

## Health of lesbian, gay, bisexual, and transgender populations

The past 20 years have seen dramatically increased visibility of people who are lesbian, gay, bisexual, and transgendered (LGBT) in US society. This diverse and vibrant group are now active and welcome members of many communities across the country and are well recognised and praised for being a major force in the positive global response to the HIV/AIDS epidemic. Substantial achievements to advance their health status, such as the established partnership between LGBT organisations and foundations or corporations to access funding to address the HIV/AIDS epidemic, have been achieved. Yet, there is still a great deal to learn. Basic demographic data are lacking for LGBT populations in the USA. Many health practitioners are not well informed about how to care for LGBT populations, or about what constitutes healthy development of LGBT adolescents, and they do not understand enough about the development of sexual orientation, diverse gender identities, LGBT families, or the effect of stigma and discrimination on health.

To develop a more complete picture of the health status of people who are LGBT and to identify research gaps, the Institute of Medicine (IOM) released *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Using a life-course perspective, the report examines the health status of these populations in three stages: childhood and adolescence, early and middle adulthood, and later adulthood. The IOM finds that, although these populations share the full range of health risks with the rest of society, they are also exposed to a unique yet poorly understood set of additional threats. For instance, compared with their heterosexual peers, members of the LGBT community are at increased risk of suicide, depression, harassment, and victimisation, and they may have higher rates of smoking and alcohol use. It is worth noting that for teenage lesbian and bisexual girls, pregnancy rates may be higher than those of heterosexual girls. Girls may deliberately attempt to get pregnant in an effort to define and strengthen an identity for themselves. In early and middle adulthood, lesbians and bisexual women may also be at higher risk for breast cancer and for obesity, while men who have sex with men, especially those who are HIV-positive, are at increased risk for anal cancer. Meanwhile, in some studies, lesbians were significantly more likely than heterosexual women to receive a diagnosis of heart disease.

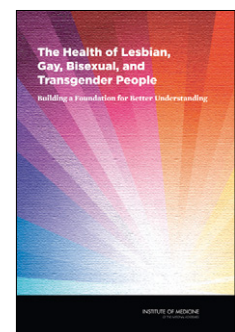
In later adulthood, LGBT are less likely to have a partner

or children to provide them with health and social care, resulting in their greater dependence on friends, caregivers, and LGBT organisations. There has been clinical concern about rates of diabetes, ovarian disease, and stroke among transgender older people potentially as a result of long-term hormone treatments. Furthermore, HIV/AIDS remains a crucial health issue for gay or bisexual men, transgender women, and LGBT who inject drugs. Additionally, people who are LGBT face barriers to equitable health services in the USA, such as difficulty in obtaining health insurance, fear of discrimination from providers, and a shortage of providers who are well trained in their health needs.

When addressing health issues for people who are LGBT, researchers are confronted with many challenges, one of which is a lack of systematically or accurately collected data. The LGBT community make up a sometimes hidden minority of the population and it is hard to recruit sufficient numbers to studies to yield meaningful results. Moreover, the LGBT acronym does not represent a homogeneous group, and it can be difficult to define and measure sexual orientation and gender identity. Additionally, some LGBT individuals are reluctant to disclose details about themselves and take part in research, because research topics may be sensitive and can be perceived as intruding on privacy.

The availability of high-quality evidence is central to improvement of knowledge. The report calls for a research agenda to collect data, examine appropriate methodology, train researchers, and develop policy on research participation, provided that privacy concerns can be satisfactorily addressed. It also emphasises several priority research areas—demography, social influences, health-care inequalities, and intervention research.

The IOM report is groundbreaking. Not only does it review the LGBT community's health needs comprehensively, but it also brings a sea change in establishing educational and research guidance for LGBT health. Actions in response to the report are already underway, such as integration of LGBT health education into medical school curricula. The full participation of the LGBT community in their health and wellbeing is crucial. Above all, scientific and clinical engagement is essential to improve awareness and understanding of LGBT health issues, and to incorporate them into mainstream health care. ■ *The Lancet*



For the Institute of Medicine's report see <http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People>