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DERMATOLOGIC CARE FOR THE LGBT POPULATION: TERMINOLOGY, STRATEGIES & SELECT DISEASES

Introduction

Canada is home to approximately 1 million people who are lesbian, gay, bisexual or transgender (LGBT).[1] Improving access to care and health for LGBT persons is a public health focus. Dermatology has a longstanding history of providing care to the LGBT community. For instance, in the 1980s, dermatologists diagnosed opportunistic infections and Kaposi sarcoma in young gay men; this contributed to the recognition of the HIV/AIDS epidemic.[2] The role of dermatologists in caring for the LGBT population has continued to grow over time.

LGBT populations experience increased disparities in health compared with others. These disparities are evident in both physical and psychosocial conditions. In Canada, these disparities stem from inequities related to healthcare accessibility, quality of care, and inclusivity.[3] The fear of stigmatization, coupled with previous negative healthcare experiences, may cause LGBT patients to delay or avoid accessing healthcare.[4]

Ongoing awareness and education of LGBT health needs is integral for providing culturally competent care. This article will review important terminology pertaining to LGBT patients, approaches to caring for LGBT populations, and a brief overview of a few dermatologic conditions within the LGBT population.

Terminology

Understanding and applying appropriate terminology is important when approaching LGBT healthcare. Clinicians must be aware of and understand the different concepts of sex, gender identity, sexual orientation, sexual behaviour, and gender expression (**Table 1**). The terminology related to the LGBT population is ever evolving and requires that clinicians commit to ongoing education to stay current with the latest terms and concepts.

Sex refers to biological and physiological qualities, such as the reproductive system and hormones of males and females, which are assigned at birth. **Gender identity** refers to a person's personal and individual sense of their gender, which may be different from the sex they were assigned at birth. People may identify as a man, woman, neither, other, or along the spectrum between man and woman. One's gender identity may or not may align with the sex they were assigned at birth. The term "**cisgender**" is used for those whose sex and gender identity are aligned, and the term "**transgender**" describes those whose sex and gender identity

Concept	Description	Examples of Terms (including but not limited to)	Additional Notes
Sex	Based on biological and physiological properties, such as genitalia and chromosomes	• Female • Male • Intersex (chromosomal pattern that varies from XX female or XY male)	• Assigned at birth. • May not align with gender identity. • 'Cisgender' describes a person whose gender identity aligns with the sex they were assigned at birth. • 'Transgender' describes those whose assigned sex at birth does not align with differs from their gender identity.; (see below for more information)
Gender identity	A person's personal and individual sense of gender	• Woman • Man • Gender non-conforming; (examples include: non-binary, gender-queer, agender, bigender, two-spirit, fluid)	• May not align with the assigned sex at birth. • May not align with their sexual orientation and/or behaviour. • Pronouns (he/him, she/her, they/them) are how individuals identify themselves.
Transgender	A person whose gender identity does not align with their assigned sex at birth	• Transgender man (female to male);), or trans man • Transgender woman (male to female);), or trans woman	• May not align with/differ to varying degrees from the sex they were assigned sex at birth. • The term "transgender" can be applied regardless of medical or surgical interventions. • The term "transgender" should be used as an adjective, not as a noun. • "Transitioning" or "gender affirmation" refers to the process of recognizing and expressing a gender different from the assigned sex assigned at birth. The process includes medical/surgical treatments, behavioural changes, and/or legal processes. The process is individualized for each person tailored to each individual.
Sexual orientation	A person's physical, emotional, and sexual attraction to others	• Straight • Gay • Lesbian • Bisexual • Asexual	• Might not correlate with sexual behaviour. • The term "homosexual" is a historical term which and is now considered a derogatory term and thus should not be used.
Sexual behaviour	The person's sexual behaviour of a person relatingin relation to the gender(s) of their sex partner(s)	• MSM: men who have sex with men • MSW: men who have sex with women • WSW: women who have sex with women • WSM: women who have sex with men	• These terms are used in clinical settings and are not used by patients to describe themselves. • These terms are not all-encompassing. For example, some MSM also have sex with women, or a WSW may have sex with men.

Table 1. *Terminology for LGBT persons[4,5]; adapted from Yeung et al.[4]*

do not align. The term "**transgender**" is an adjective, as opposed to a noun – i.e. an individual should be referred to as a "**transgender person**" as opposed to "**a transgender**."[4] Notably, the term "transgendered" is considered outdated.[4] **Gender affirmation**, also known as "**transitioning**," is the process of recognizing and expressing a gender identity that does not align with one's sex. "**Drag**" or **cross-dressing** refers to a person wearing clothing linked to a gender that differs from their sex assigned at birth. It is important to note that cross-dressing is not indicative of being transgender. **Sexual orientation** is a person's identity in relation to the gender(s) to which they are sexually attracted. Sexual orientation may not align with sexual behaviour. For example, a self-identified straight man might have sex with women and men. The term "**homosexual**," previously used to describe same-sex sexual behaviours or attraction, is considered derogatory, and thus should not be used.[4]

Strategies for Inclusive Care

Given the disparities in health for the LGBT population, dermatologists should create a welcoming space and cultivate relationships with LGBT patients. According to Yeung et al, implementing 3 key strategies can help dermatologists to provide care for LGBT patients, which include (1) *use of inclusive terminology*, (2) *obtaining an appropriate history*, and (3) *creating a trusting space for patients*.[4]

The first strategy can be applied by using inclusive language and embedding it throughout the patient experience; by this means, dermatologists and their clinical teams can demonstrate recognition and appreciation of diversity. Inclusive language also addresses the prejudice and discrimination that LGBT populations face by acknowledging their presence and identities.[5] The use of inclusive language is thus essential in building rapport with patients. Inclusive language should be employed when directly communicating with a patient, when describing someone who is present, as well as throughout the provision of services and virtual communications.[5] It is important to avoid assumptions when meeting and providing care to all patients. In addition, physicians should pay close to attention to the language used by a patient and respectfully seek clarification when needed.

An intake form can be used to obtain this information prior to the visit. Suggestions for the intake form include:

What sex were you assigned on your birth certificate? Select all that apply:

- Male
- Female
- Decline to answer

What is your current gender identity? Select all that apply:

- Man
- Woman
- Transman
- Transwoman
- Non-binary
- Other (please specify)
- Decline to answer

What is your sexual orientation? Select all that apply:

- Heterosexual
- Lesbian
- Gay
- Bisexual
- Other (please specify)
- Decline to answer

What pronouns do you use? Select all that apply:

- He/Him
- She/Her
- They/Them
- Decline to answer

The following are potential questions or phases that could be used during the initial visit:[4,5]

- "To be respectful, how many I address you?"
- "What pronouns do you use?" instead of "what pronouns do you prefer?"
- "I apologize in advance for any errors in addressing you. Please correct me at any point."

The aim of the second strategy is to obtain a thorough history related to sex and gender-affirming procedures, which is an important component of the diagnosis, and may improve the management of skin diseases.[6] While clinicians may hesitate to ask questions about sex and gender affirming procedures, most patients understand the importance of sharing this information and are willing to participate. A recent study in the USA surveyed patients and emergency department clinicians about obtaining a sexual history. Interestingly, nearly 80% of clinicians thought patients would refuse to provide their sexual orientation, whereas only 10% of patients reported they would refuse to provide their sexual orientation.[7]

When it is suitable and appropriate for clinical management, the patient's sexual history should be obtained. It is important to be mindful of the time it may take to build rapport before a patient is comfortable sharing their sexual history. It also may be helpful to ask anyone accompanying the patient to step out of the room to provide the privacy needed for the patient to feel comfortable sharing their sexual history.

Obtaining a sexual history can be normalized with the following phrases/questions:[4]

- "I routinely ask patients about their sexual history."
- "Are you sexually active?"
- "Do you have sex with women, men, or both?"

With regards to transgender patients, it is necessary to ask about medical and surgical interventions. Specifically, dermatologists should be aware of any hormone therapies that the patient is using, because these therapies can have cutaneous side effects. Not all patients will report hormone therapy as a "medication" on intake forms or during the initial visit; thus, this information may need to be specifically requested.[4]

The third strategy is to create a safe and welcoming environment for LGBT patients. It is important to recognize a patient's sex and gender identity, and to acknowledge the patient's name and pronouns. If the name/gender does not match insurance or other forms, dermatologists and clinic staff should ask patients how they wish to be addressed and make a note in the electronic medical record for future visits. In addition, inclusive imagery can be utilized throughout the clinic.[8]

Dermatological Diseases

This section provides a brief overview of a few dermatological diseases within the LGBT population. Please see the article by Yeung et. al for a comprehensive review of dermatological conditions common in LGBT persons.[8]

Transgender patients have distinct skin health needs in the context of gender-affirming surgical treatments and cross-sex hormone therapies. Dermatologists can treat cutaneous side effects of these treatments and contribute to screening and preventive care for transgender individuals.

Acne vulgaris is a potential side effect for transgender men receiving testosterone.[8] Over 85% of patients will develop acne within 4–6 months of initiating testosterone therapy.[9] Acne vulgaris can be treated with topical and oral antibiotics and retinoids. It is important to note that oral isotretinoin is a teratogen, and pregnancies have been reported in transgender men who are amenorrheic and on testosterone therapy.[9] As such, clinicians must consider the potential for pregnancy when treating transgender patients with isotretinoin, discuss contraception, and facilitate pregnancy testing. Melasma is a concern for transgender women receiving estrogen cross-sex therapy.[8] In addition, these patients may have facial hair that is resistant to hormonal therapy. Laser hair removal is a common procedure among transwomen.

Dermatologists can also use tools in the cosmetic armamentarium to provide gender-affirming care. For example, neuromodulators can be used to shape the eyebrows or to reduce masseter hypertrophy for a feminine appearance. Hyaluronic acid fillers can be used to contour cheeks, lips, and the jawline.

Compared to women who have sex with women (WSW), men who have sex with men (MSM) are at high risk for infectious conditions including but not limited to sexually transmitted diseases (STDs), viral hepatitis, MRSA skin infection, Kaposi sarcoma, and skin cancer.[4] The latter is linked to increased tanning bed exposure.[4] Appropriate screening and vaccinations, including human papilloma virus (HPV), hepatitis A, hepatitis B and meningococcal vaccines, should be considered.

While understudied in the literature, WSW are also at risk for HIV and other STDs.[4] However, WSW believe they require less screening for STDs. They also have lower rates of pap smear screenings as well as HPV vaccinations.[4] Clinicians for WSW should focus on safe sex counselling and encourage safer sex and health practices, including screening and vaccination.

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Financial Disclosures

Consultant/Advisory Boards: Allergan, Galderma, L'Oreal, NAOS, Neutrogena

References

1. Statistics Canada. Canada at a Glance, 2022: LGBTQ2+ people. Available from: https://www150.statcan.gc.ca/n1/pub/12-581-x/2022001/sec6-eng.htm [Accessed 13 October 2023]
2. HIV disease, from discovery to management: the major role of the dermatologist. J Am Acad Dermatol. 1990;22(6 Pt 2):1306-1318. doi:10.1016/0190-9622(90)70178-k
3. Comeau D, Johnson C, Bouhamdani N. Review of current 2SLGBTQIA+ inequities in the Canadian health care system. Front Public Health. 2023;11:1183284. doi:10.3389/fpubh.2023.1183284
4. Yeung H, Luk KM, Chen SC, Ginsberg BA, Katz KA. Dermatologic care for lesbian, gay, bisexual, and transgender persons: terminology, demographics, health disparities, and approaches to care. J Am Acad Dermatol. 2019;80(3):581-589. doi:10.1016/j.jaad.2018.02.042
5. LGBTQ+ Inclusive Language Guide. Edgehill University; accessed at: https://www.edgehill.ac.uk/departments/support/edi/getting-involved/lgbtqi-plus/inclusive-language-guide/
6. Althof SE, Rosen RC, Perelman MA, Rubio-Aurioles E. Standard operating procedures for taking a sexual history. J Sex Med. 2013;10(1):26-35. doi:10.1111/j.1743-6109.2012.02823.x
7. Haider AH, Schneider EB, Kodadek LM, Adler RR, Ranjit A, Torain M, et al. Emergency department query for patient-centered approaches to sexual orientation and gender identity: the EQUALITY Study. JAMA Intern Med. 2017;177(6):819-828. doi:10.1001/jamainternmed.2017.0906
8. Yeung H, Kahn B, Ly BC, Tangpricha V. Dermatologic conditions in transgender populations. Endocrinol Metab Clin North Am. 2019;48(2):429-440. doi:10.1016/j.ecl.2019.01.005
9. Wierckx K, Van de Peer F, Verhaeghe E, Dedecker D, Van Caenegem E, Toye K, et al. Short- and long-term clinical skin effects of testosterone treatment in trans men. J Sex Med. 2014;11(1):222-229. doi:10.1111/jsm.12366