Health issues in geriatric LGBTQ: A review

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ABSTRACT

Introduction: The geriatric LGBTQ is an under-researched group in geriatric care. Although they face unique and compounded challenges due to the intersectionality of age-related issues, sexual and psychological issues, with poor support, there is no reference for healthcare personnel. This review aims to identify the medical conditions and the barriers to healthcare among elderly LGBTQ individuals. **Materials and Methods:** Literature search was conducted using databases including PubMed, Scopus, CINAHL and PsycINFO for articles published between 2010 and 2025. Keywords included were 'geriatric LGBTQ,' 'ageing sexual minorities,' 'elderly transgender health,' 'LGBTQ chronic diseases,' 'elderly LGBTQ health barriers,' and 'LGBTQ health disparities.' Studies were selected based on relevance and the population studied. **Results:** Five important health conditions and eight barriers were identified. However, five barriers are due to patients' factors, and another three are due to healthcare personnel factors. For the health conditions: (1) Studies have consistently shown that older LGBTQ individuals have higher rates of chronic conditions, frequently related to long-standing psychosocial stress, poor lifestyle, and limited access to continuous care. (2) Lesbian and bisexual women report higher rates of obesity and metabolic syndrome due to ageing, leading to undiagnosed chronic diseases like diabetes, hypertension, which eventually result in cardio and cerebrovascular complications. (3) Gay and bisexual men face an elevated burden of HIV-related comorbidities and cardiovascular complications. (4) There are higher rates of depression due to psychosocial issues, like being single and poor family support. (5) Some LGBTQ suffer from hormone therapy-related complications, misdiagnosis or medical neglect. The barriers experienced by the patients are (1) Their fear of seeking healthcare stems from previous negative encounters with healthcare personnel. (2) The dual health burden of ageism and LGBTQ is complex for them to understand as a patient. (3) The LGBTQ related stigma often contributes to mental health deterioration, related to cognitive decline and suicide risk. (4) Unsupported ageing issues cause them to default to medical follow-up and have poor self-care. (5) Financial issues cause limited access to continuous medical care. Whilst barriers due to healthcare personnel are: (1) Healthcare personnel lack training in LGBTQ issues, resulting in a poor understanding of the group's health complexity. (2) Healthcare personnel fail to integrate gender identity issues, sexual orientation into geriatric risk assessments. (3) Healthcare personnel's poor acceptance, with poor communication skills, causes poor relationships and failed patient care. These barriers can be alarming if not intervened as the geriatric LGBTQ is a growing population. Chronic diseases, like diabetes mellitus, AIDS, and neurodegenerative disorders like Alzheimer's, require long-term care to prevent complications and provide a quality life. Therefore, an integrated health support systems tailored to aging LGBTQ is essential. **Conclusion:** The Geriatric LGBTQ population requires urgent yet guided targeted interventions. Therefore, identifying their health issues, improving provider education with a reiteration of training is vital. Development of guidelines for the management of geriatric LGBTQ, encompassing culturally competent geriatric care models, inclusive of holistic healthcare design for LGBTQ issues, is imperative. Future research should focus on longitudinal health outcomes for a more improved quality care.

Keywords: Elderly, chronic diseases, transgender, bisexual, queer, homosexual