



Care for Transgender/Nonbinary Patients





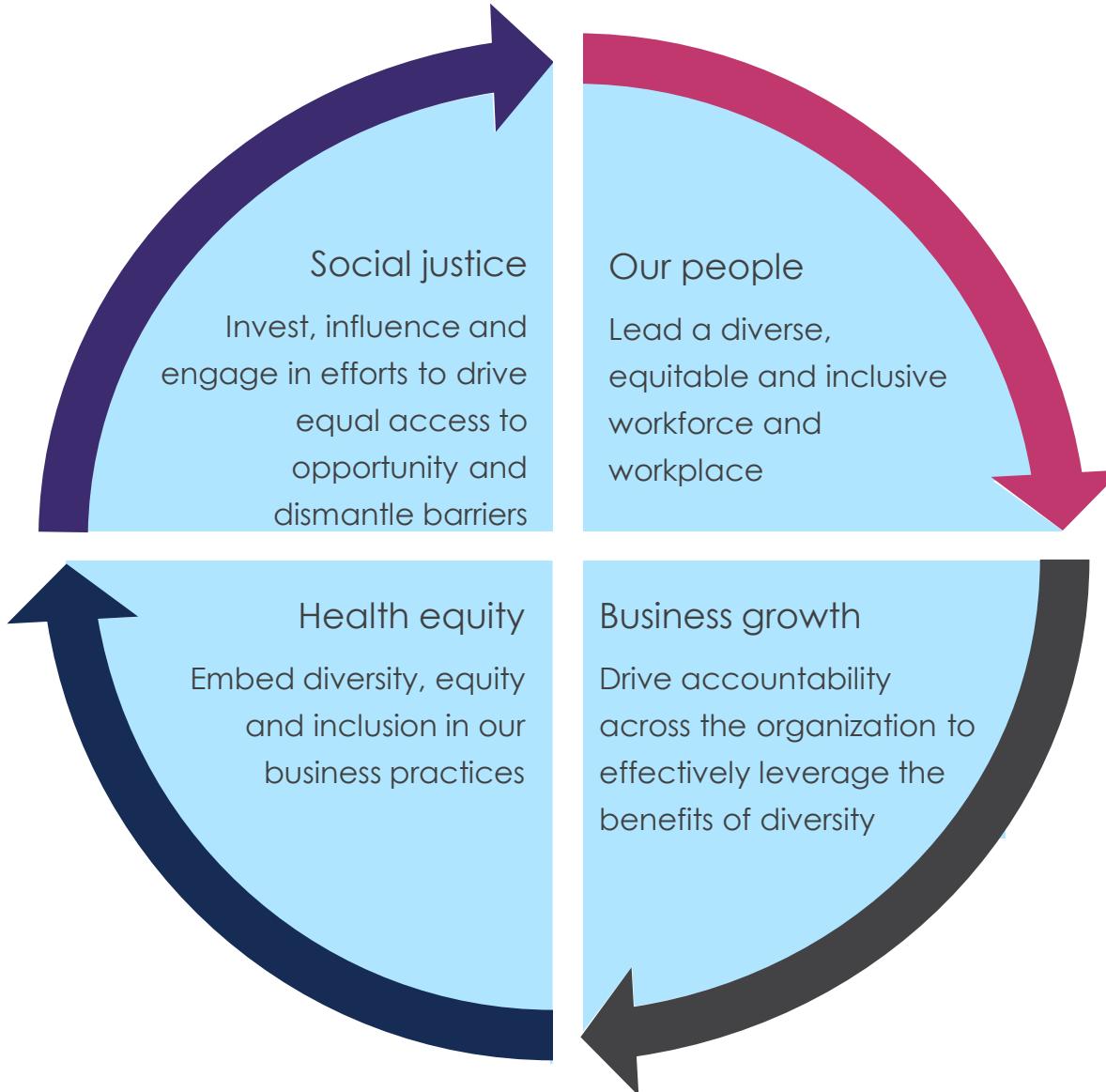
Learning objectives

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

Blue Shield's diversity, equity and inclusion strategy

Our diversity, equity and inclusion strategy is one comprehensive, holistic approach



Today's speakers

Barry K. Eisenberg, M.D.



Associate Director of the Comprehensive
Gender Care Program
Palo Alto Medical Foundation/Sutter Health

Ilana Sherer, M.D., FAAP

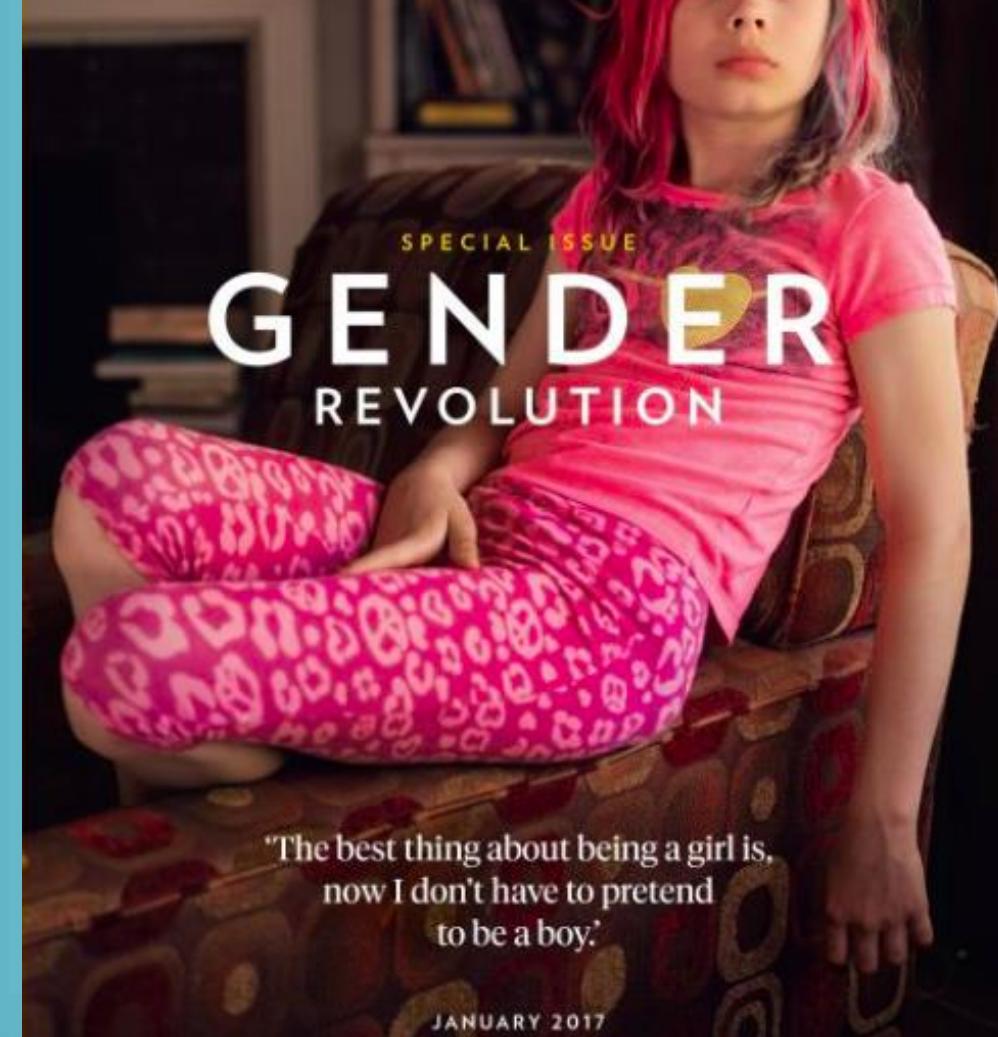


Co-Chair of the Transgender Provider
Education Committee
Palo Alto Medical Foundation/Sutter Health

NATIONAL GEOGRAPHIC

SPECIAL ISSUE

GENDER REVOLUTION



"The best thing about being a girl is,
now I don't have to pretend
to be a boy."

JANUARY 2017

The Gender Binary is a “Modern” Construct



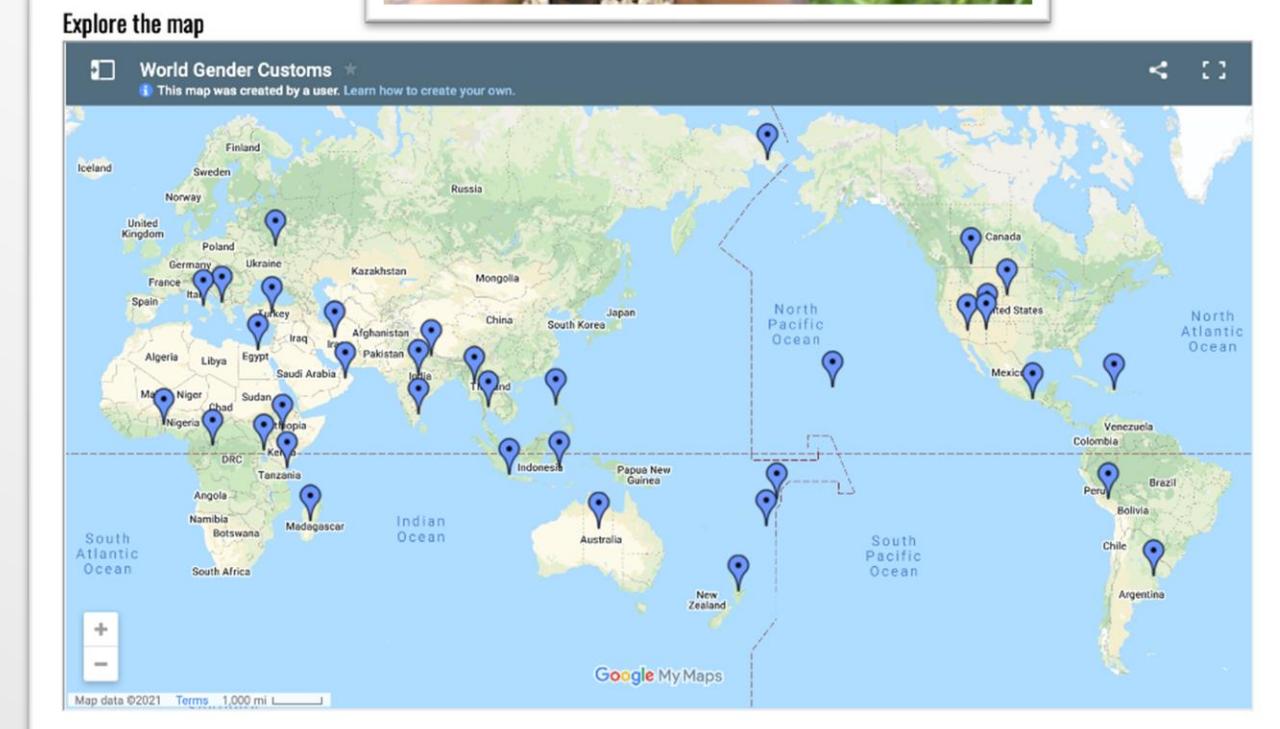
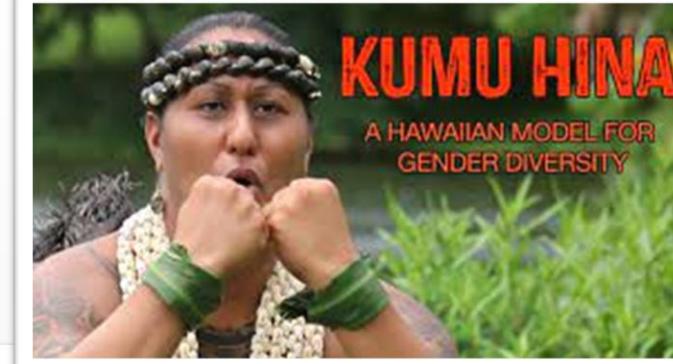
[kqed.org](https://www.kqed.org)

Interview

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

Sam Levin in Los Angeles

[theguardian.com](https://www.theguardian.com)

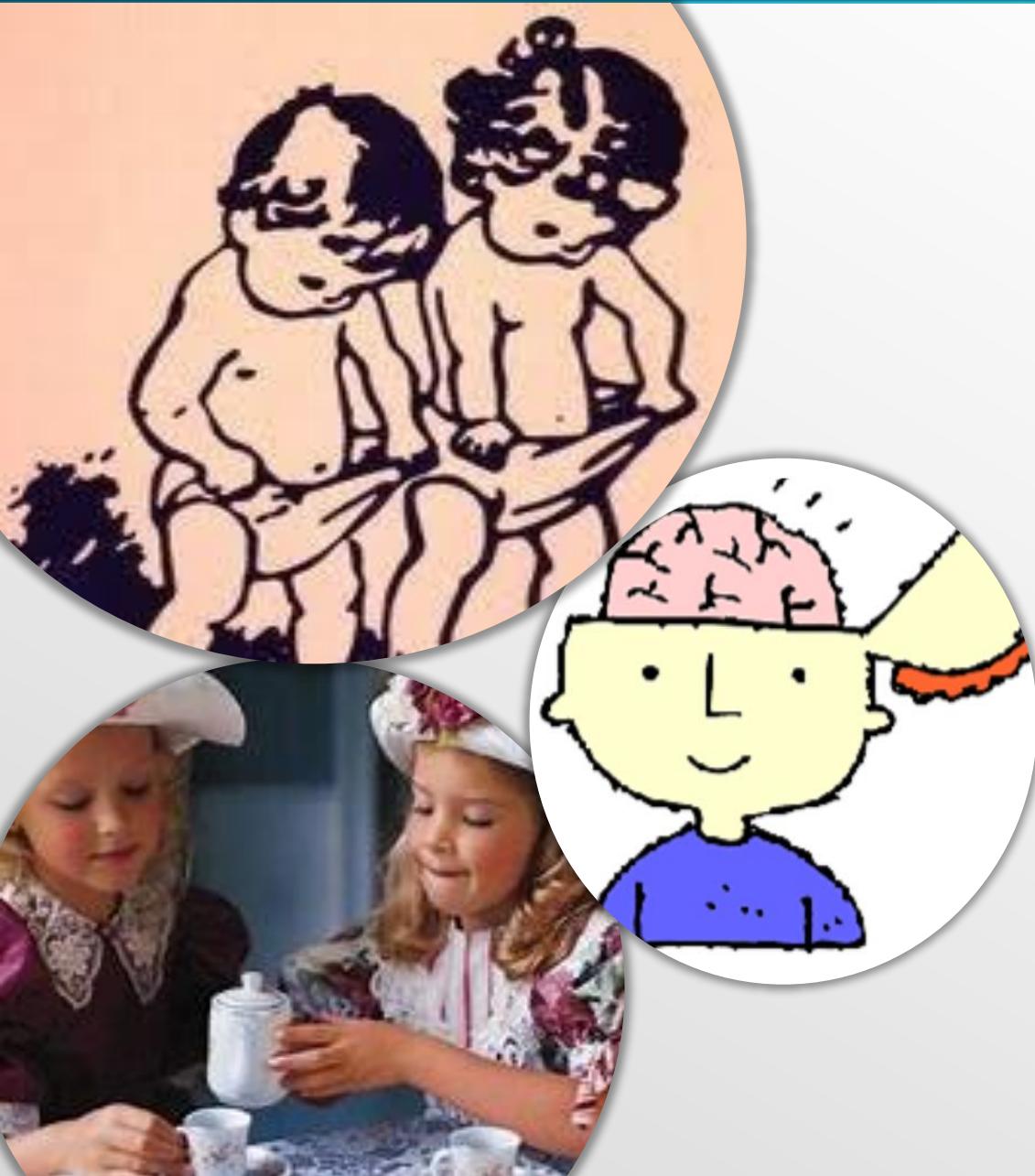


[pbs.org](https://www.pbs.org)

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

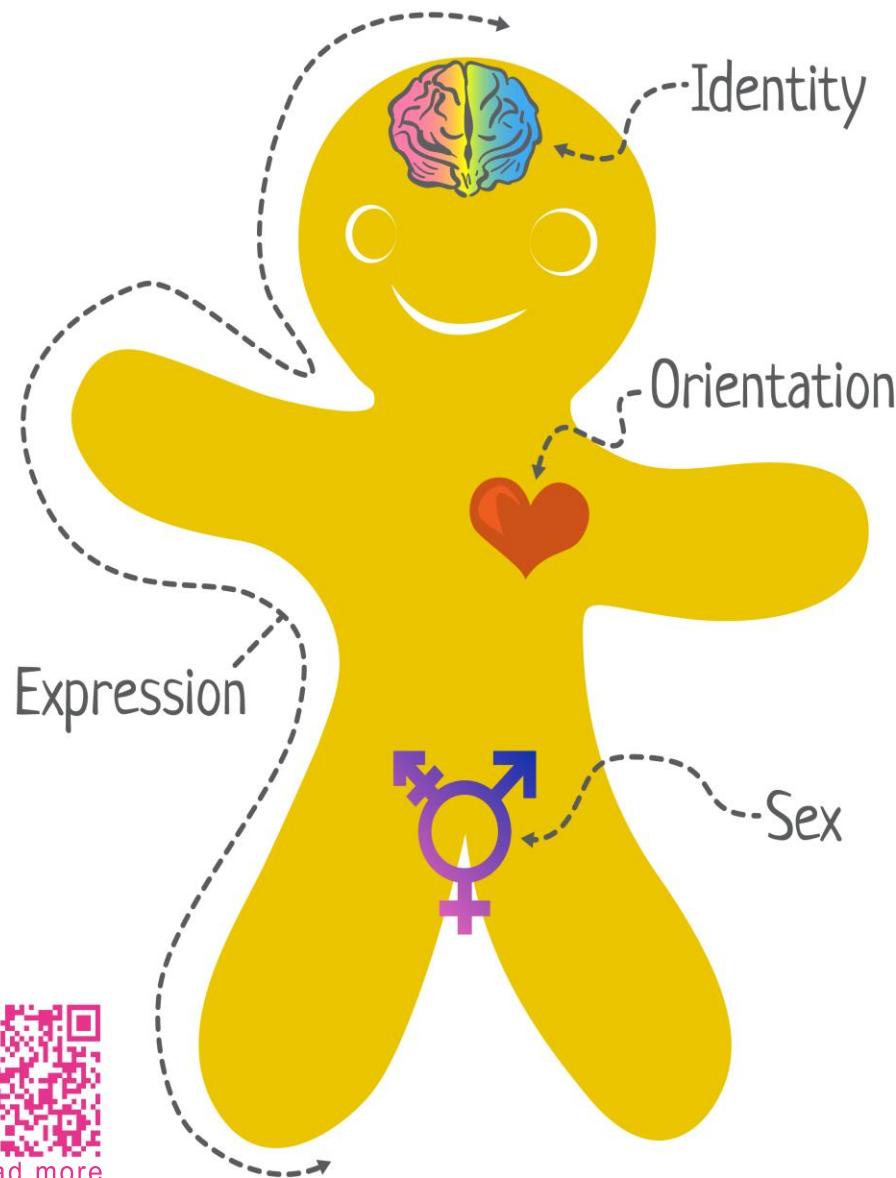
Internal/intrinsic sense of self

Gender Expression

How one expresses their gender based on cultural norms and expectations

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



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



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 is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

US Transgender Survey 2015 - 28,000 Respondents

- 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.

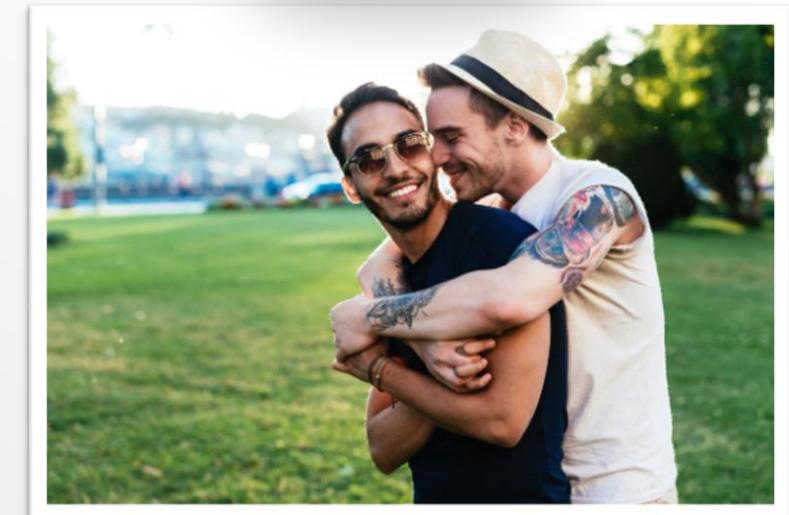
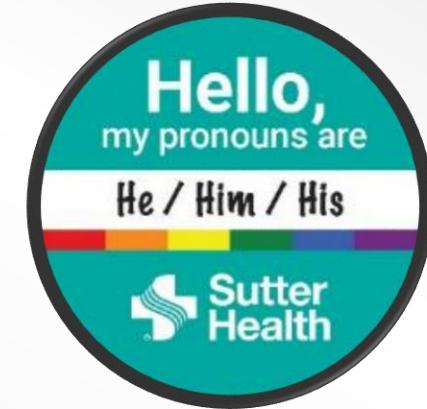
Creating a Welcoming Environment

- 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



This Matters Because...

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



Childhood/early
adolescence

Reversible:

- Social transition
- Hormone blockers (GnRH)

Mid adolescence/
adulthood

Partially Reversible:

- Masculinizing and feminizing
- Hormone therapy

Adulthood

Irreversible:

- Gender affirming surgery

Feminizing Hormone Therapy

Medications

Estradiol- feminizing hormone

Spironolactone- androgen blocker (though other options exist)

Reversible

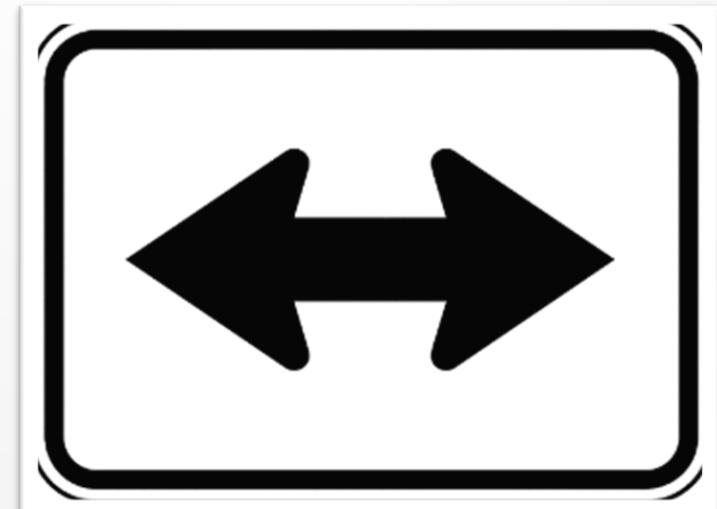
Decreased libido, fat/muscle changes and redistribution

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

Limitations of Feminizing Hormones

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

Masculinizing Hormone Therapy

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



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:

Orchiectomy: removal of testicles

Vaginoplasty: creation of vagina

Labioplasty: creation of labia

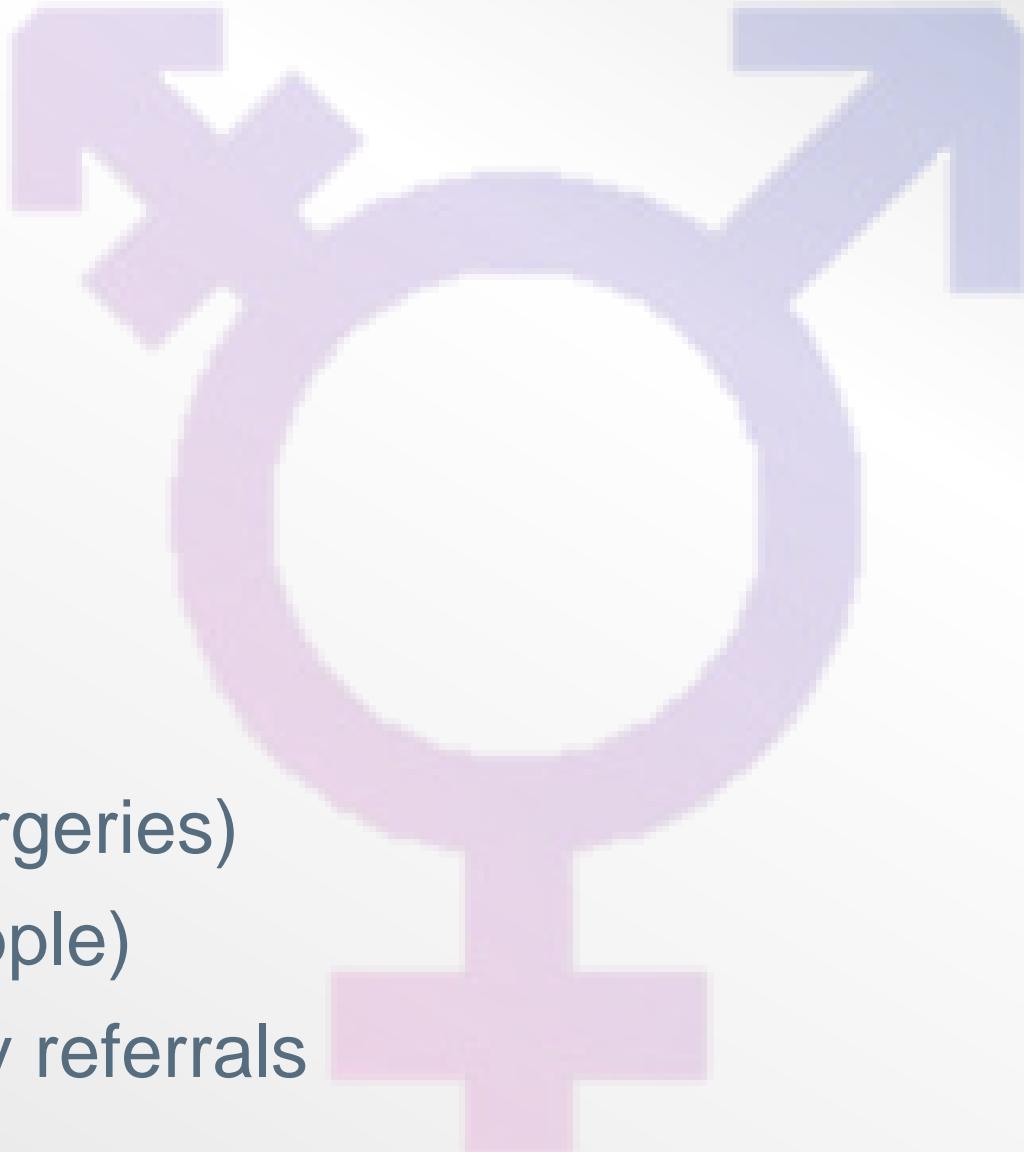
Penectomy: removal of penis

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 w grafting; can keep uterus)

Facial affirmation surgery

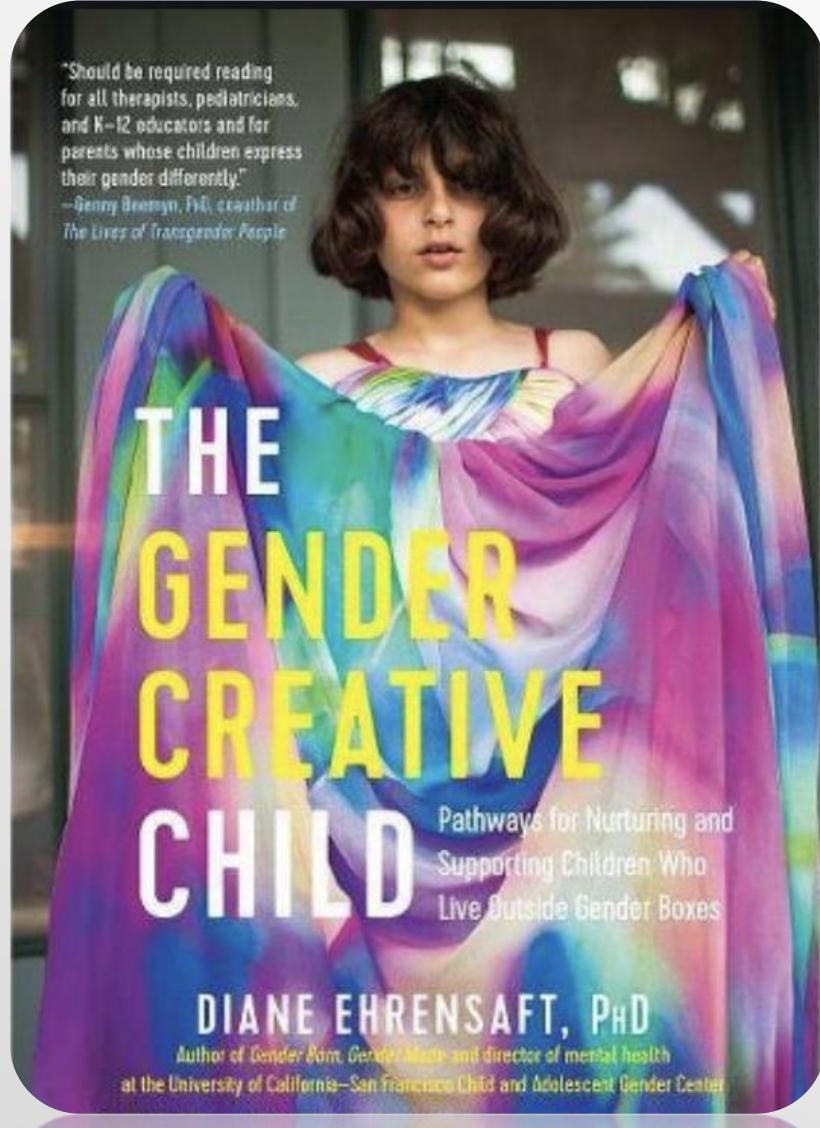
Pre & post-operative physical therapy referrals



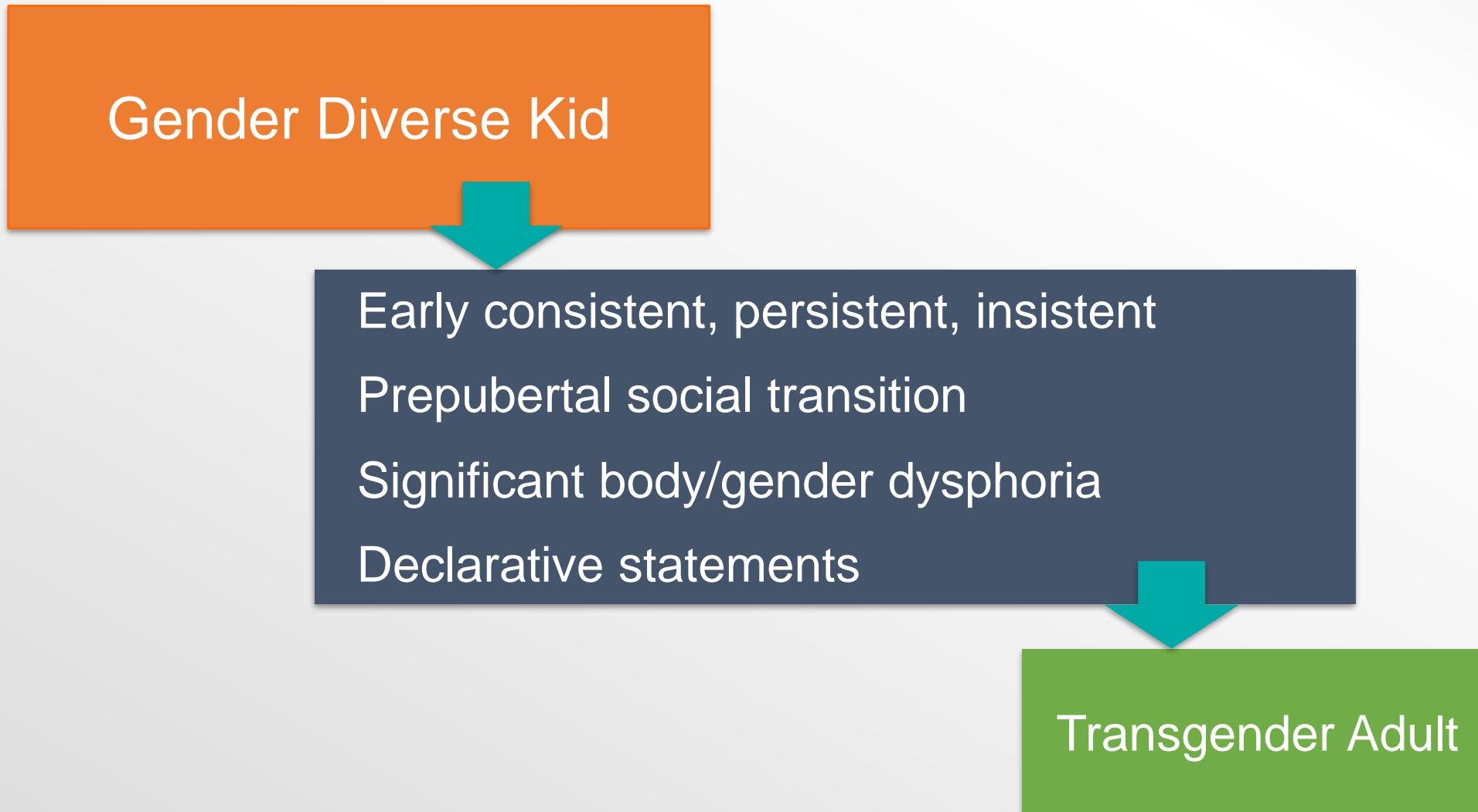
Pediatric Specific Differences in Care

- “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



What factors predict persistence to transgender identity?



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

What we Know: Family Acceptance Saves Lives

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

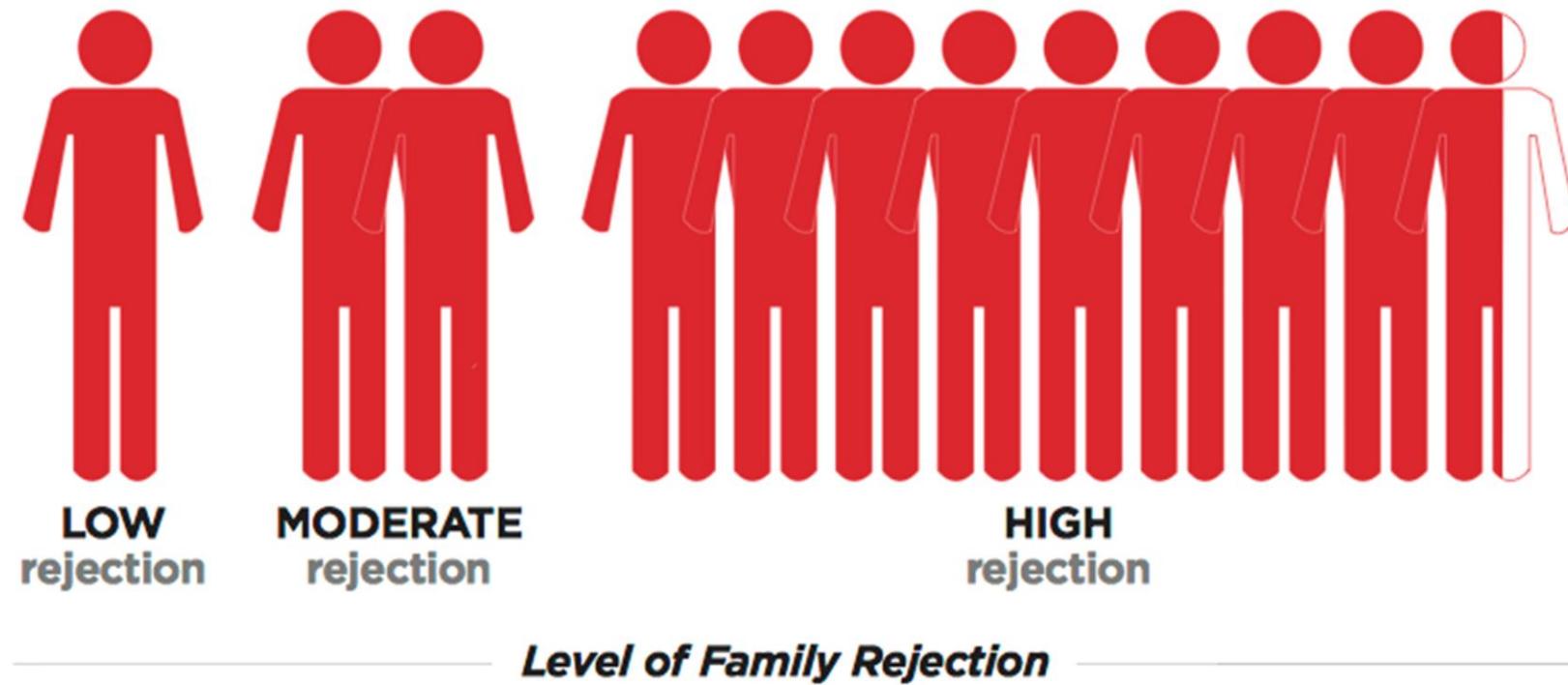
Ryan, C., Huebner, D. et al. "Family Rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults."

Pediatrics 123/1 (2009): 346-352.

A Little Support goes a Long Way

Lifetime Suicide Attempts by Highly Rejected LGBT Young People

(One or more times)



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)

The Benefits of Puberty Blockers for Transgender Patients

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

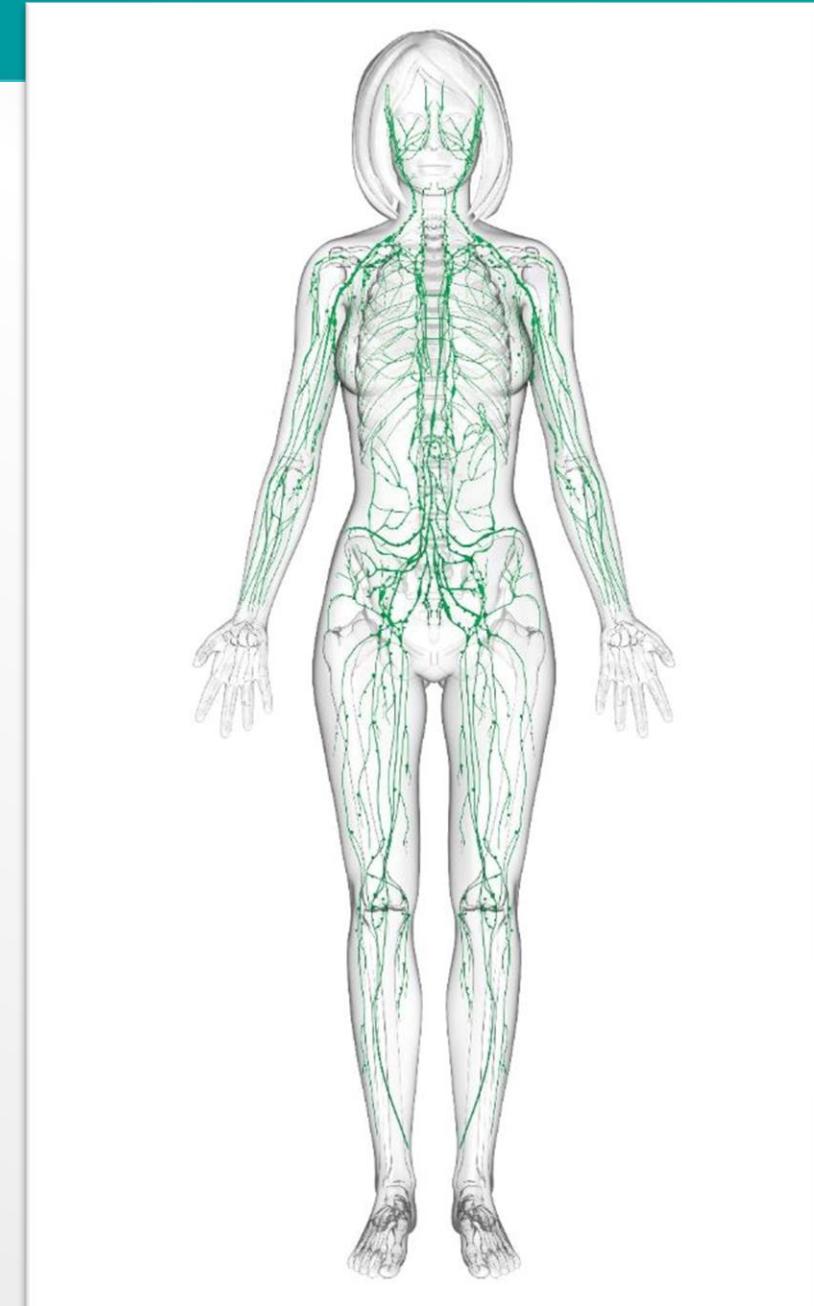
- Primary care provider who is willing to learn and CARES
- Awareness of Trauma and Trauma Informed Care
- Discuss Sexuality, Fertility, Pregnancy and Parenting Planning

Preventive Screening

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 mammo 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

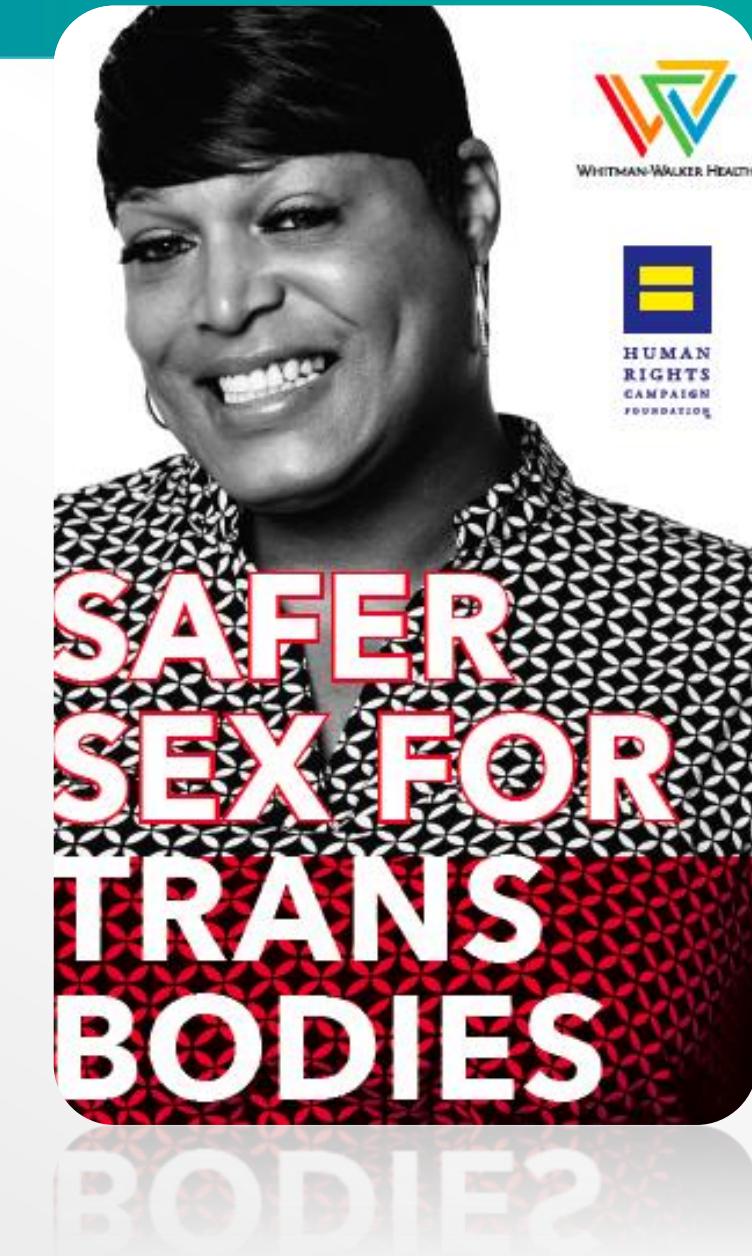
- Gender affirming- use preferred terminology and be sensitive to prior negative experiences in the healthcare setting
- Examine only what is relevant to the visit
- Preventive screening and exam should be relevant to the anatomy that is present
- Special Considerations: vaginal exams in transgender women, pelvic exams in transgender men, binding and tucking complications

Sexuality and Gender

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)



Prevention of HIV Trans* Community

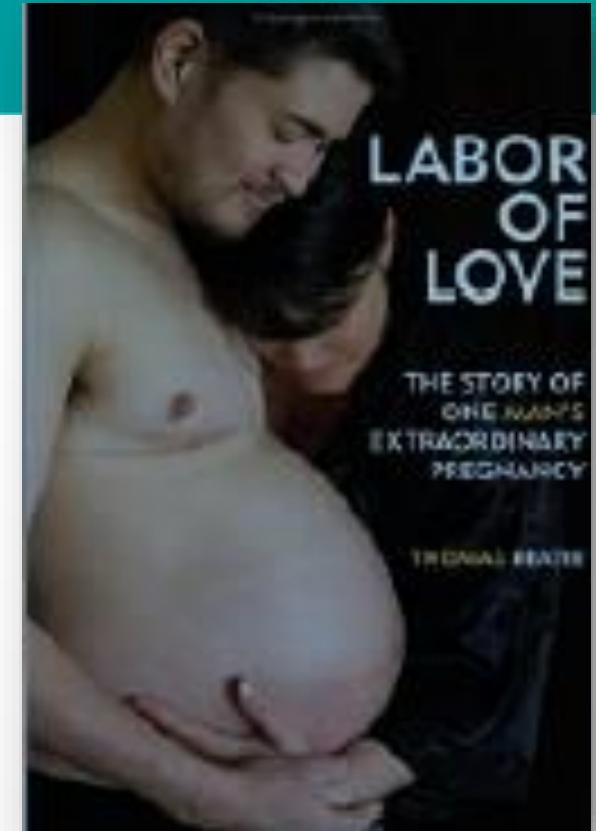
- Increased awareness has led to data collection recommendations so that trans population will be counted
- We now have trans specific interventions with increased awareness of high risk and specific needs
- PREP AND PEP are lifesaving
- Strategies that you can integrate into your work with the transgender populations you serve
- Trans youth have the highest rate of HIV acquisition

Family Creation Options

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



Thank you

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