The Medical Care of Transgender/gender fluid Children, Teens and Young Adults

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Objectives

- Review definitions
- Discuss primary and specialized care that may be needed by transgender adolescents
- Explain how bias and stigma create disparities and lead to risks
- Provide initial management strategies for appropriate and competent care to gender-nonconforming patients

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Case 1 Patient "R"
Prepubertal Gender Nonconformity

- R is an 8 y/o natal male
- During the visit, R's parent expresses concern that:
  - "Most of his friends are female."
  - "He hates sports."
  - "I caught him wearing his older sister's clothes and make-up last week."
  - "He loves to paint his nails."

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Gender Terminology

Gender non-conforming/genderqueer/gender fluid/non-binary

- A person who views their gender on a spectrum rather than fitting into society's binary categories of male/female

Cisgender

- A person whose gender identity conforms to the cultural notions of gender and the biological sex they were assigned at birth

Transgender

- A person whose gender identity differs from their biological/natal sex and conventional notions of gender

Identities and Transition

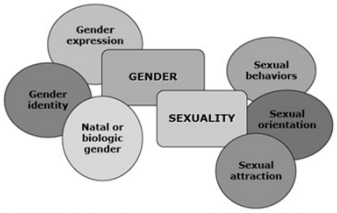
Identities include but are not limited to:

MTF = male to female, transgender woman	FTM = female to male, transgender man

Transition →

Process and time when person goes from living as one gender to living as another gender

Defining Gender



Natal/Biologic gender: Gender assigned at birth; body parts, hormones, biology.
Gender Identity: The understanding of one's self (Female, male, transgender, gender non-conforming, genderqueer, non-binary, gender fluid, cisgender)
Gender Expression: Ways in which a person acts, presents self, and communicates gender within a given culture

Citation: Olson, Forcier

Sexual Orientation Identities

Pansexual
- Fluid sexual attraction to people of any sex or gender

Asexual
- A person who does not experience sexual attraction

Queer
- An umbrella term that may include the entire LGBT community and also people who fit outside social norms of sexual identity and gender expression; emphasizes fluid and experience-based identities and attractions

Why Talk About Gender?

- Professional responsibility
  - AMA, AAMC, AAFP, AAP, SAHM, APA
  - Recommend training on LGBT health
- Gender care is
  - Patient-centered primary care
  - Gender is developmental, universal
  - Anticipatory guidance
  - Prevention
  - Future planning

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Case 1 Patient "R"

- You ask R's mother if you can speak to R in private to ask:
  - How he views his gender.
  - Does he feel more like a boy or girl?
  - Does he have a preferred name?
  - How could his parents help?
  - How does he feel about his parents' concerns.

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Awareness of Gender Identity

Between ages 1 and 2
Conscious of physical differences between sexes

At 3 years old
Can label themselves as a girl or boy

By age 4
Gender identity stable
Recognize gender constant

Sexual Orientation and Gender Identity of Middle School Students

Sexual orientation/ gender identity	Unweighted count	Population estimate
Sexual orientation		
Heterosexual	2,254	8,721.410
Gay or lesbian	48	172.724
Bisexual	59	217.362
Not sure	276	1,250.964
Total	2,637	10,362.459
Heterosexual	2,254	84.2%
Gay or lesbian	48	1.7%
Bisexual	59	2.1%
Not sure	276	12.1%
Total	2,637	100.0%
Gender identity		
Female	1,331	5,148.062
Male	1,337	5,381.086
Transgender	33	137.053
Total	2,701	10,666.201
Female	1,331	48.3%
Male	1,337	50.4%
Total	2,701	100.0%

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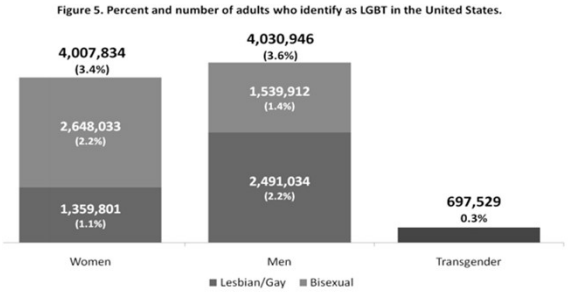
Shields JP, et al. "Estimating population size and demographic characteristic of LGBT youth in middle schools." J Adol Hlth. 2013:248-50.

How Many Adults Identify as LGBT in the U.S.?



Conron KJ, et al. "Transgender health in MA: Results from a household probability sample of adults. AJPH. 2012:102(1): 118-122.

Coming Out—Transgender

Patients	Mean, (Age Range)	Biological Female	Biological Male
Age of Presentation	14.8 (4-20)	15.2 (6-20)	14.3 (4-20)
Tanner Stage	3.9 (1-5)	4.1 (1-5)	3.6 (1-5)
Total n, (%)	97 (100)	54 (55.7)	43 (44.3)

Spack N, GeMS Clinic, Boston Children's Hospital. *Pediatrics*, 2012

Gender Play

- All prepubertal children play with gender expression & roles
  - Passing interest or trying out gender-typical behaviors
  - Interests related to other/oppo
  - Few days, weeks, months, yea

Illustrations of Gender-Nonconforming Youth

- "She told me in first grade that she was a boy."
- "He wanted to grow his hair long and wear jewelry."
- "She adamantly refused to wear a dress to her aunt's wedding."
- "He wanted to be in the school play in the role of Cinderella."

Persistent, consistent, insistent

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Who to Screen?

- All children
  - Developmental stages
- Nonconforming expression
- Concerns/problems with:
  - Mood
  - Behavior
  - Social

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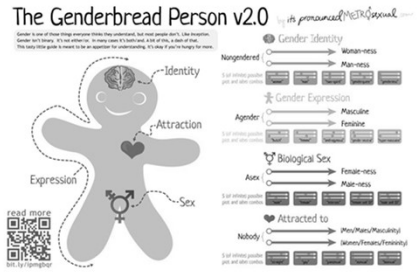
Gender Screening



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Case 1 Patient "R"

- R reports:
  - Sometimes wishes he was a girl but prefers the pronoun "he"
  - Sadness that his mother is upset
  - Unsure what gender he would be if he could choose
  - He would like to play with girl things without feeling bad
- What do you do next?

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Case 1 Patient "R"

- Explain to R and his mom that:
  - Exploring gender roles and gender expression during childhood is common
  - R may or may not have gender identity concerns as he matures
  - Support from family is essential
- Offer yourself as a resource
- Know national, local resources

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Development Issues Prepubertal Gender Nonconformity

- Epidemiology depends on definition, populations, survey, instrument, or culture
  - Gender variant 1:500
  - Transitioned 1:20,000
- Prepubertal developmental considerations
  - Many children 5-12 years with gender dysphoria do not continue to suffer as adolescents
  - Some identify as homosexual or bisexual
    - Natal males—63% to 100%
    - Natal females—32% to 50%

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Wallien, *J Am Acad Child Adoles Psychiatry* 2008; 47(12):1413–23

Pathologic vs. Developmental Perspective

- DIAGNOSIS of GENDER DYSPHORIA
- Marked difference between expressed/experienced gender and gender others would assign
- Must continue for at least six months
- Causes clinically significant distress or impairment in social, occupational, or other important areas of function
- In children, the desire to be of the other gender must be present and verbalized

Patient-centered developmental care—
Allows flexibility and clinical judgment

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Why Identify & Support Early? Support Matters!

- Family Acceptance Project Data
- 224 LGB white & Latino adults, ages 21 to 25 years
- Open sexual orientation to at least one parent during adolescence
- "Between ages 13-19, how often did your parents/caregivers…"

OR	Negative Health Outcomes
3.4	Unprotected sex
5.9	Depression
5.6	Suicidality
8.4	Suicide attempt

I love you.
I accept you, even if
I don't understand.

Protective…Resilience

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RyanC Peds2009, RyanC *JChildAdolPsychNursing*2010

Addressing Parents' Questions

Behaviors and expression may be nonconforming, but children can still feel that they are in the right-gendered body

Family acceptance, love, support is critical.
All children are at risk for crisis when their true sense of identity is discouraged and/or punished.

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Case 2 Patient "K"

- 13 y/o natal female with male gender identify & expression, distressed by onset of puberty
- K is interested in not having periods, looking as male as possible & has done some preliminary investigation of transgender
- What do you do next?

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Setting Up the Initial Assessment

- Establish privacy
  - Ask mom to step out of room
  - Explain what can (and can't) be kept confidential
- Establish trust and rapport
  - Ask name and preferred pronoun
  - Ask goals of visit
- Getting to know the person
  - General adolescent health assessment HEADDSSS
  - Leading into more detailed & sensitive history
- Strength and risk assessment

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What Not to Do

- Interview only with parent in room
  - All teens deserve private time
- Assume
  - Name or pronoun
  - Gender identity and expression correlat
- Disclose without patient's consent
- Dismiss
  - Parents as a source of support
  - As a phase
- Refer for reparative therapy

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Strength and Risk Assessment

- Assess personal strengths, resources, goals
- Assess social support and resources
- Address risk-taking or safety concerns
  - Mental health—depression, anxiety, self harm, suicide
  - Substance use/abuse
  - Sexual activity—STI and pregnancy prevention

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Gender Experience

- Review history of gender experience
  - Open-ended encouragement: "Tell me your story in your own words"
  - Ask about specific feelings, thoughts, behaviors, preferences
  - Parent may offer excellent insight into early childhood
- Document prior efforts to adopt desired gender
  - Clothing, makeup, play
  - Hormone use, if any
- Review patient goals

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Case 2 Patient "K"

- Engage parent(s) to support their child
  - Explore parent's concerns and priorities
  - Assess parental support and knowledge
  - Facilitate discussion and negotiations
- Establish expectations for all stakeholders
  - Incorporate patient goals, with parental expectations, and management options

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Remind Youth and Parents…What Is Healthy?

Gender and sexual development are natural parts of human development

Gender and sexual expression vary

Gender and sexual diversity are different than risk

Open, honest communication is critical to healthy decision-making, behaviors, support, and access to care

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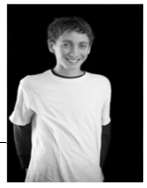
Case 2 Patient "K"

- Mental health provider
  - Assess/treat other mental health concerns
- Medical provider
  - Assess and consent for hormonal management
- Consider appropriate referrals to providers with experience in transgender care
  - Assess gender nonconformity
  - Assess readiness for transition



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Referrals and Seeking Specialized Care

- Many mental health and medical providers will not have expertise in transgender health
- Transgender health "specialists"
  - Variety of providers with experience and/or training in caring for transgender patients
  - Wide variety of disciplines, degrees, specialties

YET! We have lots of work to do ☺

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Case 2 Patient "K"

- Medical and mental providers confirm:
  - Gender identity and gender needs
  - Gender dysphoria
  - Benefit from delaying puberty or hormones
- K's mother is supportive
- Are these recommendations in line with national consensus and/or guidelines?

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Views on Treatment of Gender Dysphoria in Adolescents

- No treatment until 18 ✗
  - Full pubertal experience
- Allow some experience of puberty ✗
  - Until age 15–16 or Tanner 4
  - Then start GnRH analogues or hormones
- Gender identity stable, gender dysphoria DSM criteria met
  - Start GnRH analogues Tanner 2 (age 12–13)
  - Initiate hormones several years later

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Treatment Goals

Improve quality of life by:

- Facilitating transition to physical state that more closely represents the individual's sense of self
- Experiencing puberty congruent with gender
- Preventing unwanted secondary sex characteristics
  - Reduce need for future medical, surgical interventions
- Avoiding depression, risk-taking
- Establishing early, strong social support

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Phases of Transitioning

Reversible	• clothes, hair, shoes, toys, GnRH analogues
Partially reversible	• masculizing and feminizing hormone therapy
Irreversible	• gender reassignment surgery (GRS)

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Benefits of Early Treatment

- If transgender identified pre/early puberty consider "blocking" puberty
  - Effects fully reversible
  - "Buys time" and avoid reactive depression
  - Psychotherapy facilitated when distress eased
  - Prevent unwanted secondary sex characteristics
    - Reduces needs for future medical interventions

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Beginning Hormonal Treatment

- Assess readiness for transition
  - Physical (Tanner stage)
  - Psychological
  - Social
- Review risks and benefits of hormone therapy
  - Differentiate between reversible and irreversible physical changes
  - Establish next steps for "real life" experience

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Planning for Hormonal Treatment

- Prescribing provider will establish:
  - Informed consent
  - Reasonable goals, expectations
  - Baseline screening labs
  - Set up referrals and/or follow up
- Provider and patient should establish:
  - Disclosure when patient is ready
  - Sources of social support
  - Impact on school or work

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Case 3 Patient "B"

- B is 16 y/o MTF kicked out by her mother's boyfriend for being "gay"
- B presents as female
- B is new to you and presents with chief complaint of "genital rash"
- What next?

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Sexual Health History

- What are gender(s) of your partner(s)?
- Have you ever had anal, genital, or oral sex?
  - Do you give, receive, or both?
- How many partners have you had in past six months?
- Do you use condoms…never, some, most, all of the time?
- Any symptoms of STIs?

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Case 3 Patient "B"

- Establish safety, trust, rapport
- Evaluate problem patient wants help with
- If there's time, begin HEEADDSSS assessment knowing health risks for transgender population
- HEADDSSS screen reveals:
  - Victimization at home and school
  - Sex work with consistent unprotected receptive anal and oral sex
  - Depression, considered suicide in past
  - Substance use—meth and alcohol
  - Street hormones and silicone injection
- Last HIV test—one year ago

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Risk Behaviors—MTF Youth

Anal sex (no condom)	59%
UAI (receptive)	49%
Sex for money/shelter	59%
Sex & drugs	53%
Coerced sex	52%
HIV	22%
AA youth	RR ↑ 8×
Homeless	18%
Incarceration history	37%

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Garofalo R et al. *Adolesc Health*. 2006.

Harm Reduction Counseling

- Safer sex options
  - Facilitate condom use
  - Plan for STI testing
- Support and survival
  - Housing/shelter/food referral
  - Vocational assistance
  - Substance abuse screen/counseling
  - Mental health screen/counseling
- Close follow-up

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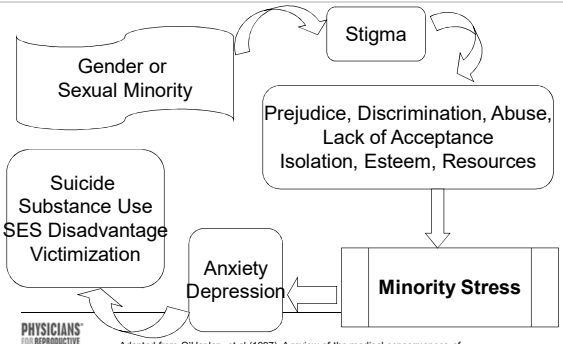
Minority Stress Theory



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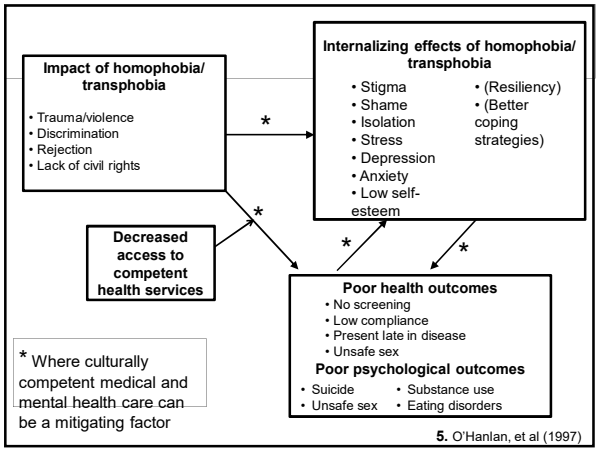
Adapted from O'Hanlan, et al (1997). A review of the medical consequences of homophobia with suggestions for resolution. *JGLMA*;1:25-39.)



5. O'Hanlan, et al (1997)

Trans Survival—Barriers to Care

- Loss of parental and familial support
  - Loss of housing, emotional, and financial care
- Lack of health care
  - Loss of insurance/ability to pay
  - Access, availability of health providers
  - Concerns regarding confidentiality, rights to care
- Social stigma
  - Hostile or violent social environments
  - Mental health sequelae

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Beginning Hormonal Treatment

- Establish commitment to next steps
  - Gender incongruency
  - Readiness for transition
  - Expectations, goals
  - Management plan
- Obtain informed consent
- Order baseline labs
- Establish follow-up

Letter from mental health professional?

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Early Access to Cross-Gender Hormones

- Increased opportunities for preventive health care
- Improved family functions, school performance
- Child development in identified gender
- Prevents risk taking, suffering
- Leads to social change
- Goals…improve quality of life

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Feminizing Hormones

- Estrogens—induce development of female secondary sexual characteristics
- Anti-androgen treatment reduces effect of endogenous male sex hormones
  - Spironolactone
  - Use if no contraindications (renal disease, ↑ K)
- Progestins for breast tissue development?

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Estrogen

- Estradiol
  - Sublingual 2-8 mg/day total dose
    - Decreased risk TE preferred over oral daily
    - $4 at Walmart
  - Patch 0.1-0.4 mg twice weekly
- Estradiol cypionate or valerate injection
  - 5–20 mg IM q 2 wks

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Other Feminizing Options

- Anti-androgens
  - Spironolactone 50-100 mg PO BID
  - Finasteride 2-5 mg PO QD
- Progesterone
  - Medroxyprogesterone (Provera) 5-10 mg PO QD
  - Linked to weight gain, tubular breasts
  - Unclear if benefit
- Cosmetics
  - Hydroquinone, Vaniqua®, laser, electrolysis

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Predicting 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		

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Risks of Feminizing Hormones

- VTE
- Increased Weight
- Decreased Libido
- Erectile dysfunction
- Liver dysfunction
- TG ↑ (pancreatitis)
- HDL ↑ LDL ↓
- Increased BP
- Glucose intolerance
- Gall bladder disease
- Pituitary adenoma
- Breast cancer (3 cases)
- Anti-androgens
- ↑ K ↓ BP

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Issues with Self-Prescribed Hormonal Therapy

- Excessive amounts
  - Increased risks and medication side effects
  - Does not increase feminization nor override heredity
  - Excess estrogen can be converted to testosterone
- Quality
  - Purity not guaranteed
  - Medication and dose not guaranteed
- Safety
  - Self-injection poses HIV & hepatitis risks

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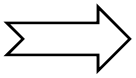
Baseline Labs
Feminizing Hormone Therapy

- CBC
- LFTs
- Lipids
- Chem 10

- Estrogen
- Testosterone
- Prolactin



If before or using estradiol
- AST
- Prolactin
- T or E?

If spironolactone
- Potassium

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Lab Follow-Up
for Feminizing Hormone Therapy

- Q 3 months 1–2 years
- Test according to need
- Testosterone level at 1 yr
  - Goal ⟹ < 55 ng/dL
- Estradiol
  - If concerns re overuse
  - Goal "average female levels"
- K (Cr)
  - If spironolactone

Goals
Dosing & labs by

Generate desired effects

Avoid side effects

Average natal levels

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Long-Term Procedural Options for MTFs

- Breast implants
- Orchiectomy/penectomy
- Vaginoplasty
- Facial feminizing
- Vocal cord surgery
- Plastic surgery (waist, hip, buttocks)
- Rib removal (11–12)

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Health Care Maintenance for MTFs

- Emotional well-being
- STI testing, prevention
- Fertility considerations
  - Sperm/embryo banking
  - Contraception
- Breast cancer screening
  - Self breast exam
  - Mammography 10+ years or age 50
- Additional screenings, limited evidence
  - Prostate screening for older patients?
  - Pap if neo cervix created?

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Case 4 Patient "C"

- C is a 21 y/o FTM reporting.
  - Self-injects testosterone from the Internet for two years
  - Has just relocated to start a new job
  - Wants to establish his identity as male at work

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Testosterone

- Multiple dosing regimens
- Oil-based testosterone for injection
  - Cypionate or enanthate
  - 3cc luer lock syringe, 18 gauge needle to withdraw
  - SQ 50–100 mg SQ weekly 5/8th inch 25 gauge needle
    - Decreased peaks/troughs, side effects
  - IM 50-100 mg weekly or 100-200 mg 1-1.5 inc 22 gauge every other week

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Masculinizing Hormones

- Other forms
  - Transdermal androderm 2.5–10 mg daily
  - Androgel 2.5–5 mg packets with dosing 50–100 mg daily
- Topical testosterone to clitoris will not increase size
- Progestins may be used short term to stop menses

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Predicting 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
Tendon weakening		

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Risks of Masculinizing Hormones

- Weight increase
- Mood changes
- Liver dysfunction
- TG ↑ HDL ↓ LDL ↑
- Insulin resistance
- Increased homocysteine
- Polycythemia
- Male pattern baldness
- Possible pelvic pain

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Management of Side Effects of Masculinizing Hormones

- Rogaine® to treat pattern baldness
- Estrogen vaginal cream for atrophy
- Retinoids for acne
- Progestin for menses
  - Spotting may occur for several months followed by amenorrhea

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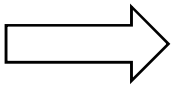
Initial Lab Testing for Masculinizing Hormone Therapy

- CBC
- LFTs
- Lipids
- Cr, Glucose
- Testosterone



If using T

- AST
- Hb
- Testosterone total
- Lipids

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Lab Follow-Up for Masculinizing Hormone Therapy

- Q 3 months 1-2 years
- Test according to need
- Testosterone level at 1 yr
  - Goal 300-750 ng/dl
- CBC
- Liver function tests
- Lipids

Goals
Dosing & labs by

Generate desired effects

Avoid side effects

Average natal levels

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Case 4 Patient "C"

- C had chest reconstruction surgery two years ago
- He is considering completing his transitioning with a hysterectomy & oophorectomy in the next year or two
- What might be some problems inherent with obtaining GCS?

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Case 4 Patient "C"

- During your sexual history-taking, C reports
  - He is in relationship with another male & identifies as a gay man having insertive sex in both genital openings (anal/vaginal)
  - Last STI screening—three years ago when C had parents' insurance
  - C has never had a Pap test and expresses anxiety over having "a Pap"

How can you help? Does he need a pelvic exam? What about a Pap? STI testing?

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Assure	That he is not alone and many patients are uncomfortable with pelvic exam
Provide	Information on why exam is necessary
Use	Preferred pronouns and terms for anatomy
Discuss	Steps of the exam before and during
Support	Making positive decisions about reproductive and sexual health
Maintain	Best practices for both anatomy & hormones

Health Care Maintenance for FTMs

- Emotional well-being
- STI testing
  - Including HIV
- PCOS
  - Glucose testing
- Fertility
  - Contraception
- Breast cancer screening
  - Instructions in self breast exam
  - Mammography
- Pap cancer screening
  - Atrophy looks like dysplasia
- Dexa scans
  - Testosterone > 5 yrs
  - Age > 50

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STI Screening: Transgender Males and Females

- Assess STD- and HIV-related risks based on current anatomy and sexual behaviors
  - diversity of transgender persons regarding surgical affirming procedures, hormone use, and their patterns of sexual behavior
  - providers must remain aware of common STD Sx and screen for STDs on basis of behavior and sexual practices

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Gender Reassignment Surgeries for FTMs

- Male chest construction
  - Different technique than mastectomy or implants
- Hysteroopherectomy
- Phalloplasty/metoidioplasty
  - No function without pump
  - Rarely covered by health insurance
  - Performed by specialized surgeons

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Contraception

- FTM may have some pregnancy risk
  - Testosterone not fail-safe contraceptive
  - May continue to ovulate while on testosterone
  - Testosterone may adversely affect development of fetus
  - Consider DMPA, Mirena®, and barrier methods
- Avoid assumption—do Family Planning
  - Do you want to be pregnant or have genetic children?

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Transgender Youth Take-Home Points

- Screening for gender issues, like sexual health concerns, important throughout life span
- Medical management of treatment, including hormones, safer than self-prescribing
- Mental health and support is important
- STI and other health care maintenance continue
- Recognize vocational, financial, and social discrimination

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Resources on Transgender Health Care

- World Professional Association for Transgender Health: www.wpath.org
- Vancouver Coastal Health: Guidelines for Transgender Care: transhealth.vch.ca
- The Fenway Guide to LGBT Health, American College of Physicians: www.amazon.com/Fenway-Lesbian-Bisexual-Transgender-Health/dp/193051395X
- Transgender Law Center: Health Care Issues: www.transgenderlawcenter.org/issues/health

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