

LGBTQIA+ population: access to dental treatment and preparation of the dental surgeon – an integrative review

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ABSTRACT

LGBTQIA+ population (lesbian, gay, bisexual, transgender, queer and or questioning, intersex, asexual and/or allied) still suffers prejudice and stigma, they face significantly more barriers in accessing health services, thus increasing the morbidities within this group. The objective of this study was to bring a literature review focusing on: the health and dental services access to LGBTQIA+ population and shed a light on which educational efforts are being implemented during the Dentistry graduation in order to minimize the LGBTQIA+ stigma. A literature review was performed focusing on papers published between 1995 and 2020, in PubMed, SciELO and Google Scholar. Nineteen studies were elicitable. They reported mainly experiences of LGBTQIA+ population's access to dental health services, the experiences of undergraduate students in the attendance of this population; the activities focusing on diminishing the LGBTQIA+ stigma in the graduation environment and the universities support for students who identify themselves as LGBTQIA+. Only two studies were conducted in Brazilian institutions. There is evidence collected from foreign studies that LGBTQIA+ population has less access to health services and there is a lack of formal training on the treatment of this community to undergraduate students.

Descriptors: Sexual and Gender Minorities. Gender Dysphoria. Education, Dental. Health Services Accessibility.

1 INTRODUCTION

The acronym LGBTQIA+ comprises a group of people who do not fit neatly into the society's definitions of heterosexuality and/or cisgender. Within this large group, we look at its

subgroups. Lesbians, gays, bisexuals, asexuals; transgender people (who are the opposite gender of their assigned sex at birth, may or may not opt for surgical/cosmetic procedures aimed at making them more similar to the opposite sex);

transsexuals (who desire or go through a social transition from one sex to another, which includes hormone therapies, sex reassignment surgeries, and social name inclusion); intersex people (who believe they fit both genders and do not necessarily change their appearance) and queers, who question themselves about their gender identity or sexual orientation in order to find a personal identification¹. Thus, this group receives the nomenclature of LGBTQIA+².

Historically, the first Diagnostic and Statistical Manual of Mental Disorders, published in 1952, cited homosexuality as an asymptomatic sexual deviation due to a pathological behavior. In 1973, the American Psychiatric Association officially removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. In 1980, in the third edition of the manual, homosexuality was no longer considered a psychosexual disorder, but a sexual option, however, it should be noted that this group of people may suffer from both depressive/anxious³ disorders. The last edition, in 2013, updated the nomenclature for “gender dysphoria”, citing that there are different diagnostic criteria according to the age group of patients, in addition to subclassifications, which correspond to transgender identification and aversion to one's own gender^{1,3}.

The history of repression, violence, prejudice and stigma makes access to health services very challenging for these people. Another point that contributes to the difficulty in seeking health treatments is the fact that medicine and other health services, in general, are based on biological dichotomous precepts (male x female / man x woman), generating prejudice in the medical field⁴⁻⁶. This situation affects not only patients who seek health care, but also seems to negatively influence students and health professionals who are part of the LGBTQIA+ community and other minorities⁷⁻⁹.

In 2013, trying to change this perspective, the Ministry of Health of the Brazilian federal government published the National Policy for the Comprehensive Healthcare of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSI LGBT). This document, supported by the Brazilian Constitution, encourages access to health in the Unified Health System (SUS), includes the issue of fighting discrimination in the permanent education processes of health managers and workers, guarantees the use of a social name, among other welcoming measures for the LGBTQIA+¹⁰ patients. However, there are reports in the literature that these measures are difficult to be applied^{4,5,11}.

This population tends to have oral alterations, of multifactorial etiology, which ranges from the hormone therapy used by patients with gender dysphoria¹² to substance abuse, eating disorders, depressive and/or anxiety disorders and sexually transmitted infections. The dental surgeon must be able to diagnose and treat such pathologies, in order to promote the cure of their patients and guide them regarding risk factors to prevent recurrences of oral lesions¹³.

Evaluating the ease of development of oral lesions and difficulty in accessing health services¹⁴, a condition that favors the morbidity of the LGBTQIA+ population is found. Aiming to understand the concepts behind the difficulties of accessing this population to health, a literature review was carried out with the following questions: "How should the access to dental treatment for the LGBTQIA+ community be? What should be the preparation of dental-surgeons for this population?" By answering these questions we will have a parameter of the difficulty of access to health and dental services for these patients and the educational measures that are being applied.

2 METHOD

An integrative literature review was carried out based on the guiding question "How should the access to dental treatment and the preparation of dental-surgeons for the LGBTQIA+ community be?" Due to the particularities of the theme, which brings qualitative and quantitative nuances, an integrative review was chosen. It is possible to bring a more representative sample of the literature through an online database research, manual search in journals and even references in selected studies¹⁵.

Thus, a search was performed in the PubMed, SciELO and Google Scholar from August to November 2020. The descriptors "Sexual and Gender Minorities" OR "Transsexualism" OR "Gender Dysphoria" OR "LGBTQ" AND "Odontologia" were used in Portuguese; and "Sexual and Gender Minorities" OR "Transsexualism" OR "Gender Dysphoria" OR "LGBTQ" AND "Dentistry" were used in English.

Inclusion criteria were studies published in English or Portuguese; from 1995 to November 2020. After reading the titles, abstracts and texts, duplicates and articles that did not cover the topic were excluded.

3 RESULTS AND DISCUSSION

Characteristics and classification of articles

The search in PubMed database returned 63 articles, the search in Google Scholar returned 26 results and SciELO database did not return any article with the keywords used.

Three articles were excluded because of their language, four because they did not cover the dental field, three because they were abstracts in conference proceedings, one because they were repeated and six because they were dissertations, theses and book chapters. Several articles addressed surgical and aesthetic

techniques that permeate patients with gender dysphoria, and covered other forms of discrimination that did not involve access to health services. These articles, in a total of 53, were excluded after reading the title and abstracts, as they did not correspond to the scope of this review. A total of 19 articles were included (figure 1).

The 19 selected articles were studies on the experiences and access to oral health by LGBTQIA+ patients^{2,16-20} and cross-sectional studies on the experience of undergraduate and graduate students in Dentistry with the LGBTQIA+ community^{13,21-26}. Four articles demonstrated the experience of inserting activities focused on the demystification of the LGBTQIA+ population during the graduation in Dentistry²⁷⁻³⁰. Articles that investigated the presence of LGBTQIA+ students in courses in the health area and the support provided to them by educational institutions were also considered^{8,9,23,25}. The search strategy used showed a few studies carried out in Brazil. Chart 1 provides a summary of the selected articles.

Access to health services and dental treatment

Discrimination and violence against the LGBTQIA+ group are frequent and fit into different social spheres, such as family and professional. One of the most common scenarios is family rejection, these people lose their homes and, as a result, expose themselves to the use of chemical substances, violence (verbal and physical), unemployment and sex work^{2,21,22}. This situation leads to an increase in the rate of depressive and anxiety disorders, as well as rates of suicide²⁰ and sexually transmitted diseases, substance use, poor diet, weight loss and neglect personal hygiene, what exposes this group to a greater risk of acquiring diseases. This social exclusion might lead to stress, affecting multiple areas of life^{21,22}.

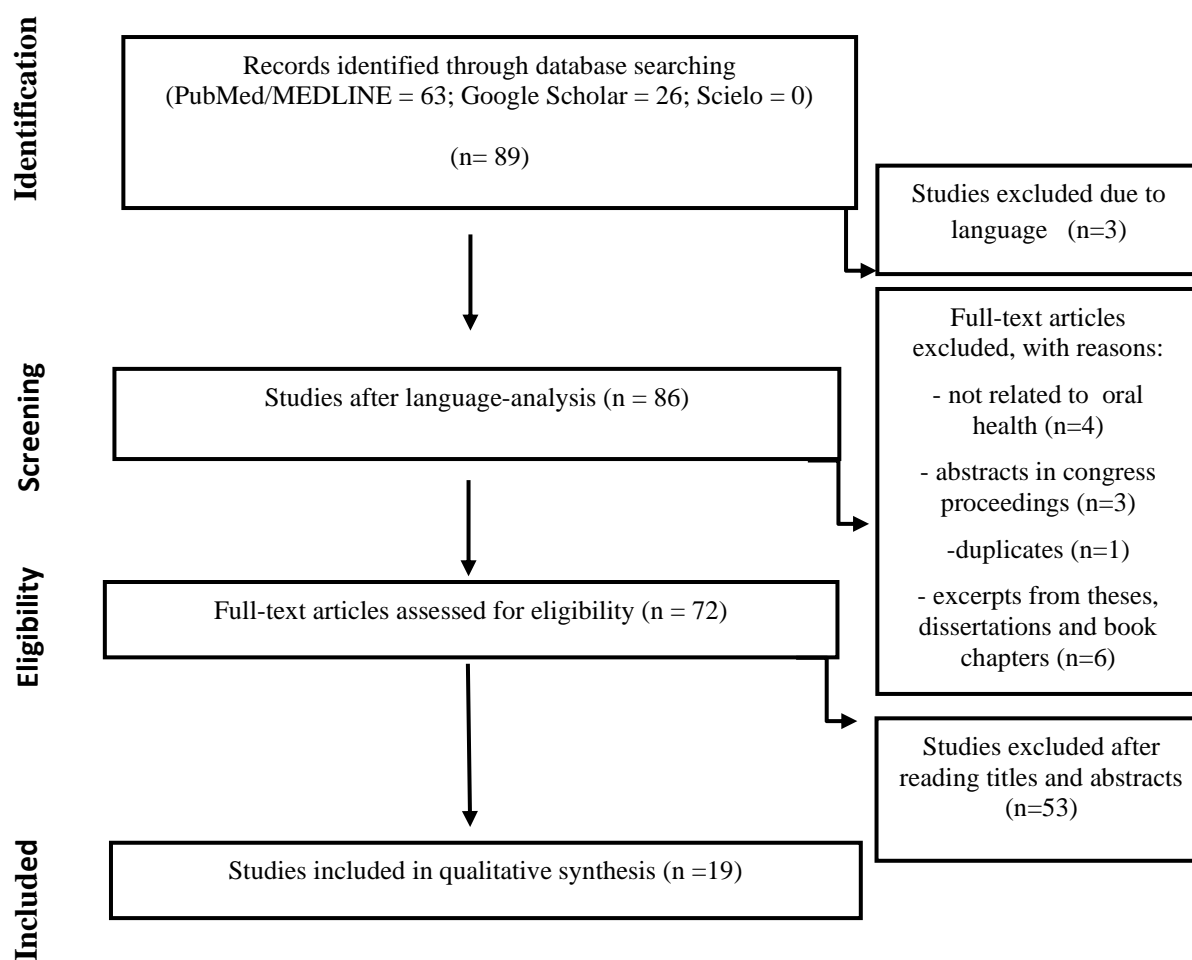


Figure 1. Studies excluded after reading titles and abstracts

In addition to these psychosocial factors, the LGBTQIA+ population has less access to health services, prevention programs and private services. According to Russell *et al.* (2016), lesbians have a higher rate of overweight, diabetes, arthritis, cardiovascular disease, stroke, breast and colon cancer, when compared to heterosexual women². Also, it was reported that lesbians have higher rates of lung cancer due to smoking and take routine exams less frequently. They have a higher rate of mental disorders such as depression and anxiety. Bisexuals, on the other hand, are less healthy than gays, lesbians and heterosexuals and have risky behaviors such as substance

abuse, greater risk of infection with the human papillomavirus (HPV)¹⁶ and human immunodeficiency virus (HIV), higher chances of contracting hepatitis and developing compulsion for food.

As for mental disorders, they tend to have suicidal thoughts, anxiety, stress and depression¹⁹. It is important to remember that these mental disorders, associated with experiences of maltreatment and post-traumatic stress disorder, may be related to a significant increase in fear and anxiety related to dental treatment¹⁷. This information is from studies conducted in the United States of America (USA) during the 2000s and 2010s^{14,17,20}.

Chart 1. Summary of publications included in this study

Author, year (country)	Research method	Population	Key findings
Ludwig et al., 2019 (USA) ¹⁹	Questionnaire about the service experience of LGBTQIA+ population.	Oral and Maxillofacial Surgery Residents in the USA.	Only 31% of residents have had contact with LGBTQIA+ patients. Female residents consider this topic more important.
Brondani, Paterson; 2011 (Canada) ²⁵	Describe educational activities about LGBTQIA+ population.	Undergraduates in Dentistry at the University of British Columbia.	Six hours of educational activities. Group dynamic activities in the bioethics discipline and seminars with the participation of LGBTQIA+ community.
Brondani et al., 2020 (Canada) ²⁶	Describe educational activities about LGBTQIA+ population, drug use and social responsibility.	Undergraduates in Dentistry at the University of British Columbia.	The educational activities took place at the Faculty and in public spaces, always with the presence of a community representative. The students later reported that the activity helped to break stereotypes.
Greene et al., 2018 (USA) ¹³	Comparison of the readiness for care for LGBTQIA+ patients.	Undergraduates in Dentistry, Nursing and Medicine at the University of Pennsylvania.	Dentistry students were the ones who responded the least to the questionnaires. Greater inclusion of issues related to the LGBTQIA+ community are needed in these three courses.
Taylor et al., 2017 (UK) ²⁷	Describe educational activities about LGBTQIA+ population.	Undergraduates in Dentistry, Nursing and Medicine at the University of Bristol.	69% of students reported that they improved their skills to care for LGBTQIA+ patients after the educational activities.
Feng et al., 2017 (USA) ²⁰	To verify the knowledge of students about health care for LGBTQIA+ population.	Undergraduates in Dentistry from three different American colleges.	The students of the college located in the west of the USA were more emphatic in affirming the lack of knowledge, support and resources to attend this population.
More et al., 2004 (USA) ⁸	The academic environment for LGBTQIA+ students.	Preceptors of undergraduate dental students from all U.S. Dental Schools.	LGBTQIA+ students are present at most U.S. Dental Schools, but do not receive specific institutional support.
Anderson et al., 2009 (Canada and USA) ²¹	Understand the perceptions about the care of LGBTQIA+ patients and observe the institutions' support for them.	Class Representatives from 27 U.S. Dental Schools and three Canadian Dental Schools.	Only 13% of the students responded that the college has prepared them adequately to serve non-heterosexual people. 76% said that their undergraduate courses do not cover content about this population.
Behar-Horenstein e Morris, 2015 (Canada and USA) ⁹	Check support and attitudes of colleges for LGBTQIA+ students.	Preceptors and directors of 65 Dental Schools.	¾ of the interviewed do not feel that specific support for LGBTQIA+ students is necessary.
Ploumen, Livas; 2020 (Holland) ²²	Investigate student knowledge of support available to LGBTQIA+ students.	Students from three dental schools in Holland.	Although they exist, most students are unaware of support programs for LGBTQIA+ students at their educational institutions.

continue

continuation

Schwartz et al., 2019 (USA) ²⁹	Observe the oral health of LGBTQIA+ patients.	LGBTQIA+ patients who responded to a survey on oral health between 2009 and 2014.	Bisexual patients reported being more dissatisfied with their oral health than heterosexual patients and also reported difficulties in getting dental care.
Giblon et al., 2017 (Canada) ¹⁶	Check the access of the transgender population to health services in Ontario, Canada.	Data were extracted from two censuses carried out between 2009 and 2010. The same age groups were compared.	Among the transsexual population, 43.9% reported having had health problems without medical care in the period. For the cisgender population, this occurred with 10.7%.
Heima et al., 2017 (USA) ¹⁵	Evaluate fear triggers related to dental treatment.	Patients who identify as transgender over 18 years old.	The fear of discrimination and discriminatory experiences influence the fear related to dental treatment.
Macdonald et al., 2019 (USA) ¹⁷	Understand experiences related to dental treatment.	Patients who identify as transgender aged 14 to 24.	Measures that increase patient comfort, such as anamnesis improve the experience of this population.
Macdonald et al., 2020 (USA) ¹⁸	Analyze what and where young adults get information about oral sex.	Patients who identify as transgender aged 14 to 24.	Participants do not have evidence-based knowledge about safe oral sex. Colleges can prepare future dentists to provide this information in an appropriate manner.
Cerqueira Santos et al., 2020 (Brazil) ²³	Evaluate the prejudice of undergraduates against sexual diversity.	Undergraduate students of Dentistry, Medicine and Nursing at a University in Northeast Brazil.	Students who self-reported as non-heterosexual had worse mental health scores. Heterosexual male students showed more prejudice behaviors than heterosexual females.
Morris et al., 2019 (USA) ²⁸	Systematic review on strategies to reduce the bias of care for LGBTQIA+ patients.	Databases were searched for articles in the education areas of Dentistry, Nursing and Medicine. Thirteen studies were included.	Strategies identified as positive included those that made students more comfortable for these treatments and increased students' knowledge of the health needs of these patients.
Russel, More; 2016 (USA) ²	Literature review on general health, oral health, and access to healthcare for LGBTQIA+ patients.	Articles produced in the USA and Canada were used, with a discussion on how dentists can improve access to oral health for these patients.	North American colleges do not have curriculum guidelines to address the treatment of LGBTQIA+ patients. The authors adapted guides from medicine and nursing areas with suggestions for dentists.
Sales et al., 2019 (Brazil) ²⁴	Qualitative research on the knowledge and preparation of undergraduate students in health areas for the care of LGBTQIA+ community.	The students answered questions related to how much academic education can contribute to dealing with sexual minorities.	Dentistry students from a private university in Sao Paulo emphasized that the course advocates equity regardless of social groups, focusing on an approach without prejudice and differences.

Transsexuals often use hormone therapy such as estrogen and progesterone which are associated with thrombosis, loss of mineral density, hepatomegaly and increased risk of ovarian cancer. Data regarding the transsexual population are limited, however, according to a

survey conducted in the USA with 55 young transsexuals aged 15 to 21 years, it was observed that 16% to 60% of these patients were victims of physical aggression and 13% to 66% of sexual violence, which predisposes to suicidal ideation and drug use³¹. US data show that tobacco use

affects 45% to 74% of the transsexual population and these are the ones with the least access to private health services^{20,22,23}. A survey conducted in the US on sexual habits of young adult transgender patients, with 57 participants, published in 2020, revealed that 58% of the participants had never talked to a health professional about safer sex related to oral sex, what corroborates a higher infection rate in this group²⁰.

Several members of the LGBTQIA + group report that they have already suffered prejudice when they sought health care, or were treated differently by heterosexual patients. Russell *et al.* (2016) cite that these patients avoid attending hospitals and postpone clinical and preventive treatments after negative experiences. The same article cites that LGBTQIA+ patients attend dental office less frequently than heterosexual groups.

Despite the difficulty faced by bisexuals in seeking dental care, a study carried out with US data collected between 2009 and 2014 from a national health and nutrition survey showed that caries and periodontal disease rates showed no differences when compared to heterosexual patients. The authors report that statistical differences were found in the self-perception of oral health, once bisexual patients were more dissatisfied. The authors suggest that this may reflect the stigma suffered by this population¹⁶.

Giblon and Bauer (2017)¹⁸ report that 43.9% of the transgender population in Ontario, Canada, did not have their health needs met by the local health system. In the same study, for cisgender and heterosexual people, this rate was three times lower. Also, transgender patients rated health services worse than cisgender patients¹⁸. Transgender patients seem to experience fear and anxiety related to dental treatment as well. In a survey conducted in the USA, these patients showed greater fear and

anxiety than cisgender patients, related to high prevalence of discrimination and poor service¹⁷. Transgender patients' parents reported contacting dental clinics and explaining their children's condition before the consultation¹⁹. In this study, no patient reported the need to look for a new professional due to episodes of prejudice during dental care¹⁹.

Specifically for transgender patients, a qualitative study published in 2019 interviewed 20 patients aged 14 to 24 in the USA. It was questioned what could make dental consultations more comfortable to patients. For instance, it would be better to have consultations carried out in a closed office rather than a big room separated only by folding privacy screens, such as college clinics. Also, it would be great to have some indication that the place is a safe space for non-cisgender people. It could have the LGBT pride flag which is a symbol of their identity and support for this population. Changes in the anamnesis were also mentioned, such as a space for inserting their social name, and different areas to fill in the sex at birth and gender identity¹⁹.

Professional training for LGBTQIA+ patients

Several studies aimed to verify whether health professionals are academically prepared to care for this group. According to a survey carried out in 2004, having educational advisors from 47 Dentistry University in the USA, 49% of academic curriculum had between zero and two hours of content related to this group, and among them, 72.2% disagreed that it would be important to provide specific academic training about this population to their students⁸. Later, in 2009, Anderson *et al.* carried out a broader study, in which 113 dental students from universities in the USA and Canada were interviewed. Only 13.3% (15) of them felt that the course was well preparing them to specifically serve

LGBTQIA+²³ patients.

In a survey published in 2014, a questionnaire on the topic was applied to 136 principals of 65 dental schools in the USA and Canada. About 88% of students report that the course does not prepare them to care for the homosexual population, 76% reported not having knowledge about the health of transgender patients, 61% denied knowledge about the health of lesbian population and less than half of the students had access to information regarding the health of gay patients⁹. According to a survey carried out in 2016, on the LGBTQIA+ subject, included three US Dentistry courses, from different regions of the country such as the Midwest, West and South. 849 students were recruited, however, only 364 completed the questionnaire. Students from the three courses reported little theoretical content regarding homosexual patients²². Another survey, also carried out in the USA, included students who graduated in dentistry, attending a specialization course as residency (postgraduate training). More than a thousand students were invited to participate, but only 7.4% answered the questionnaires. Less than a third of the students said they had contact with transsexual patients in their residency²¹.

Undergraduate students of medicine, nursing and dentistry courses reported that they felt comfortable treating LGBTQIA+ patients (70 to 74%), less than half of them believe the course provided them with a satisfactory theoretical basis, but the dissatisfaction was even worse among students who identified themselves as LGBTQIA+. The majority of the interviewed were interested in continuing their studies on the subject. Among dentistry students, 71% felt confident to provide clinical care to LGBTQIA+ patients, which is a higher rate than that expressed by students of medicine and nursing courses. However, dentistry students do not feel

comfortable when inserted into multidisciplinary teams¹³. One of the few Brazilian studies found with the search strategy used in this research looked at the perspectives of undergraduate students on LGBTQIA+ patients through a lexical analysis. Theoretically, the results published in 2019, point out that undergraduate students, including students of the Dentistry course, seek to promote care in a respectful way and that the curriculum could cover content focused on LGBTQIA+ patients in order to foster a professional identity open to diversity²⁶. A positive attitude of students towards these patients was verified in other studies, however, it was accompanied by the criticism that the course did not have an important role addressing these issues¹³.

Educational strategies focused on serving the LGBTQIA+ community

Based on negative *feedback* from students about the lack of activities focused on the LGBTQIA+ health^{13,23}, some studies sought alternatives to eliminate LGBT health disparities. In the United Kingdom, a specific topic on LGBT health care was added to an ongoing program on health education for minorities. Second-year students had a half-time immersion in the subject, with lectures and workshops with facilitators. The feedback received by the professors was positive, and the strategy became part of the university's formal curriculum²⁹. Another study brings a dramatization dynamic for undergraduate dentistry students, in which one of the students must interview a transsexual candidate for the position of secretary in a dental office. The students' ideas and feelings, such as discomfort, prejudice and the dilemma or not of hiring a person outside the standards imposed by society were discussed later, with the focus that "having professionalism" also permeates the idea of caring and valuing the sexual and gender

minorities²⁷. Another interesting dynamic, also used with undergraduate students, involved the role of minorities in the communities themselves as “teachers” towards students. Talking with LGBTQIA+ representatives, students were able to reflect and discuss the main demands of this group and how to collaborate with their health²⁸.

These approaches are cited in a systematic review along with the use of videos with testimonials from LGBTQIA+ patients and lectures on the topic³⁰. Websites of associations and institutes related to LGBTQIA+ patients are also suggested, with teaching materials and guides to help students and teachers break the stigma².

In residency courses for the field of Dentistry, students responded that they had had a brief training on clinical particularities for transgender patients, such as hormonal therapies, and, few theoretical surgical training for facial masculinization and feminization procedures²¹.

Health education support for LGBTQIA+ students

Data from an interview with preceptors of Dentistry courses in the USA, published in 2003, showed that 38% of them could not say if there are LGBTQIA+ students in their institutions and only 7% had a support group for students belonging to gender and sexual minorities⁸.

It highlights how often these people seem to be invisible to society. However, another survey, conducted in the US and Canada in 2009, showed large disparities supporting these students. Twenty percent of the students said that there were support groups at these schools, while 30% said there were not support groups at these institutions²³. A Dutch study corroborated these findings, showing that LGBTQIA+ students did not know about these activities and groups at their schools²⁴.

Evaluating the perception of directors and

preceptors of Dentistry courses in the USA and Canada, in 2015, on support for LGBTQIA+ students, it was found that only half of the schools participating in the research have documents that ensure equal opportunities for students in this group, and over a quarter of the interviewed disagreed with the need of having online or printed materials on mental health for these students⁹.

It is important to emphasize that these measures, when promoted by the institutions, are of great value to reduce the stigma and prejudice. In fact, a national survey emphasized that homophobic behaviors can be present even in non-heterosexual students²⁵. Few Brazilian studies were found in this research, with regional characteristics that do not comprehensively demonstrate the experience of this population, since Brazil has different realities. Thus, the results presented here can not be generalized in a context. This literature review highlighted the need to dig deeper into this theme at the national level, seeking to understand where the weaknesses are in these people's access to health services, including Dentistry.

We cannot underestimate the role of educational institutions and tutors, preceptors and teachers who are with students on a daily basis, training people and health professionals with an attitude that is aware of the diversities and in search of a health system that brings equity to all.

4 CONCLUSION

There is scientific evidence, especially from international research, to affirm that the LGBTQIA+ population has less access to health services. These surveys also point to a lack of formal preparation of students in their undergraduate courses, mainly. National surveys are necessary to affirm that these conditions are repeated in Brazil.

Changing this situation concerns the search for updating by professionals who have already graduated; the inclusion of specific activities in the curricula of Dentistry courses and the awareness of their leaders about the importance of preparing future professionals to care for LGBTQIA+ patients. In order to change this situation, graduated professionals should always be up to date; specific activities should be in the curricula of Dentistry courses and the leaders should be aware about the importance of preparing future professionals to care for LGBTQIA+ patients.

RESUMO

População LGBTQIA+: o acesso ao tratamento odontológico e o preparo do cirurgião dentista - uma revisão integrativa

A população LGBTQIA+ ainda hoje sofre com o preconceito e estigma, o que pode dificultar o acesso aos serviços de saúde, aumentando a presença de morbidades neste grupo. O objetivo deste estudo foi realizar uma revisão de literatura com dois enfoques: o acesso aos serviços de saúde e odontológicos por pacientes LGBTQIA+ e quais as medidas educacionais que estão sendo implementadas com alunos dos cursos de Odontologia para diminuir o estigma sobre essa população e universalizar o acesso ao tratamento odontológico. Foi realizada uma revisão de literatura de estudos publicados entre 1995 e 2020 nas bases de dados PubMed, SciELO e Google Scholar. Foram selecionados 19 artigos, relatando principalmente aspectos das experiências de acesso à saúde bucal por pacientes LGBTQIA+; a experiência dos alunos de graduação em Odontologia com essa população; a inserção de atividades focadas na desmistificação desta população em cursos de graduação e o suporte fornecido pelas instituições de ensino aos alunos que se identificam como LGBTQIA+. Apenas dois estudos foram conduzidos no Brasil. Existem evidências provenientes principalmente de estudos internacionais para afirmar que a população LGBTQIA+ possui menor acesso aos serviços de saúde e há uma falta de preparo formal dos alunos

de graduação para o atendimento destas pessoas.

Descritores: Minorias Sexuais e de Gênero. Disforia de Gênero. Acesso aos Serviços de Saúde. Educação em Odontologia.

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