

The Prevalence of Arthritis in 2SLGBTQQIA+ People in Canada

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Imagine being in constant pain as a teenager and after years of being in pain and going to doctors, you finally get diagnosed with arthritis. Unfortunately, many people don't believe you because they think it's a condition that only affects the elderly. In reality, arthritis is a debilitating pain condition that can impact anyone at any age. Some common types of arthritis are osteoarthritis, rheumatoid arthritis, and spondyloarthritis. It is the most common chronic disease in Canada with approximately one in five people affected.¹ This number is on the rise and by 2040 the number of Canadians living with arthritis is expected to grow by 50%.²

While arthritis can affect anyone, there are demographics more likely to be affected by it. For instance, arthritis is more common in women than men, as one in four women have arthritis compared to one in six men.³ Furthermore, marginalized groups like the 2SLGBTQQIA+ community⁴ are even more likely to have arthritis than their heterosexual and cisgender⁵ peers. This can partially be explained by the barriers queer people face when accessing healthcare.

According to the Key Health Inequalities in Canada Report from 2018,⁶ which is result of the Pan-Canadian Health Inequalities Reporting Initiative, the disparities between 2SLGBTQQIA+ people and heterosexual Canadians living with arthritis are staggering. Lesbian women were 1.5 times more likely to have arthritis and bisexual adults were 1.4

¹ "Arthritis Facts and Figures," *The Arthritis Society*, <https://arthritis.ca/about-arthritis/what-is-arthritis/arthritis-facts-and-figures>.

² "Arthritis Facts and Figures."

³ "Arthritis Facts and Figures."

⁴ Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, and all other sexual orientations and gender identities.

⁵ Those who identify with the gender assigned to them at birth.

⁶ "Key Health Inequalities in Canada: A National Portrait – Executive Summary," *Government of Canada*, <https://www.canada.ca/en/public-health/services/publications/science-research-data/key-health-inequalities-canada-national-portrait-executive-summary.html>

times more likely to have arthritis.⁷ More research needs to be conducted to determine why queer folks are disproportionately impacted by arthritis, but it is suggested that barriers to healthcare are partly responsible. A 2019 report by the House of Commons Standing Committee on Health “notes that a number of factors contribute to the health inequities experienced by LGBTQIA2 communities, including discrimination and stigmatization.”⁸ The report further states that health inequities for queer communities are exacerbated when identity factors and determinants of health intersect with gender identity and sexual orientation. In other words, when healthcare professionals are not knowledgeable about queer identities it can create negative environments where patients are discriminated against, which can make them less likely to seek out medical care causing conditions like rheumatic diseases to progress and worsen. Additionally, queer patients have specific needs when it comes to healthcare. Medical teaching and research do not adequately address queer individuals. Dr. Richard Henry, PhD, is one of two researchers⁹ interviewed by the Arthritis Society on the impacts of sexual orientation, gender identity, and gender expression (SOGIE) on patients with arthritis and rheumatic diseases. He outlines an instance where knowledge of SOGIE would aid in providing competent care to a queer individual. He gives the example of how those with lupus are at a higher risk of cervical cancer (arthritis is a common symptom of lupus). A trans man with lupus who has a cervix, therefore, needs to undergo routine cervical cancer screening.¹⁰ It is the doctor’s responsibility to determine their patient’s baseline health and what risks they face; doctors need to be knowledgeable about SOGIE in order to do that. This is especially true for patients with arthritis and other rheumatic diseases as “the chronic

⁷ “Sexual orientation, gender identity and expression in arthritis research,” *The Arthritis Society*, <https://arthritis.ca/living-well/2022/sogie-in-arthritis-research-and-care>

⁸ “The Health of LGBTQIA2 Communities in Canada: Report of the Standing Committee on Health,” *Community-Based Research Centre*, https://www.cbrc.net/the_health_of_lgbtqia2_communities_in_canada_report_of_the_standing_committee_on_health.

⁹ “Sexual orientation, gender identity and expression in arthritis research.”

¹⁰ “Sexual orientation, gender identity and expression in arthritis research.”

nature of these conditions requires a great deal of collaboration between the patient and the provider.”¹¹

Facing discrimination based on a 2SLGBTQQIA+ identity hinders many queer patients with arthritis from seeking medical care until their condition worsens and it is unavoidable. Queer patients would opt to continue suffering rather than be subject to prejudice in spaces where they should be able to receive unbiased care. On the other hand, doctors may not be well equipped to deal with the specific and nuanced health issues queer patients face in relation to their identity. To remove these barriers and lessen the gap in equitable healthcare, medical education and research must consider and include 2LGBTQQIA+. Organizations that cater to patients with rheumatic diseases can create resources and community hubs in-person and virtually to support patients that are queer and live with arthritis or other rheumatic diseases.

¹¹ “Sexual orientation, gender identity and expression in arthritis research.”