Transgender Health

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...a little about me...
Defining Sex and Gender

They Are Not The Same
Sex vs. Gender

- **Sex:** the genetic distinction between male and female.

- **Gender:** the societal construct that is associated with men (masculinity) and women (femininity)
Reviewing Terminology

**Gender Identity**
- What your internal sense tells you your gender is

**Sexual Orientation**
- Whom you are physically and emotionally attracted to
- Whom you have sex with
- How you identify your sexuality

**Sex**
- Refers to the presence of specific anatomy. Also may be referred to as ‘Assigned Sex at Birth’

**Gender Expression**
- How you present your gender to society through clothing, mannerisms, etc.
Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others, often three dimensions
  - Attraction/Desire:
    - Physically attracted to, emotional or romantic attraction
  - Behavior:
    - Men who have sex with men (and women): MSM/MSMW
    - Women who have sex with women (and men): WSW/WSWM
  - Identity:
    - Straight, gay, lesbian, bisexual, queer, other

- sexual orientation is not a choice, a person’s stage of development, cultural environment, etc. can shape their own awareness and self-acceptance of their sexuality
Gender identity ≠ Sexual orientation
Kinsey Scale

BIOLOGICAL SEX

Male

Female

SEXUAL ORIENTATION

Lesbian/Gay

Straight

Female

GENDER IDENTITY

Female

Male

SEXUAL ROLE

Submissive

Dominant

Feminine

Masculine

AESTHETIC

Passive

Assertive

Monogamous

Polyamorous

SOCIAL CONDUCT

RELATIONSHIPS
Definitions

- **Gender dysphoria**
  - DSM-5 diagnosis for individuals who have a strong and persistent cross-gender identification and a persistent discomfort with his or her sex, or sense of inappropriateness in the gender role of that sex

- **Gender affirmation / Gender transition**
  - Process of recognizing, accepting and expressing gender identity
    - Social/Emotional affirmation---name, pronoun, dress, coming out
    - Medical affirmation—hormones, surgery
    - Legal affirmation—identity documents

- **Take-home pearl:**
  The term gender affirmation is often preferred over gender transition or sex reassignment
Transgender

• People whose gender identity differs from that assigned at birth are transgender.

• Transgender is increasingly associated with what is alternatively known as Transexual:
  • Identifies with a gender other than the birth gender, often transitions hormonally or surgically

• Trans-gender vs. Cis-gender
Gender Identity and Gender Expression

- Gender identity
  - A person's internal sense of their gender (e.g.: male, female, both, something else?)
  - All people have a gender identity

- Gender expression
  - How one expresses themselves through mannerisms, speech patterns, dress, hairstyles, etc.
  - May be more or less masculine or feminine

- Gender variant/non-conforming
  - Gender expression is different from the usual expectations for a male or female
Bigender or Genderqueer

- An individual whose gender identity exists outside of the gender binary
- Identifies as a gender other than "man" or "woman"
- Identifies as neither, both, or some combination thereof
Two-Spirit

- A term used by individuals (for example, woman-living-man,) who are part of a American Indian and Canadian First Nations indigenous groups

- Usually implies both a masculine and feminine spirit living in the same body

- Also used by some contemporary LGBTQI Native Americans to describe themselves
Transgender May Also Include:

- **Crossdresser**: Comfortable with physical birth gender, but occasionally dresses and takes on the mannerisms of the opposite gender

- **Gender Bender/Genderqueer**: Do not easily fit into binary gender categories, may have a mix of masculine and feminine characteristics

- **Performer**: Dresses as the opposite sex for entertainment
Transvestite

- Transvestite: Regardless of the motivation, a person who wears clothes, make-up, etc. which are considered by culture appropriate for the opposite gender, but not one’s own.

- Cross dresser vs. Drag King/Queen
Cross Dressers
Drag Queens/Kings

• Cross Dresser: Generally satisfied with his/her gender identity, but finds satisfaction in dressing in the clothing of the opposite gender.

• Many cross dressers/transvestites are straight men who enjoy wearing articles of women’s clothing.

• Drag Queen/King: A person who employs dramatic mannerisms, clothes, and makeup of the opposite sex, often for its entertainment or shock value.

• Majority of Drag Queens are gay men. (Example: RuPaul)

• Majority of Drag Kings are lesbian
Disorders of sex development (DSD)

- An individual whose combination of chromosomes, gonads, hormones, internal sex organs and genitals differs from the two patterns of male or female
- Sometimes referred to as “intersex”
- DSD people are occasionally grouped with transgender people—not the same
Lingo

- Large variety of words people in the LGBT community use to describe themselves
- Important to respect language choices
- LGBTQQITS: for every letter, there are people for whom the word is an important identity

Lesbian, Gay, Bisexual, Transgendered, Queer, Questioning, Intersex, Two-Spirit
Demographics

- Number of transgender people unknown
  - 1.4 million
    - Massachusetts Behavioral Risk Factor Survey
      - 0.5% of population between 18-64
    - California LGBT Tobacco Survey
      - 0.1% of adult population
    - Williams Institute estimate
      - 0.3% of adults
      - Approximately 700,000 people
Top 10 Things Transgender Persons Should Discuss With Their Healthcare Provider

1. Access to Health Care
2. Health History
3. Hormones
4. Cardiovascular Health
5. Cancer
6. STDs and Safe Sex
7. Alcohol and Tobacco
8. Depression/Anxiety
9. Injectable Silicone
10. Fitness (Diet and Exercise)
Health Disparities

- 2011 National Transgender Discrimination Survey:
  - 41% had lifetime suicide attempt (compared to 5.6-14.3% of all US adults)
  - 26% used drugs/alcohol to cope with discrimination
  - 30% smoked daily or occasionally (compared with 20% all US adults)
  - 48% postponed/avoided medical care because of cost
  - 28% postponed/avoided medical care because of discrimination
HIV Prevalence Among Transgender People

• **~1.4 million** Americans identify as transgender¹
  - **Over half** of transgender people diagnosed with HIV are **Black/African American**²
  - **~89%** of transgender people believe that it is important for their HCP to know their gender identity³

### Transgender Women
- Estimated prevalence of **522 per 100,000⁴**
- **49 times more likely** to be living with HIV compared with general population⁵
- **~22%** of transgender women in the US are HIV-positive⁶
- **72%** of transgender women perceive themselves to be at low or no HIV risk⁷

### Transgender Men
- Estimated prevalence of **256 per 100,000⁴**
- Among transgender men, there is a lack of concrete data on HIV risk; however **15.4%** of new HIV diagnoses in transgender people, 2009-2014, were in transgender men⁸
- An estimated **69%** of transgender men report **condomless sex** with cisgender men⁹

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Unique Barriers that Could Be Contributors to Disproportionate HIV Burden in Transgender People

- **Healthcare Setting**
  - Lack of access to and limited choice of comprehensive, holistic, and gender-affirming care
    - Limited provider tools to address the range of sexual identities and transgender care needs
  - HIV prevention is not part of the routine care/discussion with transgender patients
    - Despite “regular and recent” contact with the healthcare system, only 16% of participants in a recent study of TGM and TGW in New York City reported ever having a provider discuss PrEP with them

- **Trans-specific Concerns**
  - Concerns that PrEP may interact with medications (eg, gender-affirming therapies, which include hormones)
  - No specific prevention guidelines for TGW or TGM in CDC and WHO

- **Structural**
  - Inadequate legal protections against discrimination
  - Insecurities related to income, food, housing, and immigration status

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TGM, transgender men; TGW, transgender women.
Primary Care

- Increasingly care for transgender patients is provided by primary care providers working as part of a team or a collaboration
  - 76% taking hormones whether monitored or not

- The goals of health care for transgender patients are the same as for all patients:
  - To promote and ensure physical health
  - To promote social and emotional well-being

- REMEMBER THE BASICS
  - Manage their basic health needs if not comfortable with HRT
Standards of Care

- WPATH: Standards of care
  - www.wpath.org

- Center of Excellence for Transgender Health at UCSF
  - www.Transhealth.ucsf.edu

- The Endocrine Society
Prior to Gender Affirmation Treatment

Prior to Affirmative Treatments

- Build rapport
- Discuss goals and expectations
- Record client history and objectives
- Evaluate current psychological concerns and capacity to consent
- Form an initial clinical plan
- Obtain informed consent
Protocol for Hormone Therapy M to F:

- The goal is suppression of endogenous hormone production and use of exogenous agents to induce feminization.

- There is variation in the end-result desired:
  - Maximum gender expression
  - More androgenous expression
  - Gender expression with retention of erectile ability
## Protocol for Hormone Therapy M to F

<table>
<thead>
<tr>
<th>Hormone</th>
<th>Initial (low)</th>
<th>Initial</th>
<th>Maximum</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estrogen</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estradiol Oral/sublingual</td>
<td>1 mg/day</td>
<td>2-4 mg/day</td>
<td>8 mg/day</td>
<td>If &gt;2 mg recommend divided dosing</td>
</tr>
<tr>
<td>Estradiol transdermal</td>
<td>50 mcg</td>
<td>100 mcg</td>
<td>100-400 mcg</td>
<td>Max single patch dose available is 100 mcg. Frequency of change is product dependent.</td>
</tr>
<tr>
<td>Estradiol valerate IM</td>
<td>&lt;20 mg IM q2wk</td>
<td>20 mg IM q2wk</td>
<td>40 mg IM q2wk</td>
<td>May divide dose weekly</td>
</tr>
<tr>
<td>Estradiol cypionate IM</td>
<td>&lt;2 mg IM q2wk</td>
<td>2 mg IM q2wk</td>
<td>5 mg IM q2wk</td>
<td>May divide dose weekly</td>
</tr>
</tbody>
</table>

Source: UCSF Center of Excellence for Transgender Health
Protocol for Hormone Therapy

- M to F
- Prescribe ONE of the following antiandrogens:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Initial dose</th>
<th>Maximum dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spironolactone</td>
<td>25 mg</td>
<td>25 mg daily</td>
<td>200 mg bid</td>
</tr>
<tr>
<td>Finasteride</td>
<td>1 mg</td>
<td>1 mg daily</td>
<td>5 mg daily</td>
</tr>
<tr>
<td>Dutasteride</td>
<td>0.5 mg</td>
<td>0.5 mg</td>
<td>0.5 mg daily</td>
</tr>
</tbody>
</table>

Source: UCSF Center of Excellence for Transgender Health
The Progesterone Controversy

- Many treatment protocols recommend against routine use of progestins.
- Oral progestin with estrogen in WHIS (Women’s Health Initiative Study) in post-menopausal HRT associated with inc risk of CV disease and breast Ca.
- May also cause significant weight gain and mood changes.
- Benefit in gender affirmation not well established.
  - Reported to help improve breast development esp nipple/areola complex.
  - Anecdotal inc in breast size may be due to weight gain.
- Depo-Provera 150 mg IM q120 days and oral Provera 2.5 to 10 mg daily or Prometrium 100-200 mg daily have been used.
- If using oral formulations consider dosing cyclically only 10 days/mo to minimize doses and side effects (some pts may get pre-menstrual sx).
Effects of Feminization HRT

- Androgen antagonists prevent male pattern hair loss
- Reduction in libido, erectile function
- Fertility may be affected (bank sperm)
- PSA levels may be falsely low---DRE recommended
- Many patients experience a calming and less anger
- Softening of skin/ change in body hair and head hair
- Fat redistribution
HRT Monitoring & Maintenance

- Monitor and adjust as with all patients on hormonal therapies
  - Regular exams and labs every 6 months
    - CMP, Testosterone
      - T<50
    - No clear guidance on estrogen levels so no need to monitor (Estradiol does not guide therapy)
  - Adjust dose in response to age and medical conditions
    - Increase testosterone blockers based on early AM testosterone levels
    - Consider changes with increasing age and prior to surgical procedures
    - Estrogens may increase risk of thromboembolic events
    - Oral estrogens are not recommended after age 50
Surgeries for Affirmed Women

- Non-genital/non-breast surgical interventions
  - Facial feminization
  - Voice pitch elevation

- Breast augmentation (mammoplasty)

- Genital surgery
  - Penectomy
  - Orchiectomy
  - Vaginoplasty
  - Vulvoplasty

Clinical pearl: Establish a relationship with a speech therapist/vocal specialist to help repitch the voice
Facial Feminization
## Protocol for Hormone Therapy: F to M

<table>
<thead>
<tr>
<th>Medication</th>
<th>Initial Dose</th>
<th>Maximum dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testosterone cypionate, 200 mg/mL</td>
<td>0.5 cc IM every other week</td>
<td>100 mg weekly or 200 mg every other week</td>
</tr>
<tr>
<td>Testosterone enanthate, 200 mg/mL</td>
<td>0.5 cc IM every other week</td>
<td>100 mg weekly or 200 mg every other week</td>
</tr>
</tbody>
</table>

Source: UCSF Center of Excellence for Transgender Health
Effects of Masculizing HRT

- Increase in libido
- Voice, hair changes that may not be reversible
- Increase anger, emotional volatility in some
- Increase muscle mass
- Increase clitoral growth and sensitivity
- Negative effect on vaginal mucosa and lubrication
- Infertility may occur but not a clear contraceptive effect
- Testosterone can adversely affect a developing fetus
HRT Monitoring & Maintenance

- Monitor and adjust as with all patients on Testosterone therapies
  - Regular exams and labs every 6 months
    - CBC, Testosterone
      - Cis male levels (400-900)
    - Lipids at least yearly
  - Adjust dose in response to age and medical conditions
    - Increase testosterone based on trough levels OR mid-cycle
      - Must test same time in cycle at every visit to ensure proper monitoring
    - Consider changes with increasing age and prior to surgical procedures
  - Testosterone can lead to secondary polycythemia
Surgeries for Affirmed Men

- Non-genital surgical interventions
  - Pectoral implants
  - Liposuction/filler

- Mastectomy with masculine chest reconstruction
  - Surgeons skilled in mastectomies for women are not necessarily skilled at constructing a masculine chest

- Genital surgery
  - Hysterectomy/oophorectomy

**Clinical Pearl:** Determine if the patient still has a cervix in order to make recommendations re: PAP smears

- Phalloplasty
  - Phalloplasty is a Gender Reassignment Surgery procedure for FTM transsexuals that creates a penis. Phalloplasty surgery can provide a sensate penis, with erotic and/or tactile sensation, as well as rigidity for sexual intercourse (usually with a penile implant) and the ability to stand to urinate.

- Metoidioplasty
  - In a metoidioplasty, the urethral plate and urethra are completely dissected from the clitoral corporeal bodies, then divided at the distal end, and the testosterone-enlarged clitoris straightened out and elongated. A longitudinal vascularized island flap is configured and harvested from the dorsal skin of the clitoris, reversed to the ventral side, tubularized and an anastomosis is formed with the native urethra. The new urethral meatus is placed along the neophallus to the distal end and the skin of the neophallus and scrotum reconstructed using labia minora and majora flaps. The new neophallus ranges in size from 4-10 cm (with an average of 5.7 cm) and has the approximate girth of a human adult thumb.
Surgeries for Affirmed Men
Not All Transgender Bodies Are Alike

Surgical status and future desire to have surgery is diverse

FTM
Biological Sex/ Birth Sex:

FEMALE

FEMALE

FEMALE

FEMALE

MALE

MALE

MALE

MALE
Cancer Risk for Trans People

- Hormone-related cancers (breast in women, liver in men and women) are rare but should be included in screening

- Cancer of the reproductive organs:
  - Transmen who have not had removal of uterus, ovaries and breasts are still at risk
  - Transwomen remain at risk for prostate cancer

- Initiation of care often delayed because of provider prejudice
Creating a Welcoming and Inclusive Environment
Experiences Shape Expectations

- LGBT people experience discrimination or prejudice from health care staff when seeking care
- Bad experiences are a big reason why LGBT people do not seek medical care
- Many report that they look for “clues” when arriving at a health care facility, such as the way they are greeted by staff, whether non-discrimination policies are posted in public areas, or if there are single-occupancy or gender-neutral bathrooms
An Inclusive Environment

- Nondiscrimination policies that include gender identity and expression posted in visible areas
- Education and marketing materials with affirmative imagery and content
- Educational brochures and reading on transgender health
- Single stall or gender neutral bathrooms if possible
- Allowing people to use bathroom congruent with their gender identity and expression
- Intake forms asking gender identity, sex assigned at birth, preferred name, preferred pronouns
- EMR that reflects these things as much as possible
Registration Forms

- What is your current gender identity? (check all that apply)
  - Male
  - Female
  - Transgender Male/Trans Man/FTM
  - Transgender Female/Trans Woman/MTF
  - Genderqueer
  - Additional Category (please specify) ______________________

- What sex were you assigned at birth? (check one)
  - Male
  - Female
  - Decline to Answer

- What is your preferred name?

- What pronouns do you prefer to use?
  - He/him
  - She/her
  - Ze/they
  - Other ________________________________
Why Collect Data on Gender Identity?

- The IOM recommends collecting and entering data into EMRs
- Benefits patient by ensuring quality
- Evaluation of disparities at practice level helps determine education needs for clinicians and staff
- Patients may feel safer discussing their health and risk behaviors after they have been asked in an inclusive way and allowed to complete a questionnaire in private, even if they have not disclosed
- Allows proper interpretation of symptoms and laboratory values
Training Front-Line Staff

- Create and follow a protocol for noting preferred names, pronouns, how to address email and how to leave messages

- Avoid using gendered words or pronouns to refer to people unless sure

- Have clear lines of referral for questions
  - Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, fielding complaints

- Have a protocol for when name on insurance does not match preferred name or name on chart

- Train staff that if they make a mistake and misgender a patient to apologize and move on. Do not make a big deal out of it. Trans folk are used to being misgendered and just want to know that staff cares
Do Ask, Do Tell: Talking to your Provider about being LGBT
More tools
Conclusions

Good care for our LGBTI including Transgender patients is good care for all patients.
Resources for Transgender Specific Health

- World Professional Association for Transgender Health (WPATH)
  www.wpath.org

- National LGBT Health Education Center
  www.lgbthealtheducation.org

- Transbodies, Transselves
  www.transbodies.com

- Center of Excellence for Transgender Health
  Transhealth.ucsf.edu
Resources for LGBT Health

- GLMA – Gay & Lesbian Medical Association (www.glma.org)
- American Medical Student Association’s LGBT Health Action Committee (www.amsa.org/gender)
- Gay Health (www.gayhealth.com)
- GLBT health Access Project (www.glbthealth.org)
- Bisexual Health (www.biresource.org/health)
- Transgender Care (www.transgendercare.com/default.asp)
- Intersex Society of North America (www.isna.org)
- PFLAG – Parents, Family & Friends of Lesbians and Gays (www.pflag.org)
- HRC - Human Rights Campaign (www.hrc.org)
- GLAAD - Gay and Lesbian Alliance Against Defamation (www.glaad.org)
- Lambda Legal (www.lambdalegal.org)
- NGLTF - National Gay and Lesbian Task Force (www.ngltf.org)