

# Caring for the Older LGBT Adult



## **The Fenway Guide to LGBT Health** Module 6

**Mark J. Simone, M.D.**

Geriatric Fellow, Harvard Medical School  
Beth Israel Deaconess Medical Center

**Jonathan Appelbaum, M.D.**

Associate Professor  
Florida State University College of Medicine

# LGBT Aging

AP Associated Press The New York Times The Boston Globe denverpost.com abc NEWS

## Gay Elders' Distinctive Challenges Get Closer Look

By David Crary, The Associated Press, New York

The New York Times  
nytimes.com

October 9, 2007

## Aging and Gay, and Facing Prejudice in Twilight

By JANE GROSS

## 'Invisible And Overlooked'

A growing population of lesbian and gay senior citizens seeks recognition for their unique needs and challenges.

By [Jessica Bennett](#) | Newsweek Web Exclusive  
Sep 18, 2008

Newsweek

## The Love That Will Finally Speak Its Name

It took the death of my dear life partner for me to find the courage to come out of the closet.

Loraine Barr  
NEWSWEEK  
From the magazine issue dated Sep 3, 2007



# Learning Objectives

- ❑ Describe the demographics of older LGBT adults
- ❑ Explain how historic and current discrimination affects the healthcare of older LGBT adults
- ❑ Describe the healthcare needs of LGBT older adults, including:
  - Unique medical concerns
  - Unique mental health concerns
  - Support networks, advance planning, long-term care
- ❑ List ways to offer services that are affirming, welcoming, and appropriate



# Case - John

- 66 year-old man
- New patient to geriatric practice
- Chief complaint: pain, anxiety, poor concentration, sexual dysfunction
- Medical history: anxiety, depression, chronic pain, hypertension, reflux disease, ? alcohol abuse
- Social history: never married, no children, lives with roommate

# Case, continued

- ❑ Typical encounter for an older LGBT adult due to living most of his life in a society intolerant and hostile to the LGBT population
- ❑ Healthcare providers must recognize that a therapeutic relationship will require:
  - Trust and respect
  - Creating an environment that safely allows disclosure of sexual orientation and relationships
  - Sensitive gathering of sexual and social history

# Background of Older LGBT Adults

- ❑ Those who have been out are more likely to:
  - Be estranged from children or grandchildren
  - Be single or without children
  - Have extensive 'chosen family' of support networks, which can be threatened by aging and illness
- ❑ Many who have lived wholly or partially in the closet:
  - Have elaborate constructs to protect their sexual orientation
  - Are at risk of exposure with disability or sickness
- ❑ All are at risk of discrimination in the medical community



# LGBT Demographics

	<b>1994 National Survey</b> (Laumann et al., 1994) Age 18-59 years old	<b>2002 National Survey of Family Growth</b> (Mosher et al., 2005) Age 15-44 years old
<i>Identify</i> as homosexual or bisexual	Men: 2.8% Women: 1.4%	Men: 4.1% Women: 4.1%
Same-sex sexual <i>behavior</i>	Men: 9.1% Women: 4.3%	Men: 6.0% Women: 11.2%



# Demographics of Older LGB Adults

- ❑ LGB Elderly (65 and older):
  - ~1 to 2.8 million (in 2000)
  - ~2 to 6 million (by 2030)
- ❑ Racially diverse
- ❑ Economically similar to heterosexuals
- ❑ More likely to live in urban areas compared to heterosexuals

(Cahill et al., 2000)

# Demographics of Older LGBT Adults, continued

- ❑ Less likely to be partnered
  - 20% of LGB are partnered vs. 50% of all elders (Brookdale Center on Aging and SAGE ,1999)
- ❑ More likely to live alone
  - 65-75% of LGB live alone vs. 36% of all elders (Brookdale Center on Aging and SAGE,1999; Rosenfeld ,1999)
- ❑ No reliable data on transgender adults

# Discrimination and Coming Out



[sageusa.org](http://sageusa.org)

# Discrimination and Coming Out

## How Out are You?

The MetLife Study of Lesbian and Gay Baby Boomers,  
2006

Response	Percentage
Not at all	3.7
A little	7.9
Somewhat	12.2
Mostly	31.7
Completely	44.0

(MetLife Mature Market Institute, 2006)



# Discrimination in Healthcare

## ❑ 2002 survey of physicians:

- 23% believe the healthcare system somewhat or very often treats gay and lesbian people unfairly  
(Kaiser Family Foundation, 2002)

## ❑ 1994 NY Area Agencies on Aging survey:

- 46% reported LGBT elderly not welcome at senior centers  
(Behney, 1994; Quam and Croghan, 2008)

## ❑ 1996 NY survey of social workers:

- 52% reported intolerant or condemning attitudes among nursing home staff toward lesbians and gay men  
(Fairchild et al., 1996)



# Perceptions of Healthcare Discrimination

## ❑ LGBT baby boomers report:

- >50% did not have strong will be treated with respect by medical personnel
- 12% of lesbians had no confidence they would receive unbiased treatment
- Greatest concern of aging was discrimination based on sexual orientation (32% of gay men; 26% of lesbians)

(MetLife Mature Market Institute , 2006)



# Discussion Questions:

- How many have learned about LGBT health-related issues during training for the healthcare profession?
- Is it important to know about the sexual orientation of older adults? Why or why not?

# Aging and Healthcare Concerns



# Overview of Healthcare Concerns in Older LGBT Adults

Gay/Bisexual Men's Health	Lesbian/Bisexual Women's Health	Transgender Health
HIV/AIDs and STIs	Access to preventive care	HIV/AIDs and STIs
Cancer risk	Cancer risk	Preventive care
Substance use	Substance use	Substance use
Mental health	Mental health	Mental health
Psychosocial concerns related to aging	Psychosocial concerns related to aging	Psychosocial concerns related to aging
	Cardiovascular disease risk	

# Medical Concerns for Older Gay and Bisexual Men

## ☐ Cancer:

- **Anal Cancer:** 43 times more common and 88 times more common in HIV+ men who have sex with men (MSM)
- **Other cancers:** liver (if hepatitis), Kaposi sarcoma (if HIV-infected)
- **Possibly lung cancer** (due to higher smoking rates)  
(Appelbaum, 2007; Boehmer and Bowen, 2007)
- **Prostate cancer** (same rates as in heterosexual men, but treatment may have different psychosocial effects)

## ☐ Substance use:

- **Smoking:** Higher rates compared to general male population (32% vs. 21%; Tang, et. al., 2004)
- **Alcohol:** Prevalence of abuse probably similar to heterosexuals  
(Dean et al., 2000)

# Medical Concerns for Older Gay and Bisexual Men

## Screening recommended for:

- Syphilis
- Chlamydia and gonorrhea
- Proctitis and prostatitis
- HIV
- Herpes
- HPV (anal paps)

## Vaccinate for Hepatitis A and B

(Appelbaum, 2007)

# Medical Concerns for Older Lesbian and Bisexual Women

- Receive less preventive care
- Access health care services less often
- Enter health care system later
- Inappropriate care

(Appelbaum, 2007)

# Medical Concerns for Older Lesbian and Bisexual Women

## Substance use

- **Smoking:** higher than among general female population (25% vs. 15%; Tang et al., 2004)
- **Alcohol:** higher risk of abuse compared to heterosexual women (Song, et. al., 2007)

## Obesity

- Lesbians have 2x the odds of being overweight or obese (Boehmer and Bowen, 2007)

## May be at higher risk of metabolic syndrome, cardiovascular disease (Valanis et al., 2000)

# Medical Concerns for Older Lesbian and Bisexual Women

- ❑ Breast and Cervical Cancer Risk:
  - More risk factors: obesity, smoking, alcohol use, nulliparity
  - Less frequent screening for these cancers
- ❑ Other cancers: may be at higher risk of lung, ovarian, due to smoking

# Medical Concerns for Older Lesbian and Bisexual Women

- ❑ 70% report history of sex with men
  - ❑ HIV and STIs less common, but at risk for:
    - HPV
    - Bacterial vaginosis
    - Candidiasis
    - Trichomonas vaginalis
- (Appelbaum, 2007)

# Medical Concerns for Transgender Older Adults

- ❑ Very little research
- ❑ Discrimination and healthcare disparities
- ❑ Uninsured are:
  - More likely to use black-market hormones
  - Less likely to receive preventive care
  - Less likely to have mental health needs met
  - Higher rates of HIV, hepatitis C, and substance abuse
- ❑ Preventive care for the biologic sex
  - Prostate cancer in MTF
  - Gynecological cancer in FTM

(Appelbaum, 2007)

  - For transgender care guidelines, see [www.wpath.org](http://www.wpath.org) and <http://www.vch.ca/transhealth/resources/careguidelines.html>

# Medical Concerns for Older LGBT Adults: HIV/AIDS

## ❑ New cases of HIV:

- 25% >50 years old
- 53% in men who have sex with men  
(Hall et al., 2008)

## ❑ HIV/AIDS

- 15% new cases are in older adults
- 29% living with AIDS are >50 years old  
(CDC, 2008)

# Medical Concerns for Older Adults with HIV/AIDS: Comorbidities

- Cardiovascular disease
- Metabolic Syndrome
- Dyslipidemia
- Osteoporosis
- Diabetes
- Cancer
- Depression
- Dementia

(Simone and Appelbaum, 2008)

# Sexual Health in Older LGBT Adults

## ❑ Elderly are sexually active

- 53% seniors 65 to 74 years old
- 26% of seniors 75 to 85 years old

(Lindau et al., 2007)

## ❑ Elderly are at risk for HIV and other STIs

- 92% of older adults do NOT use condoms
- 48% of older LGB adults do not use condoms regularly, and 9% never do

(Stall and Catania, 1994)

# Mental Health in LGBT Adults

- ❑ Major depression

- Increased isolation among elders could increase risk (Cahill et al., 2002)

- ❑ Generalized anxiety disorder

- ❑ Bipolar disorder

- ❑ Suicide

(Dean et al., 2000)

# Mental Health in Older LGBT Adults: Suicide

## □ Survey of 416 older LGB adults active with LGBT social agencies:

- 29% have rarely considered suicide
- 8% sometimes consider suicide
- 2% often consider suicide
- 12% had suicidal thoughts in the past year
- 13% reported suicide attempts, 4% occurred after age 60

(D'Augelli et al., 2001)

# Mental Health in Older LGBT Adults

## ☐ Better mental health linked to:

- Better physical health
- Higher self-esteem
- Less loneliness
- Lower internal homophobia

## ☐ Suicidal ideation linked to:

- More loneliness
- Higher internal homophobia
- Less disclosure of sexual orientation

(D'Augelli et al., 2001)

# Mental Health in Older LGBT Adults: Aging

## ❑ Do LGBT cope with aging better?

- Development of adaptive skills and reconstructing of identities from coming out process

(Schope, 2005)

- More flexible with gender roles and therefore more independent

(Quam and Whitford, 1992)

# Mental Health in Older LGBT Adults: Aging

- ❑ Aging is viewed negatively in gay men
  - 88% of younger gay men, and 73% of older gay men felt gay society viewed aging negatively
  - Only 20% of lesbians felt lesbian society viewed aging negatively
  - Gay men report one turns old at age 39 (Schope, 2005)

# LGBT Aging Fears

## ❑ Concerns related to aging in LGBT seniors:

- Rejection by children and family
- Uncertain support network
- Discrimination in health care, employment, housing and long-term care

(Quam and Whitford, 1992)

## ❑ Greatest concern of aging in LGBT baby boomers:

- Discrimination for 32% of gay men and 26% of lesbians

(MetLife Mature Market Institute, 2006)

## Going back to John in our case...

What kind of thoughts and feelings do you think he, or any LGBT older adult might have in relation to their sexual orientation, when meeting a new doctor, or contemplating coming out to their physician?

# Taking a History in an Older Patient: What to Avoid

## Try to avoid

- Making assumptions about the gender of the patient's partner(s) (even if married)
- Assuming that patient's sexuality is fixed, absolute, and/or lifelong
- Assuming that being gay, lesbian, or bisexual is not a difficult issue for many patients
- Forcing labels or outing a patient if they are not ready
- Assuming that all transgender patients want full reconstructive surgery or complete hormonal transformation
- Assuming that older people do not have active sex lives

# Interview Strategies for Obtaining the Social/Sexual History

## Key issues to remind your patient

- Confidentiality
- Why you are asking
- Acknowledge that it can be uncomfortable information to share

## Some useful phrases

- Tell me more about yourself.
- Who are the important people in your life? Who do you turn to for support?
- Who do you live with?
- Are you in a relationship?
- Are you sexually active?
- Have your sexual partners been men, women, or both?
- Have you ever engaged in high-risk sexual behavior?
- Do you currently have any worries or problems related to sex?
- Are you comfortable with your sexuality?
- Do you feel you can be open about this with family, friends, or at work?



# Creating a Welcoming Environment

## Tips and Strategies

- Share some personal history about yourself before inquiring into the social history of your patient
- Join a referral program
- Adapt forms to be inclusive (for example spouse/partner rather than husband/wife)
- Talk with your registration staff and clinic director
- Encourage cultural competency training by your colleagues and staff
- Place an LGBT-friendly symbol, sticker or sign in a visible location
- Have an LGBT-specific magazine or newspaper in the reception area
- Have an open dialogue with patients about their life circumstances

# Advance Care Planning

- Hospital visitation and next-of-kin status
- Living will/Health Care Proxy
- Wills and estates
- Financial planning
- Long-term care planning



# Financial Concerns

- Survivor and retirement benefits
- Taxation of domestic partner health insurance and sick-leave benefits
- Federal employees cannot receive benefits for spouse
- Joint assets, 401(k) and pensions taxed for surviving partner
- No Medicaid protection for spouse or joint assets upon nursing home placement

# Support for Older LGBT Adults

- LGB more likely to be the caregivers (75% expect to be caregivers)
- 20% unsure who will take care of them  
(MetLife Mature Market Institute, 2006)
- Support often from network of friends rather than family  
(Hash, 2006; Kean, 2006)
- Disenfranchised grief (inadequate social support following the death of a partner)

# Discrimination in Long-Term Care Facilities

- ❑ 120,000 to 300,000 LGBT seniors living in nursing homes by 2030
  - ❑ Unrecognized needs
  - ❑ Real or anticipated fear of discrimination
    - From staff
    - From other residents
  - ❑ Fear of disclosure
  - ❑ Loss of friend network or chosen family
- (Cohen et al., 2008)

# Discrimination in Long-Term Care Facilities, cont'd

- ❑ Survey of LGBT adults' perception of retirement care facilities
  - 73% believe discrimination exists
  - 60% believe LGBT do not have equal access to social and health services
  - 34% believed they would have to hide their orientation

(Johnson et al., 2005)

# Discrimination in Long-Term Care Facilities, cont'd

- ❑ Reports of disrespect and mistreatment from staff and residents
- ❑ Retreat back to invisibility and being in the closet
- ❑ **Progress:** JCAHO accreditation for assisted-living facilities and nursing homes now requires respect for “residents’ habits and patterns of living (including lifestyle choices related to sexual orientation)”

# What Can YOU Do?

- Be aware
- Be open
- Provide culturally competent support, counseling, referrals
- Advocate



# Resources



## LGBT Aging Project

- Social services and support groups
- Provides educational training to long-term care providers and geriatric health providers

## Social organizations

- Prime Timers <http://www.primetimersww.org/>
- Older Lesbian Energy (OLE) <http://www.oleboston.org/>

## LGBT facilities

- Chelsea Jewish Nursing Home
- Stonewall Communities

## LGBT geriatric case managers



# Resources, cont'd

- ❑ Senior Action in a Gay Environment (SAGE)
  - [www.sageusa.org](http://www.sageusa.org)
- ❑ Gay and Lesbian Medical Association
  - [www.glma.org](http://www.glma.org)
- ❑ American Society on Aging
  - [www.asaging.org](http://www.asaging.org)
- ❑ National Gay and Lesbian Task Force
  - [www.thetaskforce.org](http://www.thetaskforce.org)