

A systematic review of UK research on lesbian, gay, bisexual and transgender health



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Background:

Many general health surveys in lesbian, gay, bisexual or transgender (LGBT) people, conducted by LGBT volunteers since the early 1990s are unpublished, making results inaccessible to healthcare decision-makers. There is very little specialist health promotion or provision for the LGBT community. This systematic review¹ presents all available recent research conducted in the West Midlands on LGBT health, compared to UK national, peer reviewed and published LGBT health research and to UK population surveys.

Methods:

A protocol was agreed with local PCT and public health leads. Databases searched included MEDLINE, EMBASE, PsycINFO, Science Citation Index, Social Science Citation Index and the Cochrane library (CENTRAL, DARE, HTA) to May 2008 with no language restrictions. Also searched were numerous websites including Stonewall, Sigma Research, CSIP Knowledge Centre, Lesbian Information Service and LGBT Health Scotland and citations from reviews and primary studies. Inclusion criteria were:

Population: Any UK LGBT participants. If national surveys, West Midlands results were presented if possible.

Intervention/exposure and comparator: Any.

Outcomes – any physical and mental health, health behaviours, use of health services, any other relevant health outcomes.

Study Design: West Midlands surveys, peer-reviewed and published UK primary studies and systematic reviews conducted since 2000 (recruitment if given or publication date). Systematic reviews had to include more than one UK study.

Exclusion criteria

Research on STI/HIV/AIDS. Non peer-reviewed national reports, editorials, opinion pieces, reviews without a search strategy. Primary papers included in systematic reviews.

Inclusion, data extraction and quality assessment were by one reviewer and checked by a second, with discrepancies resolved by discussion. Quality assessment focused on major threats to validity and used CASP checklists² where appropriate. Study characteristics and results were tabulated and discussed.

Research found:

From 2603 potentially relevant citations and web addresses, 289 papers and reports were retrieved for assessment. Included were 9 unpublished West Midlands surveys (size 15 to 1,532 people, total number surveyed 6,816), 2 published systematic reviews, 11 published quantitative primary studies and 14 published qualitative primary studies. No research on transgender people was found. The quality of the unpublished surveys was generally poor, with little information given about methods. The quality of the published papers was variable and generalisability was difficult to assess. Results of West Midlands and published research were similar and presented combined here.

References

1. Meads C, Pennant M, McManus J, Bayliss S. A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research. Report number 71, March 2009. WMHTAC, Department of Public Health and Epidemiology, University of Birmingham. 2009. http://www.rep.bham.ac.uk/reports_list.shtml
2. CASP Appraisal Tools. <http://www.phru.nhs.uk/Pages/PHD/resources.htm> accessed 8/5/2009

Results – Physical health:

Autoimmune diseases – no information collected (yet anecdotally apparently more rheumatoid arthritis, thyroiditis and multiple sclerosis seen in lesbians)

Cardiovascular disease – almost no information (yet high rates of smoking in LGB people of between 29% - 48% depending on sample)

Cancers:

Breast cancer - High prevalence in lesbians (~8%) but no information on incidence despite known higher prevalence of risk factors

Cervical cancer – no information (also only 50% smear rates), but lesbian and bisexual women were twice as likely to have had heterosexual sex under the age of 16 as heterosexual women (42% vs 20%) so potentially more at risk

Lung cancer – no information (yet high smoking rates in LGB people of up to 45%, and a case series of specialist smoking cessation in gay men with a 75% quit rate, but no follow up RCT)

Digestive diseases – no information

Lung diseases – no information

Results – Mental health:

Anxiety – approximately 18% (general population prevalence ~5%)

Depression – 28% to 40% (general population prevalence ~6%)

Eating disorders – 5% to 20% (general population prevalence ~2%)

Self-Harm – 20% to 25% (general population prevalence ~2.4%)

Suicide attempts, lifetime – 20% to 40% (general population rate ~4.4%)

Suicide attempts in previous year ~5% (general population rate ~0.5%)

Accessed mental health counselling – 36% to 40% (but many did not find it helpful)

Results – Other:

High rates of illegal drug use, particularly cannabis and nitrates

Lower rates of seroconversion following hepatitis B vaccinations in gay men than controls but no explanation as to why.

LGB experience of healthcare results suggested numerous barriers including homophobia and heterosexism, presumption that all patients are heterosexual, misunderstandings and lack of knowledge, lack of appropriate protocols, poor confidentiality and the absence of LGB-friendly resources.

Conclusions:

The quality of LGB surveys was mostly poor, they did not have random samples and many were uncontrolled. Therefore, the absolute prevalence results may be quite inaccurate. However, the general trends from surveys and published research were consistent and are important, ie very little is known, but the information obtained suggests considerable health inequalities in the LGB community. No conclusions can be drawn on the general health of the transgender community due to lack of information.

The NHS constitution states that

“ the NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population. ”

Recommendations:

- Compliance of all NHS services with current legislation and The NHS Constitution
- Routine confidential sexual orientation and gender identity monitoring across all health services and use of this monitoring to improve services
- Routine confidential sexual orientation and gender identity data collection in all research, in a similar way to ethnicity, gender and age data collection currently undertaken
- Targeted research into specific areas highlighted
- LGB and transgender focused education of all healthcare workers
- LGBT-specific health service provision where required. Otherwise, explicitly LGBT-friendly mainstream service provision.