

TECH talk CE

THE NATIONAL CONTINUING EDUCATION PROGRAM FOR PHARMACY TECHNICIANS 1.5 CE Units

FREE

ANSWER ONLINE FOR INSTANT RESULTS AT WWW.ECORTEX.CA

APRIL 2021

APPROVED FOR 1.5 CE Units



Approved for 1.5 CE units by the Canadian Council on Continuing Education in Pharmacy. File no. 1329-2021-3167-I-T. Please consult this course online at eCortex.ca for expiry dates.

Answer this CE online for instant results and accreditation. Visit eCortex.ca

CE JUST FOR TECHNICIANS

Tech Talk CE is the only national continuing education program for Canadian pharmacy technicians.

As the role of the technician expands, use Tech Talk CE as a regular part of your learning portfolio. Note that a passing grade of 70% is required to earn the CE credit.

Tech Talk CE is generously sponsored by Teva. Download back issues at www.CanadianHealthcareNetwork.ca. The author has no competing interests to declare.

INSTRUCTIONS

1. After carefully reading this lesson, go to eCortex.ca to complete the questions.
2. Answer the test online at eCortex.ca. To pass, a grade of at least 70% (11 out of 15) is required.
3. Complete the required feedback for this lesson online at eCortex.ca.

CE FACULTY

CE Coordinator:

Rosalind Stefanac

Clinical Editor:

Lu-Ann Murdoch, BScPhm

Author:

James Morrison, B.Sc. B.Sc.Ph. R.Ph. C.D.E.

A guide for pharmacy technicians to optimize care of 2SLGBTQ+ patients

by James Morrison, B.Sc. B.Sc.Ph. R.Ph. C.D.E.



Learning objectives

After completing this lesson, the pharmacy technician participant will be able to:

- 1 Describe key concepts of gender and sexual diversity.
- 2 Explain how barriers to accessing healthcare services among 2SLGBTQ+ patients contribute to health disparities.
- 3 Identify strategies that pharmacy technicians can utilize to provide inclusive care.
- 4 Recognize important medication therapy principles for 2SLGBTQ+ patients.

Introduction

A visit to a pharmacy or healthcare facility can make individuals uncomfortable for various reasons, but certain patient populations have historically had negative experiences ranging from encountering providers who have limited knowl-

edge or experience in caring for them to outright refusal of care due to their sexual or gender identities. This primer on 2SLGBTQ+ healthcare is formulated to provide pharmacy technicians with an overview of the challenges experienced by these populations when

pharmacy
PRACTICE BUSINESS

eCortex.ca

An educational service for Canadian pharmacy technicians,
brought to you by Teva www.tevacanada.com

accessing healthcare and how technicians can enhance their role in providing inclusive, respectful and competent care.

Note: This lesson uses the acronym 2SLGBTQ+ (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and more) to encompass a broad spectrum of gender and sexual identities. There are different arrangements of this acronym depending on the authority. Throughout the lesson other versions of the acronym (e.g., LGBT, LGBTQ) are utilized to reflect the source material or research study.

Concepts of gender and sexual diversity

It is important for pharmacy technicians to understand concepts of gender identity, gender expression, sex assigned at birth and sexual orientation. A person’s gender identity, gender expression, sex and orientation are all separate characteristics. A person’s gender identity is a psychological sense of self; in other words, it is a person’s internal sense of gender.⁽¹⁾ Some people may identify as a man or woman. However, the way some people experience gender is far more complex. Gender exists on a spectrum where A person may identify as a man or a woman and may use terms such as genderqueer, bigender or other terms to describe their gender identity.⁽²⁾

Gender expression is the way a person expresses their gender outwardly. This can include clothing, grooming, speech, mannerisms, demeanour and more.⁽²⁾ Gender expression may or may not align with gender identity, e.g., a person could identify as male but express themselves in traditionally feminine attire.

Sex assigned at birth is a label given by a medical professional when a baby is born, based on physical characteristics.⁽²⁾ Sex assigned at birth is distinct from gender. A person is considered transgender (trans) when a person’s gender identity differs from their sex assigned at birth. A related term is non-binary, which describes a person whose gender identity does not match the sex they were assigned at birth. Non-binary people may identify as man, woman, both, neither or a gender somewhere in between. A person is considered cisgender when their gender identity aligns with the sex they were assigned at birth. Cisgender people comprise the majority of the population.

TABLE 1 - Important definitions related to gender and sexual diversity⁽³⁶⁾

AGENDER	A person who does not relate to any gender identity.
ALLY	A person who defends the cause and the rights of a marginalized community to which they do not belong, and who is recognized as such by the members of the community in question.
ANDROGYNOUS	A person whose sex cannot easily be determined by gender expression.
ASEXUAL	A person who feels very little or no sexual desire.
BE IN THE CLOSET	Conceal one's sexual orientation or gender identity.
BISEXUAL	A person who is sexually attracted to people of their sex and people of a different sex.
CISGENDER	A person whose gender identity aligns with the sex they were assigned at birth.
COME OUT	Voluntarily reveal one's sexual orientation or gender identity.
DEADNAME	Generally refers to the name assigned at birth to a transgender person that they no longer use.
GAY	A person who is sexually attracted to people of their sex.
GENDER AND SEXUAL MINORITIES	A term that includes all people whose gender identity or sexual orientation differs from the majority of the surrounding society. The term is considered to be more inclusive than "LGBT" because it does not specify any gender identity or sexual orientation whatsoever.
GENDER DYSPHORIA	A condition where a person experiences persistent discomfort or distress because of a mismatch between their gender identity and the sex they were assigned at birth.
HETEROSEXUAL	A person who is sexually attracted to people of a different sex.
LESBIAN	A woman who is sexually attracted to women.
MISGENDER	Describes when a person is attributed, intentionally or not, with a gender that does not correctly reflect their gender identity.
NON-BINARY	A person whose gender identity does not align with a binary understanding of gender, such as man or woman.
PANSEXUAL	A person who is sexually attracted to another person regardless of their gender.
QUEER	A person whose sexual orientation or gender identity differs from the normative binary vision of gender and sexuality.
SEX ASSIGNED AT BIRTH	The sex of a person based on their primary sexual characteristics at birth.
TRANSGENDER	A person whose gender does not align with the gender they were assigned at birth
TWO-SPIRIT	A North American Indigenous person who embodies both female and male spirits or whose gender identity, sexual orientation or spiritual identity is not limited by the male/female dichotomy.

Gender dysphoria is a condition where a person experiences persistent discomfort or distress because of a mismatch between their gender identity and the sex they were assigned at birth (Table 1). The Trans PULSE project studied trans people in Ontario and found many challenges experienced by trans people in their daily lives, such as

transphobia and violence, as well as challenges with finding family physicians willing to provide gender-affirming care.⁽³⁾

Sexual orientation is distinct from gender and is an inherent emotional, romantic or sexual attraction to other people.⁽⁴⁾ Terms such as bisexual (a person who is sexually attracted to people of their sex and people



of a different sex), heterosexual (a person who is sexually attracted to people of a different sex), gay (a person who is sexually attracted to people of their sex), and lesbian (a woman who is sexually attracted to women) are used to describe one's sexual orientation. Additional definitions are included in Table 1.

Two-Spirit is term that comes from ancient teachings of Turtle Island (North America) Indigenous people to describe individuals who carry two spirits: that of male and female.^(5,6) Today, Two-Spirit is used as an umbrella term to describe sexual, gender and/or spiritual identity. The term encompasses same-sex attraction and a wide range of gender variance, including those who would be described in Western culture as gay, lesbian, bisexual, transgender or other gendered. The understanding of what it means to be Two-Spirit is unique to each community and Indigenous person.⁽⁷⁾

Barriers to accessing healthcare

A number of barriers have been identified that create challenges for 2SLGBTQ+ people to access the healthcare they require. Barriers to accessing healthcare can be summarized into three categories: limited access, negative experiences and lack of provider knowledge.⁽⁸⁾

Limited access

There are many examples where 2SLGBTQ+ people have difficulty accessing

healthcare services that are needed. Certain essential healthcare services may not be available in the patient's local area. For some transgender people, gender-confirming surgeries are an important and affirming part of the transition process. These surgeries help to align one's physical body with one's internal sense of gender. Across Canada, these important surgeries are not offered within every province, and patients may be required to pay their own travel expenses to access this treatment. Furthermore, certain procedures are not covered by provincial health plans at all.

2SLGBTQ+ people are less likely to have access to health insurance than the broader population due to rejection by families when they are young, or due to increased levels of homelessness and unemployment.⁽⁷⁾ Youth who identify as 2SLGBTQ+ are over-represented within homeless shelters in Toronto, representing greater than 20% of homeless youth.⁽⁹⁾ The primary reason why 2SLGBTQ+ youth experience homelessness is due to family rejection. Unemployment and underemployment remains a concern as bisexual and transgender people are over-represented among low-income Canadians. Income is a social determinant of health and is associated with access to food, housing, medication and more. An Ontario study found that half of trans people were living on less than \$15,000 per year.⁽¹⁰⁾

A national U.S. survey revealed that the COVID-19 pandemic has disproportionately

impacted LGBTQ households compared to the broader population. Unemployment was reported at 64% in LGBTQ households compared to 45% in the broader population.⁽¹¹⁾ In the same survey, 38% of LGBTQ households reported being unable to get medical care or delaying medical care, which was double the rate in the broader population. Due to reduced financial means, LGBTQ survey respondents indicated being unable to fill or delaying filling of prescription medications at a rate of 25% compared to 8% of the broader population.

Negative experiences

Unfortunately, 2SLGBTQ+ people commonly face discrimination and negative experiences while accessing healthcare. It is often challenging to find healthcare environments where 2SLGBTQ+ people feel accepted, included and respected.

Data collected by the Trans PULSE Canada survey in the fall of 2020 revealed that 9.4% of trans and non-binary people in the study had avoided seeking a COVID-19 test or medical care when they believed they needed it. Survey participants commonly reported (40%) avoiding testing or care due to fear of discrimination.⁽¹²⁾ Of those who had accessed or wanted to access COVID-19 testing or medical care, 10.8% reported that they experienced discrimination when seeking these services. One respondent indicated: "[I avoided COVID-19 testing or care because] I'd had previous experiences of

transphobic discrimination in healthcare, and a previous visit for COVID-19 testing and care was complicated by confusion about my gender.”

Negative healthcare experiences were commonly reported in a survey of Nova Scotia patients by 36.4% of lesbian, gay or bisexual patients, and by 55.5% of trans patients.⁽¹³⁾

A Trans PULSE Project survey found that half (52%) of transgender patients experienced negative treatment in Ontario emergency departments while expressing a gender different from their sex assigned at birth due to their transgender identity. The negative treatment ranged from insults to demeaning language to complete refusal of care.⁽¹⁴⁾

Negative experiences in healthcare also take place while accessing pharmacy services. An Oregon woman went to the local pharmacy to pick up a prescription for her sick wife and was denied the prescription as an employee stated: “Women cannot be married.”⁽¹⁵⁾ Ultimately, the patient transferred their file to another pharmacy to access the pharmacy care they required.

In another case, a patient was attempting to fill a prescription needed to affirm their gender identity and was refused by the pharmacist, who went on to loudly question the patient and thereby breached patient confidentiality.⁽¹⁶⁾ The patient felt that the pharmacist was trying to out her as transgender in front of other pharmacy patrons. The pharmacist refused to return the prescription document and the patient left the pharmacy feeling mortified.

During the COVID-19 pandemic, one patient went to her pharmacy to refill a prescription for estrogen, but the pharmacy technicians informed her it was too early to fill it. The patient attempted to explain that she was indeed out of the medication, to no avail. The patient heard the technicians laughing at her as she turned away to leave the pharmacy. The experience made her feel dehumanized and she stated: “My hormones were being dangled in front of me, and I wasn’t even being talked to like a human being. I felt a lot of hopelessness about being treated this way forever.” The night following the pharmacy encounter, the patient struggled with thoughts of suicide and she reached out to a crisis hotline.⁽¹⁷⁾

BOX 1 - Careful language to prevent assumptions⁽⁷⁾

Listen for how the patient describes themselves and their relationships. Use the same terms the patient uses.	<ul style="list-style-type: none"> • If the patient calls themselves “gay,” then you may use this term in conversation with them. • If a female patient refers to her partner as her “wife,” then it is acceptable for you to say “your wife” when referring to her partner. Do not refer to the patient’s wife as “your friend.”
Do not assume the patient has an opposite gender partner or spouse when entering insurance information or taking a history.	<ul style="list-style-type: none"> • When coordinating benefits ask: “Is this your partner’s insurance?” or “Is this your spouse’s insurance?” rather than “Is this your husband’s/wife’s insurance?”
Do not assume the patient to have opposite sex parents.	<ul style="list-style-type: none"> • Some patients have same sex parents. Ask: What are your parents’ names?” instead of “What are the names of your mother and father?”
Ensure the interaction remains respectful.	<ul style="list-style-type: none"> • Do not use disrespectful language, stare or express surprise at a patient’s appearance. Discourage and do not participate in gossip about a patient’s appearance or behaviour regardless of whether the patient is on the premises.

Lack of knowledge

A recent survey of non-LGBTQ-identified Nova Scotia healthcare providers found that greater than half (54.7%) of respondents reported having never received cultural competence training in relation to LGBTQ populations, and an even greater portion (60.4%) reported having never received training for cultural competence regarding trans populations.⁽¹²⁾ In the same survey, more than half of non-LGBTQ-identified providers reported the need for further education regarding the needs of LGBTQ patients and how to provide optimal care.

2SLGBTQ+ patients have reported needing to educate healthcare providers about their own risk factors or health needs.⁽¹⁸⁾ Furthermore, healthcare providers have refused to treat people belonging to 2SLGBTQ+ populations because they do not feel that they are sufficiently trained. Referring a patient to another provider can delay treatment and reduce access to care.⁽⁹⁾

A transgender man experienced a problematic encounter at an Ontario pharmacy that highlights a lack of provider knowledge.⁽¹⁹⁾ The patient, who uses the pronoun “they,” attended a pharmacy to fill a prescription for estradiol tablets to be inserted vaginally and reported that the pharmacist declined to dispense the medication. The rationale provided behind this decision was the pharmacist’s concern that the patient’s insurance would not approve the claim or would hold the pharmacist accountable for dispensing the prescription as the patient had a stereo-

typically male name and the medication was for intravaginal use. The patient waited three days over a long weekend for the pharmacy to resolve the matter. Upon speaking with the designated manager of the pharmacy, the patient learned that there was no concern with submitting the prescription to the patient’s insurance. The patient was confused about why they were denied the prescription in the first place and felt that the pharmacist was inappropriate in making a determination about whether the medication was appropriate for them based on their name or gender. If the pharmacist involved had had a broader understanding of the healthcare needs of transgender patients, this negative pharmacy encounter could have been avoided, leading to faster access to necessary medication, reduced embarrassment and a stronger patient-pharmacist relationship. Pharmacy technicians also play an essential role in ensuring optimal pharmacy experiences for all patients, including those from 2SLGBTQ+ populations.

Health disparities

The barriers discussed in this lesson have contributed to reduced access to medical care for 2SLGBTQ+ people, and in some cases, individuals may avoid treatment or important health screenings altogether. Research has attributed barriers to accessing healthcare to a higher prevalence of chronic diseases among 2SLGBTQ+ people.

Compared to the broader population, LGBTQ people experience higher rates of

mental health conditions such as depression, anxiety, obsessive-compulsive and phobic disorders, suicidality, self-harm and substance use.⁽⁹⁾ LGBTQ youth face 14 times the risk of suicide compared to their

cisgender peers. In a survey of transgender Ontarians, 77% of respondents had seriously considered suicide and 45% had attempted suicide.⁽⁹⁾

LGBTQ people are also at a higher risk of substance use compared to the broader population. The rate of use for alcohol, tobacco and other substances may be two to four times higher.⁽⁹⁾

Research has found that certain cancers are more prevalent in LGBTQ populations.⁽²⁰⁾ For example, the development of anal intraepithelial cancer is associated with the human papillomavirus (HPV) and is more common in men who are gay or bisexual, or other men who have sex with men, than in other men. The higher prevalence of cancer among LGBTQ populations may be related to incorrect information provided by healthcare providers or a lack of understanding that usual cancer screenings are still needed, for example, Pap tests or mammograms.⁽¹⁸⁾

The discussion of health disparities presented here only covers some of the physical and mental health inequities experienced by 2SLGBTQ+ people.

Inclusive pharmacy care

Pharmacy technicians can contribute to improving healthcare experiences for 2SLGBTQ+ patients in many ways. This lesson will review important communication principles and visual cues that technicians can implement in their workplaces to make pharmacies more inclusive of 2SLGBTQ+ patients.

Communicate without assumptions

Pharmacy technicians can develop strong patient-practitioner relationships through careful communication. Using the right words builds trust, while using wrong words alienates patients and perpetuates barriers. It is important not to make assumptions about a patient's gender identity or sexual orientation based on their characteristics, such as appearance or mannerisms. Box 1

BOX 2 - Personal pronoun examples

Gendered pronouns	Gender-neutral pronouns	Sentence example
He/him/his She/her/hers	Ey/em/eir pronounced ay/em/air They/them/their Xe/xem/xyr pronounced zee/zhem/zhere Ze/hir/hir pronounced zee/here/heres	Ey is here to pick up eir medication. They are here to pick up their medication. Xe is here to pick up xyr medication. Ze is here to pick up hir medication.

reviews important language concepts to avoid making assumptions about a patient's identity and family structure.

Healthcare professionals cannot determine a patient's gender identity from their name, appearance, voice characteristics or mannerisms. Therefore, if a patient's pronouns are unknown it is prudent to avoid using pronouns or terms that indicate gender until it is known which pronouns the patient uses. Some patients may use gender neutral pronouns such as "ze/hir/hirs" (pronounced "zee/here/heres"), "ey/em/eir" (pronounced "ay/em/airs"), or others (Box 2).

Misgendering is referring incorrectly to a person's gender identity. This occurs when assumptions are made about a person's gender identity by the use of incorrect pronouns. Whether intentional or accidental, misgendering can cause profound negative effects, especially when persistent. It has been noted that misgendering can prevent non-binary people from participating fully in society, is disruptive in accessing education and employment and can negatively impact mental health. Misgendering contributes to fear among patients, reduces trust of healthcare providers and leads to avoidance of necessary medical care.

When you don't know a patient's pronoun or gender identity, don't make assumptions. Ask: "How may I help you?"

rather than "How may I help you, Miss?" Avoid using gendered titles such as Mr./Mrs./Miss/Ms. If the patient's name is known, you may address them using their first name or their first and last name together. You can communicate without names and pronouns altogether in many cases, for example, make eye contact with the patient, and say: "Welcome to the pharmacy. We are ready for you to complete your immunization consent form."

If the pharmacy uses patient registration forms, a section to declare one's gender and pronouns should be included. One way to learn a patient's pronouns is to begin the conversation by introducing yourself and your pronouns. For example: "Hello, my name is Bryce, and I use the pronouns he/him." If a patient does not respond with their own name and pronouns, it is acceptable to ask: "I would like to be respectful. What name and pronouns would you like me to use?"

Some patients may have a lived or preferred name that differs from the name that is on their identification or that they were given at birth. For many transgender people, undergoing a name change is an affirming step in the transition process. Calling a transgender person by a name used before their transition is called deadnaming and can be distressing whether done intention-

BOX 3 - Managing pharmacy profiles to respect names and pronouns

The patient has provided a name that is not present in the computer system.	It is possible the patient has undertaken a name change. Use other identifiers such as phone number and date of birth to locate the file. Never ask a patient: "What is your real name?" Ask instead: "Is there another name that may be on file?"
The patient's name does not match their insurance information.	This is a common occurrence as it may take time to update identification cards and insurance providers after a name change. Most dispensing software allows for one name on the main profile page and a different name under the insurance tab. This will allow the insurance claim to be processed and the patient will see their lived name on the prescription label.
How should I record the patient's pronouns and preferred name?	The best practice is one that the entire team will follow. Work with your pharmacy team to establish a common policy. One way to document is using a profile note or pop-up to remind team members to use the patient's correct identifiers.

ally or not. Some common pharmacy situations are discussed in Box 3, along with solutions on how to ensure pronouns and names are respected.

Creating welcoming pharmacies

There are many ways that pharmacies and other healthcare spaces can be designed to provide visual cues that the facility is a positive and welcoming space for all. The rainbow triangle is a well-known visual signal that the pharmacy is a welcoming space. Another way to share that the pharmacy is welcoming to all is to post a nondiscrimination policy that prohibits discrimination against gender identity, gender expression and sexual orientation. Signage can be positioned at the drop-off and pick-up areas advising patients of the inclusive nature of the pharmacy and asking whether there are requirements related to their care that the team should be aware of.

Gendered washrooms can be distressing for some individuals, in particular transgender patients. Pharmacy technicians working in facilities with public washrooms can encourage making them gender inclusive or gender neutral.

Additional welcoming visuals by including wall art that represents diversity including 2SLGBTQ+ people and the use of 2SLGBTQ+ images and topics in pharmacy-provided educational materials and online materials.

While working at the pharmacy, pharmacy technicians can choose to wear rainbow pins or stickers as a strong indication that they are accepting of diverse pharmacy patients. Pharmacy technicians can include their own pronouns on their name tags to signal to others that they want to learn and respect their pronouns as well.

Important medication therapies for 2SLGBTQ+ patients

This section of the lesson discusses some important medication principles that pharmacy technicians should be aware of while providing care to 2SLGBTQ+ patients. In addition to the medication therapies discussed here, it is important to remember that 2SLGBTQ+ patients have many of the same medication needs as the broader population.

Hormone therapy for gender transition

Some individuals choose to take gender-affirming hormone therapy to address the incongruity between their sex assigned at birth and their internal sense of gender, while others choose not to. It may be surprising for pharmacy technicians to receive a prescription that appears at first glance to be mismatched to the patient's "biological sex."

Some transgender women may take estrogen to promote feminine characteristics. The preferred estrogen for gender transition is estradiol, which can be prescribed as oral tablets, transdermal patches or gel, or compounded injections.^(23,24) Estradiol may be prescribed in higher doses than are seen for post-menopausal cisgender women, with tablet dosing ranging from 2–8 mg per day and patches from 100–400 µg/24 hours.

Medications with antiandrogenic effects may be prescribed alone or in addition to estradiol to suppress the effect of endogenous androgens and thereby reduce masculine characteristics. The use of antiandrogens may assist patients to achieve goals of feminization at lower doses of estrogen.⁽²⁵⁾ Antiandrogens prescribed to transgender women may include spironolactone, finasteride or cyproterone. Spironolactone is likely familiar to pharmacy technicians as a commonly prescribed diuretic medication; however, doses to achieve an antiandrogenic effect are higher (up to 500 mg daily with average doses from 200–300 mg daily).

Some transgender men may take testosterone to promote masculine characteristics. The most prescribed testosterone therapies for gender transition are injections (testosterone enanthate or testosterone cypionate).⁽²¹⁾ Typical maintenance doses of testosterone injection are 50–100 mg weekly or 100–200 mg every other week. Some patients may use transdermal testosterone, including gels or patches, although these products provide a slower onset of masculinizing effect compared to injections.

Medroxyprogesterone acetate intramuscular injection every three months may be prescribed to some transgender men to stop menses before or concurrent with beginning testosterone therapy—and stop after three to six months of testosterone therapy—at which time therapeutic levels of testosterone have ceased menses.⁽²⁶⁾ This is an important therapy for patients particularly

distressed by menses. Some transgender men will use an IUD, such as the levonorgestrel-releasing intrauterine system, to reduce or cease menses. Reproductive potential may continue for patients receiving testosterone therapy and some may receive these progestin-based therapies, or others, to prevent pregnancy.

Pharmacy technicians may encounter gender-nonconforming youth who, prior to full puberty, receive leuprolide acetate injections to reversibly suppress puberty. This pause of puberty allows the young patient time to attain the cognitive ability and maturity to consent to gender-affirming hormone therapy.⁽²⁸⁾

Human immunodeficiency virus (HIV) prevention therapies and principles

Although any person can acquire HIV, some populations are at greater risk of HIV infection. According to national HIV estimates in 2018, 52.2% of all new HIV infections were present in gay, bisexual and other men who have sex with men, but this group only represents 3%–4% of the adult male population in Canada.⁽²⁹⁾ Other groups at a disproportionate risk of HIV infection include people who inject drugs (16.6% new HIV infections in 2018) and Indigenous people who represent 4.9% of the total population (14.0% new HIV infections in 2018).

There are many known drug interactions with medications used to treat and prevent HIV, and this is an important focus for pharmacy technicians to assist in gathering a complete medication profile including prescriptions, over-the-counter products and supplements. Pharmacy technicians can also assist in recording indications for prescribed medications as it is important to have this information when determining whether a prescription is therapeutically appropriate.

Pre-exposure prophylaxis (PrEP)

Pharmacy technicians may be familiar with antiretroviral medications for the treatment of HIV; however, in recent years it has been determined that taking certain antiretroviral medications in advance of exposure to HIV can prevent transmission by up to 99% in men who have sex with men and transgender women.^(30,31) Although still effective, there appears to be lower effectiveness of PrEP in cisgender women which is attributed to

lower drug levels in the vaginal tissue compared to rectal tissue.⁽³²⁾ Two medications are now indicated for HIV PrEP in Canada: tenofovir disoproxil fumarate/emtricitabine (300/200 mg) and tenofovir alafenamide/emtricitabine (25/200 mg).⁽³³⁾ Each of these medications is also indicated for the treatment of HIV in combination with other antiretrovirals. PrEP is recommended for higher-risk patient populations, which can include men who have sex with men and transgender women engaged in condomless anal intercourse with additional risk factors. PrEP is also recommended for people who inject drugs (PWID) if they share drug-use paraphernalia with a person of unknown HIV status.⁽²⁶⁾

Non-occupational post-exposure prophylaxis

HIV non-occupational post-exposure prophylaxis (nPEP) is an emergency HIV prevention strategy to reduce the risk of infection from a recent incident of moderate or high-risk exposure to HIV.⁽²⁶⁾ Medication should be started as soon as possible and within 72 hours of potential HIV exposure such as needle sharing, sexual assault or sexual intercourse with a partner of unknown or suspected HIV status. nPEP is prescribed as a 28-day course.⁽²⁶⁾ First-line nPEP regimens are summarized in Table 2.

As nPEP regimens must be started as soon as possible and within 72 hours of potential HIV exposure, pharmacy technicians should flag these prescriptions as urgent. If the pharmacy does not have the required medication in stock, it may be in the best interest of the patient to assist in locating the medication at another pharmacy and transferring the medication to the pharmacy—or directing the patient to another pharmacy that can fill the order.

Helping patients maintain an undetectable viral load

It has been established that individuals living with HIV who achieve and maintain an undetectable viral load for at least six months cannot transmit HIV to sexual partners.⁽³⁴⁾ The Undetectable = Untransmittable (U = U) initiative was launched in 2016 to reduce stigma associated with HIV and thereby increase the self-esteem of individuals living with HIV, encourage testing and improve access to care. The key to achieving U = U is adhering to antiretroviral medi-

TABLE 2 - HIV prevention therapies^(24,25)

PrEP regimens	<ul style="list-style-type: none"> • tenofovir disoproxil fumarate/emtricitabine (300/200 mg) once daily • tenofovir alafenamide/emtricitabine (25/200 mg) once daily
First-line nPEP regimens NOTE: each nPEP regimen is taken orally for 28 days.	<ul style="list-style-type: none"> • tenofovir disoproxil fumarate/emtricitabine (300/200 mg) once daily + raltegravir 400 mg twice daily • tenofovir disoproxil fumarate/emtricitabine (300/200 mg) once daily + dolutegravir 50 mg once daily • tenofovir disoproxil fumarate/emtricitabine (300/200 mg) once daily + darunavir 800 mg once daily + ritonavir 100 mg one daily

BOX 4 - Strategies to assist with medication adherence

- Schedule refills or utilize auto-refills
- Advise patients of their last refill in case follow-up is required
- Monitor prescription fill intervals and offer compliance packaging or weekly dosettes when needed
- Suggest the patient set dose reminders in their phone or device
- Suggest timing medication administration with other daily activities/routines
- Coordinate refills and ordering medication supplies in advance of patient need

cation therapy.

Pharmacy technicians are ideally positioned to assist patients living with HIV to suppress their viral load to an undetectable level by assisting these patients with adherence to their medication regimen. Adherence is important to stop HIV from replicating, mutating and producing drug-resistant strains that contribute to disease progression. Some strategies to assist patients with adherence to their medication are listed in Box 4. Certain adherence concerns may require the intervention of pharmacists or other healthcare providers, for example, if the patient is experiencing adverse effects.

Concluding remarks

It is hoped that this lesson has resonated with pharmacy technicians and that learners will consider this a call to action. A number of barriers limit 2SLGBTQ+ patients from accessing healthcare services. However, pharmacy technicians educated on these barriers, and on strategies to create positive and welcoming healthcare experiences for these patients, can begin breaking down the barriers. This lesson also covered a number of important medication therapy principles that pharmacy technicians can use to support positive patient outcomes in this often marginalized population.

Pharmacy technicians are ideally situated to be allies to the 2SLGBTQ+ community. An ally is a person who defends the cause

and the rights of a marginalized community to which they do not belong. Not only can pharmacy technicians align their own practices to provide optimal care for 2SLGBTQ+ patients, but they can also inspire other healthcare providers to do the same. Technicians can offer support by intervening if witnessing inappropriate care or treatment and advocating for healthcare spaces to be inclusive for all patients.

REFERENCES

1. The Genderbread Person. Genderbread person (Minimal v3.3). 2017. <https://www.genderbread.org/resource/genderbread-person-minimal-3-3> (accessed January 23, 2021).
2. The Safe Zone Project. Genderbread person & LGBTQ umbrella. Undated. <http://thesafezoneproject.com/wp-content/uploads/2015/08/GenderbreadPersonLGBTQUmbrella.pdf> (accessed January 23, 2021).
3. Bauer GR, et al. Factors impacting transgender patients' discomfort with their family physicians: a respondent-driven sampling survey. PLOS ONE. 2015; 10(12): e0145046.
4. Human Rights Campaign. Sexual orientation and gender identity definitions. Undated. <https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions> (accessed January 23, 2021).
5. 2-Spirits. 2-Spirited people of the 1st Nations. Undated. <http://www.2spirits.com/PDFolder/History.pdf> (accessed January 23, 2021).
6. Re:searching for LGBTQ2S+ Health. Two-Spirit community. Undated. <https://lgbtqhealth.ca/community/two-spirit.php> (accessed January 23, 2021).
7. Out Saskatoon. Queer terms. Undated. https://www.outsaskatoon.ca/queer_terms?fbclid=IwAR01NzG-JIRsEin9JFdpTDP7ZL8CfM5ZlZYAVKHwQHcd2GSUz-1imjxKsHy4s (accessed January 23, 2021).
8. National LBGT Health Education Center. Providing inclusive services and care for LGBT people. Undated. <https://www.lgbtqihealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf> (accessed January 23, 2021).
9. The 519. LGBTQ2S youth homelessness in Canada.

<https://www.the519.org/education-training/lgbtq2s-youth-homelessness-in-canada/in-canada> (accessed January 23, 2021).

10. Canadian Mental Health Association. Lesbian, gay, bisexual, trans & queer identified people and mental health. Undated. <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/> (accessed January 23, 2021).
11. Movement Advancement Project. The disproportionate impacts of COVID-19 on LGBTQ households in the U.S. 2020. <https://www.lgbtmap.org/2020-covid-lgbtq-households> (accessed January 23, 2021).
12. Trans PULSE Canada. COVID-19 testing and diagnosis among transgender and non-binary people in Canada. 2020. <https://transpulsecanada.ca/results/report-covid-19-testing-and-diagnosis-among-transgender-and-non-binary-people-in-canada/> (accessed January 23, 2021).
13. Gahagan J, Subirana-Malaret M. Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from Nova Scotia, Canada. *Int J Equity Health* 2018; 17:76.
14. Bauer GR, Scheim AI, Deutsch MB, et al. Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *Ann Emerg Med* 2014;63:713–20.
15. USA Today. 'Not just about a cake shop': LGBT people battle bias in everyday routines. 2018. <https://www.usatoday.com/story/news/nation/2018/01/16/not-just-cake-shop-lgbt-people-battle-bias-everyday-routines/1031339001/> (accessed January 23, 2021).
16. ACLU. My pharmacist humiliated me when he refused to fill my hormone prescription. 2018. <https://www.aclu.org/blog/lgbt-rights/transgender-rights/my-pharmacist-humiliated-me-when-he-refused-fill-my-hormone> (accessed January 23, 2021).
17. The Washington Post. The volume has been turned up on everything: Pandemic places alarming pressure on transgender mental health. <https://www.washingtonpost.com/health/2020/08/18/coronavirus-transgender/?arc404=true> (accessed January 23, 2021).
18. Standing Committee on Health. The health of

LGBTQIA2 communities in Canada. 2019. <https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf> (accessed January 23, 2021).

19. Pharmacy Connection. Practice insight: Providing respectful, patient-focused care. 2020. <https://pharmacyconnection.ca/practice-insight-providing-respectful-patient-focused-care-spring-summer-2020/> (accessed January 23, 2021).
20. Rainbow Health Ontario. LGBTQ Cancer Factsheet. 2016. https://www.rainbowhealthontario.ca/wp-content/uploads/2016/07/RHO_Factsheet_LGBTQCANCER_-07.31.16.pdf (accessed January 23, 2021).
21. McLemore KA. Experiences with misgendering: identity misclassification of transgender spectrum individuals. *Self Identity* 2014;14:10.1080/15298868.2014.950691.
22. National LGBT Health Education Center. Providing affirmative care for patients with non-binary gender identities. 2017. <https://www.lgbtqihealtheducation.org/wp-content/uploads/2017/02/Providing-Affirmative-Care-for-People-with-Non-Binary-Gender-Identities.pdf>
23. Transcend Transgender Support and Education Society. Endocrine therapy for transgender adults in British Columbia: Suggested guidelines. 2006. https://www.researchgate.net/publication/250401252_Endocrine_Therapy_for_Transgender_Adults_in_British_Columbia_Suggested_Guidelines (accessed February 13, 2021).
24. Canadian Pharmacists Association. Smashing stigma: A guide to medications for the LGBTQ2SQ population. 2019. <https://www.pharmacists.ca/cpha-ca/assets/File/education-practice-resources/WebinarSlideDeck/2019/SmashingStigmaPracticeTool.pdf> (accessed January 23, 2021).
25. Sherbourne Health Centre. Guidelines and protocols for comprehensive primary care for trans clients. 2015. <https://archive.org/details/sherbournehealth-guidelinesandprotocolsforcomprehensiveprimarycarefortransclients2015/page/n15/mode/2up> (accessed January 23, 2021).

26. Fenway Health. The medical care of transgender persons. 2015. <https://www.lgbtqihealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons-v31816.pdf> (accessed January 23, 2021).
27. UCSF. Transgender care. 2016. <https://transcare.ucsf.edu/guidelines/pain-transmen> (accessed February 13, 2021).
28. Mahfouda S, Moore JK. Puberty suppression in transgender children and adolescents. *Lancet Diabetes Endocrinol* 2017;5(10):816–26.
29. CATIE. The epidemiology of HIV in Canada. 2020. <https://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hiv-canada> (accessed January 23, 2021).
30. Tan DHS, Hull MW, Yoong D, et al. Canadian guideline on HIV pre-exposure prophylaxis and non-occupational post-exposure prophylaxis. *CMAJ* 2017;189(47):E1448–548.
31. CATIE. Oral pre-exposure prophylaxis (PrEP). 2019. <https://www.catie.ca/en/fact-sheets/prevention/pre-exposure-prophylaxis-prep> (accessed January 23, 2021).
32. Buchbinder S. Maximizing the benefits of HIV pre-exposure prophylaxis. *Top Antivir Med* 2018;25(4):138–42.
33. Gilead Sciences Canada Inc. Descovy (emtricitabine/tenofovir alafenamide tablets) product monograph. Mississauga, ON; November 27, 2020. http://www.gilead.ca/application/files/6116/0675/2843/Descovy_English_PM_e177688-GS-006.pdf#:~:text=DESCOVY%20is%20indicated%20for%20pre,risk%20from%20receptive%20vaginal%20sex (accessed January 23, 2021).
34. Eisinger RW, Dieffenbach CW, Fauci AS. HIV viral load and transmissibility of HIV infection undetectable equals untransmittable. *JAMA* 2019;321(5):451–52.
35. Nachega JB, et al. HIV treatment adherence, drug resistance, virologic failure: evolving concepts. *Infect Discord Drug Targets* 2011;11(2):167–74.
36. Government of Canada. Gender and sexual diversity glossary. 2019. <https://www.btb.termiumpplus.gc.ca/publications/diversite-diversity-eng.html> (accessed January 23, 2021).

QUESTIONS

Please select the best answer for each question and answer online at eCortex.ca for instant results.

1. Which term does NOT describe a gender identity?
 - a) Genderqueer
 - b) Bigender
 - c) Transgender
 - d) Lesbian
 - e) Cisgender
2. Which term may describe a person who experiences an incongruence between their gender identity and their sex assigned at birth?
 - a) Cisgender
 - b) Heterosexual
 - c) Transgender
 - d) Bisexual
 - e) Queer
3. A condition where a person experiences persistent discomfort or distress because of a mismatch between their gender identity and the sex they were assigned at birth:
 - a) Bigender
 - b) Non-binary

- c) Transgender
- d) Gender dysphoria
- e) Cisgender

4. Which term does NOT describe a sexual orientation?

- a) Bisexual
- b) Gay
- c) Lesbian
- d) Two-Spirit
- e) Cisgender

5. Which term comes from ancient Indigenous teachings and is used to describe individuals who carry two spirits: that of male and female?

- a) Bisexual
- b) Pansexual
- c) Agender
- d) Two-Spirit
- e) Bigender

6. Which of the following factors is related to limited access to healthcare services?

- a) Services not available in the local area

- b) Services not publicly funded
- c) Unemployment
- d) Access to health insurance
- e) All of the above

7. The Trans PULSE Project survey found this percentage of transgender patients experienced negative treatment in the emergency department due to their transgender identity:

- a) 15%
- b) 32%
- c) 52%
- d) 67%
- e) 73%

8. Which condition has a greater prevalence in 2SLGBTQ+ populations?

- a) Depression
- b) Anxiety
- c) Substance use
- d) Certain cancers
- e) All of the above

9. It is an acceptable practice to assume a patient's spouse is of the opposite gender.
- True
 - False
10. Which of the following is NOT an acceptable way to learn a patient's pronouns?:
- Make a determination based on the way a patient speaks and dresses
 - Politely ask
 - Introduce yourself and your own pronouns
 - Include pronouns on name tags
 - Ask patients to list their pronouns on registration forms
11. Pharmacies and healthcare spaces can be made welcoming for 2SLGBTQ people by doing all of the following, EXCEPT:
- Post a rainbow triangle sign
 - Post a non-discrimination policy
 - Provide gendered washrooms
 - Display wall art that represents diversity
 - Staff wear rainbow lapel pins
12. When estrogen is prescribed to transgender women it is always at lower doses than for post-menopausal cisgender women.
- True
 - False
13. Examples of anti androgens include the following EXCEPT:
- Spironolactone
 - Finasteride
 - Testosterone
 - Cyproterone
14. Which of the following is NOT true regarding HIV prevention or treatment?
- Standard nPEP regimens are 14 days long.
 - nPEP must be started as soon as possible within 72 hours of potential HIV exposure.
 - PrEP can prevent HIV transmission by up to 99% in certain groups.
 - Medication adherence is extremely important to achieve an undetectable viral load
15. What is the meaning of U = U?
- A person who has not acquired HIV
 - A person who has been cured of HIV
 - A person whose HIV viral load has been undetectable for less than six months and cannot transmit the virus to sexual partners
 - A person whose HIV viral load has been undetectable for at least six months and cannot transmit the virus to sexual partners
 - A person who is non-adherent to HIV medication therapy

TECH talk CE

Presented by **pharmacy**
PRACTICE @ BUSINESS

Sponsored by **teva**

A guide for pharmacy technicians to optimize care of 2SLGBTQ+ patients

1.5 CE Units • APRIL 2021

To find this lesson, enter the CCCEP number 1329-2021-3167-I-T

Please consult this course online at eCortex.ca for specific expiry dates.

*REFERENCE ONLY: PLEASE SUBMIT YOUR ANSWERS ONLINE

- | | | | | |
|----------|----------|----------|-----------|-----------|
| 1. abcde | 4. abcde | 7. abcde | 10. abcde | 13. abcd |
| 2. abcde | 5. abcde | 8. abcde | 11. abcde | 14. abcde |
| 3. abcde | 6. abcde | 9. ab | 12. ab | 15. abcde |

Accredited by the Canadian Council on Continuing Education in Pharmacy

FOR IMMEDIATE RESULTS, ANSWER ONLINE AT eCortex.ca

> Sign in and click on **eCortex.ca**
OR click on **Education** and then **ECortex**.

> To find this lesson, enter the CCCEP number (1329-2020-3167-I-T) in the **Quick Search ECortex**, and hit **Go**.



Canadian **HealthcareNetwork.ca**



For information about CE marking, please email canadianhealthcarenetwork@halldata.com.

All other inquiries about Tech Talk CE should be directed to Vicki Wood at 437-889-0615, ext. 1254 or vwood@ensembleiq.com.