

# Sexual, gender minorities with chronic skin diseases more likely to face barriers to care

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Sexual and gender-minority (SGM) patients with chronic inflammatory

skin diseases (CISDs) are more likely to experience cost and noncost barriers to care, according to a study published online Sept. 27 in *JAMA Dermatology*.

Michael R. Nock, from the Yale School of Medicine in New Haven, Connecticut, and colleagues conducted a cross-sectional study of health care access and utilization survey data to compare the prevalence of cost and noncost barriers to care among SGM and non-SGM adult patients with CISDs. Data were included for 19,743 patients with CISDs: 1,877 SGM patients and 17,866 non-SGM patients.

The researchers found that SGM patients with CISDs were significantly more likely to delay [specialist care](#), [mental health care](#), and filling a prescription because of cost compared with non-SGM patients (adjusted odds ratios, 1.23, 1.62, and 1.30, respectively). Compared with non-SGM patients, SGM patients with CISDs were significantly more likely to delay care due to transportation issues (adjusted odds ratio, 1.49) and not having a health care practitioner who shares the same background with regard to race and ethnicity, religion, [native language](#), [sexual orientation](#), and [gender identity](#) (adjusted odds ratio, 1.39).

SGM patients with CISDs were also more likely to report not always being treated with respect by their health care practitioners compared with non-SGM patients (adjusted odds ratio, 1.47).

"Dermatologists and other health care practitioners caring for SGM patients with CISDs have an important role in helping to address these barriers and larger systemic issues for SGM patients at both the patient and system levels," the authors write.

Two authors disclosed ties to the pharmaceutical industry.

**More information:** Michael R. Nock et al, Barriers to Care Among

Sexual and Gender Minority Individuals With Chronic Inflammatory Skin Diseases in the US, *JAMA Dermatology* (2023). [DOI: 10.1001/jamadermatol.2023.3328](https://doi.org/10.1001/jamadermatol.2023.3328)

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