

DocLIST

Health Professionals Newsletter



Welcome to the 5th edition – DocLIST celebrates 10 years!

Welcome to the 5th issue of DocLIST Health Professionals Newsletter. In October we celebrated the 10 year anniversary of DocLIST, the Australian Lesbian Medical Association's online list of doctors, dentists and mental health professionals recommended by lesbian, bisexual, same sex attracted and queer women in Australia. Many of the health professionals listed on DocLIST have been on the list for the whole 10 years and at this time of reflection and celebration we give our heartfelt thanks to all those health professionals who have supported community members through this project over that substantial period of time.

In Issue 4 we focused on the impact of the COVID19 pandemic in LGBTIQ communities. In this issue we will focus on other topics which are certainly not unrelated to the pandemic, such as eating disorders, intimate partner violence, and mental health. We highlight an article relating to the health of transgender, gender diverse and non-binary people (TGDNB) because health professionals listed on DocLIST have asked us to support them in learning more about healthcare for TGDNB people, and some TGDNB people are lesbian, bisexual same-sex attracted or queer with regards to their sexual orientation.

You may be aware that it was recently Intersex Awareness Day, on 26 October, and we direct health professionals wanting to learn more about health care and other issues relevant to intersex people to <http://www.doclist.com.au/health-professionals#intersex> where we list 15 journal articles and other resources on these topics.

We hope you learn something new from this Issue, and that you are coping as well as possible during what has been a challenging year for many of us. Feedback and suggestions for articles which may be of interest for future editions can be sent to the DocLIST team at alma@doclist.com.au

Dr Sarah Burrowes
DocLIST Coordinator



*From the Literature



J Aging Health. 2020 August 28; 898264320952910 doi:10.1177/0898264320952910.

Volunteering among Older Lesbian and Gay Adults: Associations with Mental, Physical and Social Wellbeing

Lyons, Alba, Waling, Minichiello, Hughes, Fredriksen-Goldsen, Edmonds, Blanchard, Irlam.

<https://pubmed.ncbi.nlm.nih.gov/32857633/>

This article supports the premise that volunteering supports wellbeing and social connectedness for older lesbians and gay men. The authors examined patterns of volunteering and mental, physical and social well-being in a sample of 754 lesbian and gay adults in Australia in a sample aged 60 years and older who completed a nationwide survey.

It has been established that volunteering is associated with positive well-being among older people, providing opportunities to stay active and socially connected. This may be especially relevant for older lesbian and gay people, who are less likely than heterosexual people to have a partner, children or support from their family of origin.

The results of the survey showed that older lesbian and gay volunteers reported greater positive mental health than non-volunteers. Both the lesbian women and gay men who volunteered for LGBTI organisations reported greater LGBTI community connectedness than volunteers for non-LGBTI organisations.

Curr Opin Psychiatry. 2020 Nov; 30(6):562-567. doi:10.1097/YCO.0000000000000645

Emerging Trends in Eating Disorders among Sexual and Gender minorities

Nagata J, Ganson K, Austin, S.

<https://pubmed.ncbi.nlm.nih.gov/32858597/>

The authors conducted a review of the recent literature on eating disorders, disordered eating behaviours (DEB), and body image dissatisfaction among sexual and gender minority populations, including, but not limited to, gay, lesbian, bisexual, and transgender people. They noted that eating disorders, DEB, and body dissatisfaction are common among sexual and gender minority populations. With regard to cis-gendered people, lifetime prevalence for anorexia nervosa (1.7%), bulimia nervosa (1.3%), and binge-eating disorder (2.2%) diagnoses are higher among sexual minority adults compared with cisgender heterosexual adults in the United States. With regard to transgender people, lifetime prevalence of eating disorders by self-report of a healthcare provider's diagnosis have been shown to be particularly high at 10.5% for transgender men and 8.1% for transgender women in the United States, including anorexia nervosa (4.2 and 4.1%) and bulimia nervosa (3.2 and 2.9%), respectively. With regard to reasons for these higher rates of eating disorders, the authors propose that disordered eating behaviours may be perpetuated by minority stress and discrimination experienced by these individuals. Body dissatisfaction may be a core stressor experienced by transgender people; gender dysphoria treatment has been shown to increase body satisfaction. They mention a challenge in caring for transgender youth with eating disorders is the use of growth charts based on sex.

Medicine Today. 2020 November 17(11): 26-31

Intimate Partner Violence and LGBTIQ people: Raising Awareness in General Practice

Horsley P, Moussa B, Fisher J, Rees S.

<https://medicinetoday.com.au/2016/november/feature-article/intimate-partner-violence-and-lgbtqi-people-raising-awareness-general>

This article discusses a range of issues related to the problem of intimate partner violence in relationships of LGBTIQ people. They discuss some of the barriers which may prevent disclosure of intimate partner violence affecting LGBTIQ people to health professionals and support services, such as a distrust of health services and fear of not being treated appropriately. The authors discuss the importance of awareness by health professionals that intimate partner violence may be a cause of physical and mental health problems in LGBTIQ people. The authors point out that intimate partner violence occurs at the same rate in relationships involving LGBTIQ people as among heterosexual people. They discuss that LGBTIQ populations already experience high rates of violence and discrimination and poorer levels of psychological and physical health than the general population, and that people in LGBTIQ communities have on average higher levels of distrust of health services. They recommend health professionals ensure they are informed of LGBTIQ-related issues and resources with respect to intimate partner / family violence. LGBTIQ-specific resources relating to family violence can be found on DocLIST Health Professionals page <http://www.doclist.com.au/health-professionals#family-violence>

Hormone Therapy for Trans and Gender Diverse Patients in the General Practice Setting

Cundill, P

<https://www1.racgp.org.au/ajgp/2020/july/hormone-therapy-for-trans-and-gender-diverse-patie>

This article aims to provide GPs working in Australia with a practical guide to prescribe gender-affirming hormone therapy to transgender, gender diverse and non-binary (TGDNB) patients. The author Dr Pauline Cundill discusses that in recent years in Australia there has been a move away from mandatory psychiatric assessment to more contemporary patient-centred models of care such as the ‘informed consent model’.

Reducing barriers to healthcare and providing earlier access to gender-affirming hormones has been shown to improve the health outcomes and wellbeing of TGDNB people. However, significant numbers of people within the TGDNB community find themselves unable to access appropriate and timely medical services.

Dr Cundill writes that GPs throughout Australia are ideally placed to provide gender-affirming care to TGDNB patients, and states that gender-affirming hormones can be prescribed and monitored in a primary care setting in most cases. They point out that resources have been developed to assist GPs to prescribe hormone therapies and that training and professional development activities are available. Mentoring by a colleague with experience working in the field is recommended.

The article discusses the general principles of hormone therapy for gender affirmation, explains the informed consent model of care, discussed feminizing hormones, anti-androgen medication and masculinizing hormones, including side effects, dose ranges and what clinical and biochemical monitoring is recommended for people taking these hormone therapies. The links to 5 key resources are provided at the end of the article including informed consent guidelines, hormone therapy prescribing guides and an online training module ‘Primary health care for trans, gender diverse & non-binary people’ available from Northwest Melbourne Primary Health Network.....



*Resource of the month

MindOUT Webinars

LGBTI Health Alliance

https://www.lgbtihealth.org.au/mindout_webinars

The MindOUT webinars are provided by the National LGBTI Health Alliance as part of their Mental Health and Suicide Prevention program.

This series of webinars critically engages with topics related to understanding mental health and suicide prevention for LGBTI people.

In each webinar, the presenter speaks for 40 minutes on a topic pertinent to LGBTI mental health and suicide prevention, followed by a Q&A session.

Health professionals are able to register for upcoming live webinars on the MindOUT website. Webinar participants are able to watch the presenter through a videolink and ask questions via an instant message program.

Recordings of a large number of past webinars are available on the website.

