

Evaluation of Dermatology Procedure Perceptions and Seeking in LGBTQ+ Patients

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INTRODUCTION

LGBTQ+ individuals seek both invasive and non-invasive dermatological procedures, such as Botox and fillers, at high rates.¹ Some theories attempt to explain the disproportionately higher rates of procedure seeking in the LGBTQ+ community compared to those who do not identify as LGBTQ+, but no studies to date have explored motivation or preferences regarding the reasons for this finding. While some hypotheses suggest additional factors, such as poor self-esteem, may play a role in the pursuit of these procedures,^{1,2} they are largely depicted as being sought out for purely “cosmetic” or superficial reasons. Thus, in our study, we sought to evaluate additional factors playing a role in LGBTQ+ peoples’ decision to seek out dermatological procedures.

An IRB-approved survey (NCR235235) was emailed via SurveyMonkey to participants in the platform’s Contribute and Rewards Panels. ANOVA was used for statistical analysis and frequency distribution calculations. The survey was sent to a total of 2,880 participants, yielding a response rate of 79%, of which 516 reported receiving cosmetic procedures. Of these, 141 identified as heterosexual, while 375 identified as LGBTQ+.

The most common individual factors influencing LGBTQ+ respondents’ (N=375) decision to seek out cosmetic care include boosting self-esteem, aesthetic purposes, gender-affirming care, and cosmetic feminization or masculinization (Table 1). Of the LGBTQ+ respondents, gay and bisexual respondents

TABLE 1.

Individual factors playing a role in LGBTQ+ respondents’ (N=375) decision to seek out cosmetic care.				
	Boost Self-Esteem	Aesthetic Purposes	Gender-Affirming Care	Cosmetic Feminization or Masculinization
Gay	61 (16.2%)	47 (12.5%)	35 (9.3%)	32 (8.5%)
Bisexual	69 (18.4%)	65 (17.3%)	18 (4.8%)	18 (4.8%)
Lesbian	35 (9.3%)	26 (6.9%)	21 (5.6%)	19 (5.1%)
Pansexual	13 (3.5%)	15 (4%)	8 (2.1%)	7 (1.9%)
Asexual	13 (3.5%)	10 (2.7%)	6 (1.6%)	10 (2.7%)
Prefer to self-describe	4 (1.1%)	3 (0.8%)	1 (0.2%)	1 (0.2%)
Prefer not to say	11 (2.9%)	6 (1.6%)	7 (1.9%)	2 (0.5%)

TABLE 2.

Social factors influencing LGBTQ+ respondents’ (N=375) decision to seek out cosmetic care.				
	Social Pressure	Fit In With LGBTQ+ Culture	Body Dissatisfaction	Standards of Beauty
Gay	60 (16%)	42 (11.2%)	67 (17.9%)	53 (14.1%)
Bisexual	66 (17.6%)	32 (8.5%)	63 (16.8%)	36 (9.6%)
Lesbian	27 (7.2%)	24 (6.4%)	42 (11.2%)	30 (8.0%)
Pansexual	11 (2.9%)	7 (1.9%)	10 (2.7%)	8 (2.1%)
Asexual	9 (2.4%)	1 (0.27%)	14 (3.7%)	2 (0.53%)
Prefer to self-describe	5 (1.3%)	1 (0.27%)	1 (0.27%)	2 (0.53%)
Prefer not to answer	7 (1.9%)	3 (0.8%)	6 (1.6%)	2 (0.53%)

reported the highest frequencies of seeking cosmetic care to boost self-esteem (Table 1). Gay individuals were most likely to receive care for gender-affirming procedures and cosmetic feminization or masculinization (Table 1).

Sociocultural factors such as body dissatisfaction, social pressure, unrealistic standards of beauty, and a desire to fit in with LGBTQ+ culture played a role in LGBTQ+ respondents' decision to seek out cosmetic care (Table 2). Of the LGBTQ+ respondents, gay individuals were most likely to seek out cosmetic procedures due to the aforementioned social factors (Table 2). Physical characteristics considered to be desirable in the LGBTQ+ community included thin (44%, 165/375), muscular (44%, 165/375), youthful (61%, 229/375), and, less commonly, curvy (28.5%, 107/375).

Our study highlights that LGBTQ+ patients sought cosmetic services to boost self-esteem and pursue gender-affirming care on an individual level and fit into unrealistic standards of beauty in the LGBTQ+ community on a larger sociocultural scale. Sociocultural factors such as social pressure and body dissatisfaction may negatively impact mental health and were found to play a role in the pursuit of dermatological care. Since low self-esteem and gender dysphoria are associated with increased rates of depression and suicide,^{3,5} providers should seek to understand reasons for the pursuit of cosmetic care in LGBTQ+ patients, particularly the roles that self-esteem and gender-affirming care may play in their decision-making process.

Our study underscores how the pursuit of dermatological procedures among LGBTQ+ patients should not be seen as purely "cosmetic" but rather as powerful tools that enhance mental health by boosting self-esteem, aiding in gender-affirming care, and addressing sociocultural stressors in the LGBTQ+ community. During consultations for dermatological procedures in LGBTQ+ patients, dermatologists should cultivate thoughtful discussion about both individual and sociocultural factors influencing LGBTQ+ patients' decision-making process as a component of their discussion about desired aesthetic outcomes.

DISCLOSURES

The authors have no financial or non-financial conflicts of interest to disclose.

IRB approval status: Reviewed and exempt by GW IRB; approval # NCR235235

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