Transgender and Gender Expansive Healthcare: Removing Barriers to Care

Meredith Russell, MSN, AC-CPNP
Child and Adolescent Gender Center (CAGC)
University of California, San Francisco

Objectives

- Understand the language and concepts about gender diversity.
- Describe the factors that influence positive mental and physical health outcomes in gender dysphoric youth.
- List the basic non-pharmacologic and pharmacologic interventions for transgender individuals.
- Identify the barriers to care for transgender and gender incongruent youth.
- Learn the strategies healthcare providers and institutions can use to create a gender affirmative environment.
Disclosure Information

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose.

Gender: 3 Dimensions

Assigned Sex

- Gender
  - Gender Identity
  - Gender Expression

Assigned Sex:

Physical attributes that characterize maleness or femaleness.
- Genitalia, chromosomes, gonads
Gender Identity:
A person’s internal sense of self as female, male, both, or neither.

Defining Gender Identity
Transgender: gender identity different than assigned sex.
   Trans Male: FTM
   Trans Female: MTF
Non-binary/Gender diverse: gender identity not exclusively male or female.
Cisgender: gender identity congruent with assigned sex.

Gender Expression:
The way a person outwardly communicates gender.
Messages about gender vary across cultures and time.
Gender Spectrum: Non-Binary

Assigned Sex
Gender Expression
Gender Identity

Sexuality: it's not gender!

Sexual Attraction
Sexuality
Sexual Orientation
Sexual Behavior

Epidemiology

Age of Individuals Who Identify as Transgender in the United States Study

Methods: CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
National, state-administered survey of adults in 19 states in 2014
Statistical analysis to produce youth estimates

Results:
- Transgender youth (13-17 years): 0.7% (150,000)
- Transgender adults (18+ years): 0.6% (1.4 million)

Herman, Flores, Brown, Wilson, &Conron. 2017
Gender: Etiology

- Nature
- Nurture
- Culture
- Beliefs
- Values
- Social Norms
- Material Traits
- Genes
- Hormones
- Brain
- Family
- School
- Community

Significance: Increased Risk of Poor Mental Health Outcomes in Trans Youth

Retrospective Boston cohort of electronic health record data (N = 360; 180 trans, 180 cis)

Results: Transgender youth had 2-4 increased risk (Reisner et al., 2015)

Factors that Improve Health and Function

- Positive Health and Function
- Access to Gender Affirmative Healthcare
- Social Transition
- Parental Support

Table 2: Mental health outcomes among transgender versus cisgender adolescents

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Transgender (N = 180)</th>
<th>Cisgender (N = 180)</th>
<th>Odds Ratio (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>46 (25.6)</td>
<td>37 (20.6)</td>
<td>1.04 (0.79-1.36)</td>
<td>0.67</td>
</tr>
<tr>
<td>Depression</td>
<td>55 (30.6)</td>
<td>47 (26.1)</td>
<td>1.22 (0.94-1.58)</td>
<td>0.11</td>
</tr>
<tr>
<td>School performance</td>
<td>12 (6.7)</td>
<td>10 (5.6)</td>
<td>0.91 (0.61-1.37)</td>
<td>0.71</td>
</tr>
<tr>
<td>Experiencing bias or discrimination</td>
<td>42 (23.1)</td>
<td>39 (21.8)</td>
<td>0.97 (0.74-1.29)</td>
<td>0.84</td>
</tr>
<tr>
<td>Experienced sexual assault</td>
<td>5 (2.8)</td>
<td>3 (1.7)</td>
<td>1.63 (0.87-3.07)</td>
<td>0.13</td>
</tr>
<tr>
<td>Physical health concerns</td>
<td>36 (20.0)</td>
<td>25 (13.9)</td>
<td>1.40 (1.04-1.89)</td>
<td>0.03</td>
</tr>
<tr>
<td>Mental health concerns</td>
<td>53 (29.2)</td>
<td>45 (25.0)</td>
<td>1.21 (0.94-1.55)</td>
<td>0.14</td>
</tr>
</tbody>
</table>

*Participants were matched on age, sociodemographics, and other variables.
A report prepared for Children’s Aid

Impacts of Strong Parental Support for Trans Youth

Building our communities through research and bisexual youth. Numerous studies over the last two decades reveal negative health, mental health, and quality of life outcomes, including high rates of depression and suicide. Recent studies have demonstrated a strong health impact of parental support for trans (transgender or nonbinary) young adults.1,2

Support for trans youth, we assessed the degree to which the typical family is predictive of health or well-being. In Trans PULSE, parental support of identity and expression was directly associated with how satisfied they would describe as "strongly supportive." Parent(s) very supportive

Figure 1. Proportion of trans youth age 16-24 years in Ontario experiencing positive health and life conditions, by level of parental support

Transgender children (N=63), age-matched controls (N=53), siblings (N=38)

Figure 2. Proportion of trans youth age 16-24 years in Ontario experiencing negative health and life conditions, by level of parental support

Mental Health and Self-Worth in Socially Transitioned Trans Youth

TransYouthProject: U.S. national, longitudinal study of socially transitioned transgender children

Access to Care: Improved Health and Function

Longitudinal Dutch study of 22 trans women and 33 trans men (N = 55) evaluating psychological function and well-being at three time points

Puberty Blocker Medications

Estrogen or Testosterone HRT

Gender Affirming Surgery

After surgery:
(1) GD was alleviated and psychological functioning improved
(2) Well being was similar to or better than adults from general population

(Dehnes et al., 2014)
## Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care

<table>
<thead>
<tr>
<th>Barrier Theme</th>
<th>Associated Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of accessible providers trained in gender-affirming health care for youth</td>
<td>Mandatory training for pediatric providers/staff on gender affirming healthcare and cultural awareness</td>
</tr>
<tr>
<td>Inconsistent use of patient’s Chosen name/pronoun</td>
<td>EMR: ask and record chosen name/pronoun</td>
</tr>
<tr>
<td>Limited/delayed access to puberty blockers and cross-sex hormones</td>
<td>Develop pediatric protocols and roadmap for hormones</td>
</tr>
<tr>
<td>Multidisciplinary care and gatekeeping</td>
<td>Multidisciplinary gender clinics</td>
</tr>
<tr>
<td>Uncoordinated care and gatekeeping</td>
<td>Multidisciplinary gender clinics</td>
</tr>
<tr>
<td>Insurance exclusions</td>
<td>Transgender patient navigator to guide patients through insurance options</td>
</tr>
</tbody>
</table>

(Gridley et al., 2016)

---

## Gender Affirmative Healthcare

---

## Gender Affirmative Model of Care

The process of having one’s authentic gender affirmed and recognized across four domains:

1. Social
2. Psychological
3. Medical
4. Legal

(Transgender Health, 2016)
Gender Affirmative Care

1. SOCIAL

- Name
- Preferred
- Gender presentation (e.g., clothing, mannerisms, expression)

Gender Affirmative Care: Social

- Staff Training
- Visual cues
- Restrooms
- Intake Forms: Ask
  - Preferred name and pronoun
  - Gender identity
  - Legal name and assigned sex at birth
  - Electronic Medical Record: Record
- Communication

Intake Form: Two-Step Data Collection

- Two-step gender data collection tested at large FQHC's.
  - Current Gender
  - Sex Assigned at Birth
  - 97% respondents able to answer without problems.

(Inclusion means Everyone)
Communication

• "Hi, my name is ___, I use ___ pronouns."
• "What is your chosen name and pronoun?"
• "Do you have any other name you would like us to call you by in clinic?"
• "How do you describe your gender identity?"
• "What reproductive organs do you have?"
• "What words do you use for your reproductive body parts?"

Gender Affirmative Care

• 2. PSYCHOLOGICAL
  - Sense of self or authentic identity
  - Access to counselling and competent mental healthcare

Gender Affirmative Care

• 3. MEDICAL
  - Hormone therapy
  - Surgery
  - Birth control
  - Sex reassignment

American Pediatric Surgical Nurses Association, Inc.
5353 Wayzata Blvd., Suite 350 • Minneapolis, MN 55416 USA
www.apsna.org
Gender Affirmative Care

Transgender Healthcare: Guidelines

Clinical Practice Guidelines


World Professional Association for Transgender Health (2012): “Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People”

Disclaimer:
All medications discussed are used off-label for: Gender Dysphoria (ICD 10: F 64.1)
Endocrine Disorder (ICD 10: E 34.9)

Medical Treatment Options

- Puberty Blockers
- Cross Sex Hormones
- Gender Affirming Surgery
### Clinical Practice Guidelines

**Medical Treatment Criteria**

**Endocrine Society (2017):**
- GnRH agonists (puberty blockers):
  - Gender Dysphoria diagnosis by MHP
  - Pubertal, GD worsened
  - No interfering mental health prob.
  - Informed consent
  - Cross sex hormones (estrogen/testosterone):
    - At "about" 16 years
  - Genital Surgery:
    - At least 14 years of age

**WPATH SOC (2012):**
- GnRH agonists (puberty blockers):
  - Long standing GNC or GD
  - Pubertal, GD worsened
  - No interfering mental health prob.
  - Informed consent
  - Cross sex hormones (E2, T):
    - No age-specific guidelines
  - Genital surgery:
    - At legal age of majority (18 year in the U.S.)

### Case 1: Nicole (Legal Name = John Doe)

- 10 year old birth assigned male.
- Presents with parents with traditionally feminine hair style and clothing.
- Distressed by recent signs of male pubertal onset.

Nicole: Gender Evaluation

- **Gender History**
  - "I am a girl" since age 2 years
  - Socially transitioned to female in kindergarten with parental support
- **Puberty History**
  - Recent testicular enlargement
- **Gender Dysphoria Symptoms**
  - Anxious about progressive body hair growth and voice deepening
Gender Dysphoria: Diagnosis

• Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnosis related to the distress and/or impaired functioning due to the incongruence between one’s gender identity and the assigned sex at birth.

Body Dysphoria

• The distress from the incongruence between one’s gender identity and the primary and secondary sexual characteristics.
• Increases with Puberty
• Self Harm
• Eating Disorders
• Non-surgical body modification

Evaluation: Physical Exam

Can be a very stressful experience.
Reduce anxiety/distress:
  Establish trust by creating a gender affirming environment.
  Explain what you would like to examine and the rationale.
  Use general terminology for body parts and ask if child has a preferred term.
  Provide choices (autonomy).
Nicole: Medical Treatment

Puberty Blockers | Cross Sex Hormones | Surgery

13/19/18

GnRH agonists (Blockers): A Game Changer

Indication
- Precocious puberty
- Gender Dysphoria

Dosage Forms
- Histrelin acetate 1 year implant
- Leuprolide acetate: 1, 3, 4, 6 m
- Triptorelin: 6 month, monthly

GnRH agonists: Stop Pubertal Progression

GnRH Agonists: most effective if started at Tanner 2
GnRH agonists: Mechanism of Action

Nicole: Histrelin Implant

Risks and Benefits of Puberty Blockers
Benefit GnRHa: Avoid Later Surgery

46XY Identical Twins

Blockers No Blockers

Nicole: Part 2

Nicole started blockers at 10 y
Now 14 y
Wants female puberty
Meets eligibility criteria

When can I start estrogen?

Non-pharmacologic Treatment: Trans Girls

Tucking:
Safety not known
Gaff +/- tape
Risk: pain, skin irritation, dysuria
Recommend: remove at night

Padding:
Breast forms of soft silicone gel
Padded bras
Padded panties to accentuate hips/buttocks
17-Beta Estradiol: 2 Year Protocol, Increasing Every 6 Months

Micronized Estradiol: 0.25 mg/day or Estradiol Patch: 0.025 mg/day
Micronized Estradiol: 0.5 mg/day or Estradiol Patch: 0.375-0.05 mg/day
Micronized Estradiol: 1 mg/day or Estradiol Patch: 0.075-0.1 mg/day
Micronized Estradiol: 2 mg/day or Estradiol Patch: 0.125 mg/day

Estrogen Feminizing Effects

Irreversible
Breast development past Tanner 2

Partially Reversible
Unknown effect on sperm production/viability

Reversible
Body fat redistribution
Skin softening
Decreased libido and erections
Testicular atrophy

Estrogen Adverse Outcomes

• Thromboembolic disease
• Hold estrogen before surgery?
• Macroprolactinoma
• Breast cancer
• Coronary artery disease
• Cerebrovascular disease
• Cholelithiasis
• Hypertriglyceridemia
Trans Female Surgical Procedures

- Breast reconstruction with mammary prosthesis
- Facial feminization surgery
- Thyroid cartilage reduction (“tracheal shave”)
- Genital Surgery:
  - Orchietomy
  - Penectomy
  - Urethral meatus reconstruction
  - Vaginoplasty (penile scrotal skin flap; sigmoid colon)
  - Labiaplasty
  - Clitoroplasty (dorsal neurovascular pedicle glans penis flap)
  
Case 2: Jacob (Legal Name: Jane Doe)

14 year old assigned female
Male gender identity
Breasts/menses distressing
Supportive parents
Tanner 5 puberty
Meets eligibility criteria

Non-pharmacologic Treatment: Trans Males

Binders:
- Compression garments
- Compression bandages, kinesio tape, duct tape, saran wrap (safety?"
- Recommend: ≤ 8 hours/day

Packing:
- Penile prosthesis
- Dildo
- Sexual penetration
- Standing urination (stand-to-pee devices)
Testosterone: 2 Year Protocol, Increasing Every 6 Months

- 0.05 mL (10 mg) SQ/week
- 0.1 mL (20 mg) SQ/week
- 0.15 mL (30 mg) SQ/week
- 0.2 mL (40 mg) SQ/week
- 0.25 mL (50 mg) SQ/week

Jacob

Testosterone Masculinizing Effects

Irreversible:
- Thickening of vocal chords/deeper voice
- Laryngeal prominence (Adam’s Apple)
- Increased terminal (face/body) hair growth
- Male-pattern balding

Partially Reversible:
- Clitoral enlargement

Reversible:
- Menses cessation
- Increased libido
- Body fat redistribution and increased muscle mass

Testosterone: Potential Adverse Outcomes

- Erythrocytosis (hematocrit > 50%)
- Severe liver dysfunction (transaminases > 3x upper limit of normal)
- Coronary artery disease
- Cerebrovascular disease
- Hypertension
- Breast or uterine cancer
Jacob: Breast Dysphoria

Long standing breast dysphoria
Testosterone for a year
Breast binder causing chest pain and shortness of breath

Trans Male Surgical Procedures

- Mastectomy: no age specific guidelines
- Genital surgery: ≥ 18 years
  - Hysterectomy
  - Oophorectomy
  - Vaginectomy
  - Phallic construction by phalloplasty or metoidioplasty
  - Scrotoplasty

Jacob: Transgender Mastectomy

- Circumareolar/Periareolar Incision
- Double Incision
Summary

Transgender and gender diverse youth have increased risk for poor mental health and function. Providers, parents, school staff, and peers have a tremendous impact on the mental and physical health outcomes. Supporting social and medical transition assists transgender youth in achieving optimal health and self esteem. More research is needed to determine the best treatment approaches and ongoing advocacy is needed to promote equality.

Acknowledgements

Stephen Rosenthal, M.D.
Ilana Sherer, M.D.
Diane Ehrensai, Ph.D.
Joel Baum, M.S.
Erica Anderson, Ph.D.
Jessie Cohen, LCSW
Mere Abrams, MSW, ASW
Asaf Orr, Esq.
Ivy Aslan, M.D.
Andrea Pederson, P.N.P.
Kristin Avicelli, LCSW

Resources

UCSF Transgender Care
Transcare.ucsf.edu
UCSF Center of Excellence for Transgender Health
Transhealth.ucsf.edu
Gender Spectrum
www.genderspectrum.org
References


