LGBT & CULTURAL COMPETENCY

Presented by:
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OBJECTIVES

- Define helpful LGBT-related terms for healthcare providers
- Understand gender identity in the LGBT community
- Identify barriers to quality healthcare for the LGBT community
- Explore ways by which healthcare providers can provide culturally competent care to the LGBT community
THE WHAT AND WHY OF CULTURAL COMPETENCE

- What is cultural competence?
  - The ability of a system to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs

- Why is cultural competence important?
  - Healthcare services that are respectful of and responsive to the health beliefs, practices, cultural and linguistic needs of diverse patients can help bring about positive health outcomes
# Continuum of Cultural Competence

<table>
<thead>
<tr>
<th>Cultural Destructiveness</th>
<th>Cultural Incapacity</th>
<th>Cultural Blindness</th>
<th>Cultural Pre-Competence</th>
<th>Cultural Competence</th>
<th>Cultural Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced assimilation, subjugation, rights and privileges for dominant groups only.</td>
<td>Racism, maintain stereotypes, unfair hiring practices.</td>
<td>Differences ignored, “treat everyone the same”, only meet needs of dominant groups.</td>
<td>Explore cultural issues, are committed, assess needs of organization and individuals.</td>
<td>Recognize individual and cultural differences, seek advice from diverse groups, hire culturally unbiased staff.</td>
<td>Implement changes to improve services based upon cultural needs.</td>
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</tbody>
</table>
LESBIAN
- A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women

GAY
- A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men
- May be used by women who prefer the term over lesbian

BISEXUAL
- A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women

TRANGENDER
- A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth
- MTF/FTM
LGBT DEFINITIONS CONTINUED

- Gender Expression — the manner in which a person represents or expresses their gender identity to others (i.e. behavior, clothing, voice, etc.)

- Gender Identity — a person’s internal sense of being male, female, or something else. Since gender identity is internal, one’s gender identity is not necessarily visible to others

- Sexual Orientation — a person’s emotional, sexual, and/or relational attraction to others. Usually classified as hetero-, bi-, or homosexual
Several theories about how a person develops, accepts, and expresses their gender identity

- Gender essentialism — the idea that men and women act differently and have different options in life because of intrinsic or essential differences between the sexes.

- Gender schema theories - introduced by Sandra Bem in 1981 as a cognitive theory to explain how individuals become gendered in society, and how sex-linked characteristics are maintained and transmitted to other members of a culture. Bem argued that adhering to gender-related standards could promote negative rather than positive adjustment.

- During the mid-1960s to early 1980s, researchers such as Richard Green, Robert Stroller, and Harry Benjamin believed that incongruence between a person's assigned sex at birth and their gender identity was of a biological, rather than psychological nature and went on the pioneer the establishment of gender identity clinics as well as gender-related medical and surgical treatments.

Relationship to sexual orientation

- Research shows that gender identity, in many cases, is independent of sexual orientation
  - i.e. transgender men may be attracted to men, women or both, and transgender women may be attracted to men, women or both.
BARRIERS OF LGBT COMMUNITY

- Traditional obstacles to care are magnified in people who are also LGBT
  - Race/ethnicity
  - Low income
  - Low education
- Stigma
  - Verbal abuse
  - Physical harassment/bullying
- Discrimination
- Social marginalization
BARRIERS OF LGBT COMMUNITY (CONT.)

- Family acceptance
  - LGBT youth experience less depression, substance abuse, and suicide

- Health insurance coverage
  - Discrepancies with gender codes
  - Limits on quantity/day supply for transgender people

- Increase in HIV risk behavior

- Healthcare provider attitudes
  - What are some of the challenges that we as healthcare providers face regarding the LGBT community?
EXPLORATION OF CULTURALLY COMPETENT CARE

- Create a welcoming environment
  - Eye contact
  - Smile

- Be involved. Be empathetic. Take interest in the patient
  - Ex. I ask transgender patients about their trans process and the effects they notice when taking different medications

- Establish preferred name with patient (note that name changes can happen frequently)

- Connect with benefits counselors if available to help patients navigate the insurance process

[END]
Before we begin the next presentation, are there any questions???
OBJECTIVES

- DISCUSS EPIDEMIOLOGY OF HIV IN THE U.S.
- REVIEW THE HIV LIFE CYCLE
- REVIEW THE UPDATED DHHS TREATMENT GUIDELINES OF HIV
- DISCUSS HIV PREVENTION METHODS
- EXPLORE THE PHARMACIST ROLE IN CARE
EPIDEMIOLOGY
More than 1.1 million people in the U.S. are living with HIV today, but 1 in 7 of them don’t know it.

In 2016, 39,782 people were diagnosed with HIV in the U.S.

The annual number of new HIV diagnoses fell 5% from 2011 to 2015.
Estimated annual HIV infections in the U.S. declined **18%**

Between 2008 - 2014 infections fell from 45,700 to 37,600

- **56%** decline among people who inject drugs
- **36%** decline among heterosexuals
- **26%** decline among gay and bisexual men aged 35-44 years
- **18%** decline among gay and bisexual men aged 13-24 years

**Gay and bisexual men remain most affected**

- **37,600** New HIV Infections in 2014
  - Heterosexuals: 8,600 infections (23%)
  - People who inject drugs: 1,700 infections (5%)
  - Gay and bisexual men who inject drugs: 1,100 infections (3%)

- Gay and bisexual men: 26,200 infections (70%)
Epidemiology

New HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2016

- Black, Male-to-Male Sexual Contact: 10,223
- Hispanic/Latino, Male-to-Male Sexual Contact: 7,425
- White, Male-to-Male Sexual Contact: 7,390
- Black Women, Heterosexual Contact: 4,189
- Black Men, Heterosexual Contact: 1,926
- White Women, Heterosexual Contact: 1,032
- Hispanic/Latina Women, Heterosexual Contact: 1,025

https://www.cdc.gov/hiv/basics/statistics.html
Epidemiology

**Epidemiology**

**Figure E1.** Newly Diagnosed HIV Disease Cases, Deaths, and Living HIV Cases, by Year, District of Columbia, 1983-2016

*Living HIV cases who were DC residents at the time of diagnosis
*2016 deaths not available at time of publication.
ETIOLOGY

- Transmission
- HIV lymphocyte invasion
- HIV replication
- Lymphocyte destruction
- Increase viral load
- Opportunistic infections
SYMPTOMS OF ACUTE HIV INFECTION

- These symptoms usually disappear with a week to one month and are often mistaken for those of another viral infection
AIDS-DEFINING ILLNESSES

Brain
- Cryptococcal meningitis
- Toxo (toxoplasmosis)
- AIDS dementia complex

Eyes
- CMV (cytomegalovirus)

Mouth and throat
- Cold sores and ulcers
- Thrush (oral candidiasis)

Blood
- Hyperglycemia (high blood sugar)
- and dyslipidemia (abnormal amount of fats in the blood)

Lungs
- Histoplasmosis
- PCP (pneumocystis jiroveci pneumonia)
- TB (tuberculosis)

Bone
- Osteoporosis

Heart
- Heart disease, stroke

Liver
- HCV (hepatitis C virus)

Stomach
- CMV (cytomegalovirus)
- Crypto (cryptosporidiosis)
- MAC (mycobacterium avium complex)

Reproductive system
- Genital ulcers
- HPV (human papillomavirus) and cervical cancer
- Menstrual problems
- PID (pelvic inflammatory disease)
- Vaginal yeast infections (candidiasis)

Body
- HIV wasting syndrome
HIV TREATMENT: DHHS GUIDELINES
WHAT IS ANTIRETROVIRAL THERAPY (ART)?

- Medications used to treat HIV
- Improved steadily since the advent of HAART
- Dramatically reduced HIV-associated morbidity and mortality
- Transformed HIV into a manageable chronic condition
- Only 55% of people with HIV have suppressed viral loads
  - Undiagnosed HIV infection
  - Linkage and retention in care
PRIMARY GOALS OF ART

- Reduce HIV-related morbidity and prolong survival
- Improve quality of life
- Restore and preserve immunologic function
- Maximally and durably suppress viral load
- Prevent HIV transmission
There has been a rapid emergence of new HIV drugs

Pharmacists should be familiar with current preventive and treatment principles of HIV and opportunistic infections
STRATEGIES TO IMPROVE TREATMENT GOALS

- Selection of initial combination regimen
- Improving adherence
# Recommended ART Regimens for Initial Therapy

### Recommended Initial Regimens for Most People with HIV

Recommended regimens are those with demonstrated durable virologic efficacy, favorable tolerability and toxicity profiles, and ease of use.

<table>
<thead>
<tr>
<th>INSTI + 2 NRTIs:</th>
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<tbody>
<tr>
<td>• DTG/ABC/3TC* (AI)—if HLA-B*5701 negative</td>
</tr>
<tr>
<td>• DTG + tenofovir®/FTC* (AI for both TAF/FTC and TDF/FTC)</td>
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<tr>
<td>• EVG/c/tenofovir®/FTC (AI for both TAF/FTC and TDF/FTC)</td>
</tr>
<tr>
<td>• RAL® + tenofovir®/FTC* (AI for TDF/FTC, AII for TAF/FTC)</td>
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<thead>
<tr>
<th>Boosted PI + 2 NRTIs: (In general, boosted DRV is preferred over boosted ATV)</th>
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<tbody>
<tr>
<td>• (DRV/c or DRV/r) + tenofovir®/FTC* (AI for DRV/r and AII for DRV/c)</td>
</tr>
<tr>
<td>• (ATV/c or ATV/r) + tenofovir®/FTC* (BI)</td>
</tr>
<tr>
<td>• (DRV/c or DRV/r) + ABC/3TC* —if HLA-B*5701—negative (BII)</td>
</tr>
<tr>
<td>• (ATV/c or ATV/r) + ABC/3TC* —if HLA-B*5701—negative and HIV RNA &lt;100,000 copies/mL (CI for ATV/r and CIII for ATV/c)</td>
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<tr>
<td>• EFV + tenofovir®/FTC* (BI for EFV/TDF/FTC and BII for EFV + TAF/FTC)</td>
</tr>
<tr>
<td>• RPV/tenofovir®/FTC* (BI)—if HIV RNA &lt;100,000 copies/mL and CD4 &gt;200 cells/mm³</td>
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### Regimens to Consider when ABC, TAF, and TDF Cannot be Used:^

- DRV/r + RAL (BID) (CI)—if HIV RNA <100,000 copies/mL and CD4 >200 cells/mm³
- LPV/r + 3TC* (BID)* (CI)
<table>
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<tr>
<th>DRUG</th>
<th>DOSE</th>
<th>DOSING INFO</th>
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| **Atripla** (efavirenz + tenofovir disoproxil fumarate + emtricitabine) | Once daily | • Take on an empty stomach  
• Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration. |
| **Biktarvy** (bictegravir + tenofovir alafenamide + emtricitabine)   | Once daily | • With or without food                                                      |
| **Triumeq** (dolutegravir + abacavir + lamivudine)                    | Once daily | • With or without food  
• HLA-B*5701 negative                                                   |
| **Complera** (rilpivirine + tenofovir disoproxil fumarate + emtricitabine) | Once daily | • Take with a meal.                                             |
| **Odefsey** (rilpivirine + emtricitabine + tenofovir alafenamide)     | Once daily | • Take with a meal.                                             |
| **Stribild** (elvitegravir + cobicistat + tenofovir disoproxil fumarate + emtricitabine) | Once daily | • Take with a meal.                                             |
| **Genvoya** (elvitegravir + tenofovir alafenamide + emtricitabine + cobicistat) | Once daily | • Take with a meal.                                             |
| **Juluca** (dolutegravir + rilpivirine)                               | Once daily | • Take with a meal  
• Take together with iron or calcium containing supplements; or take Juluca four hours before or six hours after taking these supplements. |
# ARV Review: Updated Formulations

<table>
<thead>
<tr>
<th>Drug</th>
<th>Updated Option</th>
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<tbody>
<tr>
<td>Truvada (tenofovir disoproxil fumarate +</td>
<td>Descovy (emtricitabine + tenofovir alafenamide)</td>
</tr>
<tr>
<td>emtricitabine)</td>
<td></td>
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<tr>
<td>Prezista 800mg + Norvir 100mg</td>
<td>Prezcobix (darunavir 800mg + cobicistat 150mg)</td>
</tr>
<tr>
<td>Reyataz 300mg + Norvir 100mg</td>
<td>Evotaz (atazanavir 300mg + cobicistat 150mg)</td>
</tr>
<tr>
<td>Isentress 400mg (1 tab twice daily)</td>
<td>Isentress 600mg (2 tabs once daily)</td>
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Drug resistance is a cause of treatment failure
- Suboptimal ART caused by
  - Nonadherence
  - Reduced potency
  - Subtherapeutic serum concentrations secondary to drug interactions or poor absorption

Pharmacists play an important role in preventing development of drug resistance by
- Ensuring selection of potent ART
- Monitoring and reinforcing need for adherence
- Managing drug interactions and adverse effects
- Patient education
Patients are living longer and experiencing comorbid conditions such as the following:
- Cardiovascular disease
- High cholesterol
- Hypertension
- Diabetes
- GI conditions
- Osteoporosis
- Renal disease

In addition to medications to treat the aforementioned, patients may also take vitamins, food supplements, alternative medicine

Pharmacists must monitor drug interactions with ART
DHHS GUIDELINES: DRUG INTERACTIONS (CONT.)

Toxic effect
- Ritonavir+Simvastatin

Therapeutically desired effect
- Ritonavir+Atazanavir

Subtherapeutic effect
- Rifampin+Atazanavir
ADHERENCE TO THE CONTINUUM OF CARE

- Establish trusting patient/provider relationship
- Assess readiness prior to initiation of ART
- Address predictors/barriers
- Ensure adequate understanding of disease and regimen
- Simple regimen with low side effect profile. Patients with ART adherence problems should be placed on regimens with high genetic barriers to resistance, such as dolutegravir (DTG) or boosted darunavir (DRV).
- Involve patient in decision making
- Link patients to counseling to overcome stigma, substance use, or depression
  - Adherence support groups
  - Peer adherence counselors
- Linkage/referrals
- Copay assistance
- Calendar Paks/keychains/pill boxes
- Mobile apps
- Regularly assess linkage to care and adherence
- Multidisciplinary approach may be necessary
PATIENT COUNSELING: EDUCATION

- Ultimate goal is to develop more personal and trusting relationships so that patients feel comfortable and willing to discuss any and all issues regarding diseases and treatment in a confidential and nonjudgmental relationship with the pharmacist

- Considerations
  - Storage
  - Food restrictions
  - Adverse effects

- Providing written information can help with retention of information
HIV PREVENTION

- HIV is spread only in certain body fluids from a person infected with HIV.
  - Blood
  - Semen
  - Pre-seminal fluids
  - Rectal fluids
  - Vaginal fluids
  - Breast milk
- In the US, HIV is spread mainly by having sex or sharing injection drug equipment, such as needles, with someone who has HIV.
- Risk reduction methods
  - Use condoms correctly during every vaginal, oral, or anal sex encounter
  - For injection drug users, use only sterile injection equipment and water. Never share your equipment with others.
  - Pre-Exposure Prophylaxis (PrEP)
HIV PREVENTION: PREP

PrEP 101

Are you HIV-negative but at very high risk for HIV? Taken every day, PrEP can help keep you free from HIV.

What Is PrEP?

- PrEP, or pre-exposure prophylaxis, is daily medicine that can reduce your chance of getting HIV.
- PrEP can stop HIV from taking hold and spreading throughout your body.
- Daily PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%.
- Your risk of getting HIV from sex can be even lower if you combine PrEP with condoms and other prevention methods.

Is PrEP Right For You?

PrEP may benefit you if you are HIV-negative and ANY of the following apply to you.

You are a gay/bisexual man and
- have an HIV-positive partner.
- have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown—and you also
  - have anal sex without a condom, or
  - recently had a sexually transmitted disease (STD).

You are a heterosexual and
- have an HIV-positive partner.
- have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown—and you also
  - don’t always use a condom for sex with people who inject drugs, or
  - don’t always use a condom for sex with bisexual men.

You inject drugs and
- share needles or equipment to inject drugs.
- recently went to a drug treatment program.
- are at risk for getting HIV from sex.

[END]
THANK YOU.

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