



Addressing Disparities in Cardiovascular Disease Among LGBTQ+ Older People

LGBTQ+ adults face unique stressors due to their sexual orientation and gender identity, putting them at higher risk for cardiovascular health disparities.

Health disparities are differences in health that negatively affect groups who have experienced discrimination or exclusion based on personal characteristics, including race, ethnicity, religion, gender, age, sexual orientation, and gender identity.

LGBTQ+ elders, like all older individuals, have an increased risk of cardiovascular disease and events such as heart attacks and strokes. Due to their age, prolonged exposure to stressors, other medical conditions, and social/environmental factors, LGBTQ+ elders may face even greater cardiovascular risks. However, some cardiovascular risks can be reduced. It is crucial to address modifiable cardiovascular risk factors as an opportunity to improve the health and well-being of LGBTQ+ elders. **Taking action can make a significant impact!**

Cardiovascular disease mortality has decreased in the US due to advancements in medicines and surgical procedures.

However, it remains the leading cause of illness, disability, and death globally. In 2020, the American Heart Association (AHA) stressed the significance of enhancing cardiovascular health among LGBTQ+ adults. They identified exposure to psychosocial stressors throughout life and unhealthy coping mechanisms as key contributors to cardiovascular health disparities in the LGBTQ+ community.

Studies indicate no significant differences in diagnosed cardiovascular disease or events between LGBTQ+ and non-LGBTQ+ populations.

Nonetheless, two crucial points should be noted:

- The AHA emphasizes the importance of reducing cardiovascular risk to enhance LGBTQ+ cardiovascular health.
- Research on cardiovascular disease risk in LGBTQ+ populations has produced inconsistent findings, potentially overlooking actual disparities in cardiovascular outcomes.

Understanding limitations in LGBTQ+ health research is crucial due to the following factors:

- Limited assessment and documentation of LGBTQ+ status in healthcare settings and records.
- Reluctance from healthcare practitioners to ask about sexual orientation and/or gender identity, and patients declining to disclose this information.
- Potential resistance from patients to participate in research, particularly if they have experienced discrimination in healthcare settings.
- The necessity to study diverse groups within the LGBTQ+ population separately, as combining them into one broad category masks significant differences in behavior, norms, preferences, and history.
- Difficulty in drawing generalizable conclusions due to small sample sizes.

The American Heart Association (AHA) highlights that LGBTQ+ individuals may face distinct risk factors related to cardiovascular health.

Here are key findings from the AHA Scientific Statement:

TOBACCO USE: LGBTQ+ adults have a higher likelihood of reporting tobacco use compared to their heterosexual/cisgender peers.

ALCOHOL USE: LGBTQ+ adults are at increased risk for significant alcohol use.

PHYSICAL EXERCISE: Sexual minority men may have higher physical activity levels than heterosexual men, while some transgender adults report less exercise, but those taking gender-affirming hormones exhibit higher activity levels.

NUTRITION: According to AHA, most studies report no differences in diet quality between LGBTQ+ and heterosexual/cisgender individuals.

BODY MASS INDEX (BMI): Sexual minority women and bisexual men are more likely to have elevated BMI, while gay men have similar or lower obesity rates compared to heterosexual men.

CHOLESTEROL: Gender-affirming hormone therapy can have an impact on lipid profiles among transgender adults, and their cardiovascular health. For example, testosterone therapy in transgender males was associated with an elevation in low density lipoprotein cholesterol levels.

DIABETES: Sexual minority women, bisexual men, and transgender individuals have a greater risk of diabetes than their heterosexual, cisgender peers.

BLOOD PRESSURE: Gay and bisexual men have a higher risk of elevated blood pressure than heterosexual men.

HORMONE THERAPIES: Research has shown an increase of risk of heart attack and strokes among transgender women and blood clots among transgender women and men. It is important to speak with your physician about these risks prior to starting gender-affirming hormone treatment.

HIV: Adults with HIV have increased cardiovascular risk, partly due to certain HIV treatments and the consequences of HIV itself. The use of high-intensity statins in HIV patients is often restricted due to co-occurring conditions and drug interactions with anti-retroviral therapy.

Disparities in Preventive Cardiovascular Care and LGBTQ+ Status:

Lipid-lowering medications, like statins and PCSK9 inhibitors, reduce the risk of cardiovascular events, like heart attack and stroke, in adults with cardiovascular disease by lowering LDL-C (“bad” cholesterol).

However, despite clinical guidelines recommending lipid lowering medications, they remain underutilized, even among health-insured patients with prior cardiovascular events.

A cross-sectional online survey by Guo et al. (2020) examined statin use among LGBTQ+ adults. Findings revealed that LGBTQ+ individuals without a history of cardiovascular disease had lower rates of statin use compared to non-LGBTQ+ individuals.

However, among those with a cardiovascular diagnosis, such as coronary heart disease or stroke, statin use rates did not differ between LGBTQ+ and non-LGBTQ+ adults.

Researchers suggested that lower engagement in preventive services and regular doctor visits by LGBTQ+ individuals may contribute to these disparities.

This study highlights the importance of regular medical care and preventive measures for LGBTQ+ elders, who face increased cardiovascular disease risk.



SUMMARY: LGBTQ+ elders, like other older individuals, face increased cardiovascular disease (CVD) risk due to lifelong stressors.

To support their health, we must educate, promote regular medical care, and empower advocacy. This ensures LGBTQ+ elders’ needs are respected and addressed.

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