Transgender Health Concerns and Treatment Practices: A Primer for Medical Students

By Teresa Bair, MSI. University of New England College of Osteopathic Medicine, 2011.

Objective

The goal of this handout is to quickly and easily provide medical students with enough information about the needs, concerns, and standard medical treatments of trans patients, that an initial encounter with a transgender patient will be a positive experience for both the patient and provider. This handout won't make you an expert, but it's a great first step toward becoming a more competent and compassionate physician.

[Disclaimer: This handout deals with some highly complex and sensitive subjects, and the amount of information provided here is too limited to do them proper justice. There is a lot more to know, so please check out the resources at the end for further information.]

Why Do You Need to Know This?

Because you might have trans patients! Just like everyone else, transgender patients access services from every health care specialty. Most providers don't know enough about trans health care. Your knowledge and sensitivity could make a real difference.

Common Concerns of Transgender Patients About Accessing Health Care

For the following reasons and others, trans patients tend to seek medical care less frequently than the general population, and often delay necessary medical treatment.

- ✗ **"I'll be refused medical care because I'm transgender."** A 2010 survey reported that **52%** of transgender people identified with this statement, and that **27%** had indeed been refused needed medical care[i].
- ✗ **"Medical personnel will treat me different because I'm transgender."** The same 2010 survey found that **73%** of transgender participants had this concern, and **70%** reported at least one of the following health care experiences: <u>1) Refusal to touch or excessive precautions; 2) Harsh or abusive language; 3) Being blamed for their health status; 4) Physical roughness or abuse.</u>
- ✗ **Limited Access.** Transgender patents face many unique barriers to accessing health care. These can include difficulties in obtaining or changing identity documents, denial of coverage by insurance companies or Medicaid, and high rates of unemployment due to gender discrimination, which can directly affect insured status.
- ✗ **Poor quality of care.** Even when providers are accepting, they are frequently not knowledgeable about trans-specific health care needs, including cross-gender hormone therapy, LGBTQ community resources, and common mental and emotional health concerns of trans patients.
- ✗ **Being addressed by the wrong name or gender.** Be sure to pay attention to patient intake forms, ask questions about patient preferences, and make a note in the chart so that you and your staff will address the patient appropriately on future visits. Do not assume that their identification documents correctly represent this information.

- ✗ **Physical Exams, Reproductive Health and Cancer Screenings.** For many transgender people, these exams can feel particularly invasive. Remind your patients that they decide which examinations will be performed. Then explain any risk factors, and make appropriate recommendations. It's important that you offer screenings for all of the anatomy that is present (eg. prostate exam on a trans woman), and that you are very explicit about what you are doing, and why you are doing it. Use general terms like *chest* and *genitals,* and if more detail is necessary, ask your patient what terms they prefer to use when describing their body. [Note for FTM patients: testosterone therapy can induce vaginal atrophy. If a pap is very difficult, consider an HPV test, or a possible hysterectomy for high-risk circumstances.][ii]

Critical Terminology

The Golden Rule: *Ask!* It's important to ask *all* of your patients what terms they use to describe their sex, gender, and sexual orientation, and whenever possible, to use those words throughout the encounter. **Language is EXTREMELY variable and fluid, especially regarding the personal and complex subject of gender identity.** These words frequently mean different things to different people, so it's important for you to **ask the patient to explain the terms that they're using.** The moral here is to ask before you assume, and your patients will be happy that you did! Here is some important vocabulary that you'll need to understand.

- **Sex/Assigned sex/Birth sex/Biological sex:** These terms refer to the *male*, *female* or *intersex* designation that is assigned to a child **at birth** based on primary sex characteristics, chromosomes, and other biological factors. ***Someone else decides this for you.***
- **Gender:** This word describes a qualitative experience of a person's identity, expression, and the relationship to one's body. Identities include *woman, man, masculine, feminine, butch, femme, transgender, genderqueer* and *trans.* This aspect of identity is much more fluid than a person's Sex, and can change many times throughout an individual's life. ***Only you can define your gender.***
- **Transgender/Trans:** These are broad umbrella terms that commonly describe individuals who live as a gender not completely aligned with the gender associated with their birth sex.
- **Transsexual:** This is an older term that has been used to describe transgender people, most frequently those individuals who identify with the sex **opposite** of what they were assigned at birth. *Some patients find this term offensive*, while others use it to self-identify.
- **Cis-gender:** Think organic chemistry; cis vs. trans. This term describes people whose gender is aligned with what is expected of their assigned sex. It came into use as a way to distinguish between transgender and non trans people in a non-hierarchical fashion.
- **Genderqueer:** A slightly more political term, genderqueer commonly refers to someone who doesn't conform to traditional gender roles or societal expectations of their assigned sex.
- **Transition:** The mental, emotional and physical process of changing one's gender presentation. Unique to each person, it can vary significantly depending on the individual's goals, and the amount of time they require to achieve them. This process can involve changes in dress, hair and make-up, counseling, hormonal or surgical gender-confirmation therapies, or none of the above.
- **FTM/F2M/Female-to-Male/Trans man:** someone who was assigned female at birth, but identifies as male. Some trans men choose to use hormonal or surgical therapies, while others do not. **Use masculine pronouns such as *he* and *him*.**
- **MTF/M2F/Male-to-Female/Trans woman:** someone who was assigned male at birth, but identifies as female. Some trans women choose to use hormonal or surgical therapies, while others do not. **Use feminine pronouns such as *she* and *her.***
- **Intersex:** An individual born with ambiguous genitalia, gonads, or sex chromosomes.

- **Gender Identity Disorder (GID):** A controversial diagnosis in the DSM – IV for those persons experiencing problematic *gender dysphoria.*
- **Gender dysphoria:** The conflicting feelings of someone whose gender identity, assigned sex, and body experience are not aligned.
- **Sex Reassignment/Gender affirmation /Gender Confirmation Surgeries:** These terms refer to any surgical procedure that helps align the patient's external physical characteristics with their lived gender. For trans men this can involve a bilateral mastectomy and/or masculinizing genitoplasty. For trans women this can include feminizing genitoplasty, and/or breast implants. These surgeries are commonly referred to as "top surgery" or "bottom surgery."

The Basics of Cross-gender Hormonal Therapy[ii],

Hormone therapies are commonly used by trans people to alter their physical bodies to more closely match their gender identities. The general goal is to increase congruence between what the patient and world sees on the outside, and what the individual feels on the inside. Hormone treatments can be used alone or in conjunction with surgery, and can have profound effects on the patient's ability to "pass" as the gender with which they identify. *[Note: The following information is incomplete, and only intended to give you a working idea of what hormonal treatment might look like. Do NOT prescribe hormones or treat patients without experience.]*

<u>The Golden Rule:</u> *Use the lowest level of hormones possible to achieve the patient's treatment objectives.*

Female-to-Male Hormone Therapy

TESTOSTERONE

- ✗ **Goals**: To masculinize, and stop menses.
- ✗ **Testosterone Levels:** Increased to be within the <u>average range for a cis-gender male.</u>
- ✗ **Treatment Options:**
  - No Hormone therapy.
  - Depotestosterone Injections
    - *Testosterone Enanthate or Cypionate*
    - These injections are usually given in one of two standard doses: 200mg/2wk or "micro-doses" of 100mg/wk
  - Transdermal Testosterone Patches
    - *Androderm* or *Teestoderm.* TTS 2.5-10mg/day
  - Testosterone Gel
    - *Androgel* 50, 75, 100mg/day transdermally
  - Testosterone Pellet
    - *Testopel implant* 6-10 pellets/mo
- ✗ **Effects include:** increased muscle mass, lower voice, hair growth and loss, clitoromegaly, increased sebum production/acne, changes in metabolism and fat/muscle distribution, increased libido, emotional changes, amenorrhea.

Male-to-Female Hormone Therapy

ESTROGENS AND ANDROGEN BLOCKERS

- **Goals:** To feminize, and stop effects of testosterone.
- **Treatment Options:**
  - *No Hormone Therapy.*
  - ***Estrogen levels:*** up to <u>3-5x that of an average cis-gender female.</u>

        - *Premarin Tablets– 1.25-10mg/day*
        - *Ethinyl Estradiol (OCP or Estinyl)* – 0.1-10mg /day
        - Estradiol Patch - 0.1-0.3mg 1-2 x/wk
        - *Estradiol Valerate injection* - 20-60mg/2wks
    - ***Androgen blockers*** – enough to suppress testosterone production
        - *Spironolactone* 50-300mg 2x/day
- **Effects include:** breast development, softer skin, reduced male pattern baldness, decreased hair growth and erections, testicular atrophy, decreased libido, emotional changes.

What Kinds of Risks Do Transgender Patients Face?

Is Gender Affirmation Therapy Safe?[iii]

- ✗ *Transgender patients are at risk for the same side effects as cis-gendered patients taking the same meds. Advise and monitor accordingly.*
- ✗ Hormonal and surgical therapies have been found to improve the patient's quality of life and limit psychiatric co-morbidity[iv]. (eg. suicidality becomes significantly decreased.)
- ✗ No evidence of increased morbidity or mortality, save for a disproportionately high rate of HIV infection in MTF populations due to social factors.
- ✗ Regret is extremely rare.

Additional Risk Factors: job and housing discrimination; poverty; unique strains within social, family and support networks; frequent victims of interpersonal and sexual violence; mental-health challenges, including depression, PTSD and suicidality; increased rates of substance abuse; higher rate of engaging in behaviors that place them at high risk for HIV infection (MTF only)[v].

Current Standards of Care - WPATH Standards of Care for Gender Identity Disorders – 2001

Although similar standards of care have been in use for more than 30 years, many care providers criticize them as paternalistic, and are seeking out informed-choice models that are more compassionate, adaptable, and inclusive of a greater range of gender identities. These standards may still be useful, but should not override your professional judgment, or function as an unnecessary barrier to needed health services.

Requirements for Hormone Therapy for Adults (Equivalent for Breast/Chest Surgery)

Eligibility Criteria. *The administration of hormones is not to be lightly undertaken because of their medical and social risks. Three criteria exist.*

1. Age 18 years;
2. Demonstrable knowledge of what hormones medically can and cannot do and their social benefits and risks;
3. Either:

    a. A documented real-life experience of at least three months prior to the administration of hormones; or

    b. A period of psychotherapy of a duration specified by the mental health professional after the initial evaluation (usually a minimum of three months)

Readiness Criteria. *Three criteria exist:*

1. The patient has had further consolidation of gender identity during the real-life experience or psychotherapy;

2. The patient has made some progress in mastering other identified problems leading to improving or continuing stable mental health (this implies satisfactory control of problems such as sociopathy, substance abuse, psychosis and suicidality;

3. The patient is likely to take hormones in a responsible manner.

Requirements for Genital Surgery for Adults
Eligibility Criteria. *These minimum eligibility criteria for various genital surgeries equally apply to biologic males and females seeking genital surgery. They are:*

1. Legal age of majority in the patient's nation;
2. Usually 12 months of continuous hormonal therapy for those without a medical contraindication;
3. 12 months of successful continuous full time real-life experience. Periods of returning to the original gender may indicate ambivalence about proceeding and generally should not be used to fulfill this criterion;
4. If required by the mental health professional, regular responsible participation in psychotherapy throughout the real-life experience at a frequency determined jointly by the patient and the mental health professional. Psychotherapy per se is not an absolute eligibility criterion for surgery;
5. Demonstrable knowledge of the cost, required lengths of hospitalizations, likely complications, and post surgical rehabilitation requirements of various surgical approaches;
6. Awareness of different competent surgeons.

Readiness Criteria. *The readiness criteria include:*

1. Demonstrable progress in consolidating one’s gender identity;
2. Demonstrable progress in dealing with work, family, and interpersonal issues resulting in a significantly better state of mental health; this implies satisfactory control of problems such as sociopathy, substance abuse, psychosis, suicidality, for instance)

Remember! - Keep in Mind these Best Practices.

- Educate yourself on the specifics of trans health, and **be prepared to make an appropriate referral.**
- Screen for cancer and infection based on current anatomy. Carefully explain your purpose, and be especially sensitive regarding invasive procedures.
- Advocate for your patient's needs and goals.
- Don't prescribe without experience, but have confidence in what you do know, and seek more information about what you don't.
- Be honest about your medical experience and professional opinions.
- Transgender patients are at risk for the same side effects as cis-gender patients taking the same meds.
- ***Realize that while it is important to provide appropriate transgender-related health care to your patients when they need it, your patients are holistic individuals that still need a full spectrum of appropriate health care.***

Resources and References[vi]

For You

"Primary Care and Hormonal Treatments for Transgender Patients", Gorton, Nick, MD, DABEM.
http://www.mghihp.edu/files/student-life/transgen-201.pdf

Endocrine Society: Endocrine Treatment of Transsexual Persons, Clinical Practice Guidelines
http://www.endo-society.org/guidelines

Vancouver Coastal Health Clinical Protocol Guidelines for Transgender Care
http://www.vch.ca/transhealth

The World Professional Association for Transgender Health's (WPATH) Standards of Care for Gender Identity Disorders, 6th Version
http://www.wpath.org

Fenway Community Health's Transgender Health Program
http://www.fenwayhealth.org

Gay and Lesbian Medical Association (GLMA) Transgender Health Resources:
http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=664&parentID=533&nodeID=1

American Psychological Association (APA) Online: Answers to Your Questions About Transgender Individuals and Gender Identity
http://www.apa.org/topics/transgender.html

Gender Spectrum Education and Training
http://www.genderspectrum.org
(offers trainings for healthcare professionals)

AMSA, "Transgender Health Resources."
http://www.amsa.org/AMSA/Homepage/About/Committees/GenderandSexuality/TransgenderHealthCare.aspx

For Your Patients

T-VOX: list of therapists who work with transgender clients
www.t-vox.org/index.php?title=Therapists

Transgender Forum's Community Center
http://www.transgender.org
(list of local community groups in the US)

PFLAG Transgender Network (TNET)
http://www.pflag.org

Gay & Lesbian Advocates & Defenders (GLAD)
http://www.glad.org/rights/c/transgender-issues
(inclusive of transgender issues)

Trans Youth Family Allies (TYFA)
www.imatyfa.org

---

i *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York:* Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report

ii Gorton, Nick, MD, DABEM."Primary Care and Hormonal Treatments for Transgender Patients", http://www.mghihp.edu/files/student-life/transgen-201.pdf

iii Goore L, et al. "Long term treatment of Tss with hormones: Extensive personal experience." J Clin Endo &Metab. 93(1):19-25. 2008

iv World Professional Association for Transgender Health. http://www.wpath.org/

v The Fenway Institute. Fenway Guide to LGBT Health, Module 3. "Health Promotion and Disease Prevention"

vi The Fenway Institute. Fenway Guide to LGBT Health, Module 7. "Handout 7. Understanding the T in LGBT: A Role for Clinicians."