Feature Article

Queer Eye for Pharm Sci: Creating a Safe Space for LGBTQ2SIA+ Individuals at the Pharmacists Clinic

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The University of British Columbia (UBC) strives to be an inclusive community that welcomes all gender and sexual identities. Within the Faculty of Pharmaceutical Sciences, there is a growing awareness of the disproportionate health inequities within underserved communities, such as the LGBTQ2SIA+ population, and the Faculty recognizes that pharmacists play an integral role in healthcare leadership and delivery.1 At the Pharmacists Clinic, our clinicians interact and care for a diverse patient population and we continue to seek out ways in which to further enhance our practice as an environment of equity and inclusion for the LGBTQ2SIA+ population.

1. Gender Inclusive Workshop
In 2018, all team members participated in a gender inclusive workshop that focused on trans* literacy, as well as a discussion on ways to make the Pharmacists Clinic a safe and welcoming environment for trans* people. Then we undertook an audit of our clinic practices to identify ways for the clinic to respectfully and appropriately care for all patients of gender expression.

2. Terminology
We adopted the currently accepted term LGBTQ2SIA+ (Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Two Spirit, Intersex, Asexual, Plus other non-hetero orientations or genders) when referring to the broad community of people with non-cis gender and sexual identities.

3. Intake Forms
We transformed our intake form to use more gender inclusive language and invite patients to indicate their preferred personal pronouns. The questions are open-ended so patients can choose how they wish to be identified. These details show that we care about and respect gender expression.

Your Chosen Name: _________  Your Pronoun(s): _________

We remain challenged by the requirement to enter a male or female gender identifier for a PharmaNet search. The pharmacist therefore verbally collects the patient’s “assigned sex at birth” as a piece of medical information during the patient assessment part of the appointment since current infrastructures have not adapted to accommodate trans* individuals.

4. Data Collection Surveys
We provide a range of gender options in our data collection for research purposes, again to show respect for gender expression and promote inclusivity.

- [ ] Male
- [ ] Female
- [ ] Two-spirit
- [ ] Non-binary
- [ ] _________ (fill in the blank)
- [ ] Prefer not to answer

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We double check whether the collection of data about patient gender and sex is truly required, and if it is not, we do not ask for it.

5. Pronouns Added to Email Signatures

Most team members have included their preferred pronouns (he, him, his; she, her, hers; they, them, their) in their email signatures. This is done to avoid assumptions about people based on name and appearance, and communicates to others that pronouns are an important acknowledgement within the work place.

6. Gender Inclusive Washrooms

Everyone has the right to use their choice of washroom in peace, free of physical and/or verbal abuse. Unfortunately, washrooms are one of the least safe spaces for gender non-conforming, non-binary, and trans* people. An ongoing initiative at UBC is to make washrooms safe and accessible for all. As an interim measure, students and faculty members in the Pharmaceutical Sciences building have undertaken a project to post wayfinding signage beside high traffic washrooms to direct individuals wishing to use an alternate, more gender/body safe washroom within the building.

7. Gender Inclusive Resources

We have compiled a list of resources we use to educate team members and learners at the Clinic on respectful and inclusive health care spaces and will be adding these to the pharmacist resources section on our website soon.

An On-going Commitment

Creating a positive and safe space for LGBTQ2SIA+ patients is an ongoing practice that requires a mindset of continuous quality improvement. Our current challenge is figuring out how to be thoughtful and respectful of patient preference while working with the binary gender requirement in PharmaNet.

Inclusive care begins with a safe physical environment that reflects compassion, vigilance and commitment to patient safety and care quality.

Note: *Trans with an asterisk is used as an umbrella term to include non-binary identities, as well as transgender men (transmen) and transgender women (transwomen).

References


Case Study

The Orthostasis Obstacle

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At the time of writing Puneet was a UofA post-graduate PharmD Student on rotation at the Pharmacists Clinic.

Brian is a 75-year-old male referred to the UBC Pharmacist Clinic by his primary care physician for management of orthostatic hypotension. Past medical history includes: Parkinson’s Disease (diagnosed 2014); major depressive disorder; nodular lymphoma treated with rituximab maintenance therapy and complicated by pulmonary embolism; history of malignant bladder neoplasm requiring urostomy. Brian experiences dizziness throughout the day (worst in the morning), which has resulted in falls in the past with no sustained injuries. Brian was started on fludrocortisone 1 year ago with some improvement in orthostasis and related symptoms, however due to ongoing dizziness and falls, midodrine was added 6 months ago. It is unclear to the patient if midodrine has made a meaningful difference in his symptoms. Current medications:

- midodrine 20 mg PO at breakfast, 10 mg PO at lunch, and 10 mg PO at dinner
- fludrocortisone 0.3 mg PO QAM
- levodopa/carbidopa IR 100mg/25mg – 2 tablets PO TID
- mirtazapine 15 mg PO QHS
- rivaroxaban 20 mg PO once daily at dinner
- vitamin D3 1000 units PO once daily

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Brian has no known drug allergies but experienced GI upset/vomiting when taking salt tablets in the past. In terms of lifestyle, he has a well-balanced diet, drinks 2 cups of coffee daily (no other regular fluids) and denies any alcohol, tobacco, cannabis or recreational drug use. Recent electrolytes, serum creatinine and hematology profile are unremarkable. Orthostatic blood pressures taken in clinic were: 123/73 mmHg (sitting) and 92/56 mmHg (standing).

Orthostasis or orthostatic hypotension is a common problem experienced in patients with Parkinson’s Disease and defined as a decrease in systolic blood pressure by > 20 mmHg or decrease in the diastolic blood pressure by > 10 mmHg within 3 minutes of standing from a seated or supine position. Studies have shown that the incidence of orthostatic hypotension in patients with Parkinson Disease ranges from 9.6% - 64.9%.

Non-pharmacologic strategies for orthostatic hypotension include: ensuring adequate fluid intake (1.5-2.5 L daily); increasing salt intake (6-12 grams salt/day); eating smaller, more frequent meals as opposed to larger ones; elevation of head-of bed by 10-15 cm at bedtime; and using compression stockings/abdominal bandages. Pharmacologic strategies to consider in our patient include: reviewing current medications to assess for medication-related causes (note: medications used for the management of Parkinson Disease can contribute to orthostatic hypotension); evaluating effectiveness and safety of current medications and/or initiation of domperidone (5-10 mg PO TID) or pyridostigmine (30-60 mg PO BID).

Brian’s current pharmacotherapy for orthostatic hypotension includes midodrine (at the maximum recommended daily dose) and fludrocortisone. Although fludrocortisone may be used up to a maximum daily dose of 1 mg, clinical trials in orthostatic hypotension have typically employed lower daily doses of 0.1-0.2 mg with higher doses demonstrating no added benefits and increased hypertension and hypokalemia. The patient’s current medication were reviewed and no potential medication causes were identified other than levodopa/carbidopa which has been highly effective for treating motor symptoms. As the patient wished to avoid changing or adding new medications presently, various non-pharmacologic strategies were discussed and implemented, with specific attention to increasing fluid intake. Brian was encouraged to keep track of fluid intake and increase it to a minimum of 2 L per day. Adequate fluid intake can increase blood pressure by 15-25 mmHg. The family physician was asked to reassess the need to continue midodrine given clear lack of benefit. Proper measurement of home blood pressures was reviewed with the family to facilitate ongoing monitoring.

Although pharmacotherapy has its role in the management of orthostatic hypotension, optimization of non-pharmacologic strategies can be effective and avoid the potential of adverse effects associated with intensifying drug therapy. Whether or not a patient is using pharmacologic therapy, pharmacists can play an important role in educating patients on non-pharmacologic strategies for orthostatic hypotension management and appropriate monitoring.

References

Note – Each case study has been peer reviewed and qualifies as a non-accredited learning activity (CE-Plus) within the annual professional development requirement for licensure by the College of Pharmacists of British Columbia.

Your Responsibility

The recommendations in this case are based on the views of our clinicians after careful consideration of the best available evidence and needs of a specific patient. As a health care professional, you will assess each of your cases based on the patient’s unique circumstances and in consultation with the patient and their care team. If you would like to discuss one of your patients with us please contact the Clinic team.