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Subjective Cognitive Decline Associated with Medical Discrimination between Transgender and Non-Binary Elderly

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Abstract

Transgender and Non-Binary (TNB) individuals report greater Subjective Cognitive Decline (SCD) compared to non-TNB individuals. SCD involves self-reported problems with memory and thinking and is a potential risk of Alzheimer's Disease and Associated Dementia (ADRD). We investigated psychosocial factors such as B. Discrimination in the medical environment associated with SCD in a sample of older TNE adults. Discrimination in the medical environment from PRIDE studies of LGBTQ + adults (n = 115) over 50 years of age, including aging health, SCD (memory impairment and memory deterioration over the past year), and TNB adults I used the cross section data for. We tested the association using multivariate logistic regression. Nearly 16% of TNB participants rated their memory as poor / normal, and 17% reported that their memory was worse than it was a year ago. Older TNB adults with SCD were more likely to report experiencing discrimination in the medical setting. After adjustment, those who reported discrimination in the medical setting were 4.5 times more likely to report poor memory than those who did not (OR: 4.5; 95% CI: 1.5-13.2; p = 0.006), 7.5. It was twice as expensive. Possibility of inadequate reporting / good memory (OR: 7.49; 95% CI: 1.7-32.8; p = 0.008). Older TNB adults report a higher incidence of SCD and discrimination in the medical setting did. Further research is needed to explore positive cognitive screening and medical services.

Keywords: TNB; ADRD; Subjective Cognitive Decline

Introduction

Increasing research is investigating risk factors for dementia (ADRD) associated with Alzheimer's disease in lesbian, gay, bisexual, transgender, queer, and LGBTQ + populations. However, few studies have investigated the risk and resilience of ADRD in transgender and non-binary (TNB) populations. The terms transgender and non-binary refer to people whose gender identity is different from the general beliefs associated with the gender assigned at birth. The term cisgender refers to an individual whose gender identity complies with the general beliefs associated with the gender assigned at birth. Birth gender assignments may include assessment of chromosomal and hormonal levels, but are often determined by the appearance of the genitals at birth. ADRs are a group of diverse experiences that need to be prioritized and are not particularly well serviced and researched [1]. Elderly people with TNB have a higher diagnosis rate of dementia and an earlier risk of ADRD compared to older cis-gender adults (hypertension, diabetes, obesity, stroke, mental health diagnosis, etc.) It has been reported to develop .In addition; the increased levels of discrimination and alienation experienced by adults with TNB are associated with worsening mental health outcomes and adversely affect physical health. A possible mechanism of increased risk of ADRD is the acceleration of cognitive aging due to minority stress, which can manifest itself as subjective or objective cognitive decline Meyer conceptualized prejudice and discrimination as (1) unique and additive, (2) chronic, and (3) socially evolving / permanent minority stressors. Individuals with TNB experience discrimination more often than cisgender individuals, including individuals identified as cisgender LGBQ + individuals [2]. Social stressors associated with daily discrimination can produce reactions that resemble traumatic reactions. With repeated triggers of the autonomic nervous system.

There is a complex history of TNE people who have long been exposed to minority discrimination and stressors in their health care models and systems. The relationship between TNE individuals and the current health care system is undermined by prejudice, gatekeeping, provider prejudice, and mistraining. Data reported by the National Transgender Discrimination Survey (NTDS) and the US Transgender Survey between 2010 and 2015 show that one-third of TNE participants have knowledge of providers (50%) and harassment (28%). Indicates that you do not have.) Etc. indicated that they reported a negative interaction with the provider. Refusal of treatment (19%) and violence in the medical environment (2%) [3,4]. Fearing discriminatory abuse, 28% of TNE participants reported avoiding health care altogether . In another study, 40% of older people with TNE reported fear of discrimination and internalized stigma in their healthcare systems and providers. In addition, the prevalence of discriminatory experiences between transgender and non-binary people is highest among those who say they are perceived as such, at 40.9% and 36.9%, respectively.

Materials and Method

The Rainbows of Aging (ROA) is an adjunct to the PRIDE study and is a national study of the health of people identified as belonging to sexual and / or sexual minority groups For lesbian and gay men. This was a typical online longitudinal study Bisexual, transgender [5,6].

Queer (LGBTQ +). Eligibility criteria for 4,444 PRIDE studies are age 18+, sexual minority or gender identity as a minority, resident of the United States or its territory, and electronic availability. I was able to answer various questionnaires comfortably. The ROA survey specifically focused on the health of LGBTQ + individuals (n = 669) over the age of 50, with cross-sectional data collected between August and November 2018. The selection criteria for ROA modules were LGBTQ + and identification as over 50 years old. Exclusion criteria were not available. This analysis examined ROA data. This analysis focused on

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participants over the age of 50 who self-identified as sexually oriented TNE (n = 115) or cisgender LGBQ + (n = 592). Descriptive statistics used to characterize demographic, psychosocial factors, and prevalence of SCD. The relationship between discrimination and SCD in the medical environment was investigated using the chi-square test and the t-test. Multinomial logistic regression was used to test the association of SCD with health, psychosocial factors, and discrimination, and the results were shown as odds ratio (OR) and 95% confidence interval (CI). Only health and psychosocial factor [7,8].

Discussion

The study examined the association between SCD and psychosocial factors such as mental health diagnosis, violence, and discrimination in the medical setting in a sample of older people with TNE. Approximately 16% of older TNB adults report SCD and even considering age, education, and other psychosocial factors, TNB participants who report poor / inadequate memory and poor memory are in medical care. They were more likely to report discrimination in the field. Taken together, these data may face unique barriers that can prevent older TNB adults from seeking health care or talking to health care providers about memory problems. Suggests Despite changes in diagnostics that reflect changes in healthcare providers' views on TNE identity discrimination in healthcare settings are significant with SCD in our study of elderly people with TNE. Was related to Overall, adults with TNB in our study were more than twice as likely to report discrimination in the medical setting as compared to their cisgender LGBQ + companion. Older TNB adults who reported experiencing significant discrimination in health care and practice were 5-8 times more likely to report memory loss and memory loss / impartiality [9,10]. These findings support the need for studies that specifically focus on ways to facilitate cognitive health screening and discussions with healthcare professionals among older TNB adults with SCD. In addition, strategies to eliminate medical discrimination in older TNB adults may be important to promote dementia, improve early detection of dementia, and reduce health inequalities associated with SCD. .. LGBTQ + people with SCDs do not talk to their healthcare providers about SCDs. Overall, more than half of older people with dementia have not been formally diagnosed. However, discrimination in medicine and medicine strengthens existing barriers. Early detection of dementia has several benefits. This includes early start of care plans and treatments, prevention of unsafe behaviour (driving, unsafe cooking, non-compliance with medication, etc.), and subsequent hospitalization. In addition, early diagnosis helps to rule out modifiable contributors to SCD. Treatment of side effects of drugs, infections, sleep disorders, depression. Based on our findings, additional training for healthcare providers and systematic in the healthcare environment to ensure that adults with TNB receive comprehensive and competent care with age, with or without SCD. And the promotion of policy changes is needed [11-13]. This is an exploratory study and further research is needed to clarify the relationship between psychosocial factors, discrimination and SCD in individual TNBs. Minority stress and lack of provider training are two factors that support the findings, but the contributions of this study to the findings can vary. Second, this is a relatively small sample of TNE subjects over the age of 50 (n = 115), most of whom are Caucasian and well-educated, limiting relevance to additional populations. There is likely to be. Another limitation of our research is that we relied on self-reporting. Studies have shown that self-reporting is an effective way to report other medical conditions (diabetes, hypertension, stroke, etc.) when it comes to cognitive decline.

Conclusion

This study serves as a basis for a deeper understanding of SCD and related psychosocial factors in the TNE population. Psychological and social factors such as poor health, food insecurity, violence and discrimination in the medical setting are associated with SCD. Further studies investigating the complex relationship between SCD and the modifiable psychosocial factors that affect the cognitive health of older TNB adults will help reduce health inequalities in this population. Given that older people with TNE reported a higher incidence of SCD compared to the general population0020, this group also reported a higher incidence of discrimination in health care and practice. That is a big concern. Discrimination in health care and healthcare facilities serves as an additional barrier to access to dementia diagnosis, care, and support services. Discriminatory practices in healthcare organizations and healthcare providers can be seen as a modifiable factor for healthcare providers, and addressing such practices can lead to better care and the diagnosis of dementia among different populations May be connected. These include prioritizing skills training in TNW health care delivery, modernizing research methodologies to involve TNW participants, and hiring and retaining a diverse and knowledgeable workforce in healthcare research and practice. It is necessary to change the organizational culture.

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