

An Integrative Review of Cardiovascular Disease in Lesbian, Gay and Bisexual Adults

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BACKGROUND & SIGNIFICANCE

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- LGB individuals face significant stigma and discrimination worldwide:
 - Psychosocial stressors 1-2
- Negative health outcomes:
 - Poor mental and physical health ³⁻⁵
 - Disability ⁵
 - Suicide and suicidal ideation ⁶
 - Decreased life expectancy ⁷
- Stress increases CVD risk through mediated inflammatory and coagulation pathways ⁸



BACKGROUND

- CVD is leading cause of death worldwide:
 - 90% of CVD risk attributed to modifiable risk factors including stress 9
- Risk behaviors related to stress ↑ CVD risk:
 - ♠ BMI in lesbian and bisexual women ¹⁰⁻¹¹
 - Alcohol, tobacco and illicit drug use in LGB men and women 12-15
- LGB population underrepresented in health disparities literature ¹⁶
 - Focus on mental health, STIs, and substance abuse





PURPOSE

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Therefore, the purpose of this integrative review is to synthesize and critique the existing evidence from studies that compare CVD risk and CVD diagnoses between LGB and heterosexual adults





METHODS

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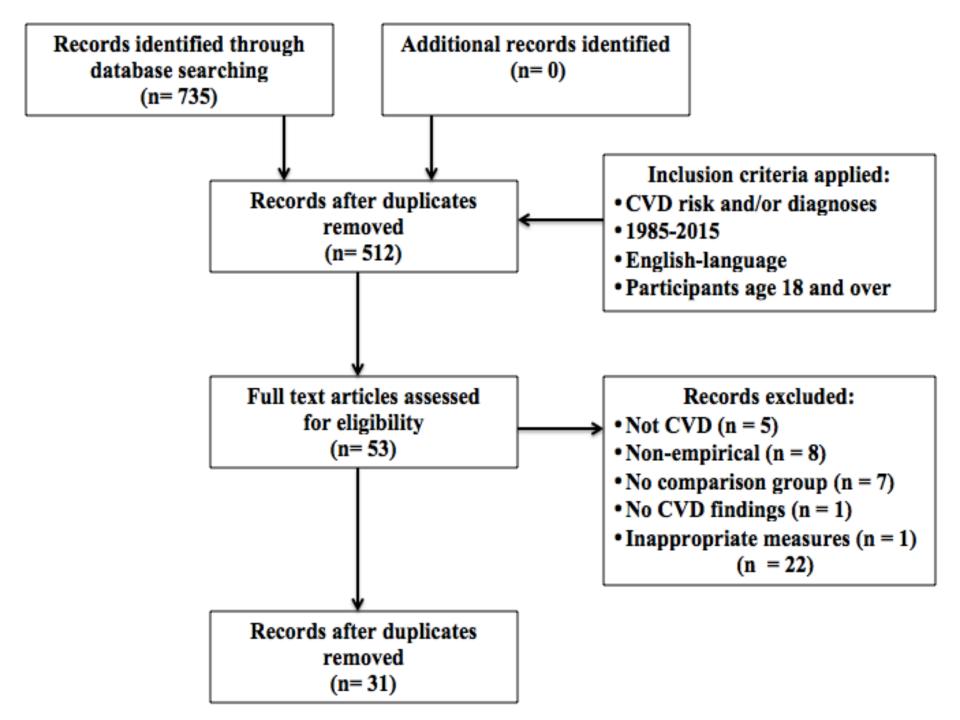
- Whittemore & Knafl method of integrative review ¹⁷
- Six databases searched (CINAHL, Embase, LGBT Life, PubMed, PsycInfo, Web of Science)
- Search included key words related to LGB health and CVD
- Ancestry and descendancy search of retrieved studies and IOM report



INCLUSION/EXCLUSION CRITERIA

- Inclusion criteria:
 - Peer-reviewed studies (1985-2015)
 - Examine CVD risk and/or CVD diagnoses
 - English-language
 - Participants over the age of 18
- Exclusion criteria:
 - Measures of sexual orientation other than identity, behavior or attraction
 - CVD in transgender individuals or those with HIV/AIDS





DATA EVALUATION& DATA ANALYSIS

- Data evaluation:
 - Data extraction
 - Organizing matrices
 - Comparison
 - Verification
- Data analysis: Crowe Critical Appraisal Tool 18
 - Appraisal of 8 sections each worth 0-5 points
 - Total possible score 0-40 points
 - Scores ranged from 33-40





PRESENTATION OF RESULTS

CVD RISK FACTORS

Risk Factor	Gay & Bisexual Men	Lesbian & Bisexual Women
Psychosocial factors	↑ OR = 1.49-3.57	↑ OR = 2.00-3.77
Tobacco use	NS	↑ OR = 1.60-3.00

Alcohol consumption NS OR = 1.43 - 2.67

Illicit drug use OR = 1.59 - 3.09OR = 2.14-4.54

Body mass index

OR = 1.20-2.05OR = 0.48 - 0.70

Diet & exercise NS NS

CVD RISK

- CVD risk was elevated for LGB men and women in multiple studies
 - Used biomarkers
- Methods used to assess CVD risk varied
 - Cumulative CVD risk versus individual biomarkers



CVD DIAGNOSES

- Few studies found differences in CVD
- Hypertension
 - Gay and bisexual men had higher rates of antihypertensive medication use and elevated blood pressure on screening
 - Lesbian and bisexual women had conflicting findings
- Diabetes and dyslipidemia
 - Few differences
 - Gay men reported higher glucose and lipids on screening





DISCUSSION

LIMITATIONS

- Sampling
 - Homogenous LGB participants
 - Few studies examined geographic differences
- Methods
 - Overlapping datasets
 - Cross-sectional data
- Measurement
 - Aggregated data
 - Few studies examined stress, diet, and physical activity
 - Biomarker use limited



IMPLICATIONS

- Impact of social policies on health of LGB adults needs further examination
- Integration of psychological, behavioral, and biological factors in LGB health research
- Need to focus on racial/ethnic minorities and older adults
- Providers should assess sexual orientation and CVD risk in LGB adults



CONCLUSION

- Elevated CVD risk in LGB men and women was identified
- Gay and bisexual men: excess CVD risk related to poor mental health, illicit drug use, and hypertension
- Lesbian and bisexual women: excess CVD risk related to poor mental health, tobacco, alcohol, and illicit drug use, and BMI
- There is a need for health promotion interventions that target CVD risk in LGB adults





THANK YOU!

REFERENCES

- 1.Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people. Washington D.C.
- 2.Meyer, I.H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38. doi:10.2307/2137286
- 3. Burgess, D., Lee, R., Tran, A., & Van Ryn, M. (2008). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *Journal of LGBT Health Research*, *3*(4), 1–14. doi:10.1080/15574090802226626
- 4.Cochran, S.D., Mays, V.M., & Sullivan, J.G. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Clin Psychol*, 71, 33-61.
- 5.Hatzenbuehler, M.L. (2009). How does sexual minority stigma "get under the skin?" A psychological mediation frame- work. *Psychological Bulletin*, 135, 707–730.
- 6.Meyer, I.H., Dietrich, J., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health*, 98(6), 1004–6. doi:10.2105/AJPH.2006.096826
- 7. Hatzenbuehler, M. L., Bellatorre, A., Lee, Y., Finch, B. K., Muennig, P., & Fiscella, K. (2014). Structural stigma and all-cause mortality in sexual minority populations. *Social Science & Medicine*, 103, 33–41. doi:10.1016/j.socscimed.2013.06.005
- 8. Yusuf, S., Hawken, S., Ôunpuu, S., Dans, T., Avezum, A., Lanas, F., ... Pais, P. (2004). Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. *Lancet*, 364, 937–952.
- 9.Cohen, S., Janicki-Deverts, D., & Miller, G. E. (2007). Psychological stress and disease. *JAMA: The Journal of the American Medical Association*, 298(14), 1685–1687. doi:10.1001/jama.298.14.1685



REFERENCES

- 10.Boehmer, U., & Bowen, D.J. (2009). Examining factors linked to overweight and obesity in women of different sexual orientations. *Preventive Medicine*, 48(4), 357–61. doi:10.1016/j.ypmed.2009.02.003
- 11.Bowen, D.J., Balsam, K., & Ender, S.R. (2008). A review of obesity issues in sexual minority women. *Obesity*, 16(2), 221–228.
- 12. Cochran, S.D., Ackerman, D., Mays, V.M., & Ross, M.W. (2004). Prevalence of non-medical drug use and dependence among homosexually active men and women in the US population. *Addiction*. *99*(8), 989–998.
- 13. Fredriksen-Goldsen, K. I., Emlet, C. A., Kim, H.-J., Muraco, A., Erosheva, E. A., Goldsen, J., & Hoy-Ellis, C. P. (2013b). The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*, *53*(4), 664–75. doi:10.1093/geront/gns123
- 14. Gruskin, E. P., Greenwood, G. L., Matevia, M., Pollack, L. M., & Bye, L. L. (2007). Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. *American Journal of Public Health*, 97(8), 1496–502.
- 15.Tang, H., Greenwood, G. L., Cowling, D. W., Lloyd, J. C., Roeseler, A. G., & Bal, D. G. (2004). Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem? (United States). *Cancer Causes and Control*, 15(8), 797–803. doi:10.1023/B:CACO.0000043430.32410.69
- 16.Coulter, R. W. S., Kenst, K. S., & Bowen, D. J. (2014). Research funded by the National Institutes of Health on the health of lesbian, gay, bisexual, and transgender populations. *American Journal of Public*, 104(2), 105–112. doi:10.2105/AJPH.2013.301501
- 17. Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, *52*(5), 546–53. doi:10.1111/j.1365-2648.2005.03621.x
- 18.Crowe, M., Sheppard, L., & Campbell, A. (2011). Comparison of the effects of using the Crowe critical appraisal tool versus informal appraisal in assessing health research: A randomised trial. *International Journal of Evidence-Based Healthcare*, *9*(4), 444–449. doi:10.1111/j.1744-1609.2011.00237.x

