance
- Resistance to change
- Fear of saying the wrong thing
- Lack of training
- Lack of awareness



# Individuals more likely to

- Find it difficult to find a provider they trust
- Return for healthcare
- Obtain necessary medications
- Have mental health challenges including depression & anxiety
- Feel isolated
- Be physically attacked
- Face employment discrimination

# Poll

Would you feel comfortable defining the term “GenderQueer”?

Yes

No

Definitions  
evolve

Even Ricky  
Gervais can't  
keep up





# Overwhelming? Or is it?

- Meeting people where they are
- What brings you in today? How can I help?
- Every individual has Primary Care needs
- Then, if applicable, any specific concerns
- Creating safety around assessment & evaluation
- Shared decision making while taking the whole person into account
- Referrals to specialists as needed





2 ears & 1 mouth: Listen twice as much as we talk

# Picture each of these patients

Sam comes in to see you for frequency, urgency and dysuria

Blake is going on a business trip and asks for PrEP

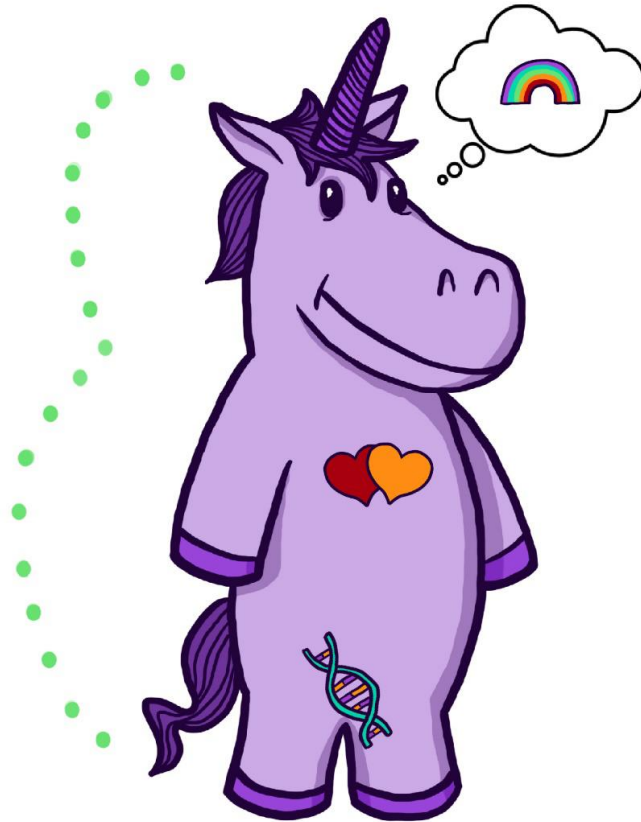
Quinn has never had a pap smear and wonders if it's necessary

Taylor notices hair falling out in clumps after 6 months of a special diet



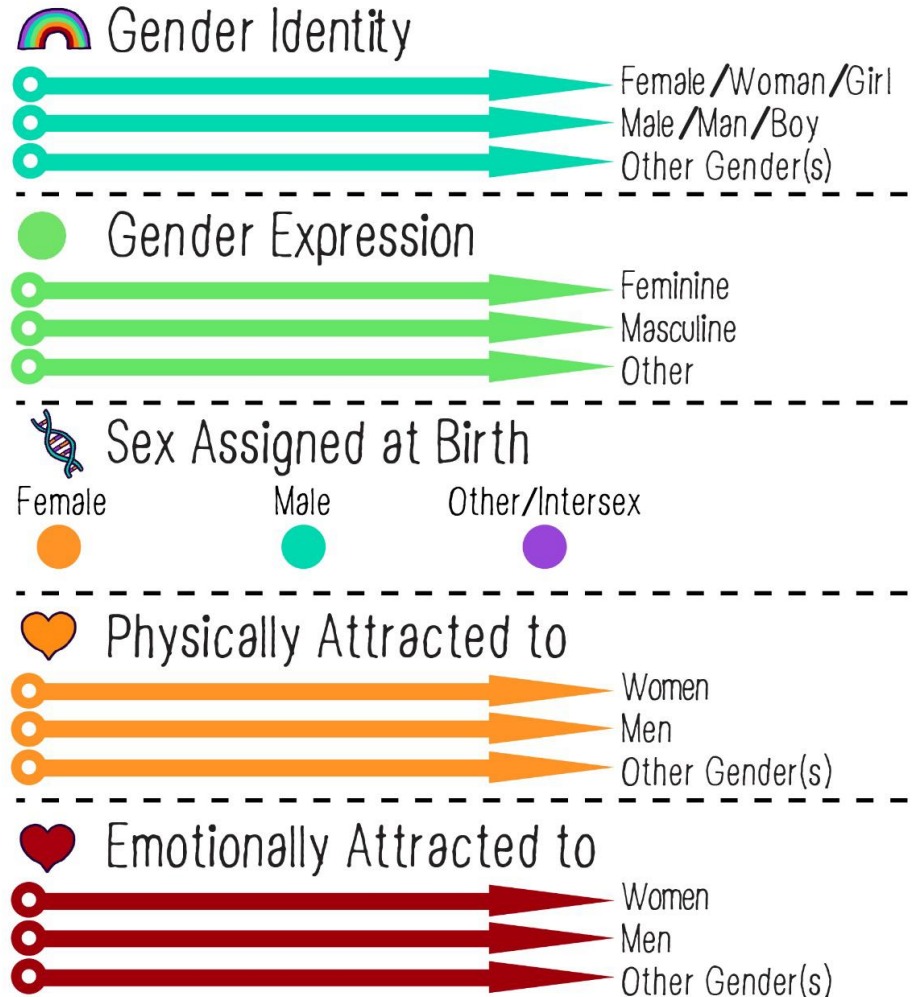
# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



# Definitions –Gender Binary

- **Binary** – 2 distinct forms – Masculine and feminine.
- Most cultures recognize 2 genders: Girls/Women and Boys/Men
  - How people dress, behaviors (masculine or feminine)
  - Which restroom is used and many other qualities
- Sexual orientation is often assumed to be heterosexual

Don't assume gender identity & sexual orientation

# Definitions –Gender Binary

- **Cisgender** – An individual's gender identity = their sex assigned/designated at birth
  - Prefix cis – Latin – means *on this side of*, antonym of transgender
- Ciswoman – Identifies as female
  - AFAB – *Assigned Female At Birth*
  - DFAB – *Designated Female At Birth*
- Cisman – Identifies as male
  - AMAB – *Assigned Male At Birth*
  - DFAB – *Designated Male At Birth*

Don't assume gender identity & sexual orientation



# Definitions –Gender Non Binary

- **Non Binary** – An individual who may identify as a third gender, no gender, more than one, be fluid, or fluctuate. May identify as NB (enby) non-binary
  - May or may not identify as transgender
  - Genderqueer / Questioning – no set definition, May see gender as ambiguous, people on an androgynous spectrum
- **Transgender** – An individual who does not identify and/or live as the gender assigned at birth.
  - Transwoman – assigned male at birth, lives and identifies as a woman
  - Transman – assigned female at birth, lives and identifies as a man

Don't assume gender identity & sexual orientation

# Other terms

- Transgender woman
- Trans woman
- Trans feminine person
- Woman

- Transgender man
- Trans man
- Trans masculine person
- Man

Other concerns: Because of employment and/or insurance, a person may not be willing to check the boxes on intake forms.

If you would not typically ask a cisgender person about body parts for a specific condition, then do not ask a trans person this sensitive information.

INCLUSION





## Pronouns – why, what?

- Edna went to the office - No pronouns
- She went to the office – Replace “Edna” with she
- She went there – Both Edna and office replaced with pronouns
- We may infer or assume gender by outward appearance
  - Pink hat, long hair, makeup =
  - Blue baseball cap, Mustache, no makeup =



# Pronouns Gender neutral

- She/her/hers
- He/him/his
- They/them/theirs – Ze/hir – or others
- Practice gender neutral
  - Instead of hello ladies – hello everyone
  - If you make a mistake, just apologize, correct and move on
  - Ok to let others know that it's acceptable to use gender neutral pronouns



# How to avoid Misgendering

- Assumptions get us into trouble, when we assume that an outward appearance = a gender
- Referring to people as she or he may inadvertently “*Misgender someone*” by assigning them a gender that is not consistent with their identities
- Instead, start of by saying something like,
- “Hi, my name is Barb, my pronouns are she/hers, what pronouns do you use?”
- Avoid saying – What are your *preferred* pronouns : this implies that gender is a *preference*

# Intersex Individuals

- **Intersex** – Person born with ambiguous genitalia, gonads, or chromosomes that do not fit typical binary characteristics. Often have gender assignment surgery around the time of birth.
  - May or may not agree with the choice their caregivers made
  - Incidence - 1:2000–1:4500 births
  - Surgical and/or hormonal treatments utilized

# Transition – A unique process

- A person shifts aspects of their gender expression, physical appearance, or social identity
- Society is often pre-occupied on the surgeries and may focus on that, which objectifies people
- Not every person has or wants surgery or hormones
- Not every person has the means to transition in the ways they'd like
- Some people change their physical appearance by binding breasts, tucking genitals, weight-lifting, hair removal, hair restoration, restrictive diets, voice care/speech therapy, etc.



# Quinn (they/them) – Genital pain

Age 19, comes to urgent care for nausea and vomiting and severe genital pain that began a few hours ago and has been getting progressively worse. History reveals patient just tried “tucking” for the first time and endured mild pain for a few hours, until it became unbearable.

Examination reveals generalized erythema, absence of pubic hair and multiple areas of folliculitis from umbilicus to upper thighs. Scrotal sac is inflamed, swollen, warm. Left testicle is significantly higher than right side

- Suspect testicular torsion and immediate referral to urologic surgery.

# ROS – Organ Inventory– Describing bodies

- Only if relevant to the person's reason for visit

## **Instead of**

Breasts

Penis, Vagina

Female repro organs

Male repro organs

## **Use**

Chest

Genitals

People with cervixes, ovaries, uteruses

People with penises, testes, prostates

SOGI  
download  
EPIC  
compatible

ResearchGate.net, 2023

### Sexual Orientation and Gender Identity

Patient's Preferred Pronouns:

Autofill with cisgender responses for:

How do you describe your current gender identity?

<input type="button" value="Choose not to disclose"/>	<input type="button" value="Female"/>
<input type="button" value="Gender Non-conforming"/>	<input type="button" value="Gender Queer"/>
<input type="button" value="Male"/>	<input type="button" value="Non-binary"/>
<input type="button" value="Other"/>	<input type="button" value="Transgender Female / Male-to-Female"/>
<input type="button" value="Transgender Male / Female-to-Male"/>	

What was the sex written on your original birth certificate?

<input type="button" value="Choose not to disclose"/>	<input type="button" value="Female"/>
<input type="button" value="Male"/>	<input type="button" value="Not recorded on birth certificate"/>
<input type="button" value="Uncertain"/>	<input type="button" value="Unknown"/>

How do you describe your sexual orientation?

<input type="button" value="Bisexual"/>	<input type="button" value="Choose not to disclose"/>
<input type="button" value="Don't know"/>	<input type="button" value="Lesbian or Gay"/>
<input type="button" value="Queer"/>	<input type="button" value="Something else"/>
<input type="button" value="Straight (not lesbian or gay)"/>	

What are the genders of your sexual partners? Select all that apply:

<input type="button" value="Cisgender Female"/>
<input type="button" value="Cisgender Male"/>
<input type="button" value="Female-to-Male spectrum(FTM)/ Transgender Male/ Trans Man"/>
<input type="button" value="Male-to-Female spectrum(MTF)/ Transgender Female/ Trans Woman"/>
<input type="button" value="Something else"/>

#### Organ Inventory

Organs the patient currently has

<input type="checkbox"/>	<input type="button" value="breasts"/>	<input type="button" value="cervix"/>	<input type="button" value="ovaries"/>	<input type="button" value="uterus"/>	<input type="button" value="vagina"/>	<input type="button" value="penis"/>	<input type="button" value="prostate"/>	<input type="button" value="testes"/>
--------------------------	--	---------------------------------------	--	---------------------------------------	---------------------------------------	--------------------------------------	---	---------------------------------------

Organs present at birth or expected at birth to develop:

<input type="checkbox"/>	<input type="button" value="breasts"/>	<input type="button" value="cervix"/>	<input type="button" value="ovaries"/>	<input type="button" value="uterus"/>	<input type="button" value="vagina"/>	<input type="button" value="penis"/>
	<input type="button" value="prostate"/>	<input type="button" value="testes"/>				



## Switching Gears



# Sexual Orientation

- An individual's physical, romantic, emotional, and/or spiritual attraction to members of the same and/or different sex and/or gender.
- **Lesbian** – A woman who is sexually or romantically attracted to other women
- **Gay** – A man who is sexually or romantically attracted to other men
  - MSM – men who have sex with men, who culturally may not identify as gay
- **Bisexual** – An individual who is sexually or romantically attracted to both same and other genders

# Lesbian health concerns – Higher Rates of:

- 5 times higher lifetime risk of developing Breast cancer
  - Less likely to have pregnancies, higher rates of alcohol use and obesity
- Increased risk of uterine cancer – related to obesity
- Obesity – may be at higher risk of CV disease
- Substance use
- Asthma
- Intimate partner and family violence
- Less likely to have a pap smear

National LGBT Cancer Network, 2010.

Gross L. et al. Philadelphia Gay and Lesbian Task Force; 2000

# GAHT

- Many people express their inner gender through clothing, hair, voice, grooming and other outward manifestations of gender
- GAHT helps people's outward appearance more closely resemble their inner experience
- Estrogen and feminizing hormones are more easily obtained than Testosterone – controlled substance
- Fertility preservation should be discussed prior
- May be combined with voice coaching, surgery and other treatments such as weight training, weight loss, etc.

# Feminizing Hormone Treatments

- **Estrogen** – Can be given as PO, IM, Transdermal preparations
- Results apparent within 3 months
  - Same risks as what is seen in Menopausal Hormone Treatment
  - Do not use in people with higher risk of VTE, DVT, uncontrolled HTN, Migraine with Aura
- Progesterone – May increase breast size
- Spironalactone – Reduces Androgens
  - Rarely causes K+ issues

## Key points:

Treatment can lead to ED

Muscle mass is reduced after 1 -2 years

Does not impact "Adam's Apple"



# Masculinizing Hormone Treatments

- Testosterone – Schedule IV
- Available as an injection, transdermal gel
- May lead to irreversible changes such as hair loss, Clitoral enlargement – aka “bottom growth”, deepening voice
- Results begin within 3 months

## Key points:

Testosterone treatment can lead to polycythemia vera, Stroke and DVT

People you may  
encounter



# Ceri (she/her) – Fertility & PCOS

Age 27, with a history of PCOS comes to see you to discuss fertility options. She and her female partner are exploring various options to start a family.

- H & P, her health status, and pre-conception issues
  - Hgb A1C, labs, vaccinations, prenatal vitamins
- Options re: using her own eggs, her partner's, donor?
- Options re: sperm
- Referral for legal issues: domestic partners, married, custody, wills, etc.

# Maya (she/her) – Post menopause & Sex

Age 53, has not had a period in 2 years and complains of a fishy odor from her vagina. She is G2P2 and has not had a pap smear in > 10 years. She is starting to date women and has concerns about sex.

- History of 2 pregnancies, while married to a male
- No pap = need for cervical cancer screening
- BV on wet mount
- Probable GSM – vaginal hormones also prevent BV and UTI regardless of sexual activity
- Sexual concerns re: odor, vulvar/vaginal discomfort, penetration, toys, orgasms, etc.

# **Lynn (she/her) – Anxiety & Relationship concerns**

Age 45, has been experiencing insomnia and anxiety. She believes it is related to disagreements with her long-term partner, who has been out of work.

- Obtain previous history of anxiety/depression
- Assess for intimate partner violence
- Sleep history
- Validation of concerns
- Referrals as necessary for counseling +/- or shelters



# Amanda (she/her) – Partner's risky behavior

Age 48. Notices a thick, yellow discharge from vagina and multiple painful vesicles on vulva. Happily married to Ron (he/him) for 20 years with 3 children. Lab testing reveals HSV, +HIV and +RPR. Pt then discusses what she has recently learned about her partner's sexual tourism while on business trips and his sexual involvement with both men and women.

- Appropriate treatment based on CDC guidelines
- Validation of patient's experience
- Referral for counseling, Infectious disease/HIV specialist
- Follow up as needed

# Sasha (they/them)

Age 45, AFAB, G3P3, partnered with a male, with history of IBS, Migraine and PMS. Would like to discuss contraceptive options that will work with the testosterone they have obtained from a friend. They have been weight training binding their breasts and noticing many changes in their moods, body composition, lower back pain and sexual response. Pt is not aware of gender affirming clinics in their area.

- Discuss Copper IUD and condoms
- Referral to Gender Affirming specialists
- Referral to physical therapist/personal trainer personalized coaching
- Health screenings – pap, mammography, Lipid profile, vaccinations, etc.

# Nirvana (they/them)

- Age 32, AMAB, partners with individuals of all genders and notes that their partners also have multiple partners. Has experienced ED since Testosterone is suppressed. Uses "poppers" occasionally which is also a vasodilator and wants to know if sildenafil or **tadalafil** would be better. Would also like STI screening.
- Discussed ½ life of **phosphodiesterase type 5 (PDE5) inhibitors**—benefits and risks and caution re: using other vasodilators
- STI screening
- PrEP and condoms offered

# A few resources

- The National LGBTQIA Health Education Center, a program of the Fenway Institute: [FenwayHealth.org](http://FenwayHealth.org)
- WPATH SOC7: World Professional Association for Transgender Health Standards of Care, Version 7.
- GLAAD: Focused on cultural change for LGBT community
- The Trevor Project: crisis intervention for LGBTQ youth
- Sage: focused on older adults within the LGBTQ community
- Out2Enroll – helping connect people to health insurance resources
- [Folxhealth.com](http://Folxhealth.com) – online healthcare for LGBTQ+ individuals

# References

- Annon J.S. The P-LI-SS-IT model: A proposed conceptual scheme for the behavioural treatment of sexual problems. *J. Sex. Educ. Ther.* 1976;**2**:1–15. doi: 10.1080/01614576.1976.11074483.
- Atherley A, Meeuwissen SNE. Time for change: Overcoming perpetual feelings of inadequacy and silenced struggles in medicine. *Med Educ.* 2020 Feb;**54**(2):92-94. doi: 10.1111/medu.14030. Epub 2019 Dec 22. PMID: 31867750; PMCID: PMC7003896.
- Billig, M. Prejudice, Categorization, and Particularization: From a Perceptual to a Rhetorical Approach,” *European Journal of Social Psychology*, 1985:79-103.
- Brown, B. (2007). *I thought it was just me: Women reclaiming power and courage in a culture of shame*. New York, Gotham.
- Koetting C. Trauma-Informed Care: Helping Patients with a Painful Past. *J Christ Nurs.* 2016 Oct-Dec;**33**(4):206-13. doi: 10.1097/CNJ.0000000000000315. PMID: 27610903.
- Laumann EO, Glasser DB, Neves RC, Moreira ED Jr; GSSAB Investigators' Group. A population-based survey of sexual activity, sexual problems and associated help-seeking behavior patterns in mature adults in the United States of America. *Int J Impot Res.* 2009 May-Jun;**21**(3):171-8. doi: 10.1038/ijir.2009.7. Epub 2009 Feb 26. PMID: 19242482.
- Leiblum S. An established medical school human sexuality curriculum: Description and evaluation. *Sex. Relatsh. Ther.* 2001;**16**:59–70. doi: 10.1080/14681990123463



# References

- Nusbaum MR, Hamilton CD. The proactive sexual health history. Am Fam Physician. 2002 Nov 1;66(9):1705-12. PMID: 12449269.
- ResearchGate.net, SOGI inventory PDF, accessed online, December 2023
- Savoy M, O'Gurek D, Brown-James A. Sexual Health History: Techniques and Tips. Am Fam Physician. 2020 Mar 1;101(5):286-293. PMID: 32109033.
- Trans Student Educational Resources, The Gender Unicorn, Pan, L & Moore, A. <https://transstudent.org/gender/> Accessed December, 2023.
- Verrastro V, Saladino V, Petruccelli F, Eleuteri S. Medical and Health Care Professionals' Sexuality Education: State of the Art and Recommendations. Int J Environ Res Public Health. 2020 Mar 25;17(7):2186. doi: 10.3390/ijerph17072186. PMID: 32218258; PMCID: PMC7177861.
- Valdiserri RO, Holtgrave DR, Poteat TC, Beyrer C. Unraveling Health Disparities Among Sexual and Gender Minorities: A Commentary on the Persistent Impact of Stigma. J Homosex. 2019;66(5):571-589. doi: 10.1080/00918369.2017.1422944. Epub 2018 Feb 9.

# References

- Waryold JM, Kornahrens A. Decreasing Barriers to Sexual Health in the Lesbian, Gay, Bisexual, Transgender, and Queer Community. *Nurs Clin North Am*. 2020 Sep;55(3):393-402. doi: 10.1016/j.cnur.2020.06.003. Epub 2020 Jul 15. PMID: 32762858.
- WHO Geneva, World Health Organization Defining Sexual Health, accessed 01/2023.
- Witchel, S. F., Disorders of Sex Development, *Clinical Obstetrics & Gynaecology*. 2018, 48: 90 – 102. [doi:10.1016/j.bpobgyn.2017.11.005](https://doi.org/10.1016/j.bpobgyn.2017.11.005). [ISSN 1521-6934](https://doi.org/10.1016/j.bpobgyn.2017.11.005).
- Zhang X, Sherman L, Foster M. Patients' and providers' perspectives on sexual health discussion in the United States: A scoping review. *Patient Educ Couns*. 2020 Nov;103(11):2205-2213. doi: 10.1016/j.pec.2020.06.019. Epub 2020 Jun 19. PMID: 32601041.

**Questions**



Thank You

Barb Dehn, NP, FAANP,  
NCMP

@NurseBarbDehn

