NAMS Practice Pearl

Caring for the Lesbian Patient at Midlife and Beyond

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Clinicians who have an understanding of lesbian women and their unique stressors, who provide a welcoming and inclusive environment, and who provide cross-cultural care are well positioned to reduce healthcare stigma and improve clinical outcomes. This* Practice Pearl *addresses these issues, focusing on the lesbian patient at midlife and beyond.

Whether you have identified your patients by their sexual identities (heterosexual, lesbian, bisexual) or gender (female, gender neutral, gender binary, transgender), they exist in your practice. Some will have come out to you, and some may not. Most have similar health and sexual relationship patterns to any other population. However, sexual minorities (those who identify as lesbian, gay, bisexual, and transgender [LGBT]) have higher rates of substance use, psychological disorders, and suicide attempts than their heterosexual counterparts. Lesbian women specifically have a higher prevalence of smoking and obesity.[1] Although the cause of the increased rates have not been confirmed by research, the negative effect of social stigma likely contributes to these health disparities. This stigma also makes it more difficult for lesbian women to access healthcare and creates barriers to patient-centered care. Consequently, lesbian women are less likely to have had a recent mammogram or to have been screened for cervical cancer.

LGBT basics. *Sexual orientation* encompasses to whom one is attracted physically, emotionally, and sexually, either the same gender, or other gender, or all genders.[1] *Sexual identity* is how one labels oneself on the basis of sexual orientation (eg, lesbian, gay, or bisexual). Sexual orientation and sexual identity may be discordant from one another. For example, 2% of US adult women identify as lesbian.[2] However, this number triples when assessing sexual behavior. That is, more than 7% of adult women report ever having had a female sexual partner.[3] Further, 70% of lesbian women have engaged in penile-vaginal penetration.[4]

Accordingly, for a patient who identifies as lesbian, no assumptions should be made regarding to whom she is sexually attracted or the gender(s) of those with whom she is having sex now or has had sex with in the past. This should be clarified in the patient history.

Unique healthcare needs. There is much about the health of lesbian women that is unknown because sexual orientation data are rarely collected in nationally representative samples.[5] What is known is that the healthcare needs and screening recommendations for lesbian women are the same as for *all women*.[1] A woman's age, behaviors, and practices are more important in determining appropriate screening than is her sexual identity. Risk factors such as higher rates of

nulliparity, alcohol and substance use, smoking, and obesity may put lesbian women at greater risk for coronary heart disease (CHD), diabetes, and potentially breast and cervical cancer.[5]

Lesbian women engaged only in same-sex sexual behaviors may be under the assumption that Pap tests, pelvic exams, mammograms, and human papillomavirus (HPV) vaccination are not relevant to them. However, some data suggest that lesbian women may have a higher prevalence of cervical cancer than heterosexual women.[6] Additionally, same-sex sexual behaviors and the sharing of sexual devices increase a lesbian woman's risk for bacterial vaginosis, HPV transmission, and HIV. Thus, it is important for the healthcare provider (HCP) to offer education and accurate information about these risks and encourage preventive screening.

The prevalence of depression, alcohol use, and substance use also is greater in lesbian women, likely because of stigma and discrimination.[1,7] As with all women, it is important to assess anxiety, depression, and substance use at regular intervals.[7] When relevant, lesbian patients would benefit from referral to HCPs with competence treating sexual minorities. Often, major cities have LGBT-specific chemical dependency and mental health agencies.

Lesbians often delay seeking healthcare—in part because of fear of discrimination by their HCPs.[5] Thus, lesbian women are not likely to spontaneously disclose their sexual identities to their HCPs, but most do want their providers to know and affirm their identities.[8]

Lesbians who have come out to their HCPs report more satisfaction with their HCPs and more comfort discussing difficult issues, and they are more likely to obtain preventive screenings.[5] Once trust is established, a lesbian patient may confide in and seek support from her HCP regarding numerous life stressors, including coming out as lesbian, experiencing rejection from family or discrimination at work, history of sexual or physical abuse, becoming a parent, insurance coverage, or establishing end-of-life plans or advance directives. In addition to being supportive and nonjudgmental, sharing resources such as those listed at the National LGBT Health Education Center (www.lgbthealtheducation.org/topic/lgbt-health/LGBT) and legal support from Lambda Legal (www.lambdalegal.org/) may be helpful.

Creating a welcoming environment. Even before a lesbian woman sees an HCP, she has likely done an online search to determine whether her HCP is LGBT-friendly. This includes checking to see whether her provider is listed in the *Health Professionals Advancing LGBT Equality* (GLMA.org) directory, reviewing her healthcare organization's rating on the *Healthcare Equality Index* (HRC.org), and perusing the provider's website for a statement on nondiscrimination.

The moment she walks into an HCP's office, she is scanning the environment for cues that the HCP is LGBT-friendly. Signs that express inclusivity include posters or artwork that display diversity and intake forms that ask sexual orientation and gender identity. Current recommendations from the American College of Obstetricians and Gynecologists[1] suggest that relationship and behavioral status be assessed with these questions: 1) Are you single, married, widowed, or divorced, or do you have a domestic partner? 2) Are you or have you been sexually active with anyone—male, female, or both male and female partners—or are you not sexually active? 3) To whom are you sexually attracted—men, women, or both men and women? These questions set a much more welcoming tone than questions that assume heterosexuality (eg, "Are you currently sexually active?" *Yes.* "Are you using a method of birth control?" *No.* "You know,

even though you're perimenopausal, you're still at risk for pregnancy." *My partner is a woman.* "Oh, I apologize"). Establishing confidentiality and clarifying what information will be included in the medical record is also an important step toward establishing a welcoming environment. The American Medical Association has many resources to assist in creating an LGBT-inclusive environment (www.ama-assn.org/delivering-care/physician-resources-lgbt-inclusive-practice).

Cross-cultural care. Although it may be an unrealistic goal for HCPs to be able to meet the unique healthcare and psychosocial needs of all patients, HCPs should be able to provide cross-cultural care to all patients.[9] Cross-cultural care is based on the concept that patients have unique needs, and as a result, should not all be treated the same. It is about equity, not equality.[10] Cross-cultural skills can be developed by improving awareness of the biases, attitudes, and feelings one has regarding lesbian patients and obtaining greater knowledge of the unique needs of lesbian patients. Online education for HCPs is available through the National LGBT Health Education Center.

Fear of stigma and discrimination by HCPs remain barriers to receiving healthcare for lesbian women. Providers can remove these barriers by establishing a welcoming environment, asking about sexual orientation and gender identity, phrasing questions to avoid assumption of heterosexuality, and providing cross-cultural care.

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Disclosures

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