

LGB and other sexual minorities face significant health disparities

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Sexual minorities—people who are attracted to members of the same sex or who identify as gay, lesbian or bisexual—are at a higher risk for several different health problems at different points in their lives, according to Penn State researchers.

The researchers found that sexual minorities were more likely to experience drug and alcohol use [disorders](#), anxiety and depressive disorders, and cardiovascular disease, among other negative [health](#) outcomes.

Cara Rice, assistant research professor in Penn State's Methodology Center, said increased stress stemming from discrimination and prejudice could be a potential reason for these disparities.

"It's generally believed that sexual minorities experience increased levels of stress throughout their lives as a result of discrimination, microaggressions, stigma and prejudicial policies," Rice said. "Those increased stress levels may then result in [poor health](#) in a variety of ways, like unhealthy eating or excessive alcohol use."

Stephanie Lanza, professor of biobehavioral health and director of the Edna Bennett Pierce Prevention Research Center, said the results—recently published in *Annals of Epidemiology*—help shed light on [health risks](#) that have been historically understudied.

"Discussions about health disparities often focus on the differences

between men and women, across racial and [ethnic groups](#), or between people of different socioeconomic backgrounds," Lanza said. "However, sexual minority groups suffer substantially disproportionate health burdens across a range of outcomes including poor mental health and problematic substance use behaviors."

While previous research has shown that sexual minorities are more likely to experience health problems like [substance use disorders](#) and mood or anxiety disorders, Rice said it is not as well known if those risks remain constant across age.

"As we try to develop programs to prevent these disparities, it would be helpful to know which specific ages we should be targeting," Rice said. "Are there ages where sexual minorities are more at risk for these health disparities, or are the disparities constant across adulthood?"

For the study, the researchers used data from about 30,999 participants between the ages of 18 and 65 from the National Epidemiologic Survey of Alcohol and Related Conditions-III. Data included information about past-year alcohol, tobacco, and drug use disorders, as well whether they had a history of depression, anxiety, sexually transmitted infections (STIs), or cardiovascular disease.

Lanza said the researchers used a method developed at Penn State, called time-varying effect modeling, to analyze the information.

"Using the time-varying effect model, we revealed specific age periods at which sexual [minority](#) adults in the U.S. were more likely to experience various poor health outcomes," Lanza said, "even after accounting for one's sex, race or ethnicity, education level, income, and region of the country in which they reside."

The researchers found that overall, sexual minorities were more likely to

experience all the health outcomes. Nearly a quarter—24 percent—of sexual minorities had an alcohol use disorder in the year prior to the survey, compared to 15 percent of heterosexuals. Sexual minorities were also about twice as likely to experience anxiety, depression, and STIs in the previous year.

Additionally, risks for some health problems were higher at different ages. For example, the increased odds for anxiety and depression among sexual minorities was highest in their early twenties, while increased odds for poor cardiovascular health was higher in their forties and fifties.

"We also observed that odds of substance use disorders remained constant across age for sexual minorities, while in the general population they tend to be concentrated in certain age groups," Rice said. "We saw that sexual minorities were more likely to have these substance use disorders even in their forties and fifties when we see in the general population that drug use and alcohol use start to taper off."

Rice said the findings could potentially be used to develop programs to help prevent these health problems before they start.

"A necessary first step was to understand how health disparities affecting [sexual minorities](#) vary across age," Rice said. "These findings shed light on periods of adulthood during which intervention programs may have the largest public health impact. Additionally, future studies that examine possible drivers of these age-varying disparities, such as daily experiences of discrimination, will inform the development of intervention content that holds promise to promote health equity for all people."

More information: Cara Exten Rice et al, Sexual Minority Health Disparities: An Examination of Age-Related Trends Across Adulthood

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