LGBT HEALTH FOR PRIMARY CARE PROVIDERS:
UNDERSTANDING THE COMMUNITY AND THEIR
HEALTH NEEDS

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Andrew Petroll, MD, MS
Department of Medicine, Division of Infectious Diseases
Department of Psychiatry and Behavioral Medicine, Center for AIDS Intervention
Research

Learning Objectives
• Understand LGBT-related concepts and terminology
• Appreciate general and local LGBT demographic information
• Understand
  • LGBT Health Disparities
  • Unique health needs and experiences of LGBT patients
  • Increase awareness and knowledge of HIV Pre-exposure Prophylaxis

Case 1
• Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery
• The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy
• No one asked her about her gender identity or knew she was transgender

Case 2
• Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from an unknown primary cancer
• Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts
• No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer

Case 3
• Louis P is a 52 year old gay man
• He had been getting regular HIV testing for many years at 3-month intervals
• In late 2015, he learned about HIV PrEP and scheduled an appointment with a specialist
• On his first appointment with an HIV specialist (about 8 weeks after his last HIV test), he tested positive for HIV
CONCEPTS AND TERMINOLOGY

Sexual Orientation and Gender Identity
- All people have a sexual orientation and a gender identity
  - How people identify can change
  - Terminology varies
  - Gender identity and sexual orientation are separate concepts

Sexual Orientation
- Sexual orientation is how a person characterizes their physical and emotional attraction to others. It has 3 dimensions:
  - **Identity**: Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?
  - **Behavior**: What gender(s) do you have sex with?
  - **Attraction**: What gender(s) are you attracted to?

Sexual orientation
- Sexual behavior, identity, and attractions can change over time
- Cultural background and other factors can influence whether attractions, behavior, and identity align
- "LGBT" identity labels are used in mainstream culture
  - Ethnic/racial minorities and youth may not use these terms

Bisexuality
- Often rejected by both heterosexual and homosexual communities
  - Can suffer discrimination based on Heterosexism and "Homosexism"
    - On the "Down Low"
    - "Gay for the Day" or "Gay for Pay"
    - Confused
    - "Playing on both teams"
    - "It's a phase"
    - "Spreader of HIV and STDs"
Bisexuality
Little literature dedicated to health concerns specifically of bisexual individuals
• Lumped in with LGBT populations
• Undercounted subgroup
• Invisibility with "heterosexual/homosexual privilege"
• Literature on bisexual males > females
• Many studies show rates of disease greater than gay/lesbians
  • HIV treatment and prevention
  • Drug abuse
  • Mental health issues
  • Tobacco abuse
  • Eating Disorders
  • Discrimination

Transgender
• Transgender people have a gender identity that is different than their sex assigned at birth
  • Transgender woman, trans woman, male to female (MTF)
  • Transgender man, trans man, female to male (FTM)
  • Trans masculine; trans feminine
  • Genderqueer; gender fluid
• Cisgender is a term for people who are not transgender

Transgender presentations
• Trans individuals choose to present themselves in a variety of ways
  • Some individuals medically or surgically alter their body to affirm gender identity
  • Some change outward appearance
  • Some make no changes to their appearance
  • Some, but not all, change their name

Alternative Constructs of Gender Identity:
An Individual's Construct
Medical Construct
Identity Begins Here
Identity Begins Here

courtesy of AMIA/Fenway Institute
Other Terminology

- **Homophobia**
  - The unreasoning fear of or antipathy toward homosexuals and homosexuality

- **Transphobia**
  - The unreasoning fear of or antipathy toward transgender individuals and transgenderism

- **Heterosexism**
  - A prejudiced attitude or discriminatory practices against homosexuals by heterosexuals.
  - View that heterosexual relationships and associations are normative

Academic/Medical Terminology

- Some terms reflect behaviors only
  - **MSM** (Men who have sex with Men)
  - **MSM/W** (Men who have sex with Men and Women)
  - **WSW** (Women who have sex with Women)
  - **WSW/M** (Women who have sex with Women and Men)

Keeping Up with Terminology

<table>
<thead>
<tr>
<th>Avoid these Outdated Terms</th>
<th>Consider these Terms Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td>Gay, lesbian, bisexual, or LGBT</td>
</tr>
<tr>
<td>Sexual preference; Lifestyle choice</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Transvestite; Transgendered</td>
<td>Transgender</td>
</tr>
<tr>
<td>Biologic sex; genetic sex</td>
<td>Sex assigned at birth; birth sex</td>
</tr>
</tbody>
</table>

DEMOGRAPHICS

Who is LGBT?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Identity</th>
<th>Behavior</th>
<th>Attraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>2.3%</td>
<td>3% (1 year)</td>
<td>Nat S Fam Growth, 2002</td>
</tr>
<tr>
<td></td>
<td>2.6%</td>
<td>8.7% (ever)</td>
<td>Laumann, 1994</td>
</tr>
<tr>
<td></td>
<td>3.6%</td>
<td>8%</td>
<td>Cornell U, 2007</td>
</tr>
<tr>
<td></td>
<td>5.6%</td>
<td>8%</td>
<td>Nat Surv Sexual Health, 2010</td>
</tr>
<tr>
<td>Women</td>
<td>1.3%</td>
<td>4% (1 year)</td>
<td>Nat S Fam Growth, 2002</td>
</tr>
<tr>
<td></td>
<td>1.4%</td>
<td>4.3% (ever)</td>
<td>Laumann, 1994</td>
</tr>
<tr>
<td></td>
<td>7%</td>
<td>7%</td>
<td>Nat Surv Sexual Health, 2010</td>
</tr>
<tr>
<td></td>
<td>14.4%</td>
<td>14.4%</td>
<td>Cornell U, 2007</td>
</tr>
<tr>
<td>All</td>
<td>3.5%</td>
<td>6.2%</td>
<td>11%</td>
</tr>
</tbody>
</table>
**Pathela et al, 2006**

- Cross sectional, randomized telephone survey of 4193 men from NYC (2003)
- Concurrent measures of sexual behaviors and identity
- 12.4% of respondents reported sex with other men, . . .
  - But, 72.8% of the MSMs identified as “straight” (8.9% of sample)
  - 3.3% respondents were Gay identified
  - 0.2% identified as Bisexual
- MSMs with discordant behavior/identity were more likely to be
  - Foreign born
  - Members of racial/ethnic minorities
  - Have lower education/income
  - Married

**Implications of Discordant Behavior/Identity**

- MSM who do not identify with LGBT community may not have access to prevention, treatment, support and health improvement systems in place in LGBT communities. (Chapple et al, 1998)
- Failure to receive health messages
- Similar implications for failure to identify behaviors in medical settings
- Missed opportunities for
  - Counseling
  - Preventive care
  - HIV/STI testing
  - Risk reduction

**US Census Data**

- At best, proxy for LGBT relationships
  - “Unmarried household partner”
    - Can be used by same or opposite sex partners
- Number of same-sex US households
  - Census 1990 – 145,130
  - Census 2000 – 594,691
  - Census 2010 – 646,464
- Limitations
  - Does not include LGBT individuals who are not living with a partner
  - Non-disclosure by respondents
  - Excludes bisexual individuals in opposite-sex households

**Who is Trans?**

- Reliable data is difficult to come by – multiple methods of estimation used
  - 0.3% Williams Institute
  - 0.2% – 1% Conway & Olyslayger, 2007
  - Wisconsin transgender population:
    - 11,400 – 57,000
Lessons from LGBT Demographic Data

• LGBT people are everywhere
• Self identification does not equal behavior
  • 10% of heterosexually-identified men had same-sex activity
  • 70-90% of lesbians have had prior sexual activity with men
  • 8% within 1 year
• For best outcomes, don’t make assumptions

EXPERIENCES AND DISPARITIES

Unique Issues in LGBT Health

Health Care Disparities

Barriers to Health Care

• More likely to be uninsured
• Fear of judgment and stigmatization
• Provider-patient relationship:
  • Perceived lack of understanding or trust
  • Confidentiality issues
• Lack of clear policies, operationalization or training around
  • Partner visitation rights
  • Medical decision making

Lambda Legal Survey

“When Health Care Isn’t Caring”

• Conducted in 2009
• 6,000 respondents
• 18% people of color

Table 1: I was refused needed health care

<table>
<thead>
<tr>
<th>Category</th>
<th>Refused Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB</td>
<td>7.7</td>
</tr>
<tr>
<td>Transgender</td>
<td>26.7</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>19.0</td>
</tr>
</tbody>
</table>
Mental Health - Assessment and Management

- Routinely consider mental health concerns in LGBT patients
- Screen for depression
- Assess for difficulty with sexual orientation and gender identity
  - Assess for social support/isolation
  - Assess for coping ability
- Treat mental illness with appropriate modalities
  - Psychotherapy
  - Medication (referral if needed)
  - Community support (if related to SO or GI)

Other considerations

- Hate Crimes
- Sexual Assault
- Domestic Violence
LGB Youth
- Smoking
- Homelessness
- Suicide attempts
- Risk of being bullied, threatened, sexually coerced
- Lack of family support
- Higher levels of parental rejection associated with higher rates of attempted suicide, drug use, depression, and unprotected sex (Ryan, et al, 2009)
- For tips, see the Family Acceptance Project website: http://familyproject.sfsu.edu/

Transgender Health Considerations
- Previous disparities apply
- Use anatomy-based screening
  - For MTF, prostate remains even after surgical procedures
  - For FTM, breast cancer screening needed
- Care is complicated by need for expertise, mental health gatekeeper
- High rates of mental health issues and substance use/abuse
- Legal issues
- Transphobia/discrimination

Life Cycle: Family Matters
- Marriage / Commitment
- Reproduction
- Parenting
- Legal issues

Life Cycle: “Aging and Gay, and Facing Prejudice in Twilight”
- Isolation and fewer family or community supports
- Less likely to be “out” than younger LGBT
- Discrimination in long-term care facilities
- Need for advance directives – death of partner can bring great strain and confusion

HIV remains a sustained, global epidemic

<table>
<thead>
<tr>
<th></th>
<th>Global</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>34 million</td>
<td>1.1 million</td>
</tr>
<tr>
<td>Incidence</td>
<td>2.7 million (3.1 – 2002)</td>
<td>48,000 (75,000 – 1992)</td>
</tr>
<tr>
<td>Deaths</td>
<td>1.8 million (2.2 – 2006)</td>
<td>21,000 (50,000 – 1995)</td>
</tr>
</tbody>
</table>
Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2010–2014—United States

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

- Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
- Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

Rates of Diagnoses of HIV Infection among Adults and Adolescents, by Age at Diagnosis, 2010–2014—United States

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

US HIV remains highly concentrated within racial and sexual minority groups

<table>
<thead>
<tr>
<th>US Population Group</th>
<th>Current HIV Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Males</td>
<td>0.4%</td>
</tr>
<tr>
<td>Black Females</td>
<td>1.1%</td>
</tr>
<tr>
<td>Black Males</td>
<td>2.4%</td>
</tr>
<tr>
<td>White MSM</td>
<td>16%</td>
</tr>
<tr>
<td>Hispanic MSM</td>
<td>18%</td>
</tr>
<tr>
<td>Black MSM</td>
<td>28%</td>
</tr>
<tr>
<td>Transgender women</td>
<td>30%</td>
</tr>
</tbody>
</table>

New HIV diagnoses/year in WI (1984-2014)

Prevalence by county (2014)

WI and MKE Prevalence in selected groups
Behavioral Interventions have prevented 1.5 million cases of HIV

- HIV testing
- Condom distribution
- Individual interventions
- Needle exchange
- Social network interventions
- HIV laws
- Risk reduction counseling
- Drug treatment
- Stable housing
- Sero-sorting
- Sero-positioning
- Mental health care
- Contingency management
- Sex education
- Community norms
- Couple-based interventions

How effective are condoms for HIV prevention during anal sex?

- Analysis of 2 cohort studies with 3,233 MSM participants
- 70% reduction in HIV incidence when used 100% of the time
- Only 16% of participants used condoms 100%
- No difference in HIV incidence between “sometimes” and “never” condom use

Biobehavioral HIV prevention may further decrease HIV cases

Unexposed
- Male Circumcision
- Vaccines
- Behavioral
- Structural

Precoital
- Oral PrEP
- Topical PrEP
- Other microbicides

Postcoital
- Oral PEP
- Treatment of HIV
- Behavioral

Infected
- Pre-ART
- Delayed ART

HPTN 052: randomized clinical trial of immediate vs. delayed ART in 1800 couples

Total HIV-1 Transmission Events: 39

Linked Transmissions: 28
Unlinked or TBD Transmissions: 11

96% reduction in HIV transmission (95% CI 73-99%)

p < 0.001

Pre-exposure prophylaxis (PrEP): the hypothesis

- In PrEP, an HIV uninfected individual uses an antiretroviral medication prior to HIV exposure
- By having the antiretroviral in blood/tissues, PrEP can prevent HIV from establishing infection
- Analogous to prophylaxis for malaria in travelers.
Why Truvada?
• Truvada® contains 2 HIV medications
• Taken once per day
• Potent against HIV
• Low rates of side effects
• Successful in animal studies first

WHAT IS THE EVIDENCE SUPPORTING THE USE OF PREP?

How well does PrEP work?
It depends on adherence...

PrEP effectiveness by individual adherence
• iPrEx Open Label Study
  • 1,603 participants, 1,225 on PrEP
  • Most from Peru/Ecuador, 18% USA
  • 100% effectiveness associated with 4+ doses a week
  • 84% effective in people who took 2-3 doses a week
  • Adherence issues more pronounced among young people

A comparison of primary prevention tools: HIV infection and MI

<table>
<thead>
<tr>
<th></th>
<th>iPrEx PrEP Study</th>
<th>WOSCOPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>FTC/TDF daily</td>
<td>Pravastatin daily</td>
</tr>
<tr>
<td>Primary Outcome</td>
<td>HIV infection</td>
<td>MI</td>
</tr>
<tr>
<td>Population</td>
<td>Men aged 18-67</td>
<td>Men aged 45-65</td>
</tr>
<tr>
<td>Risk Factor</td>
<td>MSM behavior</td>
<td>High cholesterol</td>
</tr>
<tr>
<td>Frequency of events in placebo arm</td>
<td>4% per year</td>
<td>1.6% per year</td>
</tr>
<tr>
<td>Relative risk reduction</td>
<td>44%</td>
<td>31%</td>
</tr>
</tbody>
</table>
### Prevention Paradigm 2013 and beyond

**Different Strokes for Different Folks**

<table>
<thead>
<tr>
<th>Method</th>
<th>Contraception</th>
<th>HIV Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Barrier Methods</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gels</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Rings</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Oral pill</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Injectable</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### What PrEP does not do

- **Truvada as PrEP does not**
  - Guarantee 100% protection from HIV (what does?)
  - Protect a person against other STIs like chlamydia, syphilis, herpes, or gonorrhea
  - Prevent pregnancy
  - Cure HIV
  - Function as a treatment regimen for someone already living with HIV.

### WHAT IS INVOLVED IN PRESCRIBING AND TAKING PREP?

**Prescribing PrEP**

- Assess sexual risk
- Screen for HIV
- Screen for STIs & Hepatitis B
- Creatinine
- Discuss side effects
- Reinforce adherence
- Discuss additional risk reduction methods

**Before Initiation**

**Taking a sexual history**

- Set a neutral, open atmosphere
- Ask open-ended questions
- Avoid negative/leading questions
- Avoid assumptions
  - Assume all people are sexual, including the elderly, disabled, and ill
  - Assume everyone does everything
  - External observations do not predict sexual behavior

Released May 14, 2014

[tinyurl.com/CDCprepguidelines](tinyurl.com/CDCprepguidelines) (PDF)

[tinyurl.com/CDCprepguidelineswebinar](tinyurl.com/CDCprepguidelineswebinar) (webinar audio/slides)
Taking a sexual history

- Assess...
  - Relationship status
    - Type, duration, partner gender
  - Other partners
  - Sexual practices
    - Oral, vaginal, anal, digital
  - Methods of contraception, STI prevention
  - Consistency
  - Lifetime behavior

Who might be a good fit for PrEP?

Box B1: Recommended Indications for PrEP Use by MSM

- Adult male
- Without acute or established HIV infection
- Any male-sex partners in past 6 months (if also has sex with women, see Box B2)
- Not in a monogamous partnership with a currently viral HIV negative or undetectable
- Is at least one of the following:
  - Any and sex without condoms (vaginal or anal) in past 6 months
  - Any STI diagnosed or reported in past 6 months
  - In an ongoing sexual relationship with an HIV-positive male partner

- CDC estimates that 25% of MSM are PrEP candidates

Who might be a good fit for PrEP?

Box B2: Recommended Indications for PrEP Use by Heterosexually Active Men and Women

- Adult partner
- Without acute or established HIV infection
- Any sex with receptive sex partners in past 6 months
- Not in a monogamous partnership with a currently tested HIV-negative partner
- Is at least one of the following:
  - In a monogamous sexual relationship with a behaviorally faithful (also includes monogamy for PrEP use by Box B1 indicated)
  - In a monogamous sexual relationship with a currently tested HIV-negative partner
  - In an ongoing sexual relationship with an HIV-positive partner

Prescribing PrEP

- Assess sexual risk
- Screen for HIV
- Screen for STIs & Hepatitis B
- Creatinine
- Discuss side effects
- Reinforce adherence
- Discuss additional risk reduction methods

Screening before PrEP

- Assure negative test prior to PrEP initiation
  - 4th Gen Ag/Ab window period = ~14d
  - HIV NAAT (viral load) = ~7-10d
- If sexually active during “window period,” rule out acute HIV infection

<table>
<thead>
<tr>
<th>Screening Tests</th>
<th>Sensitive</th>
<th>Specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV NAAT</td>
<td>95%</td>
<td>99%</td>
</tr>
<tr>
<td>HIV p24</td>
<td>90%</td>
<td>99%</td>
</tr>
<tr>
<td>HIV RNA</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>p24 Enzyme</td>
<td>98%</td>
<td>99%</td>
</tr>
</tbody>
</table>
Screening before PrEP

- Screen for STIs
- RPR/VDRL
- Screen for Gonorrhea/Chlamydia
  - Oral swab
  - Urine sample
  - Rectal swab
- Screen for Hepatitis B
  - Vaccinate if not immune
  - Assure normal kidney function
  - CrCl > 60 ml/min

Associated sexual health care for MSM

- Screen/vaccinate for Hepatitis A
- Screen/vaccinate for Hepatitis B
- Screen for Hepatitis C
- Administer HPV vaccine if eligible
- Consider Meningococcal vaccine
  - Outbreak among Chicago MSM

Prescribing PrEP

Before Initiation

- Assess sexual risk
- Screen for HIV
- Screen for STIs & Hepatitis B
- Creatinine
- Discuss side effects
- Reinforce adherence
- Discuss additional risk reduction methods

Side effects of Truvada

- ~1% risk of renal dysfunction
  - Usually reversible
  - More likely with other risk factors for renal dz
- 1-2% decrease in BMD
  - Occurs within 3-6 months, then stable
  - Not thought to be clinically significant
  - Consider carefully if other risk for osteopenia
- “Start up syndrome”
  - 10-20% experience nausea or headache for <1 week

Patient/Provider agreement

REMIs [risk evaluation and management] form

- Required by some insurers
- Collect/scan for all patients?

Starting PrEP

- Initiate PrEP ASAP after tests return
- Schedule 3 month follow up
- Solicit side effects
- Encourage adherence
Prescribing PrEP

Before Initiation
- Assess sexual risk
- Screen for HIV, STIs, Hep B
- Creatinine
- Discuss side effects
- Reinforce adherence
- Discuss additional risk reduction

Every 3 months
- HIV testing
- STI testing
- Assess adherence

Every 6 months
- 3 month activities
- Creatinine
- Assess sexual risk

Stopping and restarting PrEP
- Ask patients to inform you if they stop PrEP
- Financial concerns
- Decreased risk
- Decreased interest
- PrEP can be restarted again after following same pre-initiation steps

FINANCIAL ASPECTS OF PREP

Patients with Medicaid
- PrEP is covered
- Nominal copay (e.g., $3)

Patients with Private Insurance
- PrEP is usually covered
  - Prior auth sometimes required to confirm purpose of Truvada prescription
  - Copay per individual's insurance plan
  - Copay Assistance available through Gilead
  - Pays $3,600/year of copay
  - No lifetime limit
  - Patient activates card prior to filling Rx

Patients with Private Insurance
- Gilead Medication Assistance Program if underinsured
  - Eligibility Criteria: US resident, un-/under-insured or no drug coverage, HIV-negative, income <500% FPL ($59K)
  - Drug Fulfillment: Product dispensed by Covance Specialty Pharmacy, labeled for individual patient use and shipped to prescriber (30 day supply); no card or voucher option
  - Recertification Period: 6 months, with 90 day status check
  - Partnership for Prescription Assistance
    - https://www.pparx.org/
  - Patient Advocate Foundation
    - www.patientadvocate.org
### Patients with Medicare
- Not eligible for Gilead Copay Assistance or Medication Assistance Programs
- Use Gilead “Advancing Access” resource
- Partnership for Prescription Assistance
  - pparx.org
- PAN Foundation
  - panfoundation.org
- Patient Advocate Foundation
  - patientadvocate.org

### Uninsured patients
- Eligible for Gilead Medication Assistance Program
- Partnership for Prescription Assistance
  - pparx.org/

### Resources
- Gilead “Advancing Access”
  - start.truvada.com/hcp#
  - start.truvada.com/hcp/hiv-risk-assessment
  - projectinform.org/prep/
  - http://www.cdc.gov/hivrisk/estimator.html

### Patient Resources
- WhatisPrEP.org
  - ProjectInform.org/prep
  - http://www.cdc.gov/hivrisk/estimator.html

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**THANK YOU!**