Providing Medical Care for Mid-Life Lesbian and Bisexual Women

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Questions

1. Do lesbian and bisexual women smoke at a higher rate than heterosexual women?
2. Do lesbian women have a higher prevalence of asthma than heterosexual women?
3. Do lesbian women have a higher rate of sexual dysfunction compared to heterosexual women?

Disclosure of Sexual Orientation

- 90% of LGBT persons want their health care provider to know their sexual orientation
- 80% of providers believe that patients would refuse to disclose their sexual orientation if asked

Haider et al, 2017

Lesbian and Bisexual Women: A Medically Underserved Population

- Institute of Medicine (2011)
- NIH (2016)
- Many Professional Organizations including WHO
Data

- Women in same-sex couples in the U.S. were less likely to get non-urgent care when needed, see a specialist, and felt that doctors spent enough time with them (2012)
- Women in Israel who were lesbian and bisexual utilized health care less frequently resulting in unmet medical needs (2015)
- WHO: “LGBT people often experience poorer health outcomes than the general population and face barriers to health care that profoundly affect their overall health and well-being” (2013)

Prevalence of Lesbian Women

- 1 – 5% of the female population, depending on the methodology

Prevalence of Bisexual Women

- About 9% of women in the U.S. ever report having a same-sex partner
- There are many more bisexual women than lesbian women: health outcomes research just now documenting that in many instances the health outcomes of bisexual women are poorer than lesbian women which are poorer than heterosexual women

Definition of Lesbian Women

Self-identified lesbian women

- 70% sexually active with women only
- 30% sexually active with women and men
Diversity in Lesbian Women

- Ethnic
- Age
- Educational Level
- Income
- Location

Childhood Abuse of Lesbian Women

- Increased risk of sexual abuse
  37% for lesbian youth vs. 19% for heterosexual female youth
  Hughes, 2001
  5.3 RR for bisexual women, 3.4 RR for lesbian women for
  childhood sexual abuse vs. heterosexual women (14.9% overall rate)
  Sweet, 2011
- Increased risk of psychological abuse
- Increased risk of physical abuse @ home:
  33% of lesbian women vs. 10.3% of heterosexual women
  Corliss, 2002

Human Papilloma Virus (HPV) Vaccine

- Rate of HPV vaccine in lesbian women is
  8.5% compared to heterosexual women
  (28.4%) compared to bisexual women
  (32%)
- Lesbian female youth should be
  vaccinated for HPV: the majority will
  have heterosexual intercourse, and
  the HPV virus can be transmitted WSW

Initiation of Drinking for Lesbian and Bisexual Female Youth

Girls who reported a lesbian or bisexual
identity (N = 61), were more likely to report that they began drinking before the age of
12 (13%) than heterosexual girls (2%)

Ziyadeh, 2006
Sexual Assault of Female Adolescents

- Incidence of 15.5% in lesbian youth and 7.5% in female heterosexual youth

Balsam, 2005

Family Acceptance Project

Differences between WSW health outcomes with and without family support

- depression: 22.4 vs. 63.5%
- substance problems: 48.0 vs. 68.9%
- unprotected sex: 23.7 vs. 45.9%

Ryan, 2009

Rejecting Behaviors by Family

- Banning or removing LGBT decorations
- Telling her she will “grow out of it”
- Denying that disclosure was ever made
- Asking her to keep her identity a secret
- Banning LGBT friends/partner from home
- Telling her that she is doomed
- Excluding her from family events

Accepting Behaviors

- Allowing LGBT decorations
- Allowing disclosure/affection afterwards
- Supporting efforts to fight LGBT discrimination
- Advocating for her when she is mistreated
- Welcoming her friends/partners in the home
- Connecting a teen with LGBT role models
- Including her in family events and requiring respect from other family members
### Interpersonal Violence

- **Incidence:** 30 – 40% of lesbian women have been involved in physically abusive relationships  
  *West, 2002*

- **Definition:** a pattern of violence/coercive behavior whereby a lesbian woman seeks to control the thoughts, beliefs or conduct of her intimate partner to punish the intimate partner for resisting the perpetrator’s control.  
  *Hart, 1986*

### Frequent Factors in Lesbian IPV

- Intimidation, sexual abuse, physical abuse, isolation, minimizing, denying, blaming the abused, using economic abuse, using coercion and threats often about “outing” the victim to friends, family, employer.  
  *Allen, 1999*

- Perpetrator often older, more powerful  
  *Ristock, 2003*

### Smoking by Lesbian Women

- 28.7% of lesbian women, 26.9% of bisexual women smoke compared to 12.2% of the general female population in California  
  *Gruskin, 2007*

- OR of 2.58 for lesbian women smoking in WHI

### Pap Smears for Lesbian Women

- Same guidelines as for heterosexual women  
  - start at age 21

- Lower rates of Pap smears for lesbian women

Reasons for Less Pap Smears in Lesbian Women

- Cost and lack of medical insurance
- Prior adverse experience with Pap smear
- Not knowing where to go to get it
- Didn’t think they needed it since they were not having sex with men

Mathews, 2004

Mental Health Issues

- Depression is increased in lesbian women, especially lesbian women of color
- Lesbian women more often use psychotherapy than anti-depressants, compared to heterosexual women
- Study of lesbian women and their heterosexual sisters reveal higher self esteem in lesbian women

Effect of Same-Sex Marriage on Mental Health in the LGBT Community

- Emerging evidence that being in a legally recognized same-sex relationship, particularly marriage, diminishes mental health differences between heterosexual and LGBT persons.
- Of those states which enacted a constitutional ban on same sex marriage: increase in generalized anxiety disorder (248%), alcohol use (42%) and pysch co-morbidity (36%)

Lesbians and Oral Contraceptives

- A course of oral contraceptives may decrease the prevalence of ovarian cancer by 50%
- Treatment for endometriosis
- Treatment for PCO
- Treatment for dysmenorrhea
- About 50% of lesbian women have used OCPs, average duration 40 months

Marrazo, 2001
## Sexually Transmitted Infections
- HPV
- Genital Herpes
- HIV
- Chlamydia
- Gonorrhea
- Vaginitis (BV, Candida, Trich)
- Hepatitis B

## Chlamydia in Lesbian Women
- Prevalence is 7.1% in WSW and WSMW
- Prevalence is 5.3% in WSM
  
  Singh, 2011

## Families of Lesbian and Bisexual Women
- Do not assume anything
- Some lesbian women are married to women, and some to men: be careful with pronouns
- Some bisexual women are with men while raising children and then with women later
- Lesbian women are increasingly having biologic children via insemination, co-IVF, adopting, fostering

## Sexual Dysfunction and Lesbian Women
- Decreased desire as increased age
- Higher relationship satisfaction associated with increased arousal, less difficulty with lubrication, greater pleasure/orgasm
- 23% of lesbian women with sexual dysfunction vs. 44% in heterosexual women
  
  (3% of these lesbian women sought care from an MD)

  Johns, 1981
<table>
<thead>
<tr>
<th>Lesbian Women Couples</th>
<th>cc: relationship concerns of Mary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 70% of lesbian women are in a couples relationship</td>
<td>• 58 yo woman who identifies as heterosexual</td>
</tr>
<tr>
<td>• Bisexual women may be in a couples relationship with a men or a women</td>
<td>• 17 years in a same-sex monogamous relationship</td>
</tr>
<tr>
<td>• Some relationships are open and not monogamous, and others are monogamous</td>
<td>• No genital activity for 15 years</td>
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<td></td>
<td>• Relationship discordance as a result</td>
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<table>
<thead>
<tr>
<th>Special Considerations WSW</th>
<th>Treatment Approaches for Mary</th>
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<tbody>
<tr>
<td>• Internalized homophobia</td>
<td>Individual therapy</td>
</tr>
<tr>
<td>• Social acceptance/affirmation impacts sexual and relationship satisfaction</td>
<td>Shame reduction</td>
</tr>
<tr>
<td>• Heteronormative definition of sex does not apply: ask about sexual/romantic satisfaction, not frequency of vaginal penetration</td>
<td>Education</td>
</tr>
<tr>
<td>• Merging identities</td>
<td>Support system that fits with religiosity</td>
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<td></td>
<td>Couples therapy</td>
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<td>Coming out support groups</td>
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<td>LGBT Community Centers</td>
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Obesity and Lesbian Women

- OR for overweight for lesbian women = 1.40
- OR for obesity of lesbian women = 2.6 compared to heterosexual women
  
  Boehmer, 2007
- Associated problems especially as age: knee and back problems, diabetes, cardiovascular issues, incontinence

Theories re: Obesity in Lesbian Women

- Possible greater acceptance of large body size
- Possible social induction of obesity among lesbian women
- May be rejection by lesbian women of the dominant culture’s aesthetic of thinness (decreased eating disorders in lesbian women)
  
  Siever, 1994

Dietary Patterns

- On average, lesbian and bisexual women reported better diet quality and diets lower in glycemic index than heterosexual women
  
  Varkin, 2017

Lesbian-Specific Barriers to Exercise

- Intrapersonal: expectation of having to be “out” to join lesbian sports team and concern being seen exercising with a lesbian partner
- Interpersonal: feeling that heterosexual women will be uncomfortable sharing the locker room
- Institutional: lack of same-sex partner benefits
  
  Brittain, 2006
Exercise Prevalence for Lesbian and Bisexual Women

- Grades 9-12 (WI) female sexual minority youth were less likely to participate in team sports
- In college, only one of three lesbian, bisexual and queer women met national physical activity guidelines.

Breast Cancer in Lesbian Women

- 5.8% for life-time lesbian women
- 7.0% for adult lesbian women
- 4.9% for female heterosexual women

Risk Factors for Lesbian Women with Breast Cancer

- Current and past smoking
- Nulliparity
- Breastfeeding history
- Previous breast biopsy
- Obesity
- Current alcohol use
- Past problem with alcohol

Screening for Breast Cancer in Lesbian Women

- Mammograms: mixed results of decreased screening to appropriate screening
- Clinical Breast Exam: lesbian women less likely to have had a clinical breast exam within 2 years
Hysterectomies in Lesbian Women

- Small focus groups: lesbian women believed that their partners could provide support and had no concerns about the impact of a hysterectomy on their relationships whereas heterosexual women perceived that their partners saw them as less desirable or less complete after a hysterectomy

  Galvotti, 2000

Advice after Hysterectomy

- Personalize your recommendations regarding sexual activity to your individual patients and their usual sexual practices
- Lesbian women may be more reluctant to take hormones post-op, or participate in research studies due to lack of trust in the traditional medical system

Pulmonary Disease in Lesbian Women

- Increased risk of asthma

- Theoretical increased risk of chronic obstructive pulmonary disease and lung cancer due to higher prevalence of smoking

Cardiovascular Disease in Lesbian Women

- Increased risk of cardiovascular disease
- One study revealed that lesbian and bisexual women were 14% older in vascular terms than their chronological age
- Higher cardiometabolic risk scores
Durable Health Care Power of Attorney
- Extremely important, especially if partnered
- Additional Papers:
  - Out-of-Hospital DNR form from the state
  - Last Will and Testament
  - Instructions in event of death

Views on Hospice and Palliative Care
- Lesbian women held significantly more positive beliefs about hospice and alternative medical care
- Heterosexual women reported significantly greater desire of life-sustaining treatments in the event of an incurable disease
  
June, 2011

Decision to Enter Hospice
- Concern about homophobia, fear or prior experience of being denied treatment, fear or prior experience of discrimination, desire to hide sexual orientation, current or history of family discord related to sexual orientation, issues unsettled re: custody of children

Grieving The Loss of Lesbian Life-Partner
- Complicated grief in up to 25% of all survivors
- Lesbian women who have lost their life-partner and have not disclosed their lesbian identity to family or friends are at particular risk for grief that cannot be openly acknowledged, publically mourned or socially supported
Best Practices in Providing Lesbian and Bisexual Women’s Health Care

- Welcoming office: encourage disclosure, be supportive
- Appropriate screening (Pap, substance use, mammogram, depression, lipids, colonoscopy, BMI, IPV, etc.)
- Power of health care decision documentation
- Involvement in the community/hospital as an advocate for lesbian/bisexual women

Next Steps

- Check your intake forms
- Educate your staff
- Provide diverse reading and educational material: provide also in restrooms
- Ask your patients about their sexual activity/orientation
- Be supportive and provide resources
- Be aware of workplace issues for your LGBT colleagues (Eliason, 2011)

Thank You

You Can Make a Significant Difference in

the Health Outcomes of

Your Lesbian and Bisexual

Women Patients!