

Climaterio en la mujer lesbiana

Dra Debora Yankelevich

Sección Climaterio Hospital de Clínicas José de
San Martín





The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 525 • May 2012

Committee on Health Care for Underserved Women

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Health Care for Lesbians and Bisexual Women

Health care attitudes and experiences during gynecologic care
among lesbians and bisexuals.

Am J Public Health Smith EM. 1985

Encuesta 424 mujeres bisexuales y 1921 lesbianas dentro consultorio ginecológico.

Sólo 9.3% de las participantes, fue interrogada por el médico por su orientación sexual.

Más de la 1/3 parte, pensó q comentarle al médico su identidad sexual, empeoraria la calidad de atención.

El 30% que comunicó su identidad sexual obtuvo una respuesta (-) por parte de su médico.

National Survey of Family Growth

Se estima 1.1 a 3.5% de mujeres se identifican a si mismas como lesbianas o bisexuales respectivamente.



Barreras para atención de la salud

Por parte del médico:

1. Dudas si preguntar sobre orientación sexual
2. Falta de conocimiento, incomodidad
3. Actitudes discriminatorias

Por parte de las mujeres:

1. Temor confidencialidad para develar identidad sexual
2. Dudas de comunicar orientación sexual
3. Temor al rechazo
4. Falta acceso a los sistemas de salud

Construir una relación terapéutica

Crear condiciones que mejoren la calidad de la atención de las pacientes

- Mostrarse abiertos sin juzgar
- Empleo de lenguaje inclusivo
- Interrogar en forma abierta de la sexualidad
- Preguntar por los convivientes
- 5P´ s: pareja, prácticas, prevención de STD, historia pasada de STD, prevención de embarazo

Ejemplos de lenguaje inclusivo

En lugar de:	Usar	Comentario
Esta casada?	Tiene pareja?	No asumir genero del partenaire
novio/novia	pareja	idem
Vive con su esposo?	Con quien convive?	idem

EL MUNDO
NO ES
DE COLOR
DE ROSA

Jornada de sensibilización
acerca de la situación de
los derechos de las
personas LGBT en el mundo



Infecciones

TABLE 4
STDs That May Be Transmitted Between Women

<i>Disease</i>	<i>Mode of transmission</i>
Proven transmission	
Herpes simplex	Oral–genital or skin–skin contact
Genital warts associated with HPV	Oral–genital or skin–skin contact
Trichomoniasis	Genital–genital contact
Theoretical transmission	
Chlamydia*	Oral–genital contact
Gonorrhea*	Oral–genital contact
Syphilis*	Oral–genital or genital–genital contact
Hepatitis B†	Blood or body fluid contact
HIV†	Oral–genital contact‡

STD = sexually transmitted disease; HPV = human papillomavirus; HIV = human immunodeficiency virus.

*—Not studied.

†—Case reports of transmission between female partners exist.

‡—Most likely sources are menstrual blood, vaginal discharge, and blood from traumatic sex practices.

Vaginosis bacteriana es infección prevalente en lesbianas y bisexuales, incrementándose con el número de parejas

TABLE 5

Safer Sex Recommendations for Women Who Have Sex with Women

Avoid contact with a partner's menstrual blood and with any visible genital lesions.

Cover sex toys that penetrate more than one person's vagina or anus with a new condom for each person; consider using different toys for each person.

Use a barrier (e.g., latex sheet, dental dam, cut-open condom, plastic wrap) during oral sex.*

Use latex or vinyl gloves and lubricant for any manual sex that might cause bleeding.

*—No barrier methods have been evaluated by the U.S. Food and Drug Administration for use during oral sex.

Adapted with permission from Waitkevicz HJ. Lesbian health in primary care. Part 2: sexual health care and counseling for women who have sex with women. Women's Health Prim Care 2004;7:231, with additional information from reference 13.

Screening para cáncer cervical

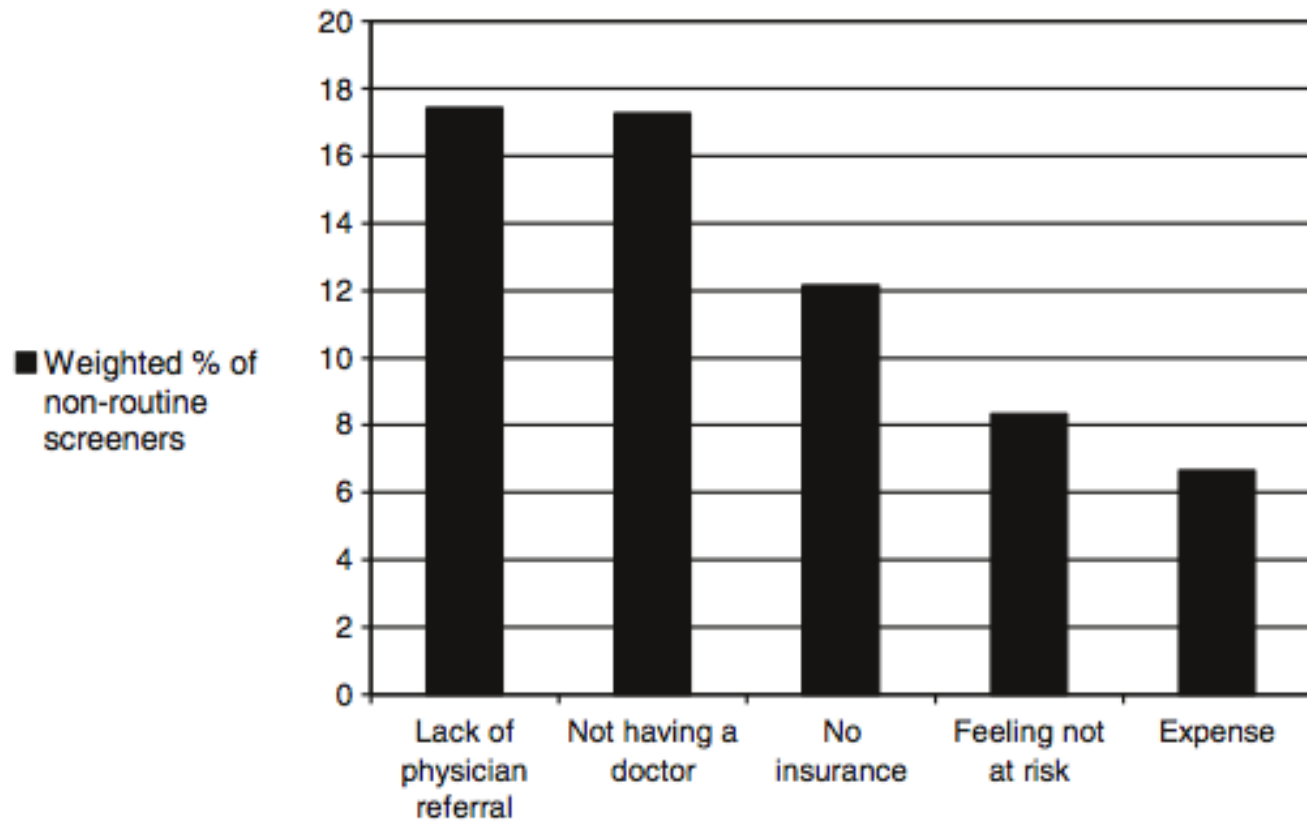


Figure 1 Reasons given for not routinely getting cervical cancer screening among non-routine screeners.

Las mujeres lesbianas tienen el mismo riesgo de infección por HPV que las heterosexuales

Las encuestas demuestran que se hacen menos Paps

- ocultar su identidad sexual
- percepción de menor riesgo que las hetero
- ignorancia por parte del profesional

Identificando a la población, se pueden identificar los factores de riesgo

Desarrollo de guías para mejorar la atención en salud de este grupo de mujeres.

Sexual orientation and health: comparisons in the Women's
Health Initiative sample
Valanis BG

Women's Health Initiative Study

- Mayor consumo tabaco que en población general
- Igual consumo alcohol
- > BMI > circunferencia de cintura
- Ejercicio fisico regular
- Alta prevalencia de IM
- Baja prevalencia de ACV e HTA

Sexual Orientation, Health Risk Factors, and Physical Functioning in the Nurses' Health Study II

PATRICIA CASE, Sc.D.,¹ S. BRYN AUSTIN, Sc.D.,^{2,3}
DAVID J. HUNTER, M.B., B.S., Sc.D.,^{4,5,6} JOANN E. MANSON, M.D., Dr.PH.,^{4,5,7}
SUSAN MALSPEIS, S.M.,⁴ WALTER C. WILLETT, M.D., Dr.PH.,^{4,5,8}
and DONNA SPIEGELMAN, Sc.D.^{4,9}

TABLE 3. PREVALENCE AND PREVALENCE RATIOS CARDIOVASCULAR RISK FACTORS BY SEXUAL ORIENTATION

	<i>Heterosexual</i> (n = 89,812) ^a		<i>Lesbian</i> (n = 694) ^a		<i>Bisexual</i> (n = 317) ^a		<i>Other</i> ^d (n = 615)		<i>Missing</i> (n = 216)	
	% ^b	PR (95% CI) ^c	% ^b	PR (95% CI) ^c	% ^b	PR (95% CI) ^c	% ^b	PR (95% CI) ^c	% ^b	PR (95% CI) ^c
Body mass index (kg/m ²)										
≥30.0 vs. <25.0	19.8	1.0 (referent)	29.8	1.5 (1.4–1.7)	28.2	1.4 (1.1–1.6)	31.5	1.3 (1.2–1.4)	20.3	1.0 (0.8–1.2)
25.0–29.9 vs. <25.0	24.4	1.0 (referent)	26.2	1.2 (1.1–1.4)	22.1	1.1 (0.9–1.3)	23.1	1.1 (1.0–1.2)	24.2	1.1 (0.9–1.3)
Body mass index (kg/m ²) at age 18										
≥30.0 vs. <25.0	2.4	1.0 (referent)	6.4	2.9 (2.1–3.9)	5.4	2.4 (1.5–3.9)	4.5	2.0 (1.3–2.8)	3.3	1.9 (1.1–3.4)
25.0–29.9 vs. <25.0	7.7	1.0 (referent)	14.5	1.9 (1.5–2.3)	14.4	1.8 (1.4–2.4)	13.1	1.5 (1.2–1.9)	7.4	1.1 (0.7–1.7)
Waist/hip ratio ≥0.76	59.6	1.0 (referent)	80.5	1.4 (1.3–1.4)	67.8	1.1 (1.0–1.3)	65.8	1.1 (1.0–1.2)	57.1	0.9 (0.7–1.1)
Reported weight gain >10 lb (between 1993 and 1995)	14.6	1.0 (referent)	21.3	1.4 (1.2–1.6)	15.9	1.0 (0.8–1.3)	20.8	1.4 (1.1–1.6)	17.3	1.0 (0.7–1.4)
Smoking										
Current smoking vs. never smoked	10.6	1.0 (referent)	18.9	2.0 (1.7–2.3)	20.6	2.2 (1.8–2.7)	15.3	1.3 (1.1–1.6)	11.1	1.1 (0.8–1.5)
Any pst smoking vs. never smoked	23.9	1.0 (referent)	33.5	1.6 (1.4–1.7)	31.5	1.5 (1.3–1.8)	20.6	0.9 (0.7–1.0)	27.6	1.1 (0.8–1.5)
Current smoking: ≥15 cigarettes/day	51.4	1.0 (referent)	58.6	1.1 (1.0–1.3)	59.1	1.1 (0.9–1.4)	57.2	1.0 (0.8–1.2)	65.1	1.0 (0.7–1.4)
Alcohol intake in grams per day										
≥15.0 vs. none	4.1	1.0 (referent)	9.2	1.9 (1.5–2.3)	11.2	2.7 (2.1–3.5)	2.7	0.5 (0.3–0.9)	2.4	0.4 (0.2–0.8)
>0–14.9 vs. none	50.8	1.0 (referent)	52.6	1.1 (1.0–1.1)	55.7	1.1 (1.0–1.2)	38.4	0.7 (0.7–0.8)	40.8	0.7 (0.6–0.8)
Reported strenuous exercise ≥1 time/week	69.3	1.0 (referent)	75.9	1.1 (1.0–1.1)	70.8	1.0 (0.9–1.1)	69.2	1.0 (0.9–1.0)	65.1	1.0 (0.9–1.1)
Ever use of postmenopausal hormones among menopausal women	94.0	1.0 (referent)	92.3	1.0 (0.9–1.1)	e		81.2	1.0 (1.0–1.0)	77.7	1.0 (1.0–1.0)
Ever received a high blood pressure diagnosis (not pregnancy-related)	10.1	1.0 (referent)	11.7	1.1 (0.9–1.4)	15.7	1.5 (1.2–1.9)	13.7	1.2 (1.0–1.5)	8.6	1.2 (0.8–1.8)

^aMaximum sample size; sample size varied due to missing data or nonapplicable levels.

^bPrevalence adjusted for age (in 5-year increments), ancestry (white, black, other ancestry), and region of residence (northeast, midwest, south, and west).

^cPrevalence ratio (95% confidence interval). Regression models adjusted for age, ancestry, and region of residence.

^dOther includes women who responded: Prefer not to answer and None of these to the sexual orientation question.

^eInsufficient data available.

Aumento de riesgo CV

- Alto BMI (20% mayor prevalencia sobrepeso, 50% mas obesas)
- Mayor diámetro de circunferencia
- Mayor índice cintura- cadera
- Tabaquismo
- Actividad física regular (compensa)

A Population-Based Study of Cardiovascular Disease Risk in Sexual-Minority Women

| Grant W. Farmer, MPH, MA, Jennifer M. Jabson, PhD, MPH, Kathleen K. Bucholz, PhD, MPH, and Deborah J. Bowen, PhD

Factores de riesgo cardiovascular en mujeres pertenecientes a minoría sexual en el NHANES (2001-2008) Estados Unidos

Variable	Heterosexual Women (n = 5356), % or Mean (SE)	Sexual Minority Women ^a (n = 437), % or Mean (SE)	P
Smoking status			<.001
Smoker	22.7	38.0	
Former smoker	17.7	26.4	
Nonsmoker	59.6	35.6	
Diabetes: yes	5.3	6.4	
Antihypertensive medication: yes	14.7	11.6	
Family history of CVD: yes	8.7	12.2	
Body mass index, kg/m ²	28.3 (0.18)	29.1 (0.54)	.18
BMI category			.29
Normal/underweight (< 25 kg/m ²)	55.2	51.5	
Overweight (25-29.9 kg/m ²)	19.1	18.5	
Obese (≥ 30 kg/m ²)	25.7	30.0	
Total cholesterol, mg/dL	198.5 (0.80)	192.0 (2.50)	.01
HDL cholesterol, mg/dL	58.3 (0.37)	57.0 (0.99)	.2
Systolic blood pressure, mm Hg	116.1 (0.30)	115.5 (0.85)	.47
History of drug use (excluding marijuana): yes	28.1	46.4	
Alcohol use ^b			<.001
Risky drinker	23.7	46.9	
Social drinker	62.6	47.2	
Infrequent drinker	13.7	5.8	

Note. BMI = body mass index; CVD = cardiovascular disease; NHANES = National Health and Nutrition Examination Survey.

^aIncluded women who identified as "lesbian," "bisexual," or "something else" and straight-identified women with at least 1 lifetime same-sex sexual partner.

^bBased on the National Institute on Alcohol Abuse and Alcoholism criteria for risky drinking.²⁵

De acuerdo a esta encuesta, las mujeres pertenecientes a esta minoría sexual, tienen mayor riesgo cardiovascular



Nurses' Health Study II Salud mental

TABLE 4. MENTAL HEALTH AND HEALTH-RELATED FUNCTIONING

	<i>Heterosexual</i> (n = 89,812) ^a		<i>Lesbian</i> (n = 694) ^a		<i>Bisexual</i> (n = 317) ^a		<i>Other</i> ^d (n = 615)	
	% ^b	PR (95% CI) ^c	% ^b	PR (95% CI) ^c	% ^b	PR (95% CI) ^c	% ^b	PR (95% CI) ^c
Depression								
SF-36 Mental Index ≤52	13.3	1.0 (referent)	18.8	1.4 (1.2–1.7)	22.0	1.6 (1.2–2.0)	17.1	1.3 (1.0–1.5)
Ever used antidepressants	11.2	1.0 (referent)	22.1	1.8 (1.6–2.1)	20.4	1.7 (1.4–2.2)	16.2	1.4 (1.1–1.6)
Heavy drinking (≥60 drinks/month)	2.3	1.0 (referent)	4.5	1.7 (1.2–2.4)	7.4	3.2 (2.2–4.6)	1.5	0.7 (0.4–1.3)
	<i>Heterosexual</i>		<i>Lesbian</i>		<i>Bisexual</i>		<i>Other</i> ^d	
	<i>Mean</i>	<i>% Difference</i>	<i>% Difference (95% CI)</i>		<i>% Difference (95% CI)</i>		<i>% Difference (95% CI)</i>	
Quality of life scales (SF-36)								
Physical functioning	89.5	0 (referent)	–3.3 (–5.6, –0.9)		–3.0 (–6.6, 0.9)		–6.2 (–8.8, –3.4)	
Role functioning–physical	85.2	0 (referent)	–0.9 (–3.9, 2.2)		–3.6 (–8.5, 1.6)		–5.6 (–9.0, –1.9)	
Freedom from pain	74.6	0 (referent)	–4.3 (–6.9, –1.6)		–8.4 (–12.4, –4.2)		–6.8 (–9.6, –3.9)	
General health perception	76.9	0 (referent)	–3.0 (–5.5, –0.5)		–5.3 (–9.3, –1.2)		–7.3 (–10.3, –4.1)	
Vitality	51.5	0 (referent)	–0.7 (–4.2, 3.0)		–2.0 (–7.0, 3.2)		–5.1 (–9.3, –0.6)	
Social functioning	83.5	0 (referent)	–6.6 (–9.4, –3.8)		–9.1 (–13.2, –4.9)		–9.3 (–12.7, –5.8)	
Role functioning–emotional	83.5	0 (referent)	–5.4 (–8.4, –2.2)		–10.1 (–14.8, –5.2)		–2.7 (–6.0, 0.8)	
Mental health scale	68.6	0 (referent)	–3.2 (–5.3, –1.1)		–6.8 (–10.2, –3.2)		–4.3 (–6.8, –1.7)	

^aMaximum sample size; sample size varied due to missing data or nonapplicable levels.

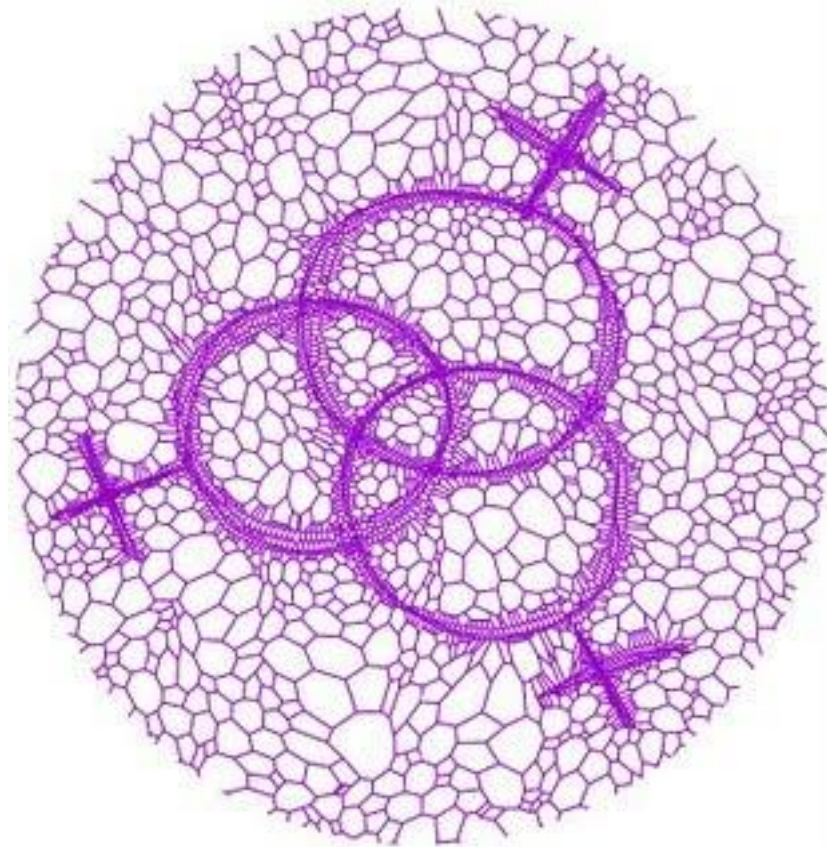
^bPrevalence adjusted for age (in 5-year increments), ancestry (white, black, other ancestry), and region of residence (northeast, midwest,

^cPrevalence ratio (95% confidence interval). Regression models adjusted for age, ancestry, and region of residence.

^dOther includes women who responded: Prefer not to answer and None of these to the sexual orientation question.

Lesbianas (aprox 40%) y bisexuales (aprox 50%) tuvieron scores > o iguales a 52 en el SF-36 Mental Health equivalente a depresion.

- En WHI: LB mostraron iguales scores en QUOL y bienestar emocional
- LBT sometidos a mayores stressors como prejuicio, estigmatización, violencia, ideas suicidio.
- Estar atentos a signos de depresión para realizar IC Salud Mental





THE OFFICIAL SPONSOR OF BIRTHDAYS*

JOIN THE FIGHT AGAINST CANCER




How can we help you?

search cancer.org

 SEARCH



 800-227-2345

Home

Learn About Cancer

Stay Healthy

Find Support & Treatment

Explore Research

Get Involved

Find Local ACS

[Stay Healthy](#) » [Find Cancer Early](#) » [Women's Health](#) » [Cancer Facts for Lesbians and Bisexual Women](#)

 PRINT

 SHARE

 SAVE

Cancer Facts for Lesbians and Bisexual Women

Text Size  

Protect yourself and the people you care about.

Recognizing barriers. Saving lives.

The most common types of cancer among women are breast, colon, endometrial (uterine), lung, and skin cancer.

Studies have found that lesbians and bisexual women have higher rates of breast cancer than heterosexual women.¹ They also get less routine health care than other women, including breast and cervical cancer screening.^{2,3} Some of the reasons for this include:

Stay Healthy Topics

-  [Stay Away from Tobacco](#)
-  [Eat Healthy and Get Active](#)
-  [Be Safe in the Sun](#)
-  [Other Ways to Protect Yourself](#)
-  [Find Cancer Early](#)

Protect yourself and the people you care about.

Recognizing barriers. Saving lives.

The most common types of cancer among women are breast, colon, endometrial (uterine), lung, and skin cancer.

Studies have found that lesbians and bisexual women have higher rates of breast cancer than heterosexual women.¹ They also get less routine health care than other women, including breast and cervical cancer screening.^{2,3} Some of the reasons for this include:

- **Low rates of health insurance:** Many health insurance policies do not cover unmarried partners. This makes it harder for many lesbians and bisexual women to get quality health care. Many states now offer family health insurance plans that may help you get coverage in other ways.
- **Fear of discrimination:** Many women do not tell their doctors about their sexual orientation, because they don't want discrimination to affect the quality of health care they receive. This can make it harder to have a comfortable relationship with a provider. A lesbian, gay, bisexual, and transgender/transsexual (LGBT) community center or group may be able to refer you to LGBT-friendly health care providers.
- **Negative experiences with health care providers:** Fear of having a negative experience with a health care provider can lead some women to delay or avoid medical care, especially routine care such as early detection tests. Missing routine cancer screenings can lead to cancer being diagnosed at a later stage, when it's harder to treat. Today, there are many LGBT-friendly providers. Don't give up – find the respectful care you deserve!

The American Cancer Society can help you learn more about the cancers that women are most at risk for, as well as how to find these cancers early. All women can do things to help reduce their cancer risk and stay well.

Sub utilización del screening de cáncer en general en grupos marginalizados y minorías sexuales.

UK Parliamentary Enquiry - IOM

LB alto riesgo de Cáncer de mama pero no hay suficiente información para avalarlo.

Alta prevalencia de factores de riesgo

- # Nuliparidad
- # obesidad
- # alto consumo de alcohol
- # tabaquismo

Breast cancer in lesbians and bisexual women: systematic review of incidence, prevalence and risk studies

[Catherine Meads](#)¹ and [David Moore](#)²

Cochrane library (CDSR, CENTRAL, HTA, DARE, NHSEED), MEDLINE, EMBASE, PsychINFO, CAB abstracts, Web of Science (SCI, SSCI), SIGLE, Social Care Online to February 2010, updated in October 2013.

Estudios de prevalencia, incidencia y riesgo con resultados conflictivos.

An Examination of Sexual Orientation Group Patterns in Mammographic and Colorectal Screening in a Cohort of U.S. Women

[S. Bryn Austin](#), ScD,^{a,b,c} [Mathew J. Pazaris](#), MS,^d [Lauren P. Nichols](#), BA,^b [Deborah Bowen](#), PhD,^e [Esther K. Wei](#), ScD,^{a,f} and [Donna Spiegelman](#), ScD^{a,d,g}

Cancer Causes Control. Mar 2013; 24(3): 539–547.
Published online May 22, 2012.

Individual-Level Sample Characteristics and Percent Receiving Mammogram in Past Two Years Among Women Participating in the Nurses' Health Study (NHS) II, Ages 40-60 Years (N=85,756)

	Number of Observations in NHSII Ages 40-60 Years % (of Observations)	Percent Receiving Mammogram in Past Two Years at Ages 40-60 Years (of Observations)
Total	# Obs. = 360,171	
Sexual Orientation		
Heterosexual	98.8 (355831)	83.6% (297446)
Bisexual	0.4 (1314)	79.2% (1040)
Lesbian	0.8 (3026)	82.2% (2486)

NURSES HEALTH STUDY

Registro de mamografía en los dos últimos años en mujeres 40 - 60 años difirió por orientación sexual: heterosexual 84%, bisexual 79% y lesbianas 82%.

Datos: LB: 1%

registros:360.000

Poca disparidad para screening Cáncer de colon entre población general y minorías sexuales.
Aproximadamente el 40% hacen colonoscopías o sigmoideoscopias entre 50-60 años

Estudio WHI

En una muestra de 93,311 mujeres, entre 50 a 79 años, las mujeres bisexuales, hicieron menos mamografías que las heterosexuales dentro del mismo rango de edad (82% vs. 84%)

En una muestra combinada de 7 encuestas en 12,000 mujeres LB, hicieron en promedio 10% menos estudios Mx comparado con población general.

Para screening de cancer de colon el porcentaje es menor.

Cáncer de ovario

Factores de riesgo

Baja paridad, menor uso de anticonceptivos, tabaquismo, alto BMI

No hay estudios de prevalencia en lesbianas.

Estudio Danés: no hubo aumento ocurrencia en 1614 mujeres seguidas a lo largo de 4 años

Top 10 Things Lesbians Should Discuss with their Healthcare Provider



Following are the health issues GLMA's healthcare providers have identified as most commonly of concern for Lesbians. While not all of these items apply to everyone, it's wise to be aware of these issues.

1 Breast Cancer

Lesbians are more likely to have risk factors for breast cancer yet less likely to get screening exams. This combination means that lesbians may not be diagnosed early when the disease is most curable.

2 Depression/Anxiety

Lesbians may experience chronic stress from discrimination. This stress is worse for women who need to hide their orientation as well as for lesbians who have lost important emotional support because of their orientation. Living with this stress can cause depression and anxiety.

3 Heart Health

Heart disease is the leading cause of death for women. Smoking and obesity are the biggest risk factors for heart disease among lesbians. All lesbians need yearly medical exams for high blood pressure, cholesterol problems, and diabetes. Health care providers can also offer tips on quitting smoking, increasing physical activity, and controlling weight.

4 Gynecological Cancer

Lesbians have higher risks for certain types of gynecological (GYN) cancers compared to straight women. Having regular pelvic exams and pap tests can find cancers early and offer the best chance of cure.

5 Fitness

Research shows that lesbians are more likely to be overweight or obese compared to heterosexual women. Obesity is associated with higher rates of heart disease, cancers, and premature death. Lesbians need competent and supportive advice about healthy living and healthy eating, as well as healthy exercise.

6 Tobacco

Research also shows that lesbians use tobacco more often than heterosexual women do. It is easy to get addicted to smoking, even if smoking if it's only done socially. Smoking has been associated with higher rates of cancers, heart disease, and emphysema – three major causes of death among women.

7 Alcohol

Heavy drinking and binge drinking are more common among lesbians compared to other women. While one drink a day may be good for the heart, more than that can raise your risk of cancer, liver disease and other health problems.

8 Substance Use

Lesbians may use drugs more often than heterosexual women. This can be due to stress from homophobia, sexism, and/or discrimination. Lesbians need support to find healthy ways to cope and reduce stress.

9 Intimate Partner Violence

Contrary to stereotypes, some lesbians experience violence in their intimate relationships. However, health care providers do not ask lesbians about intimate partner violence as often as they ask heterosexual women. Lesbians need to be asked about violence and have access to welcoming counseling and shelters when needed.

10 Sexual Health

Lesbians can get the same sexually transmitted infections (STDs) as heterosexual women. Lesbians can give each other STDs by skin-to-skin contact, mucus membrane contact, vaginal fluids, and menstrual blood. It is important for sexually active lesbians to be screened for STDs by a health care provider.