Care for Transgender/Nonbinary Patients
Learning objectives

How to:

1. Create a welcoming environment for transgender/nonbinary patients
2. Discuss what hormone-related and surgery transition options are available
3. Explain reproductive and preventive care to transgender/nonbinary patients
4. Incorporate individualized considerations into physical exams
5. Integrate pediatric specific differences in care
Our diversity, equity and inclusion strategy is one comprehensive, holistic approach

Social justice
Invest, influence and engage in efforts to drive equal access to opportunity and dismantle barriers

Our people
Lead a diverse, equitable and inclusive workforce and workplace

Health equity
Embed diversity, equity and inclusion in our business practices

Business growth
Drive accountability across the organization to effectively leverage the benefits of diversity
Today’s speakers

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Co-Chair of the Transgender Provider Education Committee
Palo Alto Medical Foundation/Sutter Health
‘The best thing about being a girl is, now I don’t have to pretend to be a boy.’
The Gender Binary is a “Modern” Construct

Interview
'Trans kids are not new': a historian on the long record of youth transitioning in America

Sam Levin in Los Angeles

kqed.org

theguardian.com

pbs.org
Professional Organizations with Statements in support of Affirmative Care

- American Medical Association
- American College of Physicians
- American Psychiatric Association
- American Psychological Association
- American Academy of Child and Adolescent Psychiatry
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American Public Health Association
- Endocrine Society
- National Association of Social Workers
- National Commission on Correctional Health Care
- World Professional Association of Transgender Health

- Dermatology
- Plastic Surgery
- Nurse Midwives
- Plastic Surgery
- School Nurses
- Nursing
- Osteopathic
Gender Definitions

Sex (Gender Biology)
Assigned male/female based on physical anatomy

Gender Identity
Internal/intrinsic sense of self

Gender Expression
How one expresses their gender based on cultural norms and expectations
The Genderbread Person

by www.ItsPronouncedMetrosexual.com

Gender Identity

- Woman
- Genderqueer
- Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Non-binary

Gender Expression

- Feminine
- Androgynous
- Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex

- Female
- Intersex
- Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation

- Heterosexual
- Bisexual
- Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.
• 40% have attempted suicide (9x more likely)

• 40% experienced serious psychological distress in the month of the survey

• Unemployment 3x higher. Poverty 2x higher.

• 16% lost job due to gender. 1/3 have been homeless

• Rates much higher among people of color, disabilities, immigrants

• 2022 survey not yet published.
Creating a Welcoming Environment

- Signage
- Website/marketing
- Registration Forms
- Electronic Medical Record
- Staff Training
- Provider Training

- Language/Respect
- Medical Knowledge
- Referral Service
- Epic adaptations
Name and Pronouns Matter... A Lot
We have transgender patients and we want them to have the best health care experience possible

**Welcomed**  **Respected**

Remember, you may have transgender colleagues and community members without even knowing it. Always be respectful.
Transition Interventions

- **Reversible:**
  - Social transition
  - Hormone blockers (GnRH)

- **Partially Reversible:**
  - Masculinizing and feminizing
  - Hormone therapy

- **Irreversible:**
  - Gender affirming surgery

Timeline:
- **Childhood/early adolescence**
- **Mid adolescence/adulthood**
- **Adulthood**
Feminizing Hormone Therapy

Medications
Estradiol- feminizing hormone
Spironolactone- androgen blocker (though other options exist)

Reversible
Decreased libido, fat/muscle changes and redistribution

Somewhat reversible
Testicular atrophy usually reverses, unknown effect on sperm viability, fertility

Irreversible
Breast development (can slightly decrease with cessation of hormones)

Discuss sexuality and fertility, ability to cause pregnancy
Risks of Feminizing Therapy

Being aware of rare risks in context of benefits

- Blood Clots (rare)
- Weight gain
- Lipid changes
- Concern for increased CV risks

Risks of Spironolactone: high K, low BP
Being a transgender woman in our culture is not easy…

Feminizing Hormones CANNOT:

• Thin thickened vocal cords to increase pitch of voice
• Change shape, size or structure of bones
• Reduce or eliminate Adam’s apple
• Eliminate facial hair follicles:
  − Need laser or electrolysis
• THUS the interest and importance of facial surgery
• And of blockers for youth to prevent these secondary sex changes
Non-Hormonal Interventions: Trans Women

- **Padding:**
  - Bras or Panties
  - Likely no risk

- **Tucking:**
  - Using tape/garments to conceal penis and testicles in gluteal fold
  - Likely minor risk

**Silicone:**
Used to enhance hips/buttocks/lips or other body parts

**Significant Risks:**
- Infection
- Embolization
- Systemic inflammatory syndrome
Medication: Testosterone (topical or injection)

Reversible
- Menses
- Libido
- Fat/muscle distribution

Somewhat Reversible
- Clitoral enlargement

Irreversible
- Thickening of vocal chords
- Facial and body hair
- Adam’s apple
- Male-pattern balding

Fertility needs to be discussed before starting hormones:
Testosterone is not contraception and is a teratogen
Ovulation can occur when on testosterone w/o menses
Risks of Masculinizing

• Weight gain
• Male pattern baldness
• RBC increase
• Acne vulgaris
• Mood changes
• Lipid changes
• Rare liver dysfunction
• Possible blood pressure increase
• Teratogen
Pregnancy and Testosterone

Testosterone does NOT prevent ovulation
  • Discuss contraception with your patients

Testosterone MAY affect fertility
  • Discuss egg banking with your patients

Testosterone IS excreted into breast milk
Non-pharmacologic Treatment of Body Dysphoria

Binders:
- Monitor for skin breakdown, restricted breathing
- Avoid compression bandages, duct tape, saran wrap
- Recommend: remove at night, for exercise, if sick

Packing:
- Likely no risk
Surgery: every person decides which (if any)

Trans* female spectrum:
- Orchitectomy: removal of testicles
- Vaginoplasty: creation of vagina
- Labioplasty: creation of labia
- Penectomy: removal of penis
- Breast augmentation
- Facial feminization (facial affirming surgeries)
- Tracheal shave (removal of adam’s apple)
- Pre & post-operative Physical Therapy referrals
Surgery: every person decides which (if any)

Trans* male spectrum:

- Chest reconstruction surgery
- Hysterectomy
- Oophorectomy
- Metoidioplasty (penis and testicles with local tissue, enlarged clitoris is phallus; can keep uterus)
- Phalloplasty (penis and testicles with grafting; can keep uterus)
- Facial affirmation surgery
- Pre & post-operative physical therapy referrals
Pediatric Specific Differences in Care

• “Gender Diverse” umbrella label

• Hormone blockers (GnRH) to block puberty when presenting younger

• Mental health evaluation prior to interventions currently recommended by professional societies

• Parent consent required. Medical care NOT confidential (be careful with documentation)
Gender Diversity is Common in Young Children

“Should be required reading for all therapists, pediatricians, and K-12 educators and for parents whose children express their gender differently.” —Genny Beemyn, PhD, coauthor of The Lives of Transgender People

THE GENDER CREATIVE CHILD
Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes
DIANE EHRENSAFT, PhD
Author of Gender Born, Gender Made and director of mental health at the University of California-San Francisco Child and Adolescent Gender Center

tomboy
There’s a new kid in town...
What factors predict persistence to transgender identity?

Gender Diverse Kid

- Early consistent, persistent, insistent
- Prepubertal social transition
- Significant body/gender dysphoria
- Declarative statements

Transgender Adult

But, we must listen to the child ➔ this is not an exact science
ALL gender diverse kids need our support

Steensma, Thomas D., et al.
Higher rates of family rejection significantly associated with poorer health outcomes in LGB kids (and likely T)

- **8.4x more likely to have attempted suicide**
- **5.9x more likely to suffer depression**
- **3.4x more likely to use illegal drugs**
- **3.4x more likely to engage in unprotected sex**

What we Know: Family Acceptance Saves Lives

Ryan, C., Huebner, D. et al. “Family Rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults.”

A Little Support goes a Long Way

Lifetime Suicide Attempts by Highly Rejected LGBT Young People
(One or more times)

LOW rejection  MODERATE rejection  HIGH rejection

Level of Family Rejection

familyproject.sfsu.edu
Interventions for Youth

Reversible:
- GnRH agonists (puberty blockers)
- Social transition
- Mental health support

Partially Reversible:
- Cross sex hormones (estrogen and testosterone)

Irreversible:
- Surgery for gender confirmation (not discussed in this talk)
Pros

Buys time to explore gender identity
   Non-binary gender identity (spectrum)

Prevents the need for costly and invasive surgery as an adult

Improved mental health, functioning, and self esteem

Reduced doses needed for cross sex hormones
Puberty Blockers: Avoid Later Surgery
The Risks of Puberty Blockers

Bone mineral density decreases

Fertility considerations

Brain/cognitive maturation

Pain/bruising/bleeding/sterile abscess at site

Mood changes

Weight gain
Well Person Care

- Primary care provider who is willing to learn and CARES
- Awareness of Trauma and Trauma Informed Care
- Discuss Sexuality, Fertility, Pregnancy and Parenting Planning
This is not too complicated!

If you have ‘an organ,’ it must be screened according to current guidelines….

(of course, EHR and insurance may not agree that a ‘male’ needs a PAP …)
USPSTF Cancer Risk & Screening

• Breast
  • Trans Man
    (no mammogram if chest surgery)
  • Trans Woman
    (no data, but later exposure to estrogen changes risk and onset of screening; at least 5-10 yrs on HT)

• Cervix & Anus- PAP intervals no difference if on hormones

• Ovarian & Uterus
  • no data to support increase in cancer risk with testosterone

• Prostate – no different if on estrogen
Physical Exam Considerations

• Gender affirming- use preferred terminology and be sensitive to prior negative experiences in the healthcare setting

• Examine only what is relevant to the visit

• Preventive screening and exam should be relevant to the anatomy that is present

• Special Considerations: vaginal exams in transgender women, pelvic exams in transgender men, binding and tucking complications
Don’t make assumptions:

Sexual identities, attractions, and behaviors may shift, change, or evolve with transition.

40% of 605 trans men recruited online from 19 different countries who had begun using testosterone reported a shift in their sexual orientation (Meier 2013).
Increased awareness has led to data collection recommendations so that trans population will be counted

We now have trans specific interventions with increased awareness of high risk and specific needs

PREP AND PEP are lifesaving

Strategies that you can integrate into your work with the transgender populations you serve

Trans youth have the highest rate of HIV acquisition
Historically, LGBTQ individuals’ reproductive choices have not been recognized …

“…it was assumed that trans women would forgo the ability to ‘father’ a child, that trans men would forgo the ability to ‘mother’ a child, and that ‘true transexuals’ would be uninterested in doing so.”

“Family Creation Options for Transgender and Nonconforming People,” I dickey, K Duchamps, R Ehrbar, Psychology of Sexual Orientation and Gender Diversity 2016
Comprehensive Gender Care

Presented by the Transgender Provider Education Committee of the Sutter Gender Care Program
Blue Shield of California and Blue Shield of California Promise Health Plan are independent licensees of the Blue Shield Association.