

Health inequalities among LGBTQ+ communities

EDUCATION

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ABSTRACT

Summary

The article aims to provide an overall, introductory understanding of the health inequalities faced by Lesbian, Gay, Bisexual, Transgender, Queer plus (LGBTQ+) people in the United Kingdom. It is well documented that LGBTQ+ people have poorer health outcomes than their cisgender, heterosexual counterparts. The mental and physical health inequalities within this community are discussed, along with associated lifestyle factors. The different health issues faced by each group within the LGBTQ+ community are also considered.

Relevance

In their future careers, medical students will encounter patients who identify as LGBTQ+. It is therefore important that future doctors understand some of the issues faced by the LGBTQ+ community to treat patients with compassion and understanding.

Take Home Messages

There are major health inequalities among the LGBTQ+ community and LGBTQ+ people continually face negativity and discrimination within health-care settings. While grouped as a single entity, LGBTQ+ is made up of many separate groups, each with their own distinct needs and specific health issues. Many LGBTQ+ charities are available to support individuals with physical and mental health needs. It is important that healthcare providers are too aware of the services that are available.

INTRODUCTION

Literature demonstrates that lesbian, gay, bisexual, transgender and queer (LGBTQ+) people face health inequalities in relation to health status, access to care, experience of care, and behavioural risks to health. (1-3) Inequalities in health status relate to both mental and physical conditions and individual groups within the LGBTQ+ community experience differing health status inequalities. (2, 3) In their future careers, medical students will likely care for LGBTQ+ people as patients; a basic knowledge of the disproportionate health issues affecting LGBTQ+ people is therefore essential. This article aims to provide an overview of the health inequalities faced by LGBTQ+ people in the United Kingdom (UK). Reasons for these inequalities will also be discussed.

Firstly, it is important to understand the meaning of the term 'LGBTQ+', an umbrella term which, amongst others, accounts for sexual minorities (lesbian, gay and bisexual individuals), and gender minorities (transgender (trans) and non-binary individuals). Not all identities within the LGBTQ+ community will be discussed here. In line with the available literature, this article will focus mainly on the health inequalities faced by lesbian, gay, bisexual and transgender individuals. Many of health issues mentioned will also relate to queer+ individuals or other LGBTQ+ groups but there is little to no evidence specific to these communities.

MENTAL HEALTH

It is well documented that there is a higher prevalence of mental health issues amongst LGBTQ+ individuals than the general population. (2) Certain groups within the LGBTQ+ umbrella also show differing prevalence of various conditions, with the reasons behind them varying. (2-6) In 2018, Stonewall (a UK based charity who campaign and lobby for the rights of LGBTQ+ people) produced a health report from a survey of more than 5,000 LGBT people across England, Scotland and Wales. (3) The report found that over half of LGBT individuals had experienced anxiety (61%) and depression (52%) in the previous year, with over 70% of non-binary and trans respondents reporting anxiety and depression. Of LGBT people aged 18-24, 13% reported that they had attempted to take their own life in the previous year, with 12% of trans and 11% non-binary people reporting to have attempted suicide compared to the 2% of non-trans LGB people. Half of respondents aged 18-24 reported having thoughts about taking their own life and 48% had self-harmed in the previous year. Again, there was a higher frequency of trans (35%) and non-binary people (41%) reporting they had self-harmed in the previous year than cisgender LGB (14%). For comparison, a recent report on self-harm found a rate of just 6% in the general population. (4) Numerous studies highlight the higher levels of anxiety, depression and self-harm/suicide amongst LGBTQ+ people compared to heterosexual cisgender counterparts, but as shown there also are significant differences between LGBTQ+ groups. (2, 5) Multiple factors contribute to the mental health issues faced by LGBTQ+ people but often reported are society's heteronormativity and the effects of minority stress, victimisation, discrimination and stigma. (6) Society perpetuates the norm of cisgender heterosexuality and so deviation from this norm can

result in experiences of discrimination and prejudice. These issues result in enhanced stress which combined with other factors can result in the development of mental health conditions or exacerbate pre-existing conditions. (6)

A recent review of eating disorders and disordered eating amongst LGBT adults and adolescents found these groups were at greater risk than the general population, identifying a heightened risk among gay men, bisexuals and trans people, with mixed results for lesbian adults and adolescents. (7) Although a previous study comparing lesbian adolescents to their heterosexual peers identified a greater prevalence of purging behaviours and focus on reducing weight among the lesbian cohort (8). Eating disorders and disordered eating can be prominent among gay males due to the cultural pressures within the community to fit certain body type categories. (7) Gay men are predicted to represent 5% of the male population but the National Eating Disorders Association report gay men account for 42% of males who have eating disorders. (9) Although underrepresented in research, growing evidence shows trans and non-binary individuals experience a combination of body dissatisfaction and eating disorders, with the latter often in response to the former. (8) Factors suggested to contribute to the development of eating disorders for LGBT people include increased stress through experiences of stigma and violence but also cultural ideals within the LGBTQ+ community, such as the need to be 'thin' and 'fit' to be viewed as attractive. (7, 8)

For substance use disorders, evidence is limited. While many studies have identified heightened levels of substance use/abuse among LGBT groups along with high risk factors for developing a disorder, very few have examined substance disorders specifically. (2, 10-15) A systematic review and meta-analysis of LGB mental health found the rate of alcohol and other substance dependence was 1.5 times higher amongst LGB individuals compared with heterosexuals, with lesbian and bisexual women particularly at risk of substance dependence. (12) There is limited data from the UK about substance use disorders, but existing evidence indicates that gay and bisexual men have double the rate of alcohol dependence compared to heterosexual men. (10) Globally, research into substance use disorders in trans and non-binary individuals is minimal. Without research directly examining substance use disorders among LGBTQ+ people, the picture will remain unclear with little evidence to support the development of health interventions. Many reports of inequalities do suggest that support for substance use needs to be tailored to LGBTQ+ communities to improve uptake and recovery. (2-3, 10) One of the major issues with recovering from substance use disorders for LGBTQ+ people is that it can result in a feeling of isolation from their communities, for instance, individuals may feel uneasy attending LGBTQ+ pubs/clubs if they have ceased alcohol consumption. (15) Therefore, rehabilitation programmes specifically for members of the LGBTQ+ community can provide a connection to their community without risking their sobriety. Additionally, the rising number of alcohol-free LGBTQ+ venues is aiding in allowing community connections to be maintained.

Particular communities are reported to be at heightened risk – specifically, Black, Asian and minority ethnic LGBT people, disabled LGBT people, and those from lower income households. (3, 7) Trans and non-binary groups experience higher rates of multiple mental health disorders (3, 8, 10) and within LGB, bisexuals tend to report higher levels of anxiety, depression and suicidality. (2, 3, 10) It is vital to understand that the difficulties an individual experiences being LGBTQ+ are in addition to everyday stresses such as finances, employment, and relationships. As caregivers, it is important to be cautious of phrasing to avoid inferring that an individual's mental health issues are due to a person being LGBTQ+ which is still reported as a reason for avoidance of healthcare by LGBTQ+ individuals. (1) It is well recognised that mental health services within the NHS are overstretched and the COVID-19 pandemic will have added extreme pressures to the system. Although not a replacement for formal mental health services, patients on a waiting list can be directed to charities such as Mind or Stonewall who can provide support for LGBTQ+ people until the appropriate services are available.

PHYSICAL HEALTH

While disparities in mental health may be more widely recognised, LGBTQ+ people also experience significant physical health inequalities. (2, 6, 10) These inequalities vary depending on the age, gender and income of the individual (as among the general population), as well as between LGBT groups. For example, gay and bisexual males have been found to present more frequently with liver, kidney and long-term gastro-intestinal problems, potentially linked to high levels of alcohol consumption. (6, 10) Some evidence also suggests a higher rate of diagnosis of prostate cancer within this group but not all findings support this conclusion. (6, 16, 17) The potential for heightened risk has resulted in some physicians/ researchers calling for targeted screening services for gay and bisexual men, as early identification would provide better outcomes. (6) The symptoms of prostate cancer and impact on sexual intimacy have also been found to be more profound among gay and bisexual men due to the nature of sexual encounters. (6) An increased incidence of spinal problems, arthritis and chronic fatigue syndrome has also been reported amongst gay men. (5, 6) Lesbians and bisexual women too have been identified to suffer from higher rates of certain conditions, including significantly higher rates of polycystic ovary syndrome in lesbians compared to the general population of females (80% vs 32%) (6) Some evidence also points to a higher risk of breast, ovarian and cervical cancers in lesbians and bisexual women due to shared risk factors including not having children or having children later in life and various lifestyle factors (6), but this is not conclusive. One factor suggested to heighten risk of cancer within this cohort is low uptake of cervical screening, due to misconceptions around the need for screening (2).

The general health of trans and non-binary people is under researched, with one report identifying no reliable large-scale data to identify differences in the physical health of these groups. (10) With unknowns around the long-term impacts of cross-sex hormone therapy. The NHS identifies common risks and side effects, including thrombosis gallstones, weight gain, dyslipidaemia, increased liver enzymes, polycythaemia and hair loss. (18) Therefore, it

recommended that anyone undergoing cross-sex hormone therapy should be closely monitored by their physician throughout treatment. There may also be metabolic risks associated with hormone treatment, with a Belgian case-control study reporting an increased prevalence of type 2 diabetes among both trans men and women compared to cisgender controls. (19) Without large-scale data it is difficult to understand the reasons for this or offer effective intervention. Cancers relating to gender-affirming hormone therapy are rare but still worth considering, with some early research suggesting carcinomas of the breast and prostate in trans women and cancers of the breast, ovaries, cervix and vagina in trans men. (20) As cancers can still occur in the reproductive organs of trans men and women, it is important that the screening of these organs is suggested by doctors. The administration of unregulated hormones and injectable silicone can also pose a risk to health due to poor quality products and potential needle-sharing, risking transmission of blood-borne infections. (21) In 2020, there was a 25% increase in transphobic assaults from the previous year (22). Increasing numbers of violent attacks on trans people could also lead to enhanced health needs. (10).

LIFESTYLE

The poorer physical and mental health outcomes for LGBTQ+ people can be partly attributed to certain lifestyle factors or behaviours that may be more prevalent amongst these groups. Evidence from the UK suggests that rates of alcohol use, substance use and risky sexual behaviours are higher amongst all LGBTQ+ groups than the general population. (2, 3, 10–14) These behaviours tend to vary by age, with younger LGBTQ+ people more likely to use illicit substances, whereas older individuals are more likely to drink alcohol daily. (3) In the UK, excessive alcohol use are reported higher among LGB groups than trans and non-binary individuals. (3) A stronger connection to the LGBTQ+ community such as attending LGBTQ+ venues and events has been associated with greater consumption of alcohol. (11) LGBTQ+ venues are typically pubs and clubs, with fewer alcohol-free spaces; therefore, when socialising in a safe community setting, LGBTQ+ individuals will often find themselves in an environment focused on the distribution of alcohol. Community organisations are working to promote alcohol-free venues and events. (3) Evidence from recent population-level data in the UK shows recreational drug use is higher amongst LGBT groups than cisgender heterosexuals, with highest levels identified amongst gay and bisexual men (14). Compared with heterosexual counterparts, LGB individuals showed significantly higher rates of cannabis use (four times higher), as well as cocaine, ecstasy, hallucinogens, amphetamines, tranquillisers, ketamine and amyl nitrite. (14) Minimal evidence is available relating to the use of illicit drugs amongst trans individuals in the UK. New drugs and novel psychoactive substances are often introduced early into LGBTQ+ clubs, resulting in the community becoming 'early adopters' of substances and facing the related health issues. (14) High rates of substance use have been linked to minority stress, with alcohol and illicit drugs suggested to be used as a coping mechanism to deal with negative experiences. (10–11, 15) Substance use can be a cause of mental health distress as well as a by-product of poor mental health. (2, 10) With regard to smoking, previous research identified higher rates amongst LGBT groups, but recent findings suggest rates are similar to that of the

general population. (3, 10)

When it comes to sexual health within the LGBTQ+ community, research tends to focus on gay and bisexual men, with less attention paid to trans individuals and non-trans lesbian and bisexual women. (10, 23) The focus on gay and bisexual men is largely due to the HIV/AIDS crisis but in recent years HIV has moved from being a deadly disease to a chronic one. The introduction of antiretroviral therapy, post-exposure prophylaxis and pre-exposure prophylaxis have resulted in reduced transmission of HIV amongst gay and bisexual men and trans women (GBTW). (2, 5) However, recent research shows condom use has been reducing year on year, with infections such as chlamydia, gonorrhoea and syphilis rising among GBTW. (5) Testing for all sexually transmitted infections is important to control levels of infection. Another issue for GBTW is the rising popularity of chemsex parties. Chemsex (see definition in Table 1) poses risks not only of substance-related health issues but potentially enables the spread of HIV and other sexually transmitted infections. (23) Currently only a minority of gay and bisexual men use drugs and engage in chemsex parties but data shows it is rising and may become a serious issue (14, 23). Specific men who have sex with men clinics and the recent introduction of postal testing for STIs have improved detection among these groups and should be promoted as rates of infection continue to rise. Interestingly, the various lockdown and social distancing measures in the UK may break chains of transmission of various infections. In conjunction with the introduction of postal testing across the UK, a drop in infections may be seen in the future. Lesbians, bisexual women and trans men (LBWTM) have their own specific sexual health needs which are often overlooked. Research suggests they are less likely than heterosexual women to be screened for STIs or to have a cervical smear, leaving them at greater risk of cervical cancer and complications of STIs. (10) Lesbian and bisexual women also report a lack of visibility of their sexual health needs compared to other groups within the LGBT community. (24) The exchange of bodily fluids and sharing of sex toys can spread infections between two women so it is important that LBWTM are informed about regular testing when engaging in sexual contact with new partners.

ISSUES IN HEALTHCARE

Under the Equality Act 2010, all healthcare services have a legal duty to treat all LGBTQ+ people fairly and without discrimination. LGBTQ+ groups are often found to avoid accessing healthcare or disclosing important information. (3) The fear of discrimination and stigmatisation as a result of disclosing one's sexual orientation or gender identity can increase stress and delay treatment, contributing to poorer outcomes. (2, 10) For example, evidence identifies that lesbians may not seek screening for breast cancer due to perceived stressors associated with mistrust of the healthcare system. (25) Trans people regularly report difficulties talking to their GPs about health issues due to a lack of knowledge and awareness from practitioners. (26) Despite increasing 'LGBT friendly' services, many LGBTQ+ individuals still have negative experiences in healthcare, encountering homophobia and heteronormative attitudes. (2, 10) Stonewall's report identified experiences of unequal treatment, inappropriate curiosity (especially towards trans and lesbian groups), being outed without their consent and witnessing discrimination of LGBT people by healthcare staff. (3) These negative experi-

ences erode trust in healthcare systems, contributing to negative health outcomes for LGBTQ+ people. The NHS Long Term Plan commits to ending health inequalities for LGBT people within a decade. (27) Regardless of future career disciplines in medicine, it is important that all doctors and healthcare staff are sensitive to the needs of patients. It is also important to directly address any negative attitudes and behaviours towards the LGBTQ+ community by healthcare staff and that staff are equipped with the training to identify and challenge discrimination where it exists. Discrimination endures when those who should act turn a blind eye.

CONCLUSION

Research identifies numerous health inequalities among LGBTQ+ communities. The LGBTQ+ community is not homogeneous and different groups have unique healthcare needs. There are major mental and physical health issues facing the LGBTQ+ community, all of which can be exacerbated by the heightened levels of drugs and alcohol use and risky sexual behaviours. Disappointingly, health inequalities are compounded the avoidance of healthcare due to of homophobia, heteronormativity and discrimination. As future doctors it is important that medical students actively try to understand all patients, including those who are LGBTQ+. LGBTQ+ people face the same everyday health issues as cisgender heterosexuals but bear the additional burden of being stigmatised and made to feel different by society. By understanding of some of the health issues that LGBTQ+ people face, students will be better placed to treat all patients with the compassion and understanding they deserve.

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