

The Survey Shows

GAY MEN

Earlier this year, the Gay and Lesbian Medical Association (GLMA) conducted a survey of its members to find out what the 10 most important topics that gay patients and their health care providers should discuss. Once a patient's health history, family history, age, gender, and other basic factors are considered, these 10 were judged the most important. Often, patients do not know what to ask their providers and providers may not know what is appropriate to talk about with their patients. The GLMA released this information in order to get the dialogue going and appreciates the hundreds of GLMA members who contributed to the survey.

The following is the list in order of concern, with comments by Vincent M. B. Silenzio, M.D., M.P.H., Board of Directors, GLMA, Co-Editor, *Journal of the Gay and Lesbian Medical Association*, private practice, and assistant professor, University of Rochester, (NY).

1. HIV/AIDS, Safe Sex

That men who have sex with men are at an increased risk of HIV infection is well known, but the effectiveness of safe sex in reducing the rate of HIV infection is one of the gay community's great success stories. However, the last few years has seen the return of many unsafe sex practices. Although effective HIV treatments may be on the horizon, there is no substitute for preventing infection. Safe sex is proven to reduce the risk of receiving or transmitting HIV. All health care professionals should be aware of how to counsel and support maintenance of safe sex practices.

2. Substance Use

Gay men use substances at a higher rate than the general population, and not just in larger communities such as New York, San Francisco, and Los Angeles. These include a number of substances ranging from amyl nitrate ("poppers") to marijuana, "ecstasy," and

amphetamines. The long-term effects of many of these substances are unknown; however, current wisdom suggests potentially serious consequences as people age.

3. Depression/Anxiety

Depression and anxiety appear to affect gay men at a higher rate than the general population. The likelihood of depression or anxiety may be greater, and the problem may be more severe for those men who remain in the closet or who do not have adequate social supports. Adolescents and young adults may be at particularly high risk of suicide because of these concerns. Culturally sensitive mental health services targeted specifically at gay men may be more effective in the prevention, early detection, and treatment of these conditions.

4. Hepatitis Immunization

Men who have sex with men are at an increased risk of sexually transmitted infection with the viruses that cause the serious condition of the liver known as hepatitis. These infections can be potentially fatal, and can lead to very serious long-term issues such as cirrhosis and liver cancer. Fortunately, immunizations are available to prevent two of the three most serious viruses. Universal immunization for hepatitis A virus and hepatitis B virus is recommended for all men who have sex with men. Safe sex is effective at reducing the risk of viral hepatitis, and is currently the only means of prevention for the very serious hepatitis C virus.

5. STDs

Sexually transmitted diseases (STDs) occur in sexually active gay men at a high rate. This includes STD infections for which effective treatment is available (syphilis, gonorrhea, chlamydia, pubic lice, and others) and for which no cure is available (HIV,

hepatitis A, B, or C virus, human papilloma virus, etc.). There is absolutely no doubt that safe sex reduces the risk of sexually transmitted diseases, and prevention of these infections through safe sex is key.

6. Prostate, Testicular, and Colon Cancer

Gay men may be at risk for death by prostate, testicular, or colon cancer. Screening for these cancers occurs at different times across the life cycle, and access to screening services may be negatively impacted because of issues and challenges in receiving culturally sensitive care for gay men. All gay men should undergo these screenings routinely as recommended for the general population.

7. Alcohol

Although more recent studies have improved our understanding of alcohol use in the gay community, it is still thought that gay men have higher rates of alcohol dependence and abuse than straight men. One drink daily may not adversely affect health; however, alcohol-related illnesses can occur with low levels of consumption. Culturally sensitive services targeted to gay men are important in successful prevention and treatment programs.

8. Tobacco

Recent studies seem to support the notion that gay men use tobacco at much higher rates than straight men, reaching nearly 50% in several studies. Tobacco-related health problems include lung disease and lung cancer, heart disease, high blood pressure, and a host of other serious problems. All gay men should be screened for and offered culturally sensitive prevention and cessation programs for tobacco use.

9. Fitness (Diet and Exercise)

Problems with body image are more common among gay men than their straight counterparts, and gay men are much more likely to experience an eating disorder such as bulimia or anorexia nervosa. Although regular exercise is very good for cardiovascular health and in other areas, too much of a good thing can be harmful. The use of substances such as anabolic steroids and certain supplements can adversely

affect health. At the opposite end of the spectrum, being overweight or obese are problems that also affect a large subset of the gay community. This can cause a number of health problems, including diabetes, high blood pressure, and heart disease.

10. Anal Papilloma

Of all the sexually transmitted infections gay men are at risk for, human papilloma virus (HPV)—which causes anal and genital warts — is often thought to be little more than an unsightly inconvenience. However, these infections may play a role in the increased rates of anal cancers in gay men. Some health professionals now recommend routine screening with anal Pap smears, similar to the test done for women to detect early cancers. Safe sex should be emphasized. Treatments for HPV do exist, but recurrences of the warts are very common, and the rate at which the infection can be spread between partners is very high.

LESBIANS

Earlier this year, the GLMA conducted a survey of its members to find out what the 10 most important topics that lesbian patients and their health care providers should discuss. Once a patient's health history, family history, age, gender, and other basic factors are considered, these 10 were judged the most important. Often, patients do not know what to ask their providers and providers may not know what is appropriate to talk about with their patients. The GLMA released this information in order to get the dialogue going and appreciates the hundreds of GLMA members who contributed to the survey.

The following is the list in order of concern, with comments by Katherine A. O'Hanlan, M.D., former president, GLMA, co-founder, Lesbian Health Fund, and gynecologist.

1. Breast Cancer

Lesbians have the richest concentration of risk factors for this cancer than any subset of women in the world. Combine this with the fact that many lesbians over 40 do not get routine mammograms, do breast self-exams, or have a clinical breast exam, and the situation exists that cancer may not be diagnosed early when it is most curable.

2. Depression/Anxiety

Lesbians have been shown to experience chronic stress from homophobic discrimination. This stress is compounded by the need that some still have to hide their orientation from work colleagues and by the fact that many lesbians have lost the important emotional support others get from their families due to alienation stemming from their sexual orientation.

3. Gynecologic Cancer

Lesbians have higher risks for some of the gynecologic cancers. What they may not know is that having a yearly exam by a gynecologist can significantly facilitate early diagnosis associated with higher rates of curability if such cancers do develop.

4. Fitness

Research confirms that lesbians have higher body mass than heterosexual women. Obesity is associated with higher rates of heart disease, cancers, and premature death. What lesbians need is competent advice about healthy living and healthy eating as well as healthy exercise.

5. Substance Use

Research indicates that illicit drugs may be used more often among lesbians than heterosexual women. There may be added stressors in lesbian lives from homophobic discrimination, and lesbians need support from each other and from health care providers to find healthy releases, quality recreation, stress reduction, and coping techniques.

6. Tobacco

Research also indicates that tobacco and smoking products may be used more often by lesbians than

by heterosexual women. Whether smoking is used as a tension reducer or for social interactions, addiction often follows and is associated with higher rates of cancers, heart disease, and emphysema—the three major causes of death among all women.

7. Alcohol

Alcohol use and abuse may be higher among lesbians. Whereas one drink daily may be good for the heart and not increase cancer or osteoporosis risks, more than that can be a risk factor for disease.

8. Domestic Violence

Domestic violence is reported to occur in about 11% of lesbian homes, about half the rate of 20% reported by heterosexual women. But the question is, where do lesbians go when they are battered? Shelters need to welcome and include battered lesbians and offer counseling to the offending partners.

9. Osteoporosis

The rates and risks of osteoporosis among lesbians have not been well characterized. Calcium Supplementation and weight-bearing exercise as well as the avoidance of tobacco and alcohol are the mainstays of prevention. Getting bone density tests every few years to see if medication is needed to prevent fracture is also important.

10. Heart Health

Smoking and obesity are the most prevalent risk factors for heart disease among lesbians, but lesbians also need to get an annual clinical exam because this is when blood pressure is checked, cholesterol is measured, diabetes is diagnosed, and exercise is discussed. Preventing heart disease, which kills 45% of women, should be paramount to every clinical visit.