Transgender Cultural Sensitivity

HIV Virtual Grand Rounds
Thursday, March 26, 2020

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Virtual HIV Provider Rounds
March 26, 2020
CFP 310 & Via Skype
#21299a

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[2] The ACCME defines commercial interests as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.

What we'll cover today

- Definitions
- Health disparities
- What can we do?
- Gender affirming medical care

Cultural Humility

Cultural competence: a fixed amount of knowledge and skills that will allow providers to work effectively with all patients they encounter

Cultural Humility

Cultural humility: an awareness that people's culture and background can impact their health behaviors

- Continual process of learning, self-reflection, and self-critique to deepen our understanding of how someone's experiences can affect their health
- Desire to acknowledge and address power imbalances
- Focuses on the individual patient's experiences and priorities (instead of trying to fit them under a specific label) to create genuine collaboration

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.

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.

Definitions

Transgender or Trans*   Cisgender

Transgender woman
Transgender man

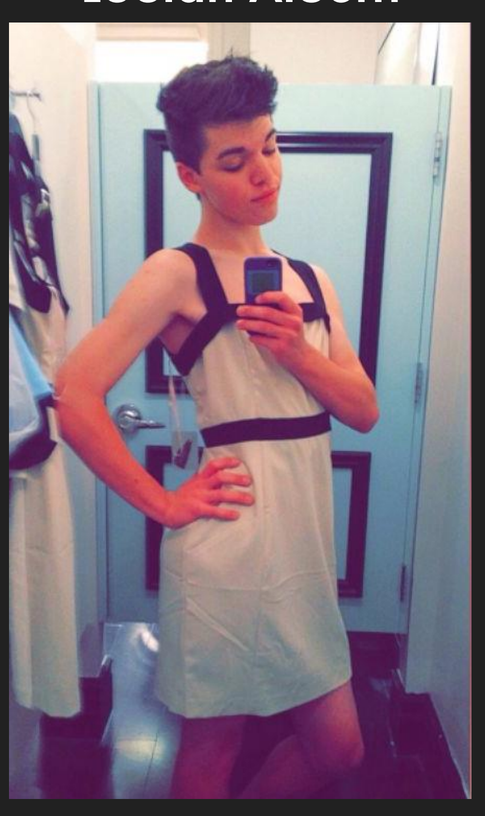
Genderqueer
Gender Nonbinary
Gender Nonconforming
Gender Creative
Gender Expansive

MTF
FTM
Natal male/female
Assigned male/female at birth
Sexual and gender minority (SGM)

Transvestite
Transsexual
Drag Queen
Hermaphrodite

Caring for Transgender Youth

Leelah Alcorn



- Died December 28, 2014 at age 17
- Before walking into traffic, she left a suicide note on Tumblr:

"The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights."

Blake Brockington

- Died March 23, 2015 at age 18 by walking into traffic
- First transgender homecoming king in North Carolina, chose foster care in order to transition

How many young people identify as trans?

Data published in 2014[1] in the first nationally representative sample of high school students (n=8,166) in New Zealand showed that **1.2% reported being transgender**, 2.5% reported being not sure about their gender, and 1.7% did not understand the question.

	School-based sample[1] (n=8,166)		Clinic-based sample[2] (n=360)	
	Transgender youth	Cisgender youth	Transgender youth	Cisgender youth
Depressive symptoms or depression	41.3%	11.8%	50.6%	20.6%
History of attempted suicide	19.8%	4.1%	31%	11%
Self-harm	45.5%	23.4%	30%	8%

Not just youth…

- **40% of respondents have attempted suicide** in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%) [3]

- **One-third (33%) of transgender adults** who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity

Transgender Women

- 2010 meta-analysis of 29 published studies showed that **27.7% of transgender women tested positive for HIV infection** (4 studies), but when testing was not part of the study, only 11.8% of transgender women self-reported having HIV (18 studies).

- A review of studies of HIV infection in countries with data available for transgender people estimated that **HIV prevalence for transgender women was nearly 50 times as high as for other adults of reproductive age.**

http://www.cdc.gov/hiv/group/gender/transgender/

What can we do?

- Provide reassurance to patient and family
- Use correct name and pronouns
- Revise intake forms
- *Acknowledge and apologize* when institutional policies are insufficient

Intake Assessment

STD Clinic

	Policy Name/Subject: Tier 1 - HFHS Gender-Based Non-Discrimination Policy		Policy No: EHR203
All HFHS Includes: Behavioral Health Services Community Care Services Corporate Services Henry Ford Hospital Henry Ford Medical Group Kingswood Hospital Macomb Hospitals	Type of Document: Policy and Procedure		
	Applies to: Tier 1: System-wide Business Unit: All HFHS Site: All Department: Patient Rights and Relations		
	Category: Clinical Sub-Category: Patient Rights & Relations	Current Approval Date: 5/19/2016 Last Revision Date:	
	Owner: HFHS, Director, Quality & Safety	Approver: Multidisciplinary Provider Council	

- "If a patient has not volunteered their gender identity, use the pronoun that is consistent with the person's appearance and gender expression or ask them how they would like to be addressed."

- "Honor the patient's gender identity by using their preferred name and pronoun, regardless of the patient's appearance, surgical history, legal name and sex as they appear in the medical record, or sex assigned at birth."

- "When the patient's legal name must be used to prevent wrong patient treatment errors, provide an explanation while remaining sensitive to the environment and the patient's feelings."

What can we do?

- Use correct name and pronouns
- Preferred name field in Epic

JOURNAL OF ADOLESCENT HEALTH
www.jahonline.org

Adolescent health brief

Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth

Stephen T. Russell, Ph.D. [a,*], Amanda M. Pollitt, Ph.D. [a], Gu Li, Ph.D. [b], and Arnold H. Grossman, Ph.D. [c]

[a] University of Texas at Austin, Austin, Texas
[b] University of British Columbia, Vancouver, British Columbia, Canada
[c] New York University, New York, New York

"An increase by ***one context*** in which a chosen name could be used predicted a 29% decrease in suicidal ideation, and a 56% decrease in suicidal behavior."

Options for Transition

Reversible = clothes, hair, shoes,
toys (any age), puberty blockers
(GnRH agonists like Lupron)

Partially reversible =
masculinizing therapy (testosterone)
feminizing hormone therapy
(estradiol + spironolactone)

Irreversible = gender reassignment surgery

Consent

- Over 18 = informed consent with patient +/- mental health evaluation
- Under 18 = informed consent with patient and guardian(s) + mental health evaluation

Informed Consent
Estrogen Treatment

Estrogen treatment will cause some permanent and many reversible changes in your body. Some of these changes you may want (like breast development) but some you may not like (like infertility, moodiness). Before you start taking estrogen, it is important that you have a good understanding of these effects as well as the risk involved in taking estrogen.

It is also important that you understand that estrogen is not the only way that all tra
be treated. It is important that you decide what goals you would like to achieve in
these with your health care provider. Gender identity can only be determined by y
inside, not the choices you make about your medical care.

Permanent Changes:
These changes will ***not*** go away if you stop taking estrogen
- Breast growth (may shrink, but will not go away completely)
- Genital changes such as smaller testes
- Possible permanent changes in fertility

Reversible Changes:
These changes can occur with estrogen treatment but generally go away if you stop
- Decreased libido (sex drive) and changes in sexual behavior/ functioning (a
- Fertility may become impaired and may not return if estrogen is discontinu
- Interference with other medications that you may take
- Increased appetite, weight gain and fluid retention.
- Fat redistribution (from abdominal to thighs/ buttocks)
- Softer hair with slowing of male pattern baldness. – already existing facial
- Emotional changes such as depression, anxiety, suicidal feelings, psychosis psychiatric illness.
- Worsening of blood cholesterol levels which might increase your risks of h can lead to significant disability or even death.
- An increased risk of blood clots in your lungs, legs and other parts of your significant disability or even death

- Worsening of or increased chance of getting certain diseases.
  - Type 2 diabetes
  - Liver disease/ gall bladder disease/ gall stones
  - High blood pressure
  - High cholesterol
  - Heart disease, stroke, clots, heart attack
  - Migraine headaches
  - Breast cancer/ tumors
  - Pituitary cancers such as adenoma/ prolactinoma

EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES

Effect	Expected Onset	Expected Maximum Effect
Body fat redistribution	3-6 months	2-5 years
Decreased muscle mass/strength	3-6 months	1-2 years
Softening of skin/decreased oiliness	3-6 months	unknown
Decreased libido	1-3 months	1-2 years
Decreased spontaneous erections	1-3 months	3-6 months
Male sexual dysfunction	variable	variable
Breast growth	3-6 months	2-3 years
Decreased testicular volume	3-6 months	2-3 years
Decreased sperm production	variable	variable
Thinning and slowed growth of body and facial hair	6-12 months	> 3 years
Male pattern baldness	No regrowth, loss stops 1-3 months	1-2 years

Patient Signature:

Patient Printed Legal Name:

Guardian Signature (if patient is less than 18yrs old):

Guardian Printed name/ relationship:

Medical provider signature and printed name:

Date:

Consent Process

- Expected changes, timeline, and possible side effects/risks
- Permanency and fertility issues
- Agreement for regular medical care, open discussion of all existing and new drug use
- Lack of data about long term risks/outcomes

Guidelines for gender affirming hormones

TABLE 12. Hormone regimens in the transsexual persons

	Dosage
MTF transsexual persons[a]	
Estrogen	
Oral: estradiol	2.0–6.0 mg/d
Transdermal: estradiol patch	0.1–0.4 mg twice weekly
Parenteral: estradiol valerate or cypionate	5–20 mg im every 2 wk 2–10 mg im every week
Antiandrogens	
Spironolactone	100–200 mg/d
Cyproterone acetate[b]	50–100 mg/d
GnRH agonist	3.75 mg sc monthly
FTM transsexual persons	
Testosterone	
Oral: testosterone undecanoate[b]	160–240 mg/d
Parenteral	
Testosterone enanthate or cypionate	100–200 mg im every 2 wk or 50% weekly
Testosterone undecanoate[b,c]	1000 mg every 12 wk
Transdermal	
Testosterone gel 1%	2.5–10 g/d
Testosterone patch	2.5–7.5 mg/d

[a] Estrogens used with or without antiandrogens or GnRH agonist.

[b] Not available in the United States.

[c] 1000 mg initially, followed by an injection at 6 wk, then at 12-wk intervals.

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Increasing access to comprehensive, effective, and affirming healthcare services for trans communities

center of excellence for TRANSGENDER health

Learning Center Home

Primary Care Protocol Index

Introduction

Disclaimer

Transgender Patients

Evidence-Based Transgender Medicine

Aging Issues: Special Considerations

Assessing Readiness for Hormones

Baseline Laboratory Tests

Fertility Issues

Follow-up Care

General Prevention and Screening

Primary Care Protocol for Transgender Patient Care

April 2011
Center of Excellence for Transgender Health
University of California, San Francisco, Department of Family and Community Medicine

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The Center of Excellence for Transgender Health **Medical Advisory Board** developed these recommendations with support from Primary Care Program Manager Jamison Green and intern Charlie DeVries.

Created with support from The California Endowment

Protocols Flier

Patients: Download this flier to share the protocols with your provider.

Feminizing hormone therapy

Induction of female puberty with oral 17-β estradiol, increasing the dose every 6 months:
- 5 μg/kg/d
- 10 μg/kg/d
- 15 μg/kg/d
- 20 μg/kg/d
- Adult dose = 2 mg/d

	Dosage
MTF transsexual persons[a]	
Estrogen	
Oral: estradiol	2.0–6.0 mg/d
Transdermal: estradiol patch	0.1–0.4 mg twice weekly
Parenteral: estradiol valerate or cypionate	5–20 mg im every 2 wk 2–10 mg im every week
Antiandrogens	
Spironolactone	100–200 mg/d
Cyproterone acetate[b]	50–100 mg/d

http://press.endocrine.org/doi/pdf/10.1210/jc.2009-0345

Effects of feminizing hormones

Action	Onset	Max
↓ libido, ↓ erections	1–3 mo	3–6 mo
↓testicular volume	25% 1 yr	50% 2–3 yr
May ↓ sperm production	?	?
Breast growth	3–6 mo	2–3 yr
Body fat redistribution	3–6 mo	2–3 yr
↓ muscle mass	1 yr	1–2 yr
Softens skin	3–6 mo	?
↓ terminal hair	6–12 mo	> 3 yr
No change in voice		

Masculinizing hormone therapy

Induction of male puberty with intramuscular testosterone esters, increasing the dose every 6 months:

- 25 mg/m^2 per 2 wk im
- 50 mg/m^2 per 2 wk im
- 75 mg/m^2 per 2 wk im
- 100 mg/m^2 per 2 wk im

FTM transsexual persons	
Testosterone	
Oral: testosterone undecanoate[b]	160–240 mg/d
Parenteral	
Testosterone enanthate or cypionate	100–200 mg im every 2 wk or 50% weekly
Testosterone undecanoate[b,c]	1000 mg every 12 wk
Transdermal	
Testosterone gel 1%	2.5–10 g/d
Testosterone patch	2.5–7.5 mg/d

http://press.endocrine.org/doi/pdf/10.1210/jc.2009-0345

Effects of masculinizing hormones

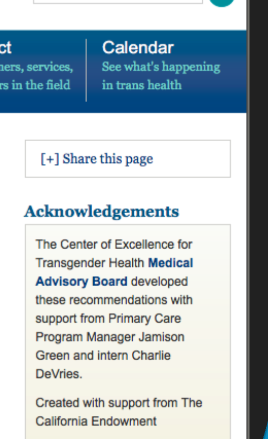
Action	Onset	Max
Male pattern facial/body hair	6–12 mo	4–5 yrs
Acne	1–6 mo	1–2 yrs
Voice deepening	1–3 mo	1–2 yrs
Clitoromegaly	3–6 mo	1–2 yrs
Vaginal atrophy	2–6 mo	1–2 yrs
Amenorrhea	2–6 mo	
Emotional changes/ ↑ libido		
Increased muscle mass	6–12 mo	2–5 yrs
Fat distribution	1–6 mo	2–5 yrs

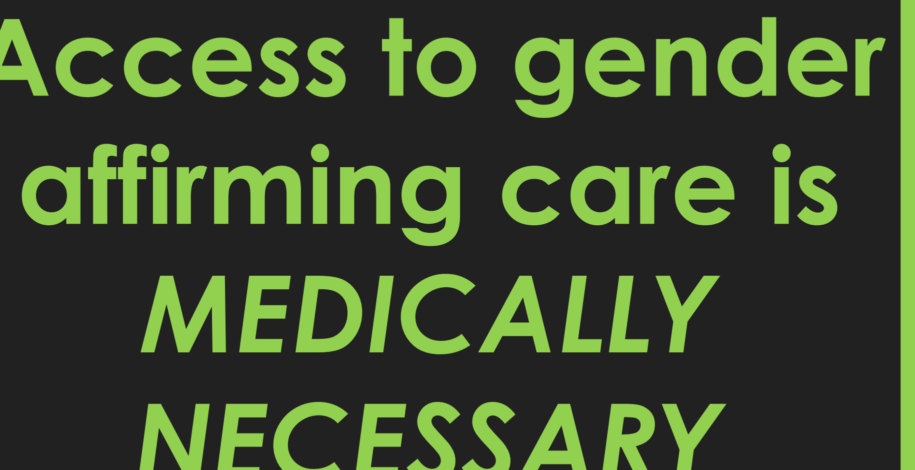
Outcomes

What happens when young people get the care they need?

"Young adult psychological outcome after puberty suppression and gender reassignment."[6]

- 6 year study from the Netherlands
- 55 participants were assessed 3 times
- Psychological functioning improved over time
- Behavioral and emotional problems significantly decreased over time
- **Mental health issues were comparable to general population**
- None of the participants reported regret during puberty suppression, hormone therapy, or gender reassignment surgery





PROTOCOLS FOR THE PROVISION OF HORMONE THERAPY

CALLEN LORDE COMMUNITY HEALTH CENTER

SPECIAL FEATURE

Clinical Practice Guideline

Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline

Wylie C. Hembree, Peggy Cohen-Kettenis, Henriette A. Delemarre-van de Waal, Louis J. Gooren, Walter J. Meyer III, Norman P. Spack, Vin Tangpricha, and Victor M. Montori*

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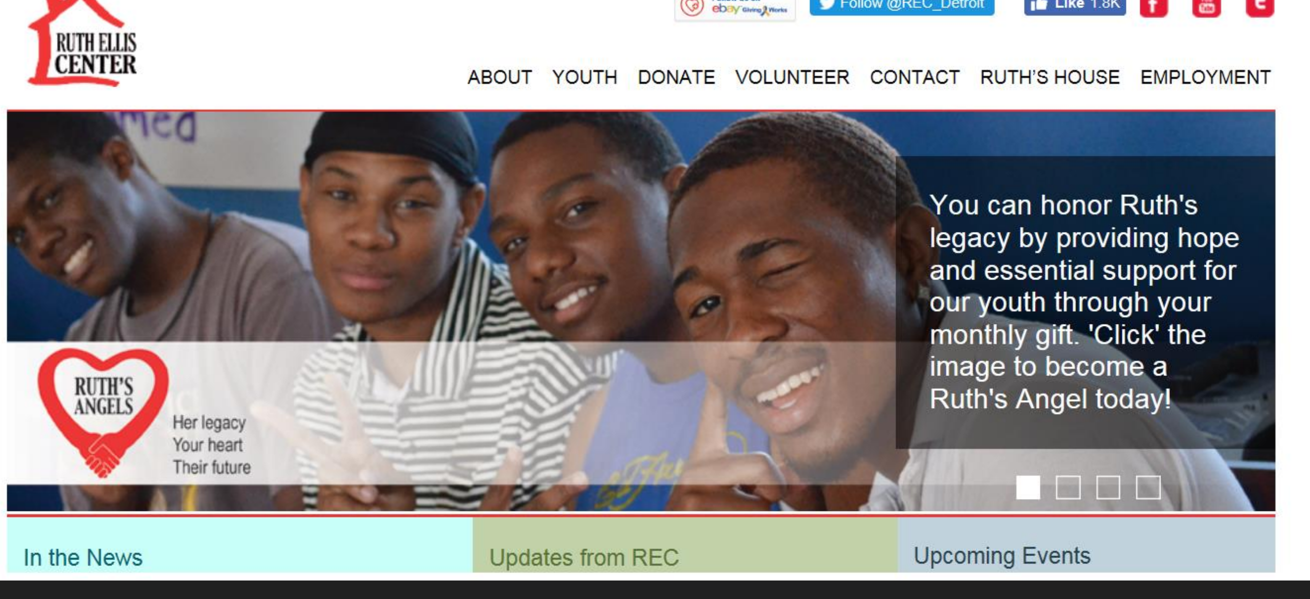

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Summary

Affirming all of our patients in their gender identity and expression is *essential* to their overall health and wellness.

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