

Transgenderism in studies on the health of older adults: a systematic review

A transgeneridade em estudos sobre a saúde do idoso: revisão sistemática

El transgenerismo en estudios sobre la salud de las personas mayores: revisión sistemática

Jônathas de Lima Arruda¹ , Patrícia Fernanda Faccio² , Camila Caroline da Silva¹ ,
Danielle Ramalho Barbosa da Silva¹ , Rafael da Silveira Moreira² , Vanessa de Lima Silva¹ 

¹Universidade Federal de Pernambuco, Programa de Pós-Graduação em Gerontologia, Recife, PE, Brasil

²Universidade Federal de Pernambuco, Programa de Pós-Graduação em Saúde da Criança e do Adolescente, Recife, PE, Brasil

ABSTRACT

Objective: To describe how transgenderism is studied in research on the health of older adults.

Methods: This was a systematic literature review, with searches conducted in September 2022 across the LILACS, MEDLINE/ PubMed, Embase, Web of Science and Scopus databases. The articles were selected independently by two reviewers. The risk of bias was assessed using the JBI Critical Appraisal Tools and data synthesis followed the Entreg and Swim protocols. **Results:** A total of 15 studies were included, eight qualitative and seven quantitative, from 2014 to 2023. Most of them specifically analyzed the transgender population. The qualitative studies focused on individuals' perceptions and experiences, health care planning and support networks. The quantitative studies addressed gender characterization, health status (including mental health), and associations with social determinants. **Conclusion:** Despite the different approaches, the studies addressed the subject in the context of accumulated stigmas and discrimination faced this population.

Keywords: Older adults; Older Adults aged 80 years or older; Transvestism; Transgender People; Health.

INTRODUCTION

Population aging is a global reality, although it occurs unevenly due to socioeconomic inequities. The elderly group consists of individuals aged 60 or over. This group is growing faster than other age groups, correlating with demographic and epidemiological transitions.^{1,2}

Old age occupies a paradoxical position: it stands out as a phase of greater wisdom and experience, reflecting the multiplicity of aging experiences,³ but it is also subject to rejection and interventions as technological advancements aim to halt the natural changes in the body during this process.⁴ Aging has historically been burdened with prejudiced symbols, particularly those related to sexuality, which are socially invalidated and have long been the subject of few studies and reflections in academic circles.⁵

In contrast to the cis-heteronormative understanding of old age, LGBTQIAPN+ gerontology has emerged more recently as a field of knowledge and discourse that focuses its analyses on the multiplicity of aging experiences. This gerontology views itself as counter-hegemonic conceptions of aging.⁶

Academia often adopts a biologically deterministic view of sexuality in old age, associating this stage of life solely with functional decline. This distortion is more prevalent when discussing LGBTQIAPN+ aging, as the understanding of sexuality has historically been limited to reproduction.⁸ LGBTQIAPN+ older adults bear a significant stigma: that of old age, of sexual minorities, and that of gender identity.⁹ When these factors intersect, political, social, and economic vulnerabilities are amplified.¹⁰

Transgender is an umbrella term used for people who identify with a gender that differs from the one assigned at birth, whose gender expression does not conform to social expectations.¹¹ Violence against LGBTQIAPN+ people is often intentional and characterized

| Study contributions | |
|----------------------------------|---|
| Main results | The aging experience of transgender people is shaped by transphobia, ageism, loneliness, fear of discrimination by caregivers, concerns about public policies, and the impact of prejudice and social exclusion on mental health. |
| Implications for services | The diversity of gender identities and sexualities is also present among the elderly population. Healthcare professionals must be prepared to provide careful, responsible, comprehensive, and equitable care. |
| Perspectives | There is an analytical gap on the topic in Latin American studies. Future research can contribute to the scientific debate and health systems, particularly in service provision and management, aiming to promote public policies. |

by moral and physical assaults or threats. It is motivated by homophobia, which, although understood as aversion to homosexuality and homosexuals, also targets bisexuals and transgender people, occurring in both private and public spaces, from families to communities.¹²

It is important to emphasize that elderly transgender people are disproportionately affected by social determinants at both personal and community levels, leading to profound health inequalities. Studies on the aging of transgender people tend to be part of generalized analyses of sexual and gender minorities, resulting in an analytical gap regarding the specificities of transgenderism in old age.¹³

The stigma surrounding transgender people is also reproduced in academic works, as articles frequently associate transsexuality

with sexual themes, drug use and HIV.¹⁴ The specific concerns of aging transgender individuals include unique issues compared to heterosexual people, such as fear of rejection by family and adult children, transphobia, marginalization by gays and lesbians, and discrimination by cisgender service providers.¹⁵

Given the relevance of sexual and gender minorities and the potential intersections between transgenderism, aging and health, this review was developed in order to characterize how transgenderism is addressed in research on the health of older adults.

METHOD

This was a systematic literature review, guided by the PRISMA 2020 Checklist. This review was registered with PROSPERO, under number CRD42022360075. The research question was: *How is the transgender theme studied in research on the health of older adults?*, and it was structured as follows.

Population: older adults

Outcome: transgenderism

Context: health

In September 2022, searches were conducted in pre-selected electronic databases: LILACS, MEDLINE/PubMed, Embase, Scopus and Web of Science.

The following key, formulated with Mesh descriptors, was applied to each database. LILACS: (mh:(aged)) OR (mh:(aged,80 and over)) AND (mh:(health)) AND (mh:(sexual and gender minorities)) OR (mh:(gay)) OR (mh:(lesbian)) OR (mh:(bisexual)) OR (mh:(transgender persons)) OR (mh:(transsexualism)) OR (mh:(homosexuality)) OR (mh:(lesbianism)) OR (mh:(queer)) MEDLINE/PubMed: (((aged[MeSH Terms]) OR (aged, 80 and over[MeSH Terms])) AND (health[MeSH Terms])) AND (((((((sexual and gender minorities[MeSH Terms]) OR (gay[MeSH Terms])) OR (lesbian[MeSH Terms])) OR (bisexual[MeSH Terms])) OR (transgender persons[MeSH

Terms])) OR (transsexualism[MeSH Terms])) OR (homosexuality[MeSH Terms])) OR (lesbianism[MeSH Terms])) OR (queer[MeSH Terms])). Embase: aged OR (aged, 80 and over) AND (health) AND (sexual and gender minorities) OR (gay) OR (lesbian) OR (bisexual) OR (transgender persons) OR (transsexualism) OR (homosexuality) OR (lesbianism) OR (queer). Scopus: (KEY (aged) OR KEY (aged,80 AND over) AND KEY (health) AND KEY (sexual AND gender AND minorities) OR KEY (gay) OR KEY (lesbian) OR KEY (bisexual) OR KEY (transgender AND persons) OR KEY (transsexualism) OR KEY (homosexuality) OR KEY (lesbianism) OR KEY (queer)). Web Of Science: AK=(aged OR aged, 80 and over AND health AND sexual and gender minorities OR gay OR lesbian OR bisexual OR transgender persons OR transsexualism OR homosexuality OR lesbianism OR queer). No filters or limits were used in the search for articles.

The files obtained from each database were uploaded into Rayyan. This is a collaborative virtual platform for literature reviews, where duplicate studies were excluded. The study selection was performed in two phases: abstract screening and full-text reading, independently and blindly by two reviewers (JLA and PF). Discrepancies were resolved by a third reviewer (CS) through consensus meetings. Data synthesis from the selected articles was performed in an Excel spreadsheet. The original review protocol specified only including studies with a minimum age of 60 years. This inclusion criterion was adjusted to increase the number of available studies, providing a richer and more representative database for analysis.

The inclusion criteria adopted for the analysis of the texts were: the scientific article had to be original, the study population had to include people aged 50 or older, the focus of the study had to be health and the transgender theme had to be addressed. Articles not focused on the aging process or the reality of older adults

were not considered for analysis. In order to reduce the risk of bias, no eligibility criteria related to publication language, year, country, or institution of origin were applied.

A pilot selection was conducted to confirm the inclusion and exclusion criteria. This selection included the abstracts of the first 100 articles, organized in alphabetical order by title. After the consensus meeting on this pilot study, the selection of abstracts and full-text articles continued.

Data from the articles included in this review were extracted using a data extraction protocol, organized in a table within Microsoft Excel software, with a description of the following topics: article identification (article title, authors, year of publication, language and country of origin), objective, study population (study population and age group studied), method (study design, data collection instrument, study period, sample size and study location) and results (study focus, health approach, approach to the transgender theme approach and study outcomes) and conclusion.

The risk of bias analysis was performed by a researcher using JBI Critical Appraisal Tools for cross-sectional qualitative and quantitative study designs.^{16,17} Data synthesis was performed by grouping according to study design. The following tools were used: Entreq Statment¹⁸ for qualitative studies and Swim Guidelines¹⁹ for quantitative studies. The results were expressed in boxes and tables.

RESULTS

A total of 3,165 abstracts were retrieved from the database searches, of which 484 were from Embase, 1,803 from Scopus, 736 from Web of Science and 142 from PubMed/MEDLINE. LILACS was the only database that returned no articles. After the exclusion of 468 duplicates, 2,697 files proceeded to the selection phase. A total of 2,510 studies were excluded at the abstract screening stage for not meeting the

inclusion criteria, including: 1,583 where the population did not involve older adults, 228 that were not original articles and 699 included individuals with pre-existing conditions. A total of 187 articles were selected for full-text review, of which 172 were excluded. No articles were irretrievable during the selection process. The reasons for exclusion included the lack of specific analyses regarding transgender older adults in 166 articles, and 6 articles were not original studies. Ultimately, 15 articles were selected for this systematic review (Figure 1).

The analysis of the risk of bias in the qualitative studies indicated that all articles met the criteria proposed for the items evaluated, showing a low risk of bias. This pattern was identified in the quantitative cross-sectional studies, indicating a low risk of bias (Table 1).

Of the 15 studies included in this review, 13 were conducted in the United States, 1 in Canada and 1 in European countries (Belgium, Spain and the United Kingdom). The publication years range from 2014 to 2023. Of the total number of articles, 9 used 50 years or older as the age cutoff for the study population. The remaining articles used 55, 60, 61 and 65 years as the cut-off ages. One study included participants aged 21 to 70 years or older. Eight studies had female first authors (Table 1).

The qualitative studies mainly addressed life experiences and health perceptions and care planning for transgender older adults. They covered health care processes and the direction of public policies. Half of the studies focused on the lived experiences of the transgender population as the study's object. The other half addressed the realities of the LGBTQIAPN+ population and gender diversity (Table 2).

Among the qualitative studies included, the following stand out: the relationship between non-cisheteronormative users and healthcare professionals the implications of cultural, religious and moral values in the planning and execution of health care; the peculiarities of the LGBTQIAPN+ population in financial planning

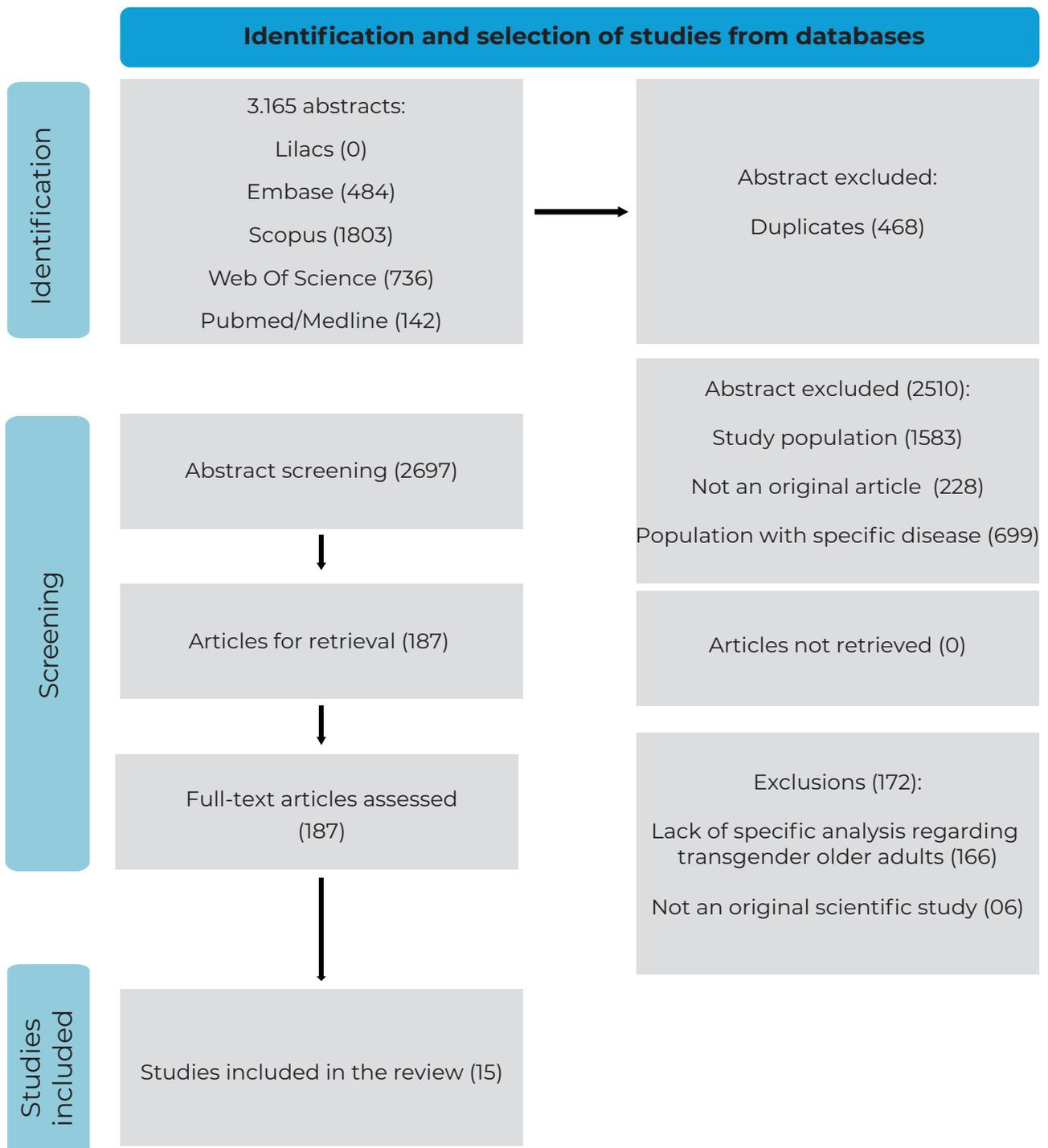


Figure 1 – Study selection flowchart

Box 1 – Analysis of the risk of bias of included studies

| Analysis criteria | | | | | | | | | | |
|---|-----|-----|-----|-----|---------|---------|---------|---------|---------|-----|
| Joanna Briggs Critical Appraisal Tools – Qualitative Research | | | | | | | | | | |
| Study | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Adan 2021 ²⁶ | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes |
| Rosenwohl-Mack 2022 ²⁷ | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes |
| Fabre 2014 ²⁸ | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes |
| Pang, Gutman, Vries 2019 ²⁹ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Unclear | Yes |
| Muraco 2018 ³⁰ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Knochel, Flunker 2021 ³¹ | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes |
| Willis 2020 ³² | Yes | Yes | Yes | Yes | Yes | Yes | Unclear | Yes | Yes | Yes |
| Page 2016 ³³ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Unclear | Yes | Yes |
| Joanna Briggs Critical Appraisal Tools – Analytical Cross-Sectional Studies | | | | | | | | | | |
| Study | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | |
| Blosnich 2016 ³⁴ | Yes | Yes | Yes | Yes | Unclear | Unclear | Yes | Yes | | |
| Hillman 2021 ³⁵ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Today-Elis 2016 ³⁶ | Yes | Yes | Yes | Yes | Unclear | Unclear | Yes | Yes | | |
| Nelson 2023 ³⁷ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Bouman 2016 ³⁸ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Fredriksen-Goldsen 2016 ³⁹ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Today-Ellis 2022 ⁴⁰ | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |

a) Criteria for qualitative studies: (1) Is there congruence between the stated philosophical perspective and the research methodology? (2) Is there congruence between the research methodology and the research question or objectives? (3) Is there congruence between the research methodology and the methods used to collect data? (4) Is there congruence between the research methodology and the representation and analysis of the data? (5) Is there congruence between the research methodology and the interpretation of the results? (6) Is there a statement that locates the researcher culturally or theoretically? (7) Is the influence of the researcher on the research, and vice versa, addressed? (8) Are participants and their voices adequately represented? (9) Is the research ethical according to current standards, or for recent studies, is there evidence of ethical approval by an appropriate body? (10) Do the conclusions drawn in the research report flow from the analysis or interpretation of the data?

b) Criteria for quantitative studies: (11) Were the inclusion criteria for the sample clearly defined? (12) Were the study subjects and setting described in detail? (13) Was the exposure measured in valid and reliable manner? (14) Were objective and standard criteria used for measuring the condition? (15) Were confounding factors identified? (16) Were strategies for dealing with confounding factors stated? (17) Were the outcomes measured in valid and reliable manner? (18) Was appropriate statistical analysis used?

for old age; the importance of the social support network; and the specific challenges of transgender aging in the face of transphobia and ageism (Table 2).

The studies discussed specific actions aimed at optimizing the aging process for transgender people. These actions included providing trans-friendly housing, the need for healthcare professional training on gender diversity, care planning for transgender older adults (including non-human forms of support), and

directing public actions, such as standardizing care and support processes.

Most of the quantitative studies addressed transgender identity as a means to characterize participants' gender. These studies presented approaches related to the health status of the transgender older adults, with a focus on mental health. Studies on mental health examined the relationship between gender identity stigma and the correlation between hormone use and mental health (Table 3).

Table 1 – Characteristics of the studies included in the systematic review

| Study | Country | Design | Age (years) | Population | Sample |
|---------------------------------------|----------------------------------|-----------------|---------------|--------------------|---------------|
| Adan 2021 ²⁶ | United States | Qualitative | ≥65 | Transgender people | 19 |
| Fabbre 2014 ²⁸ | United States | Qualitative | ≥50 | Transgender people | 22 |
| Fredriksen-Goldsen 2016 ³⁹ | United States | Cross-Sectional | ≥50 | LGBT | 4,627 |
| Rosenwohl -Mack 2022 ²⁷ | United States | Qualitative | ≥61 | LGBTQIA+ | 21 |
| Pang et al. 2019 ²⁹ | Canada | Qualitative | ≥60 | Transgender people | 24 |
| Knochel, Flunker 2021 ³¹ | United States | Qualitative | ≥55 | Transgender people | 24 |
| Willis 2020 ³² | United States | Qualitative | ≥50 | Transgender people | 19 |
| Muraco 2018 ³⁰ | United States | Qualitative | ≥50 | LGBT | 59 |
| Bouman 2016 ³⁸ | United Kingdom/ Spain/Belgium | Cross-Sectional | ≥50 | Transgender people | 71 |
| Today-Ellis 2016 ³⁶ | United States | Cross-Sectional | ≥50 | Transgender people | 186 |
| Hillman 2021 ³⁵ | United States | Cross-Sectional | ≥50 | Transgender people | 3,462 |
| Blosnich 2016 ³⁴ | United States | Cross-Sectional | 21-70+ | Transgender people | 6,307 |
| Hol-Ellis et al. 2022 ⁴⁰ | United States | Cross-Sectional | ≥50 | LGBT | 2,560 |
| Nelson 2023 ³⁷ | United States | Cross-Sectional | ≥50 | LGBT | 1,072 |
| Page 2016 ³³ | United Kingdom | Qualitative | Not specified | Transgender people | Not specified |

Table 2 – Study of transgender themes in qualitative research

| Study | Health approach | Transgenderism approach | Object of study | Study conclusion |
|-------------------------------------|---|---|---|---|
| Adan 2021 ²⁶ | Life experiences and health perceptions | Lived experience of transgender people is the object of study | Transgender people's perspectives on health care and aging | Training for caregivers of transgender older adults is needed; fear of abuse and overlapping stigmas. |
| Fabbre 2014 ²⁸ | Life experiences and health perceptions | Lived experience of transgender people is the object of study | Gender transition among older adults | Professionals may perpetuate behaviors that invalidate queer aging. |
| Rosenwohl-Mack 2022 ²⁷ | Life experiences and health perceptions | Characterization of the gender of the subjects | Experience of older LGBTQIA+ individuals living in LGBTQ-friendly housing | The need to provide LGBTQ-friendly housing for older adults. |
| Pang 2019 ²⁹ | Care planning | Characterization of the gender of the subjects | Life Care Planning for Older LGBT Adults | Plan care for older adults and ensure that transgender aging is discussed. |
| Knochel, Flunker 2021 ³¹ | Care planning | The lived experience of transgender people is the object of study | Care planning in old age for transgender and non-binary people | Early aging and the need to create institutionalized long-term transgender and non-binary older adults' friendly care. |
| Willis 2020 ³² | Healthcare | Gender characterization of subjects | Interaction with health professionals | Improve professionals' knowledge on the topic of gender diversity, so that they do not reinforce gender-based inequalities by reiterating cisheteronormativity. |
| Muraco 2018 ³⁰ | Healthcare | Gender characterization of subjects | social support from animals among LGBT older adults | Various forms of support, including non-human support, can impact LGBT aging, especially for those with limited social networks. |
| Page 2016 ³³ | Public policies | The lived experience of transgender people is the object of study | Social participation of transgender older adults in health councils | Actions were defined to establish care standards for transgender individuals by mental health teams and implement a support process for transgender workers. |

The influence of social determinants on the health of transgender older adults, health status assessment, the impact of discrimination and hormone therapy on mental health, intimate partner violence and the relevance of public policies in combating transphobia were studied (Table 3). No missing or unclear data were identified in the studies included in this review.

DISCUSSION

Scientific production on the health of transgender older adults presented a notable

predominance of North American studies. Several factors have been listed to justify the disparities in scientific output between developed capitalist countries and middle- and low-income nations. These factors included: inequalities in science funding, the stronger presence of academic productivity logic in wealthier countries, the limited capture of locally focused research by international databases, and the possibility of editorial bias.²⁰

An elderly person is defined as any individual aged 60 or older.²¹ There is disagreement among authors when studying the phenomenon of aging among sexual and gender minorities.

Table 3 – Study of transgender themes in quantitative research

| Study | Health approach | Transgender identity approach | Object of study | Conclusion of the study |
|---------------------------------------|---|--|---|--|
| Bouman 2016 ³⁸ | Mental health analysis | Characterization of the gender of the subjects | Correlation between hormone use and mental health | The use of cross-sex hormones before seeking medical treatment is widespread among older transgender women and appears to be associated with psychological benefits. |
| Today-Ellis 2016 ³⁶ | Mental health analysis | Characterization of the gender of the subjects; higher rates of gender dysphoria | Gender identity stigma and its correlation with mental health | By identifying the role of military service in the mental health of transgender older adults, this study provides insights into how prior military service may contribute to resilience and positive mental health outcomes. |
| Blosnich 2016 ³⁴ | Health analysis | Gender characterization of subjects based on ICD-9 diagnosis records | Prevalence of social determinants of health among transgender veterans and their associations with medical conditions | Social determinants play an important role in the lives of transgender people; hence the need to record them electronically and include them in treatment goals. |
| Hoy-Ellis 2022 ⁴⁰ | Health analysis | Characterization of the gender of the subjects | Differences in health exams, based on gender identity | Increasing access to preventive healthcare for transgender older adults through screening tests is essential to reducing health problems in this older adult population. |
| Fredriksen-Goldsen 2016 ³⁹ | Life experiences and health perceptions | Characterization of the gender of the subjects | Life events and their association with the well-being in older adults | Historical and environmental contexts frame normative and non-normative life events. |
| Hillman 2021 ³⁵ | Health analysis | The lived experience of transgender people is the object of study | Intimate partner violence against transgender older adults | Intimate partner violence is linked to poorer health outcomes. The study recommends surveillance that acknowledges gender identity and screening for abuse in individuals aged 50 and older. |
| Nelson 2023 ³⁷ | Public policies | Characterization of the gender of the subjects | Association between public policies and the health of older lesbians, gays, bisexuals and transgender people | Adult lesbian, gay, bisexual, and transgender are at a significantly higher risk of health problems if they live in a state with fewer enacted LGBT anti-discrimination policies. |

Most studies use 50 years or older as the cut-off point, ten years younger than that established by the World Health Organization. Old age, marked by chronological demarcation, is a social construct, and the problematization of the age threshold should take into account locally relevant factors in each nation.²² Life experiences marked by social exclusion and discrimination, especially among transgender people, have direct impacts on quality of life and, consequently, on aging. The particularities of aging among sexual and gender minorities are permeated by discrimination and invisibility.²³

One of the studies used the diagnosis of gender disorder as its basis, defined by the relevant code from the International Classification of Diseases, which is included in the health records of the target population. Transsexuality, as a reflection of the hierarchy of knowledge-power structures, reaffirming hegemonic gender norms, has historically been treated as a deviation, sometimes of a mental nature, sometimes of a sexual nature, as demonstrated by the shifting categories in the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases. Medical, legal, psychiatric and psychological knowledge consciously pathologizes transgender people in order to classify, diagnose and intervene in their bodies.²⁴

Western society is historically constructed and continually reinforcing the cis-heterosexual-patriarchal order, permeates social relations, which are characterized by various forms of violence, stigma, and discrimination against the transgender population. The incessant reproduction of gender and sex performance models results in exclusionary behaviors toward transgender individuals.²⁵ The findings of this

review reiterate that the cis-heterosexual order of performing gender and sexuality permeates the lived experiences of transgender people. This is reflected in difficulties in maintaining social support networks and accessing qualified care that addresses the specificities of their aging process. Transphobic behaviors persist throughout adult life. In old age, they are compounded by factors characteristic of the older adult population, such as family exclusion and fear of discriminatory behavior by caregivers and other residents in long-term care facilities.

The heterogeneity of the included studies, with different designs, which made it difficult to generalize the results, stands out as a limiting factor of this review.

The transgender theme in research on the health of older adults has been studied from the perspective of the accumulation of stigmas and the continuity of discrimination and exclusion during old age. Notable concerns include fear of loneliness, persistent transphobia, and the limited availability of open and welcoming spaces for transgender elderly individuals, often resulting in a more fragile social support network.

The importance of this review is justified by the social relevance of the topic, given the current scenario of population aging. Old age that contradicts cis-heteronormativity will require healthcare professionals and systems to understand the particularities and lived experiences of LGBTQIAPN+ older adults, especially transgender older adults. The lack of studies that correlate aging with sexual and gender minorities in Latin America and the Caribbean provides an opportunity for a contextualized analysis of the experiences of transgender older adults in the region.

AUTHOR CONTRIBUTIONS

Arruda JL collaborated with the study conception and design, data collection, analysis, interpretation, and drafting of the manuscript. Faccio PF and Silva CC collaborated with data collection, analysis, and interpretation. Silva DRB and Moreira RS collaborated with relevant critical reviewing of the intellectual content of the manuscript. Silva VL collaborated with the study conception and design, and relevant critical reviewing of the intellectual content of the manuscript. All authors have approved the final version of the manuscript and declared themselves to be responsible for all aspects of the work, including ensuring its accuracy and integrity.

CONFLICTS OF INTEREST

The authors declare they have no conflicts of interest.

Correspondence: Jônathas de Lima Arruda | limajonathasarruda@gmail.com

Received on: 28/02/2024 | **Approved on:** 18/10/2024

Associate editor: Letícia Xander Russo 

REFERENCES

1. Vasconcelos AMN, Gomes MMF. Transição demográfica: a experiência brasileira. *Epidemiol Serv Saude*. 2012; 21(4):539-48.
2. Oliveira A. Transição demográfica, transição epidemiológica e envelhecimento populacional no Brasil. [Internet]. UFU. 2024 [cited 2024 Sep 11]. Available from: <https://seer.ufu.br/index.php/hygeia/article/view/48614/27320>.
3. Beauvoir, S. *A velhice*. Tradução: Maria Helena Franco Monteiro. 5ª ed. Rio de Janeiro: Nova Fronteira; 1990.
4. Rocha A da, Palacios J, Luiz C, Matos A. Estudo etnográfico dos corpos juvenilizados de mulheres idosas: identidades culturais, imagens corporais e consumo [Internet]. [cited 2023 Sep 8]. Available from: <http://www.enecult.ufba.br/modulos/submissao/Upload-568/131904.pdf>
5. Vasconcellos D, Rosa Ferreira Novo, Perugini O, Vion-Dury K, Ruschel Â, Clara M et al. A sexualidade no processo do envelhecimento: novas perspectivas – comparação transcultural. *Estud Psicol (Natal)*. 2004; 9(3):413-9.
6. Henning CE. O luxo do futuro. idosos LGBT, teleologias heteronormativas e futuros viáveis. *Sex Salud Soc (Rio de Janeiro)*. 2020; (35):133-58.
7. Aguiar BR, Campos C, Paula A, Souza M, Tereza M. Idosos vivendo com HIV – comportamento e conhecimento sobre sexualidade: revisão integrativa. *Cien Saude Colet [Internet]*. 2020; 25(2):575-84.
8. Sousa S, Alves S, Fernandes L, Eduardo, Fernanda M, de G et al. People living with HIV, LGBT people and intersectional experiences: young adults' conceptions of old age and aging. *Rev Port Inv Comp Soc*. 2022; 8(2):1-14.
9. Antunes P, Mercadante E. Travestis, envelhecimento e velhice [Internet]. PUC SP; 2024 [cited 2024 Sep 11]. Available from: <https://revistas.pucsp.br/index.php/kairos/article/view/9902/7356>.

10. Fraga M, Melo C. Envelhecimento de pessoas lésbicas, gays, bissexuais, travestis, transexuais e intersexuais: uma abordagem existencial [Internet]. UFMG. [cited 2024 Sep 11]. Available from: <https://repositorio.ufmg.br/handle/1843/45509>.
11. United Nations. Living free & equal: what states are doing to tackle violence and discrimination against lesbian, gay, bisexual, transgender and intersex people [Internet]. Geneva: UN; 2016 [cited 2024 Sep 10]. p. 18. Available from: <https://www.ohchr.org/sites/default/files/Documents/Publications/LivingFreeAndEqual.pdf>.
12. Feddes AR, Jones KJ. Associations between dutch LGBT hate crime experience, well-being, trust in the police and future hate crime reporting. *Soc Psychol*. Available from: <https://econtent.hogrefe.com/doi/abs/10.1027/1864-9335/a000409?journalCode=zsp>.
13. Adan M, Scribani M, Tallman N, Wolf-Gould C, Campo-Engelstein L, Gadomski A. Worry and wisdom: a qualitative study of transgender elders' perspectives on aging. *Transgend Health*. 2021; 6(6):332-42.
14. Nemoto T, Operario D, Keatley J, Nguyen H, Sugano E. Promoting health for transgender women: Transgender Resources and Neighborhood Space (TRANS) Program in San Francisco. *Am J Public Health*. 2005; 95(3):382-4.
15. Dean L, Meyer IH, Robinson K, Sell RL, Sember R, Silenzio VMB et al. Lesbian, gay, bisexual, and transgender health: findings and concern. *Journal of the Gay and Lesbian Medical Association*. 2000; 4(3):102-51.
16. Lockwood C, Munn Z, Porritt K. Qualitative research synthesis. *Int J Evid Based Healthc*. 2015; 13(3):179-87.
17. Aromataris E, Fernandez R, Godfrey C, Holly C, Kahlil H, Tungpunkom P. Summarizing systematic reviews: methodological development, conduct and reporting of an Umbrella review approach. *Int J Evid Based Healthc*. 2015; 13(3):132-40.
18. Tong A, Flemming K, McInnes E, Oliver S, Craig J. Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Med Res Methodol*. 2012; 12:181.
19. Campbell M, McKenzie JE, Sowden A, Katikireddi SV, Brennan SE, Ellis S et al. Synthesis without meta-analysis (SWiM) in systematic reviews: reporting guideline. *BMJ*. 2020; l6890-0.
20. Victora C, Moreira C. North-South relations in scientific publications: editorial racism? *Rev Saúde Pública*. 2006; 40.
21. World Health Organization. Active Ageing [Internet]. World Health Organization. 2002 [cited 2024 Sep 11]. Available from: <https://extranet.who.int/agefriendlyworld/wp-content/uploads/2014/06/WHO-Active-Ageing-Framework.pdf>.
22. Schultze R. La diversidad en el curso de la vida. Cambios y continuidades en el envejecimiento de gays, lesbianas y trans. *Conicetgovar* [Internet]. 2020 Aug 18 [cited 2024 Sep 12]; Available from: <https://ri.conicet.gov.ar/handle/11336/111903>.
23. Salgado AGAT, Araújo LF de, Santos JVO, Jesus LA de, Fonseca LKS, Sampaio DS. Velhice LGBT: uma análise das representações sociais entre idosos brasileiros. *Ciênc Psi*. 2017; 155-63. Available from: <http://www.scielo.edu.uy/pdf/cp/v11n2/1688-4221-cp-11-02-155.pdf>.
24. Siqueira R, Cazeiro F, Galindo D, Lemos L. Processo transexualizador no SUS: questões para a psicologia a partir de itinerários terapêuticos e despatologização. *Psicol. Estud*. 2022; 27.
25. Fernández GV. Vejece travestis/trans sobrevivientes: algunos hallazgos en torno a la noción de sobrevivir para pensar la salud. *Revista Límbica*. 2023; 4(6):20-28.
26. Adan MA, Scribani M, Tallman N, Wolf-Gould C, Campo-Engelstein L, Gadomski A. Worry and wisdom: a qualitative study of transgender elders' perspectives on aging. *Transgend Health*. 2021; 6(6):332-42.

27. Rosenwohl-Mack A, Smith DP, Greene M, Skultety KM, Deutsch MB, Dubbin L et al. Building H.O.U.S.E (Healthy Outcomes Using a Supportive Environment): exploring the role of affordable and inclusive housing for LGBTQIA+ older adults. *Int J Environ Res Public Health*. 2022; 19(3):1699.
28. Fabbre VD. Gender transitions in later life: A queer perspective on successful aging. *Gerontol*. 2014; 55(1):144-53.
29. Pang C, Gutman G, Vries B de. Later life care planning and concerns of transgender older adults in Canada. *Int J Aging Hum Dev*. 2019; 89(1):39-56.
30. Muraco A, Putney JM, Shiu C, Fredriksen-Goldsen KI. Lifesaving in every way: the role of companion animals in the lives of older lesbian, gay, bisexual, and transgender adults aged 50 and over. *Res Aging*. 2018; 40(9):859-82.
31. Knochel KA, Flunker D. Long-term care expectations and plans of transgender and nonbinary older adults. *J Appl Gerontol*. 2021; 40(11):1542-50.
32. Willis P, Dobbs C, Evans E, Raithby M, Bishop JA. Reluctant educators and self-advocates: older trans adults' experiences of health-care services and practitioners in seeking gender-affirming services. *Health Expect*. 2020; 23(5):1231-40.
33. Page S, Burgess J, Davies-Abbott I, Roberts D, Jaanika Molderson. transgender, mental health, and older people: an appreciative approach towards working together. *Issues Ment Health Nurs*. 2016; 37(12):903-11.
34. Blosnich JR, Marsiglio MC, Dichter ME, Gao S, Gordon AJ, Shipherd JC et al. Impact of social determinants of health on medical conditions among transgender veterans. *Am J Prev Med*. 2017; 52(4):491-8.
35. Hillman J. Lifetime Prevalence of intimate partner violence and health-related outcomes among transgender adults aged 50 and older. *Gerontol*. 2021; 62(2):212-22.
36. Hoy-Ellis CP, Shiu C, Sullivan KM, Kim HJ, Sturges A, Fredriksen-Goldsen KI. Prior military service, identity stigma, and mental health among transgender older adults. *Gerontol*. 2017; 57(suppl 1):S63-71.
37. Nelson CL, Wardecker BM, Anel R. Sexual orientation and gender identity-related state-level policies and perceived health among lesbian, gay, bisexual, and transgender (LGBT) older adults in the United States. *J Aging Health*. 2022; 35(3-4):155-67.
38. Bouman WP, Claes L, Marshall E, Pinner GT, Longworth J, Maddox V et al. Sociodemographic variables, clinical features, and the role of preassessment cross-sex hormones in older trans people. *J Sex Med*. 2016;13(4):711-9.
39. Fredriksen-Goldsen KI, Amanda, Jen S, Jayn Goldsen, Kim HJ, Muraco A. The unfolding of LGBT lives: key events associated with health and well-being in later life. *Gerontol*. 2017; 57(suppl 1):S15-29.
40. Hoy-Ellis CP, Fredriksen-Goldsen KI, Kim HJ. Utilization of recommended preventive health screenings between transgender and cisgender older adults in sexual and gender minority communities. *J Aging Health*. 2022; 34(6-8):844-57.

RESUMEN

Objetivo: Describir cómo se estudia la identidad transgénero en investigaciones sobre la salud de las personas mayores. **Métodos:** Se trata de una revisión sistemática de la literatura, con una búsqueda realizada en septiembre de 2022 en las bases de datos Lilacs, Medline/PubMed, Embase, Web of Science y Scopus. Los artículos fueron seleccionados de forma independiente por dos revisores. El riesgo de sesgo fue evaluado mediante las herramientas de evaluación crítica JBI, y la síntesis de datos siguió los protocolos Entreq y Swim. **Resultados:** Se incluyeron 15 estudios, ocho cualitativos y siete cuantitativos, publicados entre 2014 y 2023. La mayoría de los estudios analizaron específicamente la población transgénero. Los estudios cualitativos se centraron en las percepciones y experiencias de los individuos, la planificación de los cuidados de salud y las redes de apoyo. Los estudios cuantitativos se enfocaron en la caracterización de género de los sujetos, el estado de salud (incluida la salud mental) y las asociaciones con los determinantes sociales. **Conclusión:** A pesar de los diferentes enfoques, los estudios abordaron la temática a partir de la acumulación de estigmas y discriminación que enfrenta esta población.

Palabras clave: Personas mayores; Personas de 80 años o más; Travestismo; Personas transgénero; Salud.

RESUMO

Objetivo: Descrever como a transgeneridade é estudada em pesquisas sobre a saúde do idoso. **Métodos:** Trata-se de revisão sistemática da literatura, com busca realizada em setembro de 2022, nas bases de dados Lilacs, Medline/Pubmed, Embase, Web Of Science e Scopus. Os artigos foram selecionados por pares, independentemente. O risco de viés se guiou pelo JBI Critical Appraisal Tools e a síntese de dados pelos protocolos Entreq e Swim. **Resultado:** Foram incluídos 15 estudos, oito qualitativos e sete quantitativos, de 2014 a 2023. A maioria deles analisou especificamente a população transgênero. Os estudos qualitativos focaram as percepções e vivências dos indivíduos e o planejamento de cuidados em saúde e rede de apoio. Os estudos quantitativos focaram a caracterização do gênero dos sujeitos, situação de saúde (incluindo a saúde mental) e associações com determinantes sociais. **Conclusão:** Apesar dos enfoques diferentes, os estudos abordaram a temática a partir do acúmulo de estigmas e discriminações dessa população.

Palavras-chave: Idoso; Idoso de 80 Anos ou Mais; Travestilidade; Pessoas Transgênero; Saúde.