

Care of the LGBTQ Patient

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HARVARD
MEDICAL SCHOOL

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- Tufts University School of Medicine
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 - Clinical focus: LGBTQ care, HIV treatment and prevention
- Senior Policy Advisor @CDC

Disclosures

- I have no financial disclosures

Objectives

1. Define the differences between gender, sex, and sexual orientation
2. Understand the health disparities facing LGBTQ adults, and the disparities seen within communities who identify as LGBTQ
3. Learn how to prescribe pre-exposure prophylaxis (PrEP) and what populations are at increased risk for HIV
4. Respect and validate a person's gender identity and sexual orientation

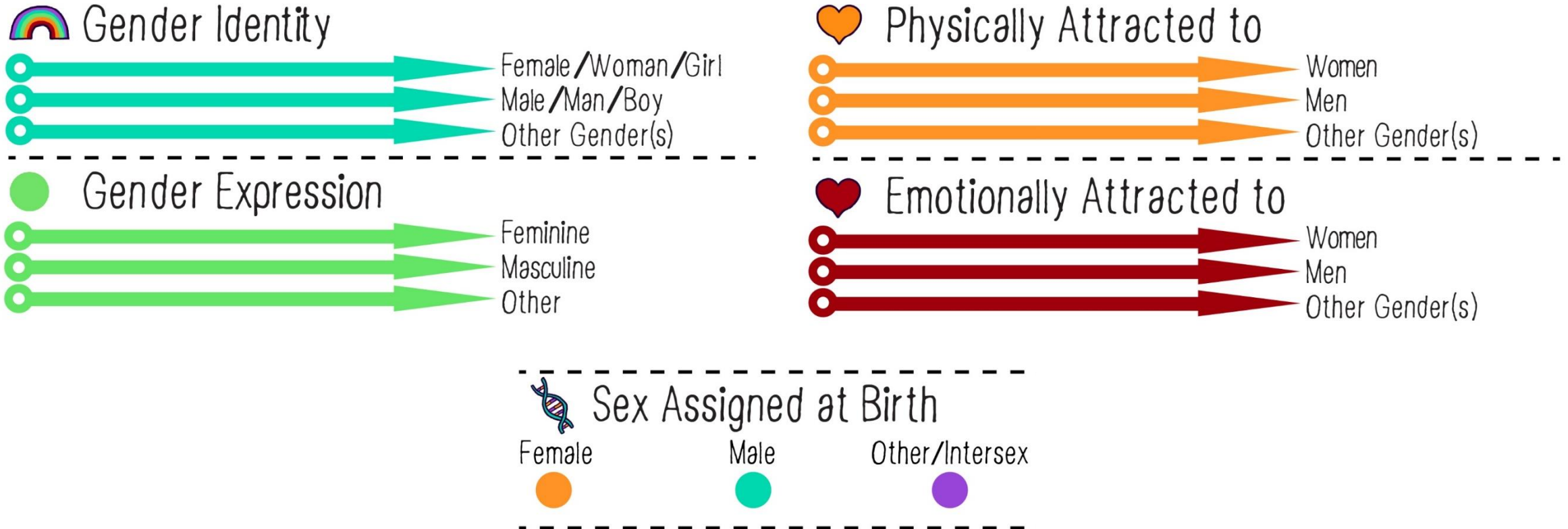
Case #1

CS is a 32-year-old man who presents for a new patient visit in your primary care practice. He has not seen a primary care provider over the past 10 years and has mostly received his care at local urgent care centers.

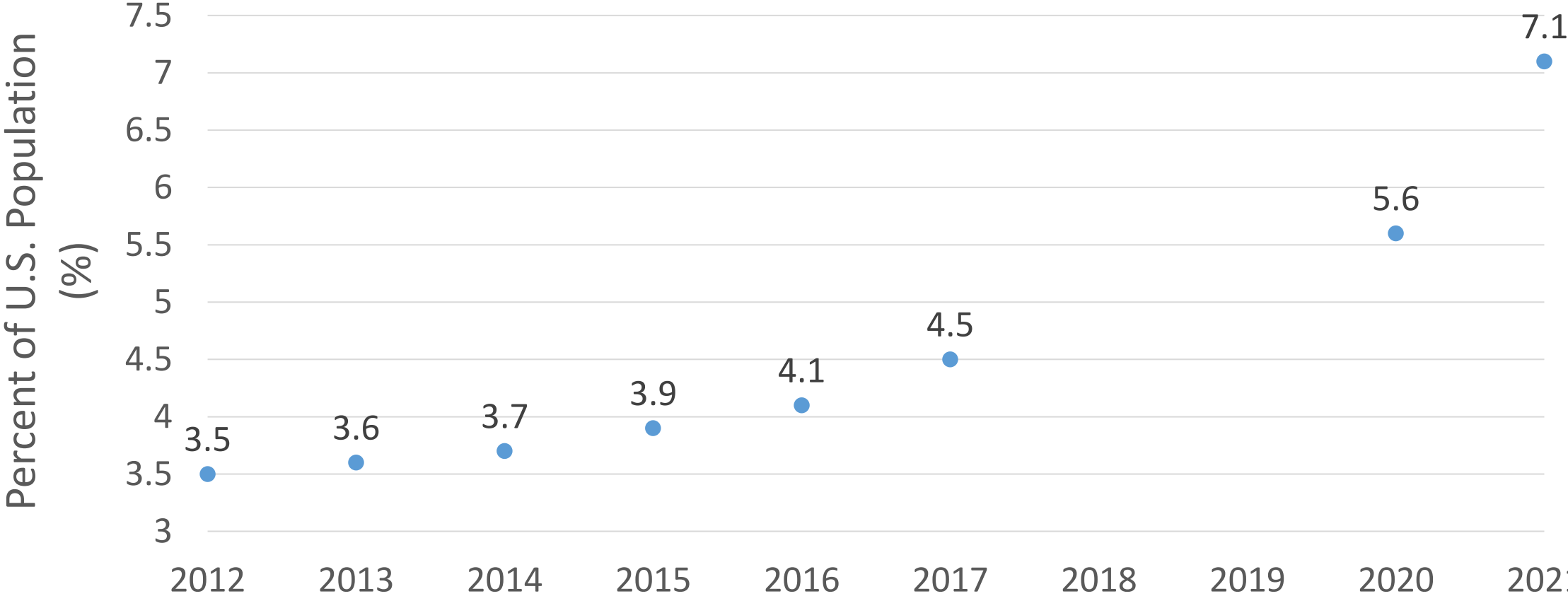
He is on testosterone weekly injections and no other medications.

When asked why he hasn't seen a continuity provider in the past 10 years, he answers "because I didn't feel comfortable discussing who I was."

Gender, sex and sexual orientation are distinct concepts

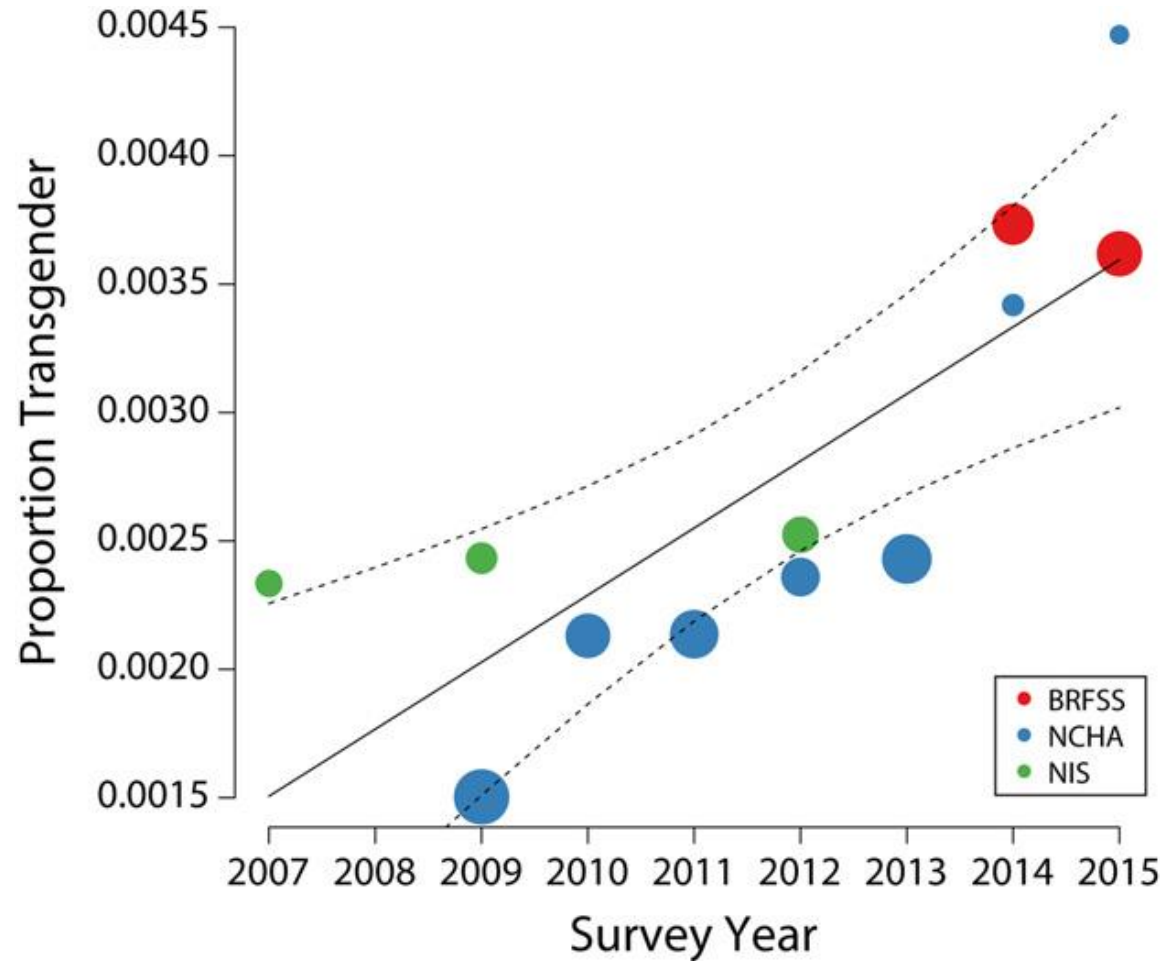


An estimated 7.1% of the adult population identifies as LGBTQ

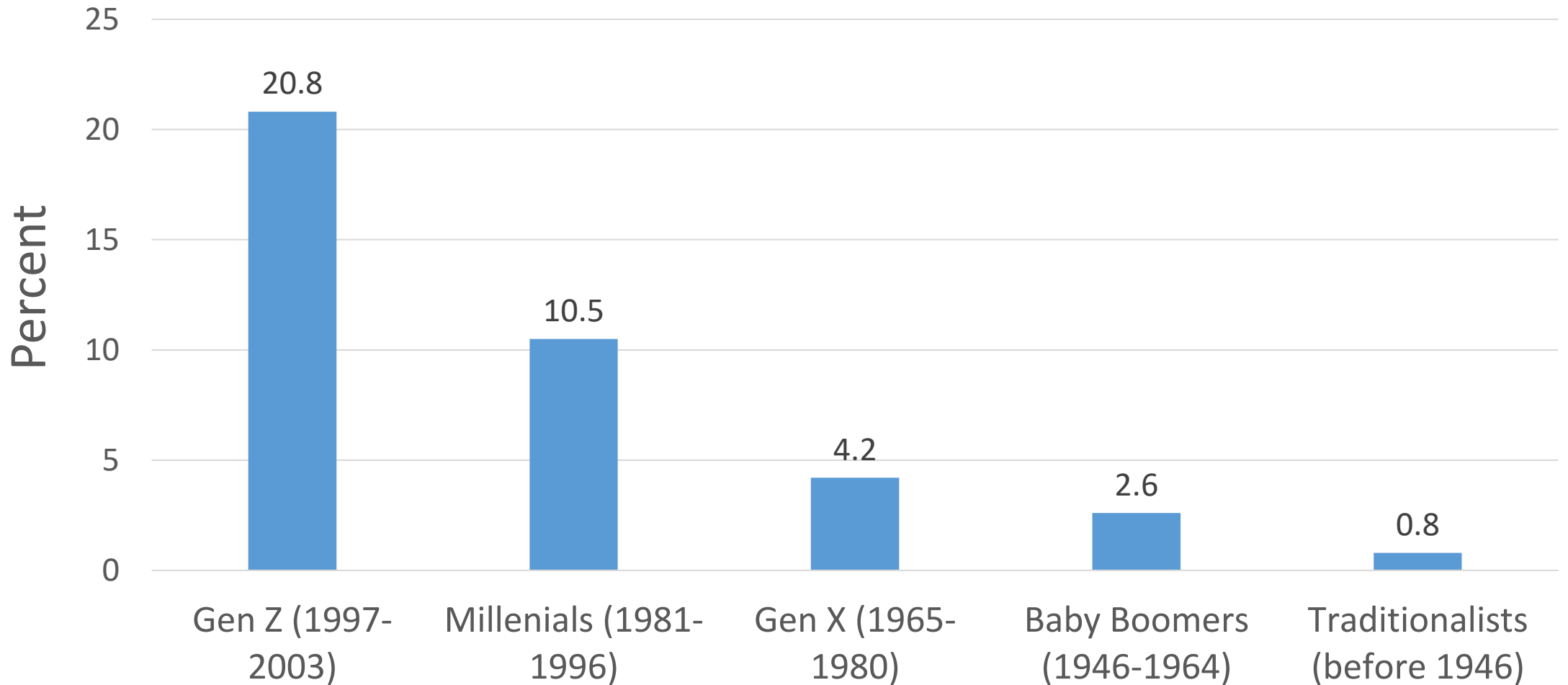


Source: Gallup, 2021

About 1 in 300 adults identify as transgender or gender diverse



Sexual orientation and gender identity vary by age



Increasing numbers of youth and adolescents identify as gender diverse

BOX. Transgender pilot question — Youth Risk Behavior Surveys, 10 U.S. states* and nine large urban school districts,† 2017

Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- A. No, I am not transgender
- B. Yes, I am transgender
- C. I am not sure if I am transgender
- D. I do not know what this question is asking

*Colorado, Delaware, Hawaii, Maine, Maryland, Massachusetts, Michigan, Rhode Island, Vermont, and Wisconsin.

†Boston, Massachusetts; Broward County, Florida; Cleveland, Ohio; Detroit, Michigan; District of Columbia; Los Angeles, California; New York City, New York; San Diego, California; and San Francisco, California.

Increasing numbers of youth and adolescents identify as gender diverse

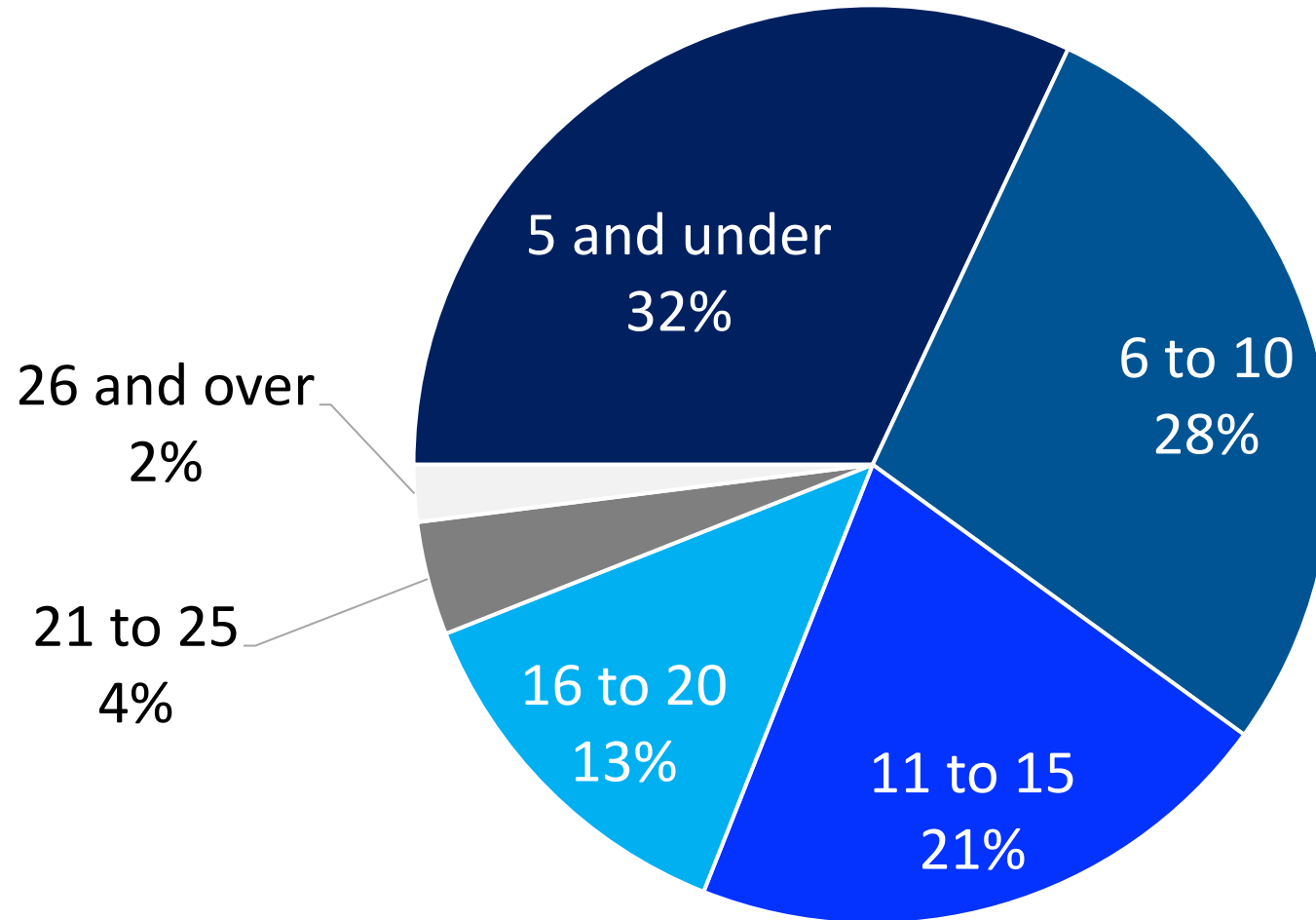
TABLE 1. Unweighted number and weighted percentage of transgender item responses — 10 U.S. states* and nine large urban school districts,† Youth Risk Behavior Survey, 2017

Site	Transgender question response							
	No, I am not transgender		Yes, I am transgender		I am not sure if I am transgender		I do not know what this question is asking	
	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)
Selected states (pooled)	90,415	94.6 (94.1–95.1)	2,359	1.9 (1.6–2.1)	2,020	1.6 (1.4–1.9)	1,998	1.9 (1.7–2.2)
Large urban school districts (pooled)	28,388	93.9 (93.3–94.5)	486	1.6 (1.4–2.0)	499	1.6 (1.4–1.8)	908	2.9 (2.5–3.2)
State and school district data (pooled)	118,803	94.4 (94.0–94.8)	2,845	1.8 (1.6–2.0)	2,519	1.6 (1.4–1.8)	2,906	2.1 (1.9–2.4)

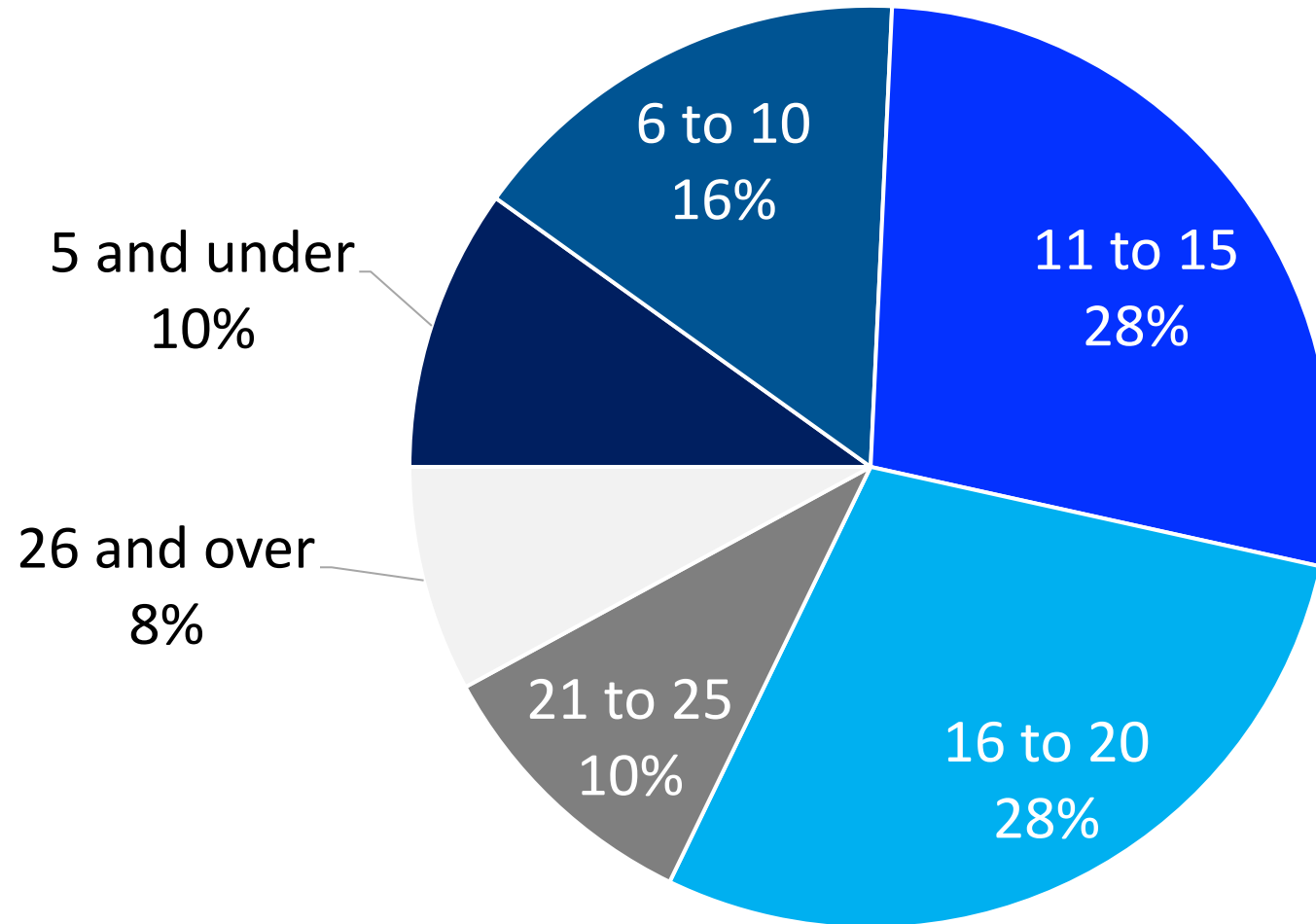
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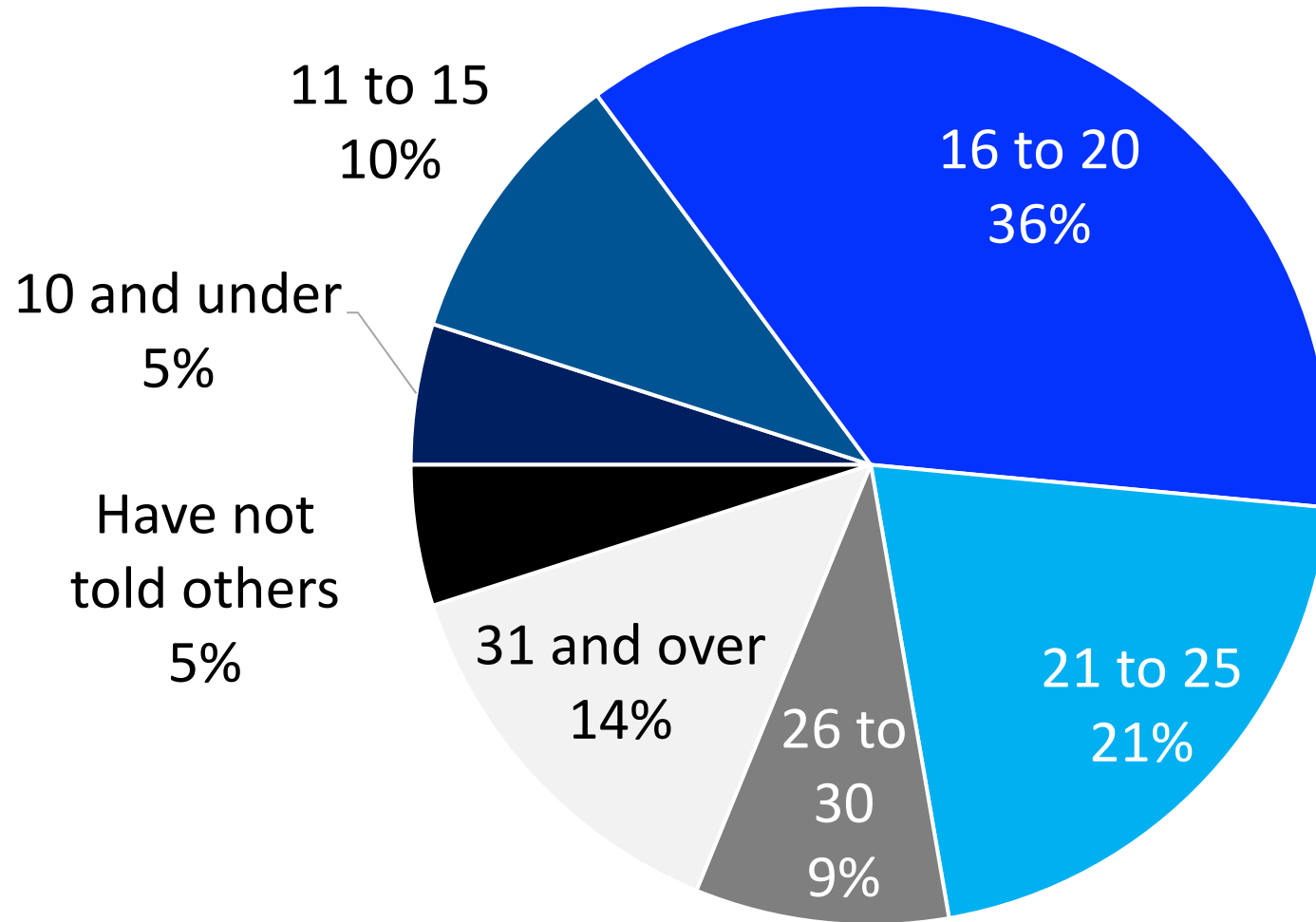
Age they began to feel gender was different than assigned sex at birth



Age they started to think they were transgender



Age they first disclosed their gender identity to others



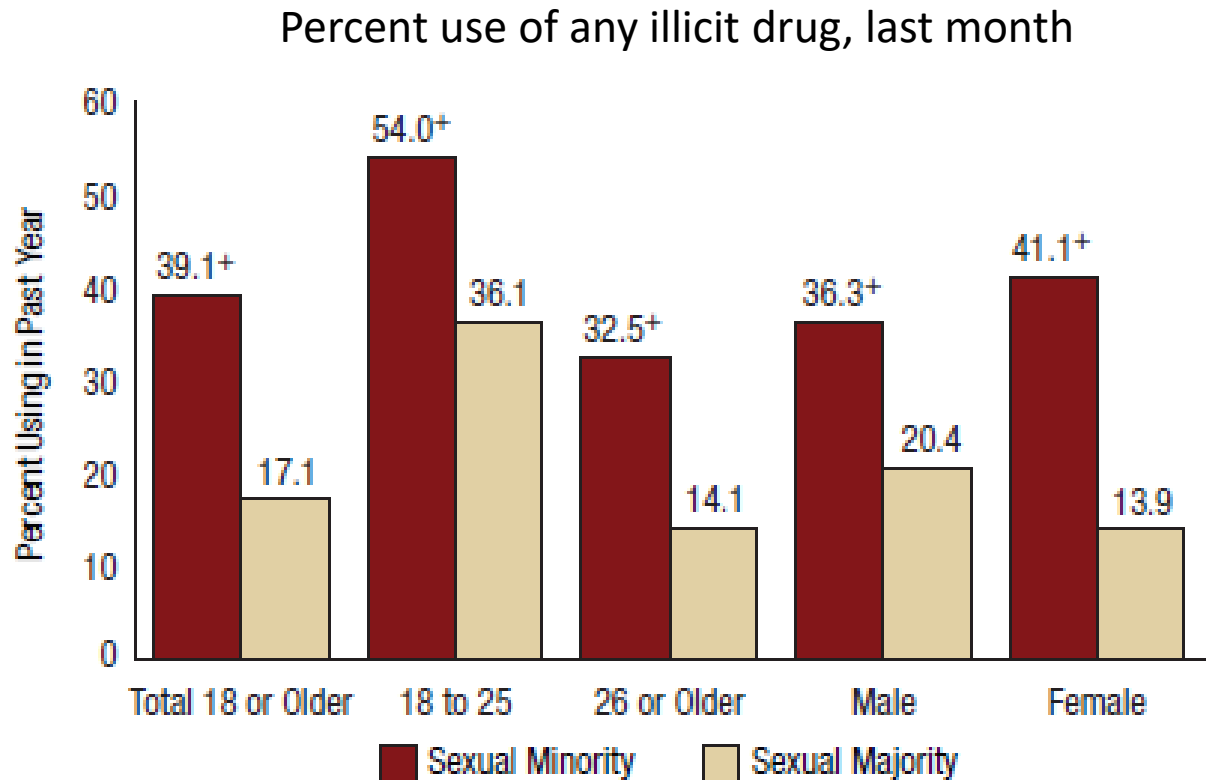
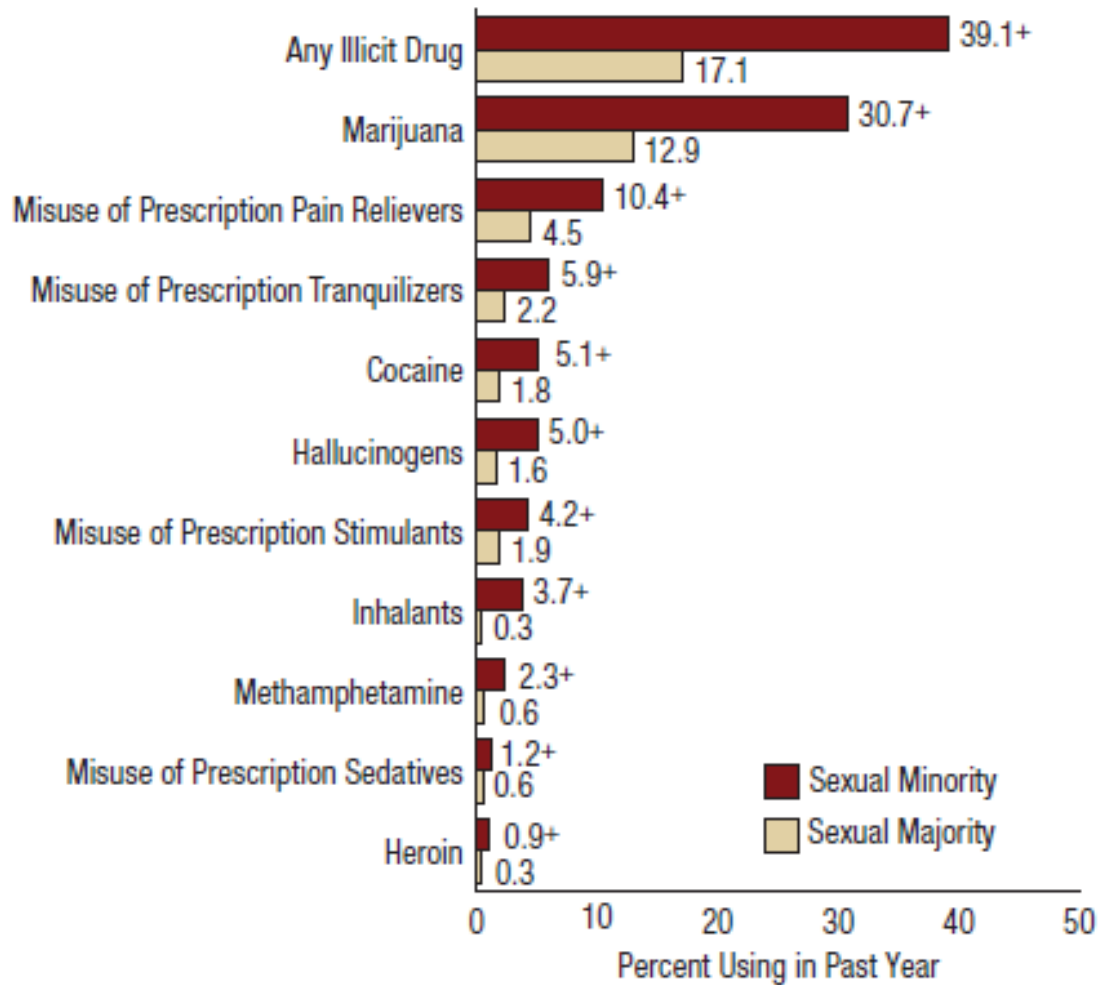
Case #2

NH is a 24-year-old patient of yours who you follow for primary care. They present frequently for STI screening and have had repeated diagnoses of rectal and urethral infections.

When discussing their risk for STIs, they note that they exchange sex for drugs and money. They note that this is partly out of necessity given limited access to housing.

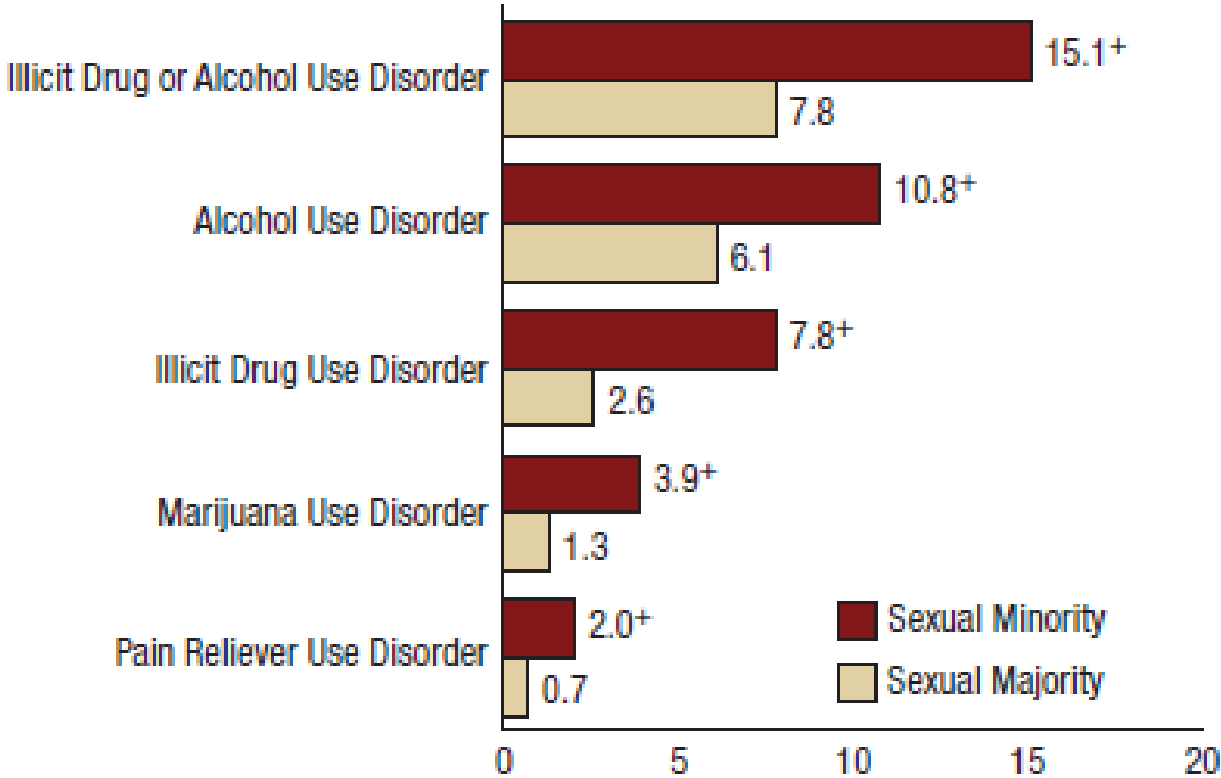
They have a diagnosis of depression and report previous suicide attempts.

Sexual minorities are at greater risk for substance use disorders



Sexual minorities are at greater risk for substance use disorders

Percent with substance use disorder, last year



Medley G, Lipari RN, Bose J, et al. "Sexual orientation and estimates of adult substance use and mental health: Results from the 2015 National Survey on Drug Use and Health." *NSDUH Data Review*. 2016. <http://www.samhsa.gov/data>

LGBTQ adults are more likely to report poor mental and physical health outcomes

Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System

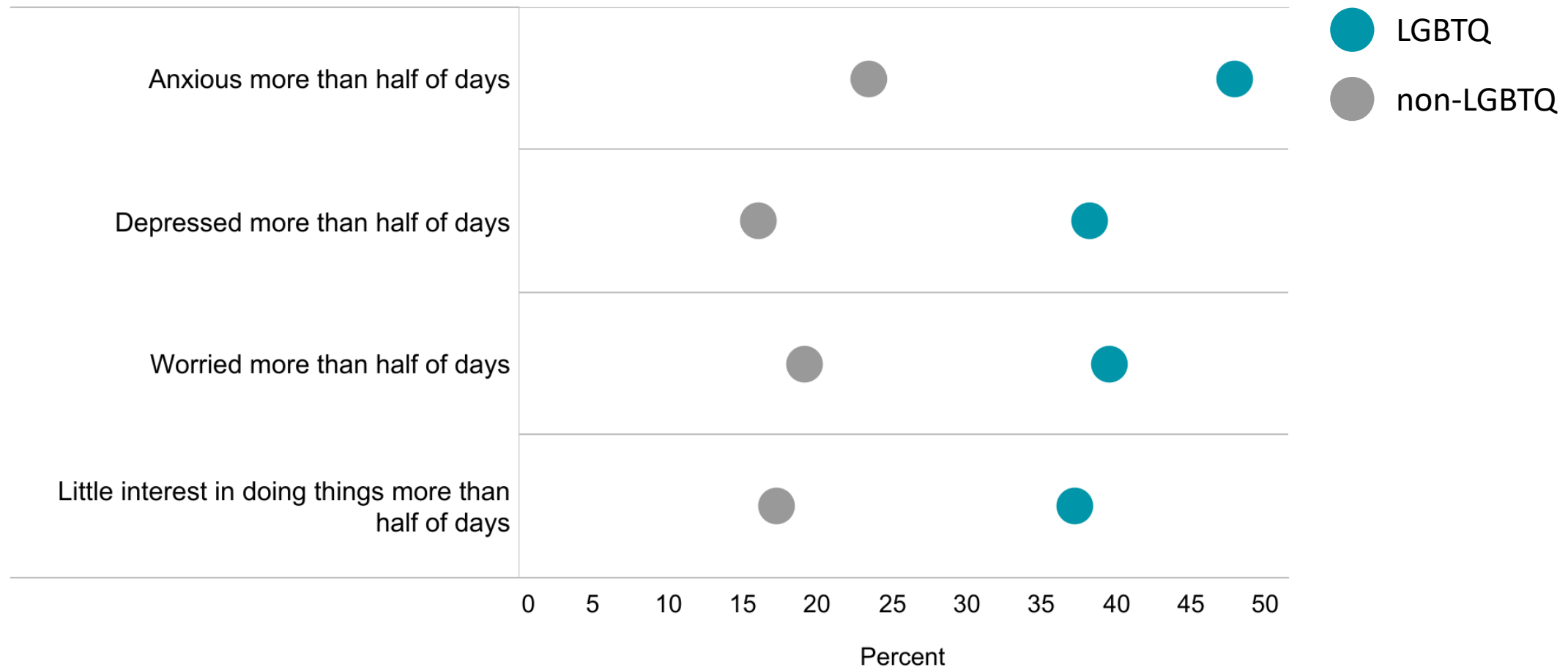
Gilbert Gonzales¹ · Carrie Henning-Smith²

Demographic Characteristics and Health Status of Transgender Adults in Select US Regions: Behavioral Risk Factor Surveillance System, 2014

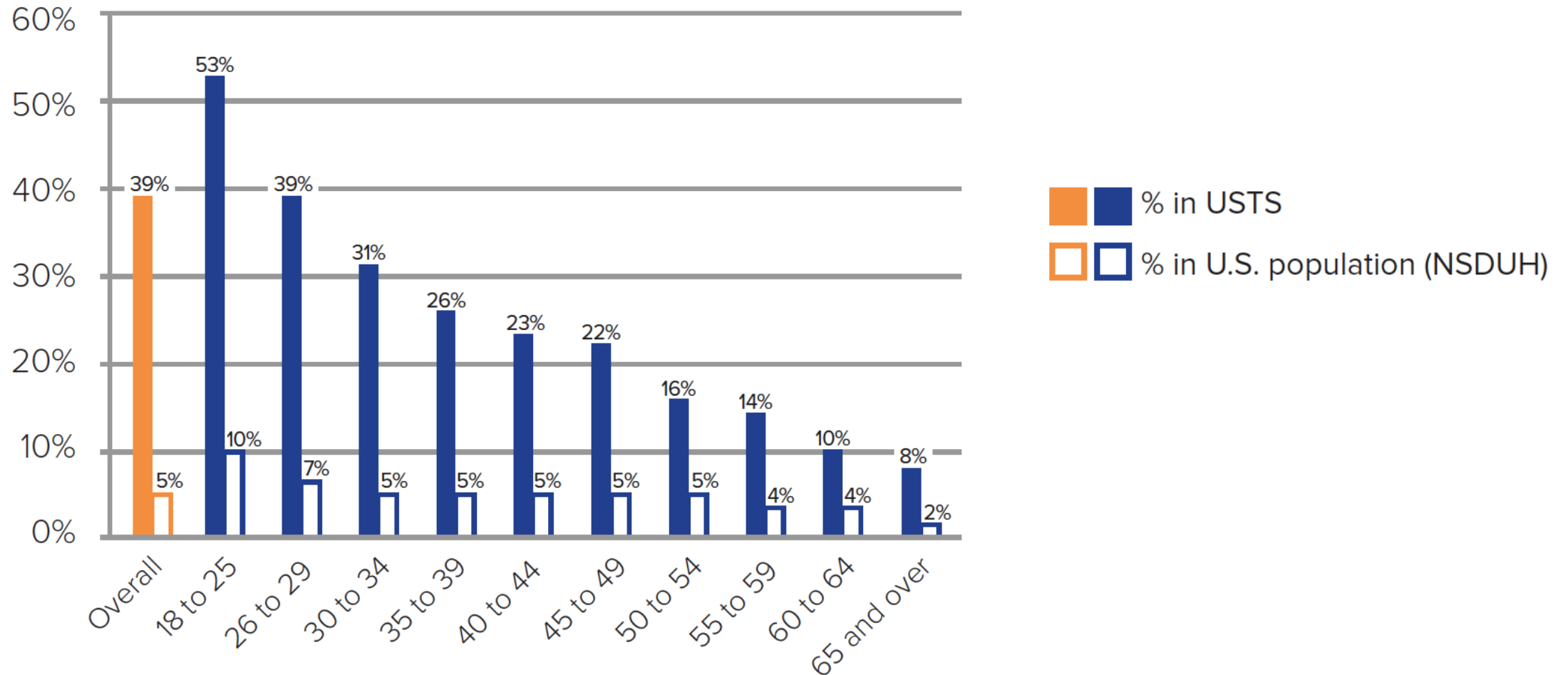
Ilan H. Meyer, PhD, Taylor N. T. Brown, MPP, Jody L. Herman, PhD, Sari L. Reisner, ScD, and Walter O. Bockting, PhD

- Gay and bisexual men report frequent mental distress
- Bisexual men report poor health and physical limitations
- Lesbian and bisexual women report depression, poor health, and physical limitations
- Transgender adults are 2x as likely as cisgender adults to report poor physical and mental health

Mental health concerns worsened during the COVID-19 pandemic

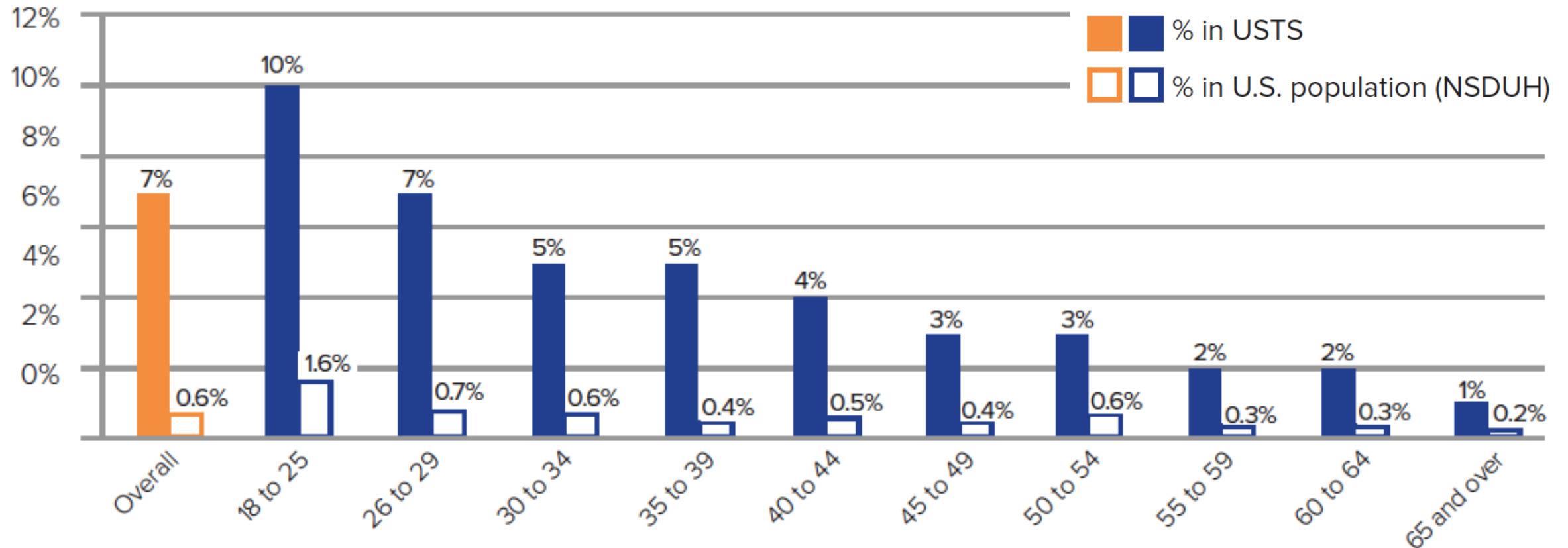


Transgender adults are more likely to report psychological distress



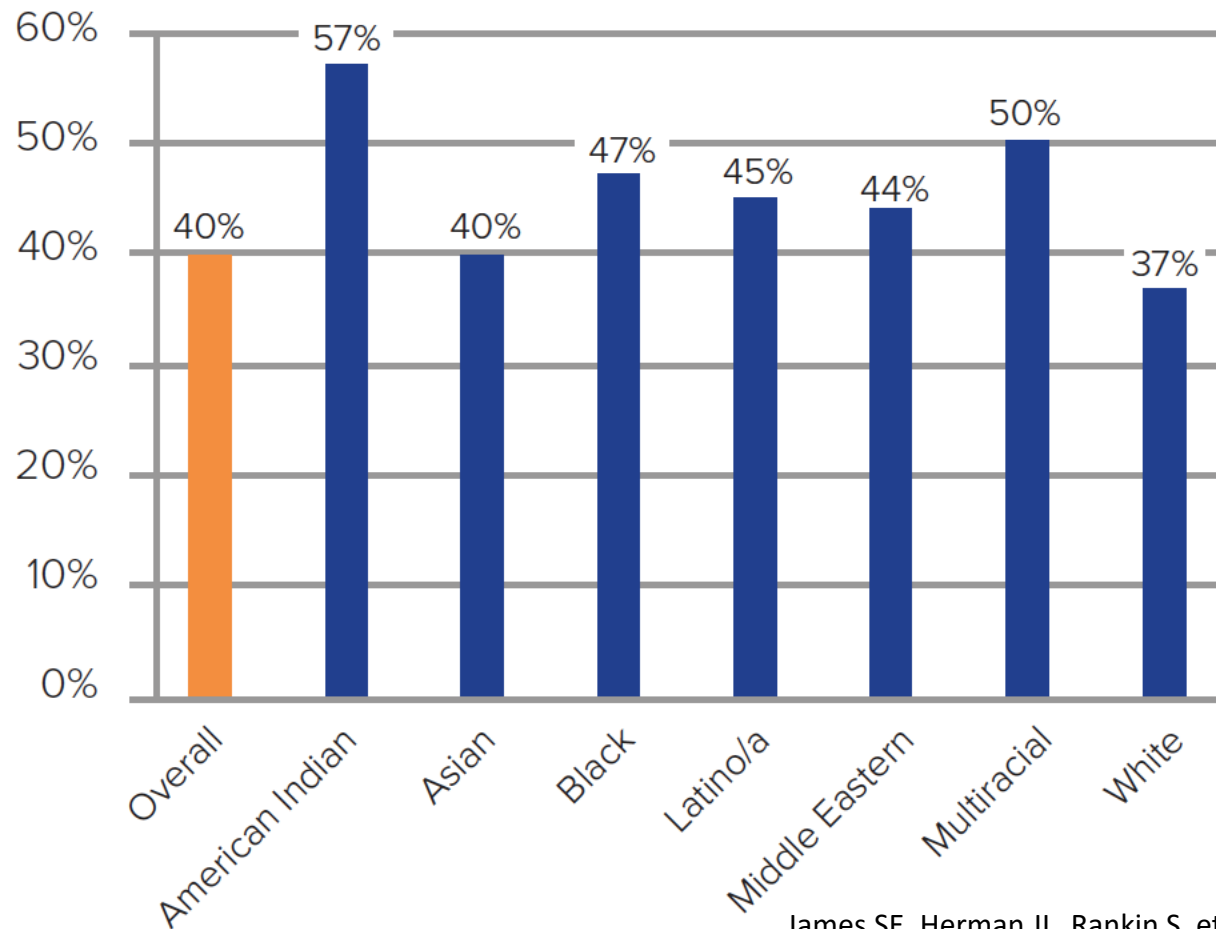
Transgender adults are significantly more likely to attempt suicide at all ages

Attempted Suicide in the Past Year



Transgender adults are significantly more likely to attempt suicide at all ages

Ever Attempted Suicide



Case #3

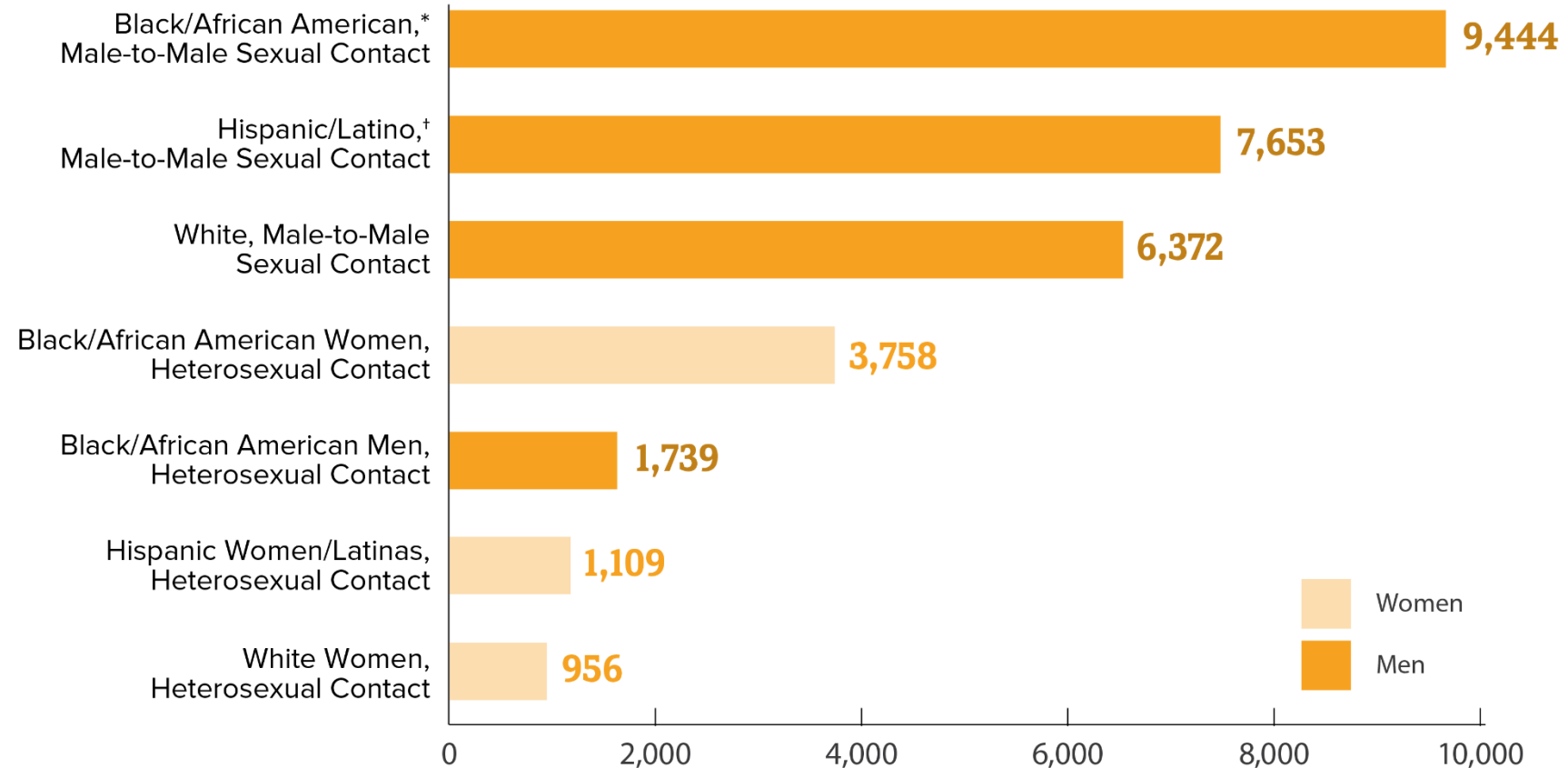
JA is a 28-year-old transgender woman you follow for pre-exposure prophylaxis. She has been on PrEP for 3 years, although has intermittent time off the medication.

She presents today for HIV and STI testing and reports that she was off her medication over the past 2 months because of some difficulty with her co-payment and challenges getting to the pharmacy.

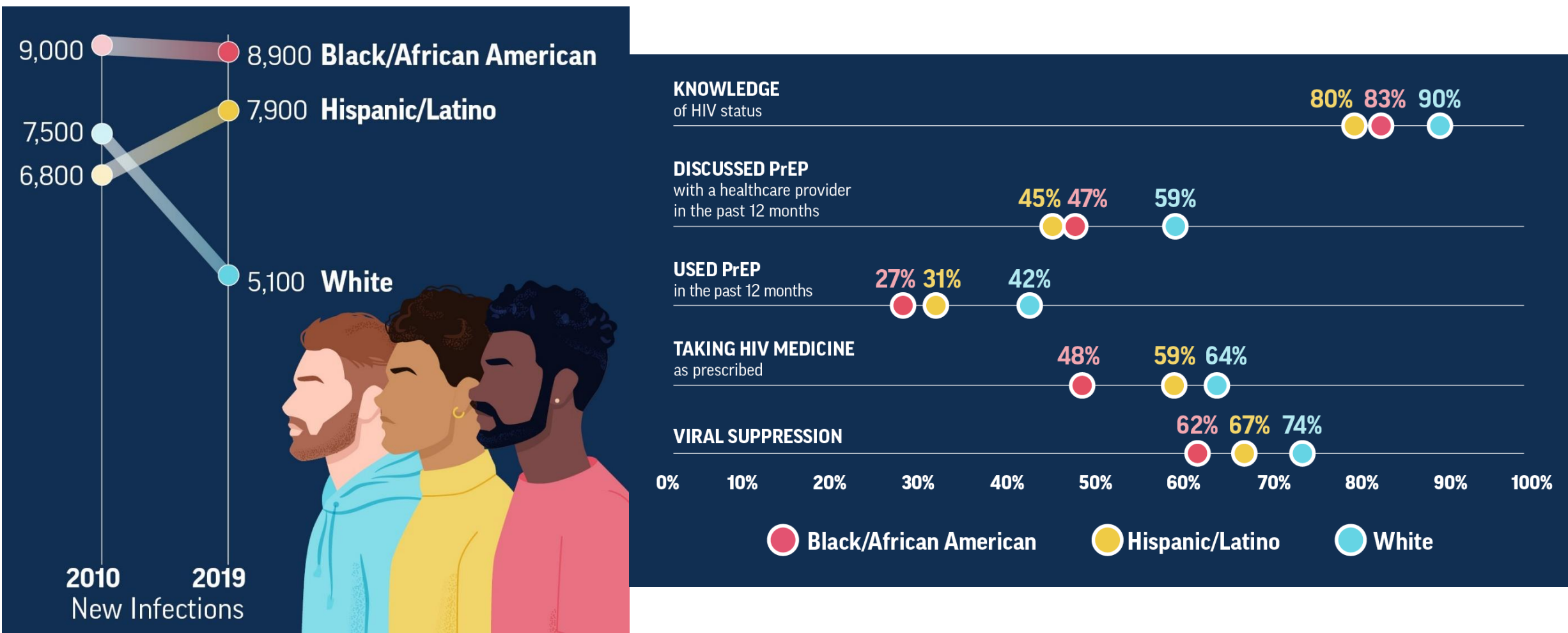
During that time, she reported having sex with 3 or 4 male partners, not always using condoms. She did not discuss HIV status with those partners

From 2014 through 2018, HIV incidence decreased by 7%, but disparities persist

Gay and bisexual men are the population most affected by HIV.

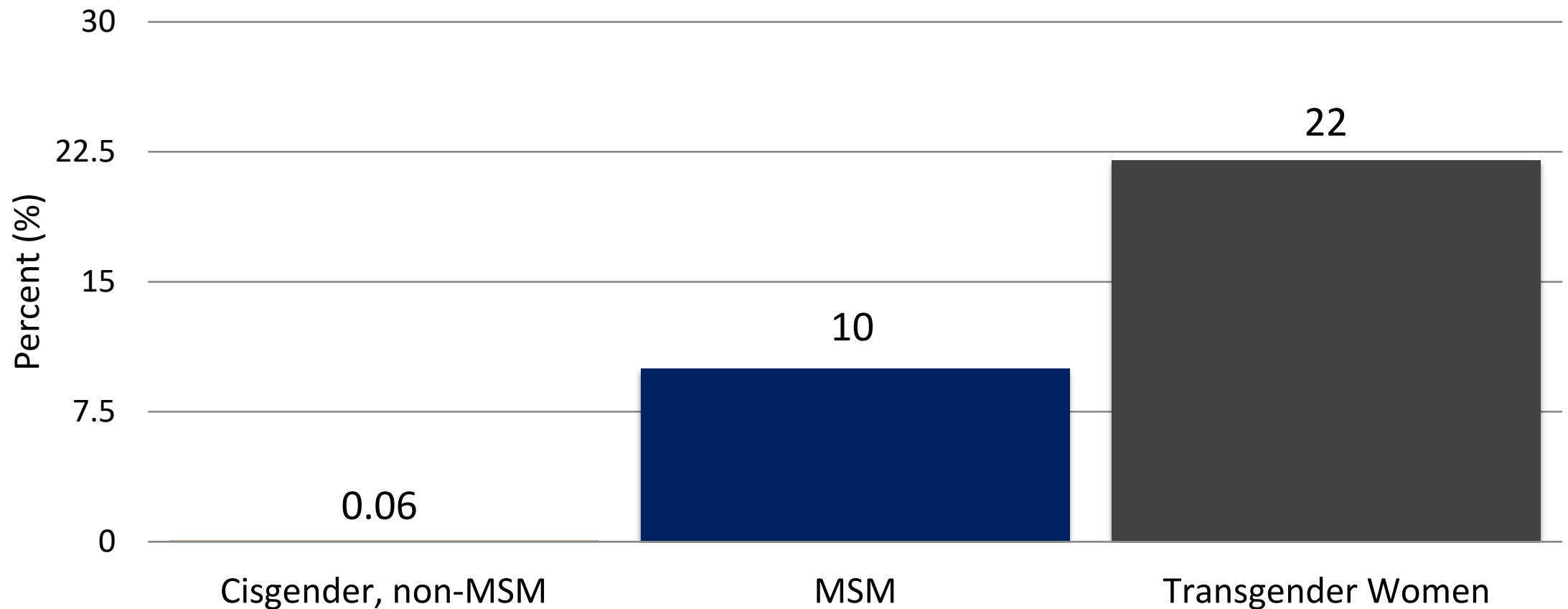


Diagnoses in Black and Latino MSM remain high, despite effective prevention strategies

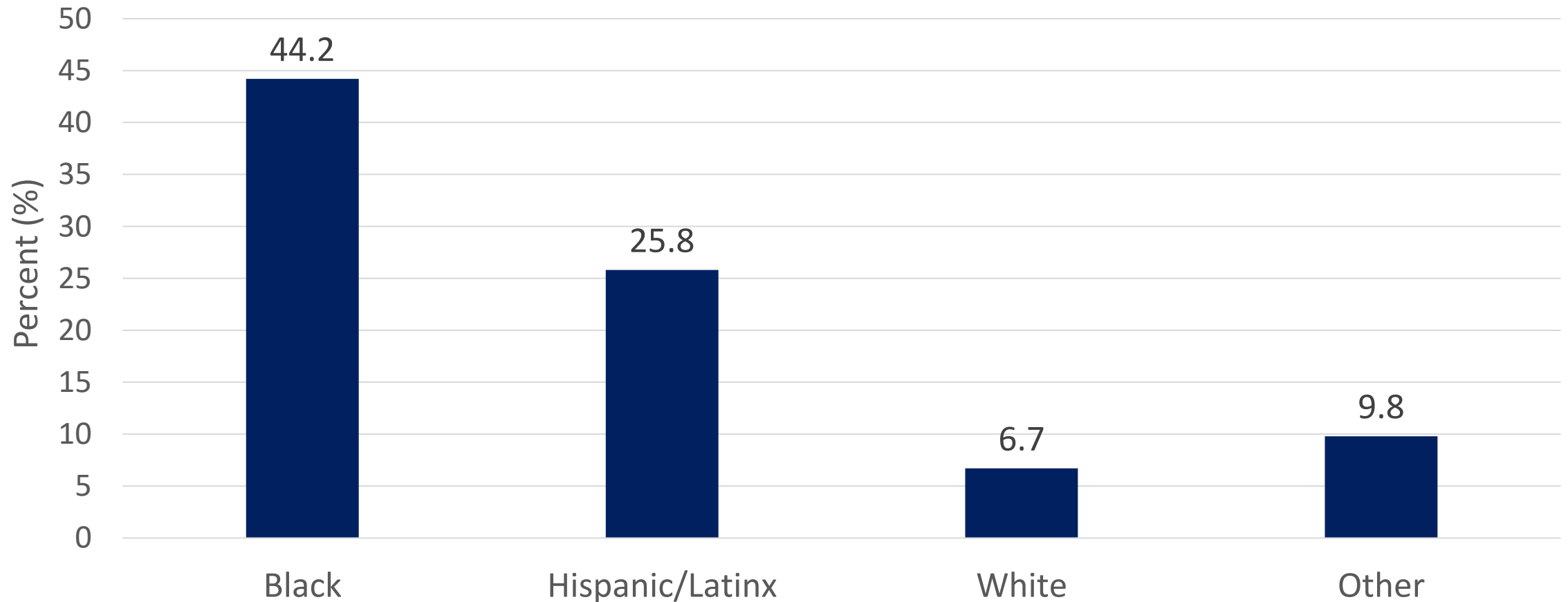


Pitasi MA, Beer L, Cha S, et al. Vital Signs: HIV Infection, Diagnosis, Treatment, and Prevention Among Gay, Bisexual, and Other Men Who Have Sex with Men — United States, 2010–2019. MMWR Morb Mortal Wkly Rep 2021;70:1669–1675

HIV disproportionately impacts transgender women compared to cisgender populations



There are marked racial disparities in HIV prevalence in transgender women



Ending the epidemic will require multiple methods of HIV prevention

The NEW ENGLAND JOURNAL of MEDICINE

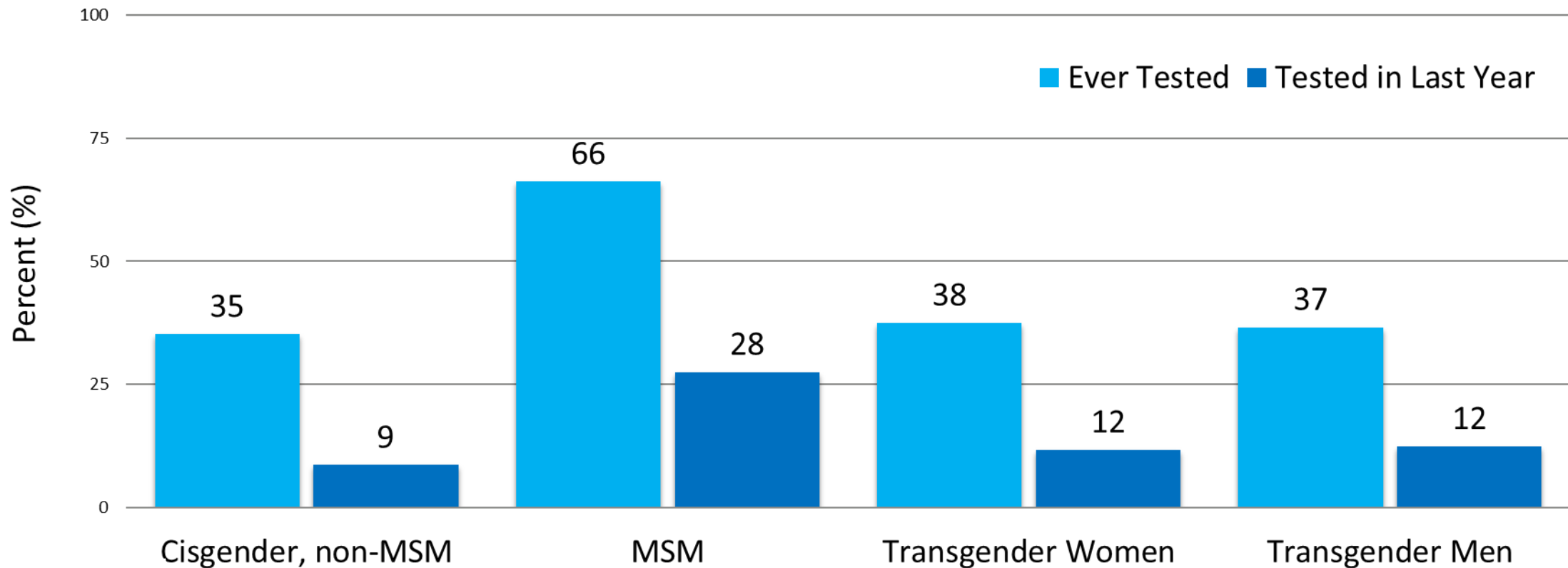
SPECIAL ARTICLE

Expanded Screening for HIV in the United States — An Analysis of Cost-Effectiveness

A. David Paltiel, Ph.D., Milton C. Weinstein, Ph.D., April D. Kimmel, M.Sc.,
George R. Seage III, Sc.D., M.P.H., Elena Losina, Ph.D., Hong Zhang, S.M.,
Kenneth A. Freedberg, M.D., and Rochelle P. Walensky, M.D., M.P.H.

We are under testing those at high risk of acquiring HIV

HIV Testing in the U.S., 2014-2015



“At Home” testing increases diagnosis and engagement in care

JAMA Internal Medicine | [Original Investigation](#)

Effect of Internet-Distributed HIV Self-tests on HIV Diagnosis and Behavioral Outcomes in Men Who Have Sex With Men: A Randomized Clinical Trial

Robin J. MacGowan, MPH; Pollyanna R. Chavez, PhD; Craig B. Borkowf, PhD; S. Michele Owen, PhD; David W. Purcell, PhD; Jonathan H. Mermin, MD; Patrick S. Sullivan, PhD, DVM; for the eSTAMP Study Group

JAMA Intern Med 2020

- Evaluate use and public health impact of distributed rapid HIV tests for “at home” use to MSM recruited via the internet
- Methods:
 - 12-month, longitudinal study; recruited 2,655 MSM through online advertisements
 - 1:1 randomization of control compared to self-testing
 - Given 4 HIV self-tests after completing baseline survey, option for more tests after completing quarterly surveys
 - Could share test packages with enrollment materials within social network

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JAMA Intern Med 2020

- Results:
 - More overall diagnoses, more first-time tests, more repeat tests
 - Reached at-risk network
 - Averted 3.34 potential transmissions, saved 14.86 QALYs and nearly \$1.6 million lifetime HIV treatment costs

All participants (N = 2,665)	Self Testing (N = 1,325)	Control (N = 1,340)	Social Network (N = 2152)
New diagnoses	25	11	34
Tested ≥ 3 times	77%	22%	-

Never tested for HIV (N = 443; 17%)	Self Testing (N = 166)	Control (N = 137)
Tested at least once	96%	46%
Tested ≥ 3 times	68%	7%

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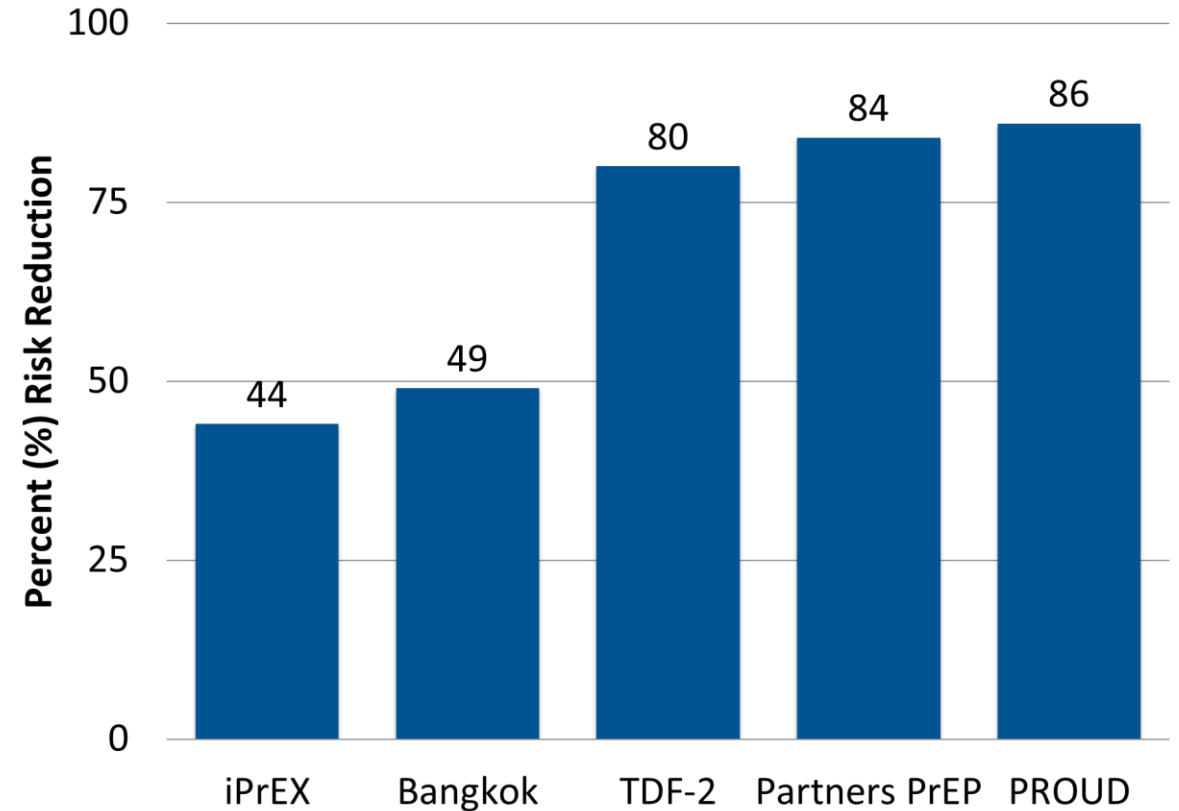
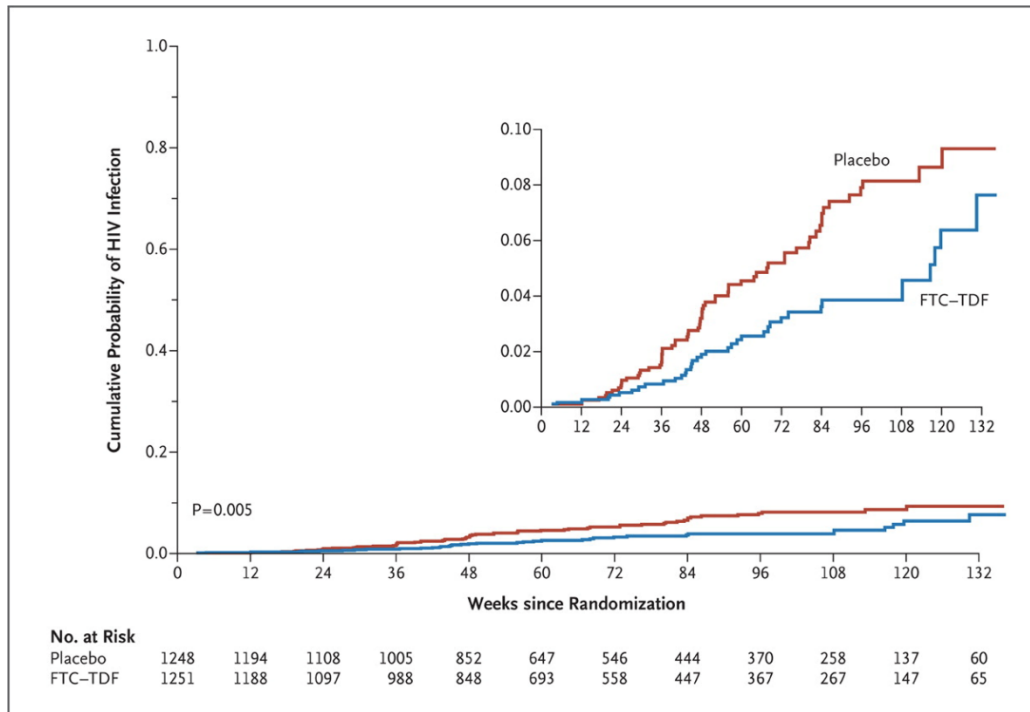
EPIDEMIOLOGY AND PREVENTION

Condom Effectiveness for HIV Prevention by Consistency of Use Among Men Who Have Sex With Men in the United States

Dawn K. Smith, MD, MS, MPH, Jeffrey H. Herbst, PhD, Xinjiang Zhang, PhD, and Charles E. Rose, PhD

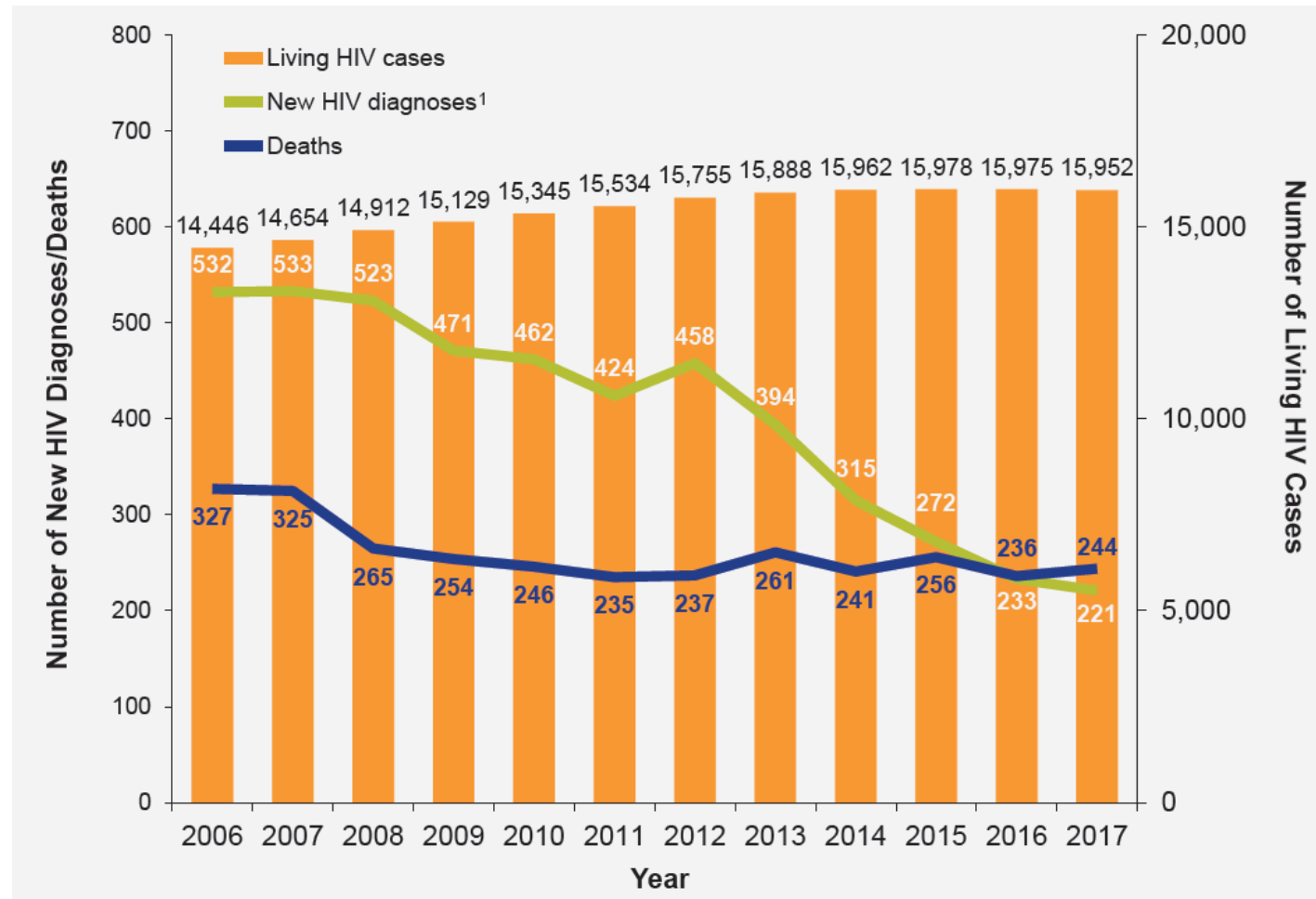
Paltiel AD, Weinstein MC, Kimmel AD, et al. *N Engl J Med*. 2005.
Rodger AJ et al. 22nd IAC, 2018, Abstract# WEAX0104LB.
Smith DK, Herbst JH, Zhang X, et al. *J Acquir Immune Defic Syndr*. 2015.

Daily administration of F/TDF (Truvada) reduces the risk of HIV acquisition



Grant RM, Lama JR, Anderson PL, et al. *N Engl J Med*. 2010.
 Thigpen MC, Kebaabetswe PM, Paxton LA, et al. *N Engl J Med*. 2012.
 Choopanya K, Martin M, Suntharasamai P, et al. *Lancet*. 2013.
 Baeten JM, Donnell D, Ndase P, et al. *N Engl J Med*. 2012.
 McCormack S, Dunn D, Desi M, et al. *Lancet*. 2016.

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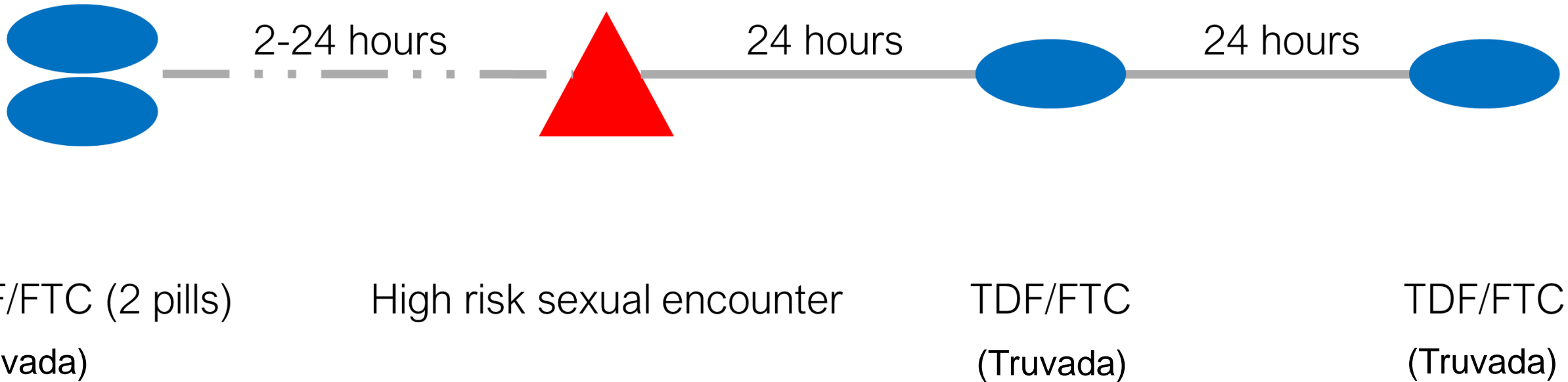


1.1 million people in the US would benefit from PrEP based on CDC estimates

	Sexually-Active Adults and Adolescents ¹	Persons Who Inject Drug ²
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: <ul style="list-style-type: none"> • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months³ • History of inconsistent or no condom use with sexual partner(s) 	HIV-positive injecting partner OR Sharing injection equipment

1. For all (adults and adolescents), daily, oral doses of F/TDF (Truvada)
2. For men and transgender women (adults and adolescents), daily, oral doses of F/TAF (Descovy)
3. For MSM (adults ONLY), 2-1-1 “on-demand,” oral doses of F/TDF (Truvada)*
4. For all (adults ONLY), every 8 weeks, 600mg intramuscular cabotegravir

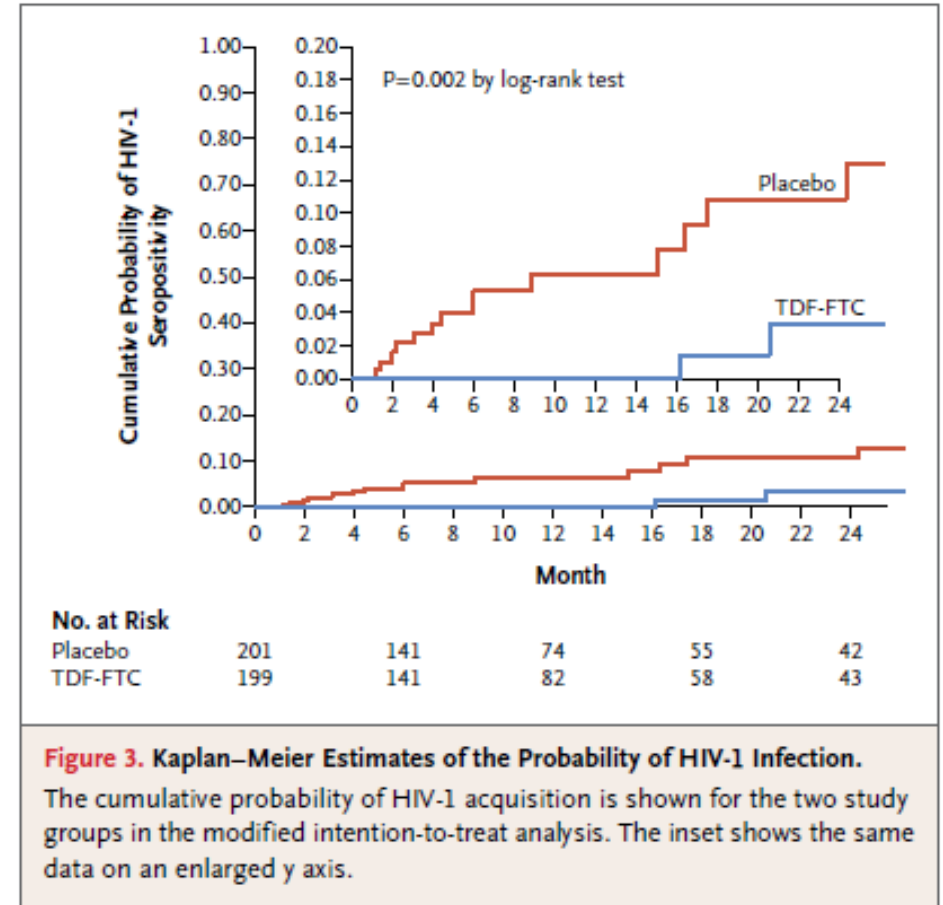
“On-demand” (2-1-1) PrEP has been shown to decrease HIV transmission in MSM



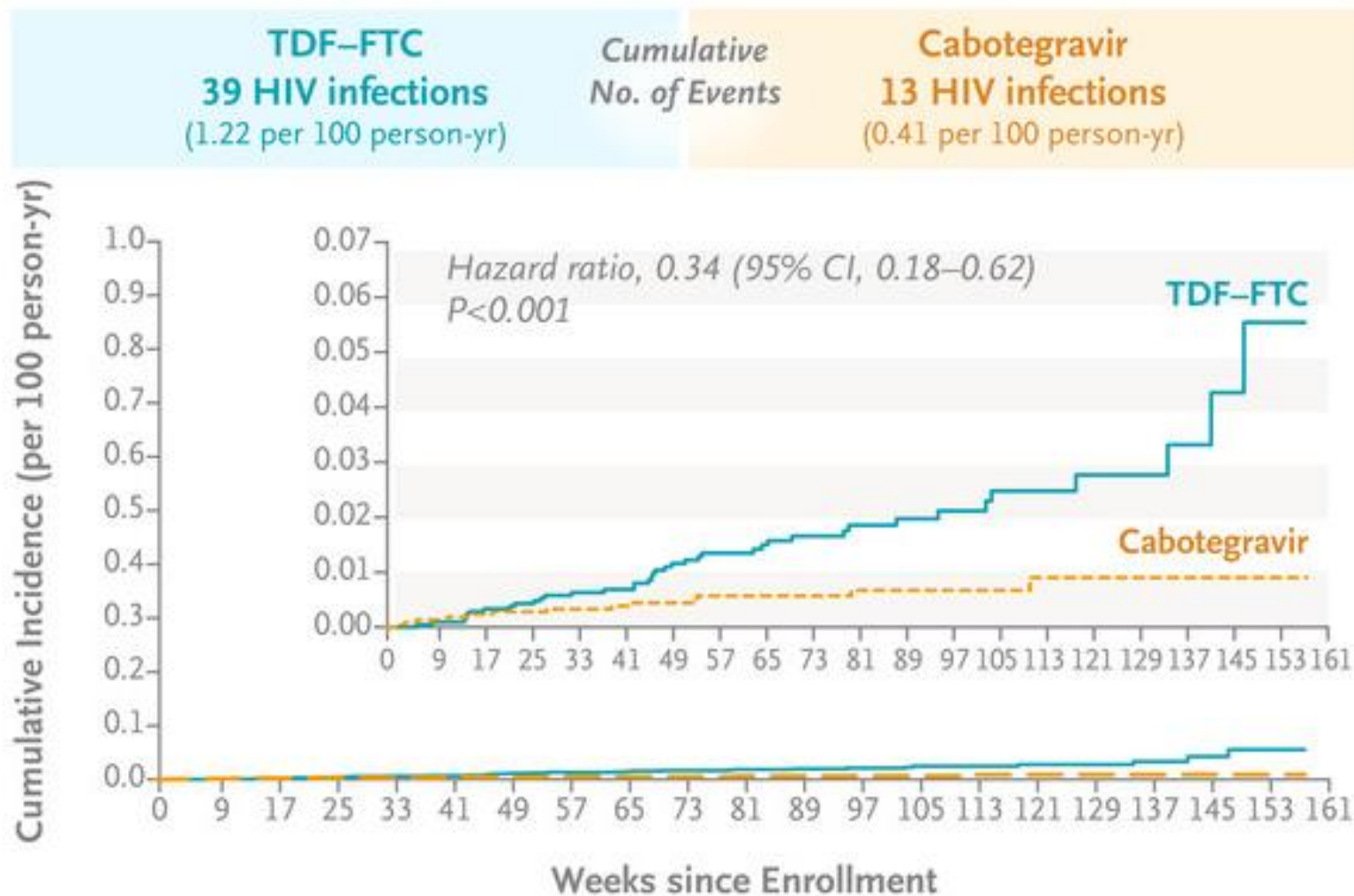
“On-demand” PrEP has been shown to decrease HIV transmission in MSM

Table 1. Characteristics of the Participants at Baseline.*

Characteristic	TDF-FTC (N= 199)	Placebo (N= 201)	P Value
Male sex — no. (%)	199 (100)	201 (100)	
Median age (IQR) — yr	35 (29–43)	34 (29–42)	0.56
Age group — no. (%)			0.87
18–24 yr	31 (16)	27 (13)	
25–29 yr	26 (13)	30 (15)	
30–39 yr	72 (36)	73 (36)	
40–49 yr	50 (25)	55 (27)	
≥50 yr	20 (10)	16 (8)	
Sexual-risk factors at screening			
Median no. of partners in past 2 mo (IQR)	8 (5–17)	8 (5–16)	0.47
Median no. of episodes of sexual intercourse in past 4 wk (IQR)	10 (6–18)	10 (5–15)	0.08
Circumcision — no. (%)	38 (19)	41 (20)	0.75
Sexually transmitted infection diagnosed at screening — no. (%)§	49 (25)	62 (31)	0.17
Hepatitis B virus status — no. (%)¶			0.12
Susceptible	46 (23)	38 (19)	
Immune from natural infection	18 (9)	31 (15)	
Immune from vaccination	135 (68)	132 (66)	



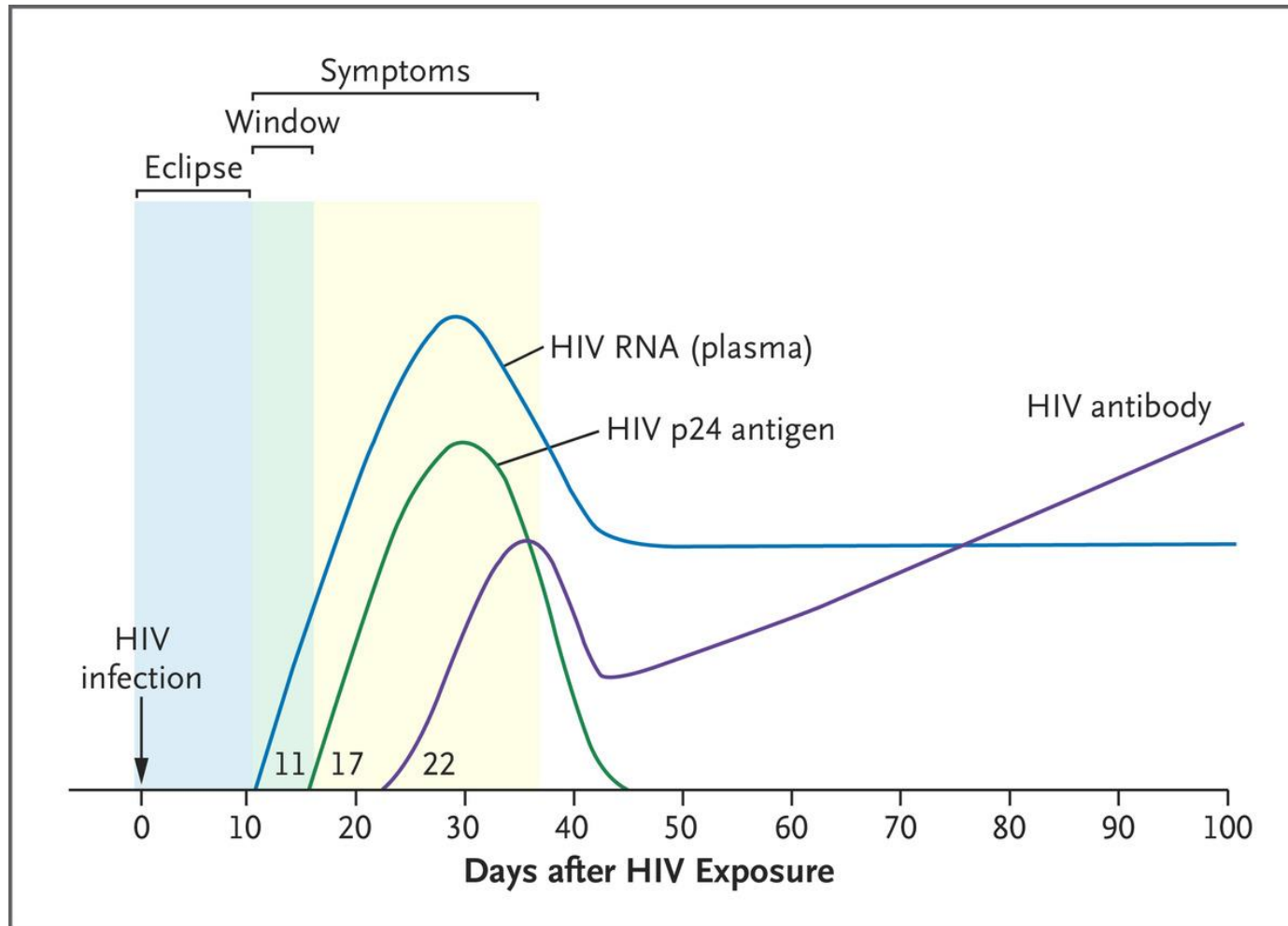
Injectable cabotegravir was superior to oral F/TDF



PrEP requires baseline and surveillance lab testing to confirm HIV status and ensure safety

1. Initial HIV screening
2. Follow-up visits at least every 2-4 months to provide the following:
 - HIV Ag/Ab test and HIV RNA assay, medication adherence support
 - For MSM and transgender women, bacterial STI screening (oral, rectal, urine, blood)
 - Access to clean needles/syringes and treatment for SUD
3. Follow-up visits every 6 months to provide the following:
 - For F/TDF, assess renal function for those >50 or with decreased GFR
 - For all, bacterial STI screening (sites as indicated)
4. Follow-up visits every 12 months to provide the following:
 - Assess renal function in all patients
 - For F/TAF, assess weight, triglycerides, and cholesterol

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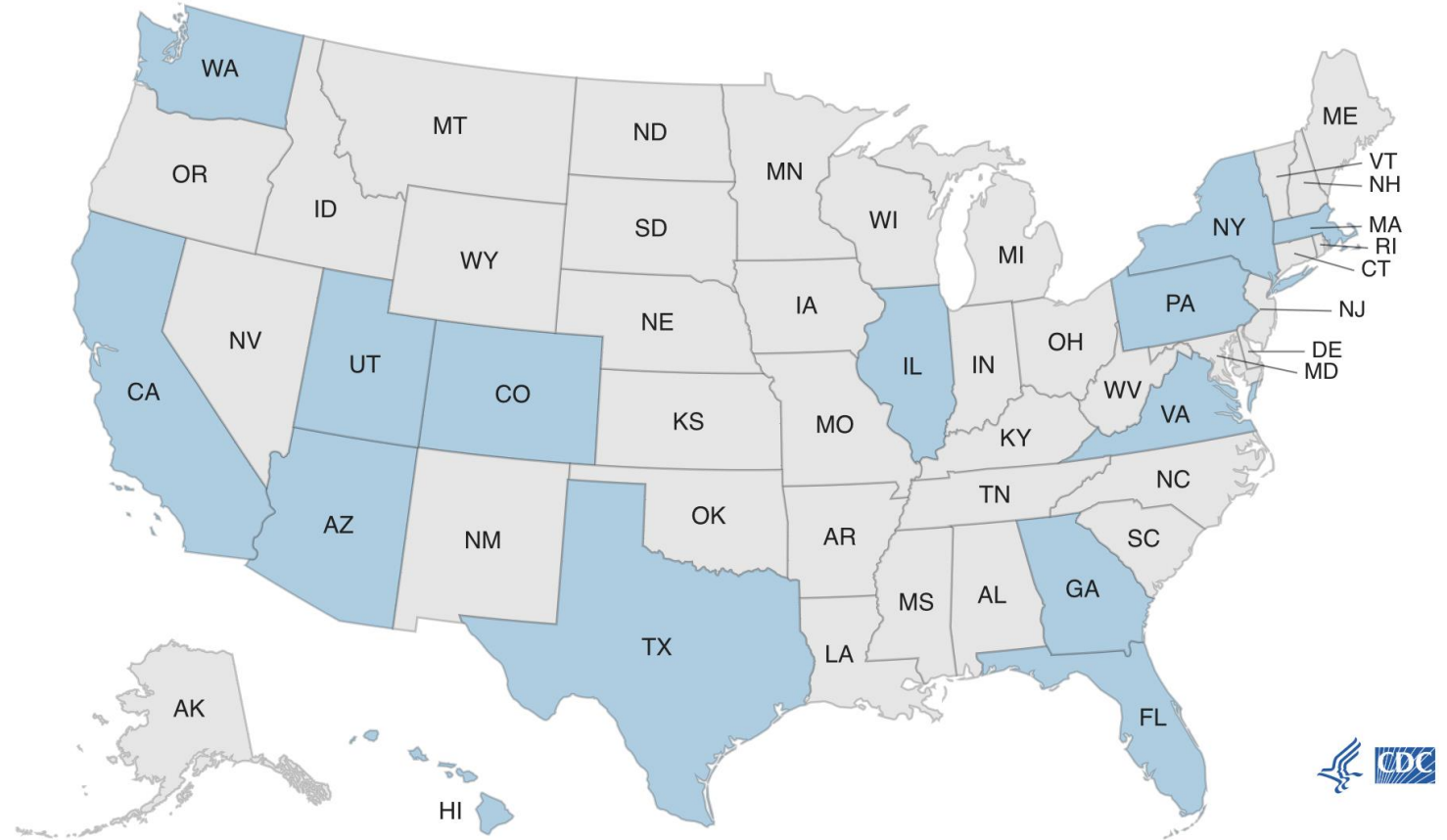


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Monkeypox Virus Infection in the United States and Other Non-endemic Countries — 2022

- On May 17, alert from MA of suspect case of monkeypox
- Currently:
 - 34 cases across 15 states
 - >1000 global cases in 29 countries
- Many (but not all) cases are in MSM



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Infection Prevention and Control of Monkeypox in Healthcare Settings

Clinician FAQs

Please refer to CDC's [Information for Healthcare Professionals](#)

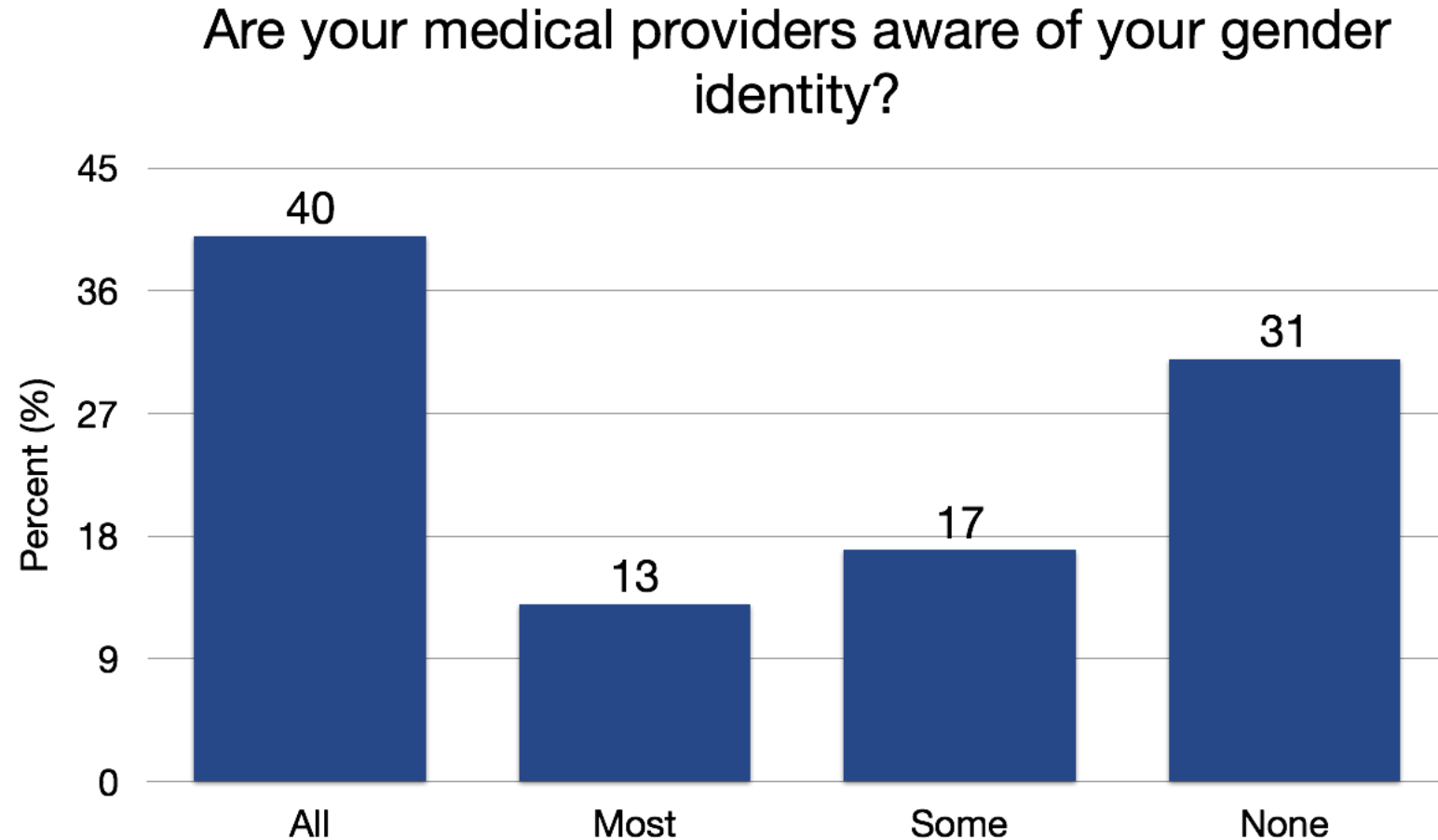
Case #4

LG is a 67-year-old transgender man who recently transferred his primary care to you. He has undergone gender affirming medical and surgical treatment, and has legally changed his name and gender.

You note that his gender affirming top surgery did not include complete mastectomy and some breast tissue remains. He is referred for a breast ultrasound as a screening exam.

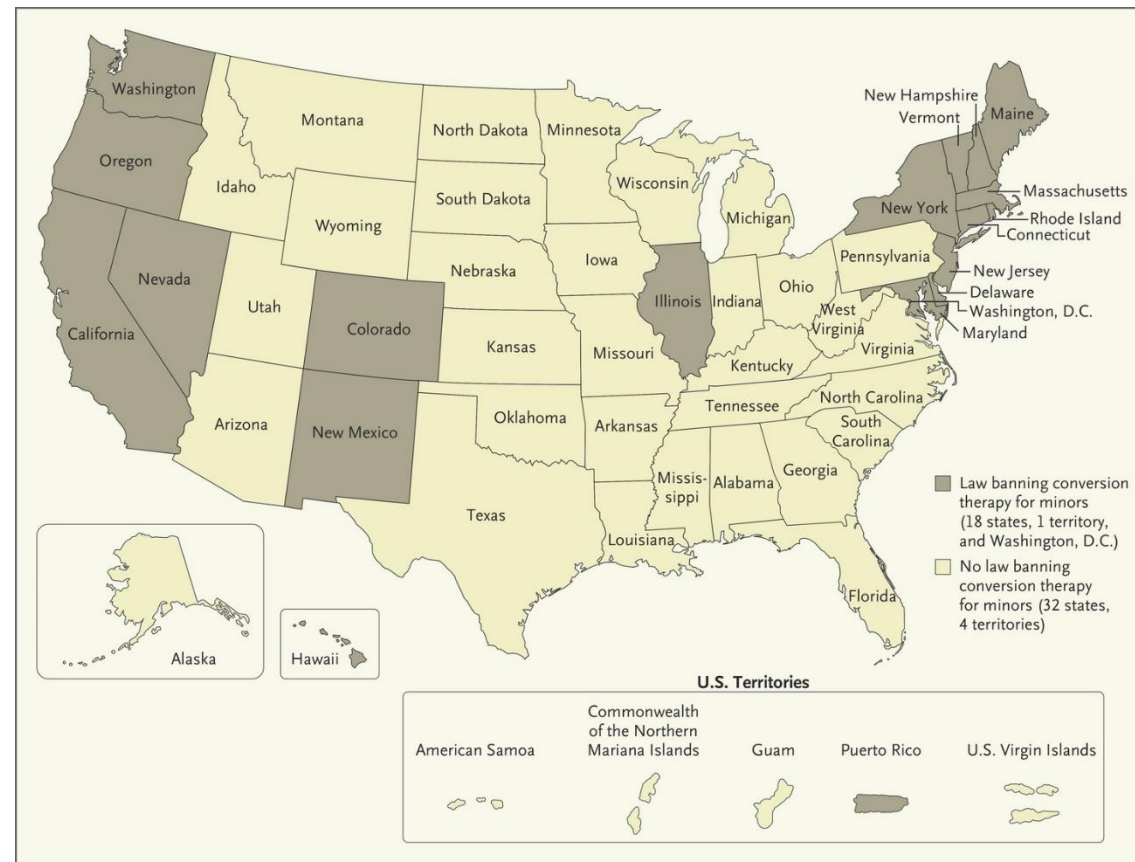
When at the “Women’s Breast Radiology Center” he is addressed using “Ms.” and asked to first have a mammogram performed. He leaves and calls you to say that he will not have any further breast cancer screening.

Transgender people experience discrimination and stigma within health care settings



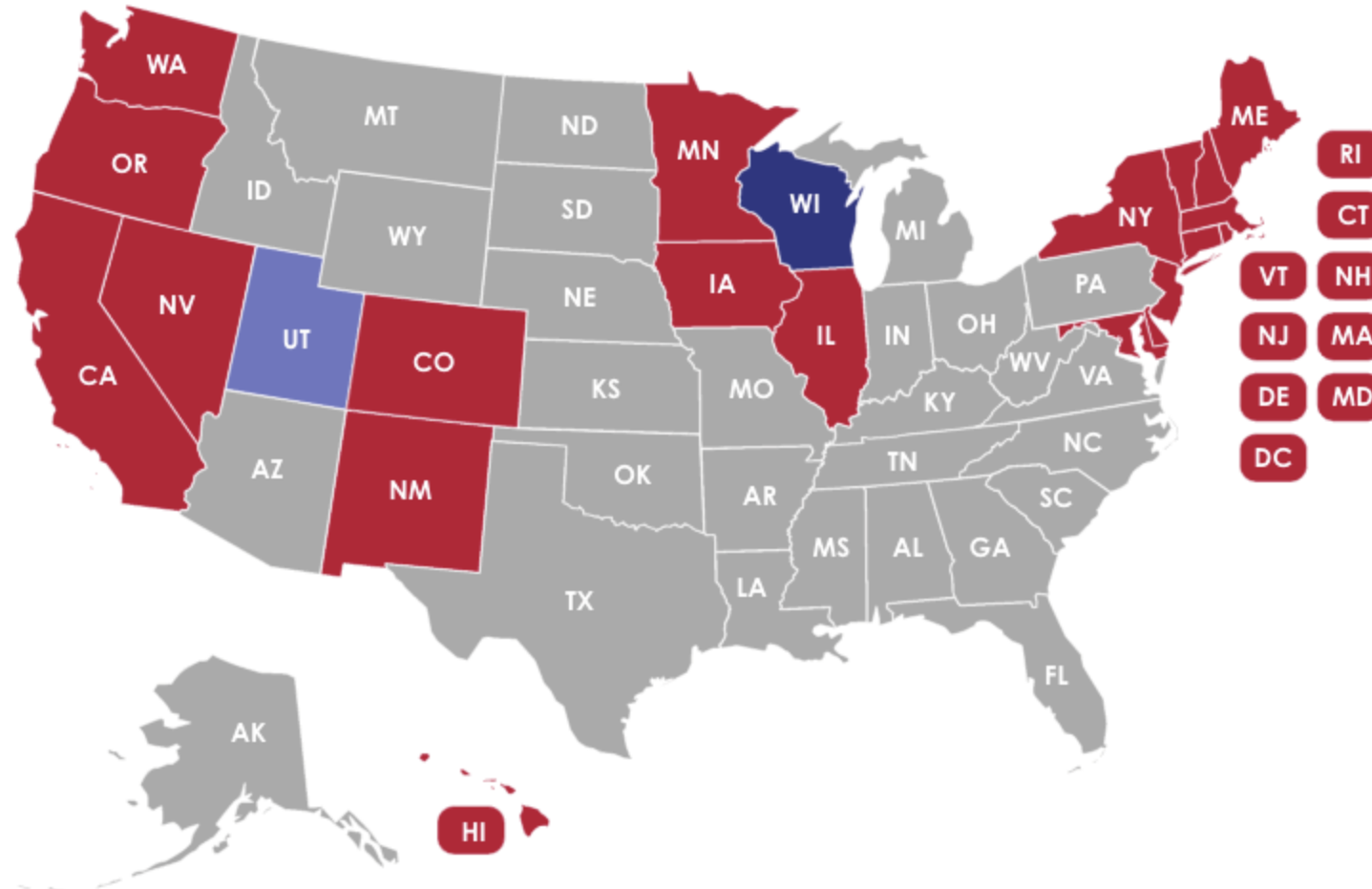
Rights and inclusion of LGBTQ Americans vary across the country

States Allowing & Banning Conversion Therapy



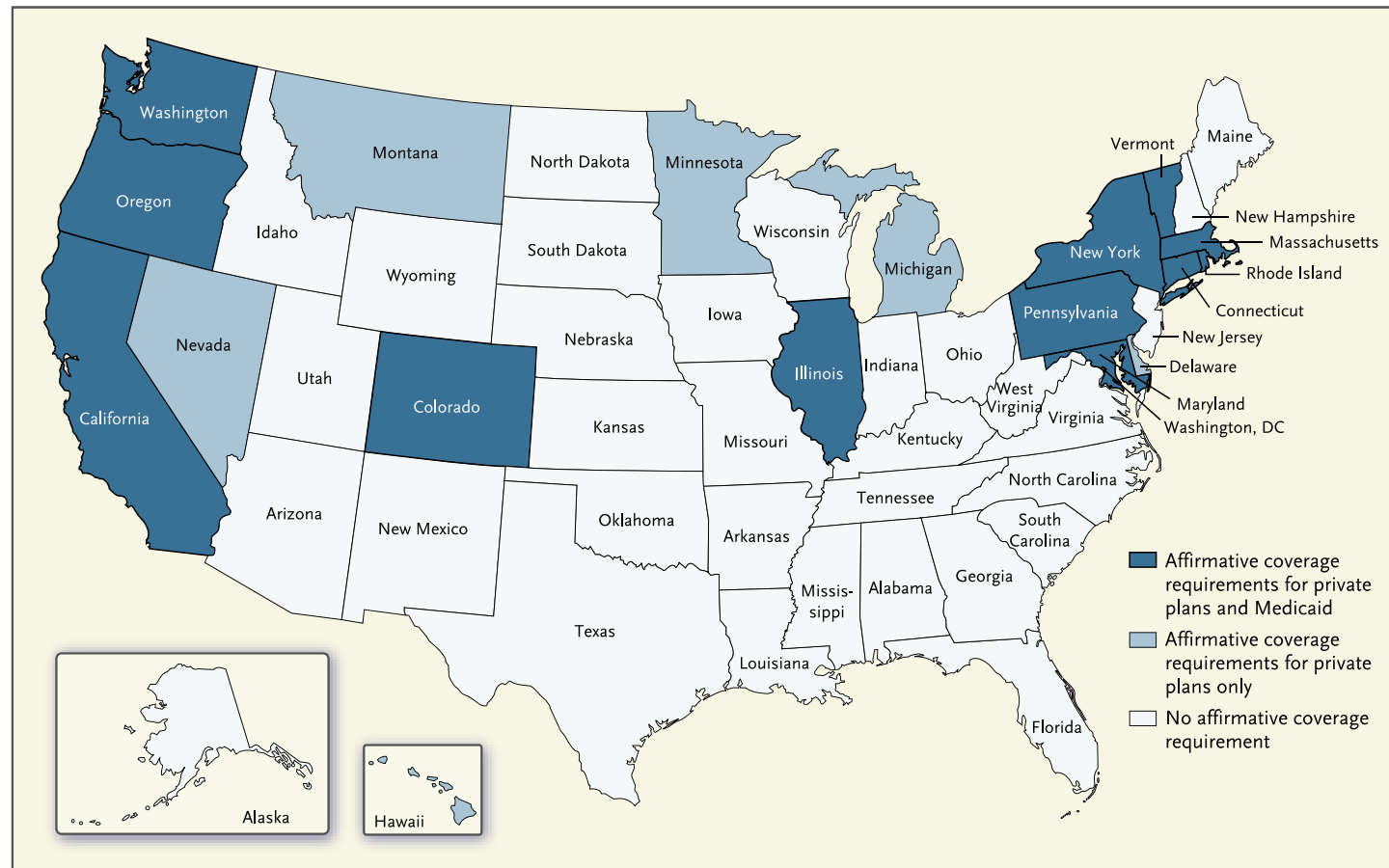
Rights and inclusion of LGBTQ Americans vary across the country

States Allowing & Banning LGBTQ Discrimination

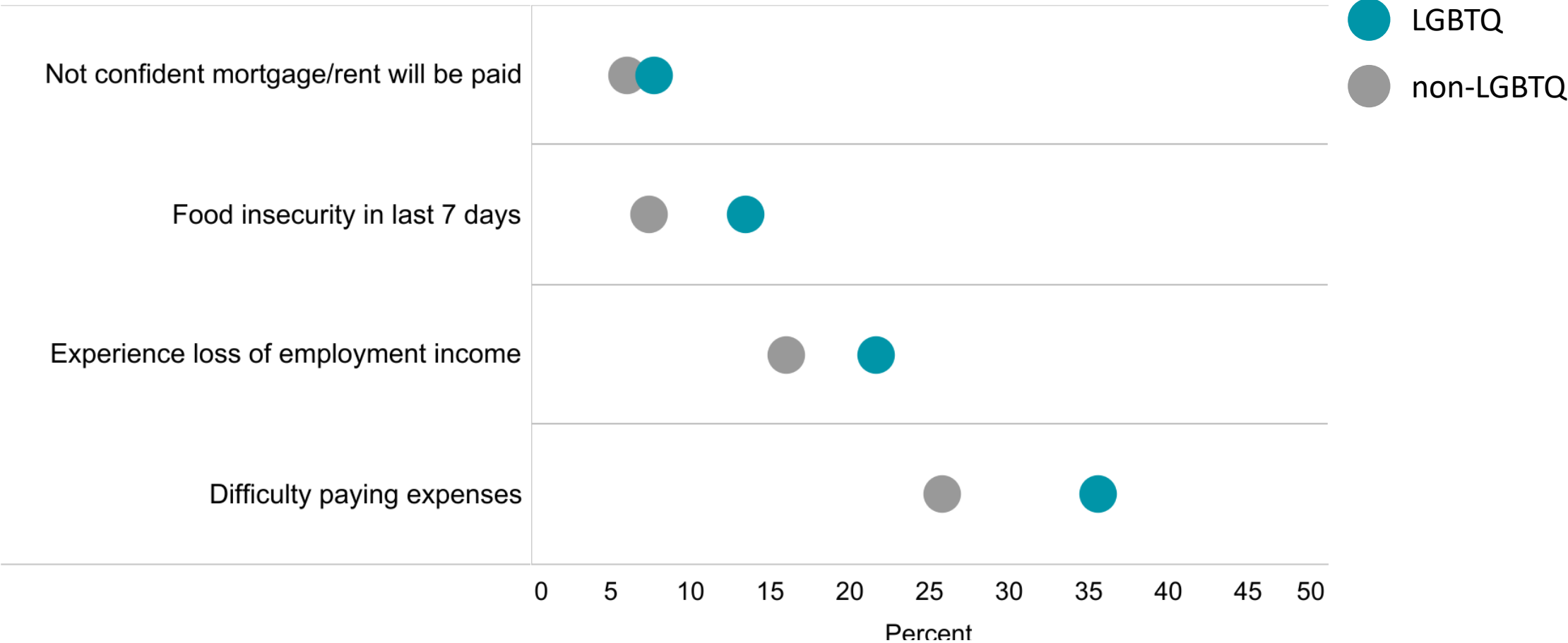


Rights and inclusion of LGBTQ Americans vary across the country

States Requiring Coverage for Transgender Individuals



Discrimination and stigma result in limited access to social determinants of health



Physicians have an obligation to provide all patients with the highest-quality care possible



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Perspective

Two Steps Back — Rescinding Transgender Health Protections in Risky Times

Sula Malina, B.A., Sarah Warbelow, J.D., and Asa E. Radix, M.D., Ph.D.

Even as increasing numbers of health care organizations create specialized transgender health clinics, the systemic change required to make trans patients welcome in all health care settings and to ensure that they are treated with dignity and receive the care they need remains elusive. Even in the face of discriminatory HHS guidelines, physicians have a professional and ethical obligation to provide all patients with the highest-quality care possible. Just as many clinicians and health care institutions are beginning to wake up to their own racism, they must also confront their own transphobia — and the potentially deadly intersection between the two.

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Four principles of gender-affirming care

Table 2. Four Principles of Gender-Affirming Care.

Principle	Description	Example
Ask rather than assume.	Ask patients about their sexual orientation, gender identity, and preferred name and pronouns.	“Hi, I’m Dr. Goldstein. I use ‘he’ and ‘him’ for pronouns. What’s your name and what pronouns do you use?”
Validate the patient’s gender identity.	Mirror the language that the patient uses.	
See mistakes as opportunities to learn.	If you make a mistake with a patient, acknowledge it, apologize, and try to move on together.	“I’m sorry that I used ‘he’ instead of ‘they.’ I’ll try my best to use the correct pronouns, and please let me know if I make a mistake.”
Remember that anatomy does not define the patient.	Provide care related to the anatomy that is present but still validate the patient’s gender identity.	Only 25% of transgender people have had a gender-affirming procedure. For transgender men who retain breast tissue and a cervix, mammography and cervical Papanicolaou (Pap) testing remain important cancer-screening methods.

Key Points

1. Gender, sex, and sexual orientation are distinct and unique concepts
2. LGBTQ adults experience disparities in mental health diagnoses, HIV, access to care, and access to social determinants of health
3. HIV prevention requires a multifaceted approach: testing, linkage to care, and pharmacologic prevention (with PrEP)
4. Affirming and validating a person's gender identity and sexual orientation will improve trust and care for LGBTQ patients

Care of the LGBTQ Patient

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