GENDER CONFIRMATION IN ADULTS: A MEDICAL APPROACH

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LEARNING OBJECTIVES

• Learn how we as future healthcare providers can best care for patients who are seeking to medically transition.

• Recognize the barriers that patients encounter to medical transitioning.

• Understand the complexities of medically transitioning.
DISCLOSURES

• No financial disclosures

• There is NO FDA-APPROVED therapy for gender dysphoria and transition. Any and all use of medications is off-label use.
This is one of the most rewarding parts of my practice... and many patients CANNOT find a provider.
Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline

Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

Center of Excellence for Transgender Health
Department of Family & Community Medicine
University of California, San Francisco

Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

The World Professional Association for Transgender Health
PROFESSIONAL TRAINING

• Online resources

• Meetings, conferences and training sessions
  GLMA, WPATH, UCSF Center of Excellence for
  Transgender Health, National LGBT Health
  Education Center, Philadelphia Trans Conference

• Mentor/local resources
PREPARE YOUR STAFF AND FACILITY
- Sex
- Disorder/difference of sexual development (Intersex)
- Gender assignment
- Gender
- Gender identity
- Cisgender
- Transgender
- Gender identity disorder
- Gender dysphoria
- Transsexual
- Transition
- Cross-sex hormones
- Gender reassignment
- Sex reassignment surgery (gender affirmation or confirmation)
- Nonbinary
- Sexual orientation
The pattern of biological sexual characteristics:
• Chromosomes
• External /internal genitalia
• Gonads and hormones
• Secondary sexual characteristics

• All embryos female: males androgenized 6th-12th wks
• Brain also undergoes hormonal changes
DISORDER/DIFFERENCE OF SEXUAL DEVELOPMENT (INTERSEX)

- Anatomical or physiological aspects of the opposite sex, variations from “the norm”

Multiple causes, syndromes
- Congenital virilizing adrenal hyperplasia
- Androgen insensitivity syndrome
- Turner’s syndrome (XO)
- Klinefelter’s syndrome (XXY)
- 5 alpha-reductase deficiency
- Pseudohermaphroditism
GENDER/SEX ASSIGNMENT

• The initial assignment at birth as male or female

• Gender assigned at birth

• Birth assigned female vs birth assigned male
GENDER

• Culturally dictated expectations, actions, behaviors which are dictated by the genitals

• Culture specific

• Changes over time
GENDER IDENTITY

• Inner sense of place on the masculine-feminine spectrum

• Set early in life, by age 2-3 years old

• Formed by biology and external cues from family, those around the child, society.

• Most commonly, this is consistent with sex assigned at birth, but not always.
• Individuals whose body and gender identity are in alignment.
TRANSGENDER

• DSM- “broad spectrum of individuals who identify with a gender different from their natal gender”
GENDER IDENTITY DISORDER

- Conflict between sexual identity and gender identity
- A strong persistent preference for living as a person of the opposite sex
- Causes clinical distress
GENDER DYSPHORIA

• "An individual’s affective/cognitive discontent with the assigned gender”
  
  ***

• “the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender.”

DSM 5
TRANSSEXUAL

• “An individual who seeks, or has undergone, a social transition from male to female or female to male, which in many, but not all cases, also involves a somatic transition by cross-sex hormone treatment and genital surgery.”
The period during which an individual is moving from the assigned sex at birth to their gender identity:

- male to female (MTF) transfeminine
- female to male (FTM) transmasculine
- masculine toward feminine
- feminine toward masculine
CROSS-SEX HORMONES

• The use of masculinizing hormones in those assigned female at birth

  or

• The use of feminizing hormones in those assigned male at birth

**********NOT FDA APPROVED************
GENDER REASSIGNMENT

• Denotes an official, usually legal change of gender

• Ability to change gender marker on birth certificate varies per birth state’s laws
  (e.g.: unconstitutional in Tennessee)
SEX REASSIGNMENT SURGERY, GENDER AFFIRMATION OR CONFIRMATION SURGERY

• Surgical procedures to change the body from the natal, to be consistent with the gender identity
NOT JUST THE BINARY...

• GenderQueer
• Nonbinary
• Bigendered
• Androgyne
• Agender
THERE IS NO TYPICAL TRANSITION

Self-awareness is the only universal

- Counseling
- Hormones
- Gender expression
- Legal name change
- Legal gender marker change
- Gender Affirming Surgery
SEXUAL ORIENTATION

Describes object of sexual impulses/attractions:

• Heterosexual…opposite sex
• Homosexual…same sex
• Bisexual…both sexes
• Asexual: positive identity or desire disorder?

But what is the point of reference?
WELCOMING AND IDENTIFYING TRANSGENDER PATIENTS
**SOCIAL HISTORY**

| I identify as: heterosexual, gay, lesbian, bi-sexual, pansexual, polyamorous, straight, asexual, queer, other__________ |
| My birth sex: male, female, intersex, other__________ | My legal sex: male female other__________ |
| I identify as: male female trans other__________ | My preferred pronouns: he, she, they, other__________ |
| Single, Dating, Married Long-Term Relationship(s), Widow/er, Divorced, Separated, other__________ |
| **Spouse's Name:** | **Spouse's Occupation:** |
| Ages of Children: | # of People in Household: |
| Your Occupation: | Place Employed: |
Gender: Male □ Female □

Birth Sex: □ Male □ Female □

Sexual Orientation: □ Lesbian □ Gay □ Bisexual □ Pansexual □ Asexual □

Do you think of yourself as: □ Lesbian □ Gay □ Bisexual □ Pansexual □ Asexual □

Gender Identity: □ Identifies as Male □ Identifies as Female □

What is your current gender identity? □ Male-to-Female (MTF) □ Transgender Female/Trans Woman □ Female-to-Male (FTM) □ Transgender Male/Trans Man □ Additional gender category or other, please specify. □ Choose not to disclose □

Race: □ Caucasian □

Ethnicity: □ Not Spanish/Hispanic/Latino/Mexican □

Additional Ethnicities: □ Search/Select Additional Ethnicities □

Marital Status: □ Married □

Tobacco Use: □ User □ Non User □ Unable to Collect

Type of Non User:
CHALLENGES IN THE MEDICAL SETTING

• ALL staff must be trained and confident
• Identifying trans patients correctly
• Non-gendered bathroom facilities
• Preferred names and pronouns
• Testing and care linked to gender markers (EHR)
• Safe referral and testing locations
IDENTIFICATION

ASK sex/gender marker

- Birth
- Legal
- Insurance
- Current gender identity

Two stage:

- What was sex assigned at birth
- What is your current gender identity?
ADDRESSING TRANSGENDER PATIENTS

• Honor choice of name & pronoun: use *them*
  {he/him/his}      {she/her/hers}
  {ze/hir/zir}      {they/them/their}

• Use pronouns consistent with presentation or as requested

• If you are confused or unsure, simply ask

• Mistakes happen; just apologize & move on
For each person be prepared for:
> a male presentation
> a female presentation
> a gender neutral presentation
> their own unique presentation
> changing presentations

Respect the person

Respond to the person
TRANSGENDER BODY STATUS

• An individual’s appearance or self-identity has no correlation with their body status

• Not everyone wants to or is able to use hormones or have surgery

• Do not make assumptions, ask if need to know, but no unnecessary intrusive questions
THINGS TO SAY AND ASK

• “I can’t seem to find your name in the computer, could it be under another name?”

• “How would you like me to address you?”

• “What pronouns would you like us to use?”

• “I’m sorry”
HINTS

• Be careful, especially with first visits

• Don’t “out” someone in the waiting room

• Don’t be afraid to ask the patient for guidance… but in a private, sensitive manner
GENDER DYSPHORIA
GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS (F64.1)

A) “A marked incongruence between one’s experienced/expressed gender and assigned gender
• of at least 6 months duration
• 2 of the following 6 criteria (next slide)
  AND

B) The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS: CRITERIA NEEDED: 2/6

1) “A marked incongruence between one’s experienced or expressed gender & primary &/or secondary sexual characteristics”

2) A strong desire to be rid of primary and/or secondary sexual characteristics because of incongruence

3) A strong desire for the primary and/or secondary sexual characteristics of the other gender

4) A strong desire to be of the other gender

5) A strong desire to be treated as the other gender

6) A strong conviction that one has the typical feelings and reactions of the other gender
TRANSGENDER PATIENTS

• May have been rejected or treated poorly in the past and so...

• may actively avoid or are able to afford contact with the medical system and...

• may be self-treating or receiving body modifications from untrained personnel

• may seem quiet, hesitant, defensive, easily offended / angered, or very well informed and ready to educate the provider
BARRIERS

- Invisibility (paperwork, pre-transition, post-transition)
- Heterosexism
- Phobias
- Cis-genderism
- Fear of rejection or poor treatment
- Experience of poor treatment keeps people away
- Fear for job, family, safety, life
- Insurance access/use/exclusion
- Financial

} Discrimination
HEALTH DISPARITIES

- Substance use: marijuana, crack, alcohol
- Violence: hate, domestic, school
- Smoking: 45-74%, many on estrogen!
- Depression, anxiety, PTSD
- Suicide ideation and risk (lifetime risk 32% of suicide attempts)
- HIV: transwomen of color at highest risk, up to 63%
TREATING GENDER DYSPHORIA
BEGINNING TREATMENT

WPATH Standards of Care version 7:

• Mental health professional highly recommended
• No specific time of therapy required
• Allows for informed consent model without requiring therapy
• Real life experience NO LONGER REQUIRED
• Must do informed consent as this is NOT FDA approved
• Assess patient expectations: achievable? realistic?
• Fertility discussion required before starting hormones

• Fertility preservation should be discussed/offered
  - sperm preservation
  - ova harvesting and preservation

Cost may prevent utilization

• Must discuss: hormone therapy could cause permanent infertility, but for some it may be reversible

• This therapy is NOT a reliable contraceptive and other options must be utilized if there is risk of pregnancy
TRANSGENDER HORMONAL CARE

Transman: Testosterone

Transwoman: Estrogen
Anti-androgen (Progesterone)

** NOT FDA APPROVED **

Perfect for primary care!
TESTOSTERONE

- Cypionate or Enanthate 200mg/cc, given SQ or IM
- May start low dose and build up or start full dose
- A typical start: 0.3 cc SQ weekly, then 0.4cc, then 0.5cc with 2 months between each step
- SQ must be weekly, IM can be weekly or every other
- Typical full dose is 100 mg weekly SQ or IM or 200 mg every other week IM.
MASCU LINIZING HORMONE THERAPY

Testosterone

• Teach patients to give injections
• Assess for cottonseed or sesame oil allergy
• Topicals available. DO NOT use oral forms!
• Goal is normal physiologic levels for cisgender males = 300-900 or 1080 ng/ml (per age)
BENEFITS OF TESTOSTERONE

• Masculinization
  Lower voice
  Increased body and facial hair
  Coarsening of the skin
  Cessation of menses
  Increased muscle mass
  Enlargement of clitoris
  Increased libido
  Increased physical energy

• Osteoporosis protection
• Possible infertility
RISKS WITH TESTOSTERONE

- Acne
- Hyperlipidemia
- Diabetes
- Weight gain
- Hypertension
- Polycythemia (clots, strokes)
- Liver inflammation
- Infertility
- Hair loss

Idiopathic Intracranial Hypertension or Pseudotumor cerebri
CONTRAINDICATIONS TO TESTOSTERONE

• Pregnancy

• Uncontrolled coronary vascular disease

• Allergy to medication
  (sesame or cottonseed oil)
MONITORING OF TESTOSTERONE

Blood work
Hgb/Hct, liver/renal panels, glucose, lipids

- Baseline: including pregnancy test
- After 2-3 months: +/- testosterone
- Every 6-12 months: +/- testosterone
POSSIBLE SURGERIES FOR TRANSMEN

• **Top surgery:**
  - Mastectomy and male chest construction

• **Bottom surgery:** (in addition to hysterectomy/BSO)
  - **Metoidioplasty:**
    clitoral ligaments released, urethra may be extended to tip, scrotum may be created with testicular implants and possible vaginectomy
  - **Penile construction/phalloplasty:**
    Flap procedure, radial forearm most common, scrotum created, testicular implants placed
FEMINIZING HORMONE THERAPY

- Estrogen
- Anti-androgen
- (Progesterone)
FEMINIZING HORMONE THERAPY

Estrogens

- **Estradiol**: start 0.5-1.0 mg BID sublingually, titrating up to usual 2 mg BID (6 typical max) (I usually titrate up after two months) (cheapest form)

- Advantages of estradiol:
  - Sublingual route avoids first pass liver effect, potentially making it safer to use
  - Lower rates of clotting than other estrogens
  - It is a pure physiologic estrogen

- May decrease dose after gonadectomy
FEMINIZING HORMONE THERAPY

Other Estrogens:

• Estradiol valerate injection preferred by some due to reports of faster action and better breast growth. May be difficult to get at times.

• Conjugated estrogens (Not often used due to increased clotting and cost) typical doses 1.25 -2.5mg bid, 10 mg total maximum daily

• Topical appears to be the safest, creams or patches

• Goal is normal physiologic levels for cisgender females: or 100-200 pg/ml
BENEFITS OF ESTROGEN

- Breast development
- Body fat redistribution
- Skin softening
- Decreased testosterone production
- Improved acne
- Slowed balding
RISKS OF ESTROGEN

- Thrombophlebitic events: PE, DVT, clots
- Migraine exacerbation
- Hypertension
- Infertility
- Liver inflammation
- Prolactinoma, elevated prolactin
CONTRAINDICATIONS TO ESTROGENS

- Estrogen dependant cancer
- History of pulmonary embolism, severe
- Thrombophlebitis or embolic stroke
- Pituitary adenoma
  (until cleared by an endocrinologist)
MONITORING OF ESTROGENS

Blood work

liver & lipid panels, prolactin level intermitently

• Baseline
• 1-2 months after starting
• 3 months after changing doses
• 6 month intervals on stable dose

• Prolactin not monitored by all, only if eye symptoms
ESTROGENS + SURGERY OR IMMOBILITY

• Stop estrogens two weeks prior to surgery

• Resume when recovered and fully mobile
ANTI-ANDROGEN

• Necessary while testes are present

• Spironolactone most commonly used

• Blocks both testosterone production and action at receptors

• Start at 25 mg BID and titrate up to 200-300mg daily

• Monitor for dehydration, hyperkalemia and renal/electrolyte abnormalities
• Not routinely used by all

• May assist in body fat redistribution and breast development/structure

• Used mostly when maximal estrogen doses have been reached, or unable to use estrogens.

• May have an androgen-like effect, affect moods (depression/irritability) and increase clot risk

• May help in suppressing testosterone
POSSIBLE SURGERIES: TRANSWOMEN

• **Genital surgery:**
  - penectomy, orchiectomy, vaginoplasty,
  - clitoroplasty, vulvoplasty

• **Other:**
  - breast augmentation, facial feminization,
  - scalp advancement, liposuction/filling,
  - cosmetic procedures, voice raising surgery,
  - reduction thyroidchondroplasty


LONG TERM CONSIDERATIONS
• Routine healthcare

• Monitor hormones and effects

• Routine screening for those body parts that exist

• Safe referrals: hospitals, specialists, testing, therapists, hair removal, gender affirmation surgeons, voice therapists

• Where sex is used in determining risk factors and treatment, consider time spent under influence of each hormone.

• Advocacy for patients: legal gender marker changes or insurance coverage for medications and surgeries.
RESOURCES

• DSM 5

• www.wpath.org World Professional Organization for Transgender Health Standards of Care, version 7

• UCSF Center of Excellence for Transgender Health “Primary Care Guidelines” www.transhealth.ucsf.edu

Has full training series!
• National LGBT Health Education Center, @ www.lgbthealtheducation.org (@ Fenway)

• GLMA: Health Professionals Advancing LGBT Equality @ www.glma.org

• http://transhealth.vch.ca/resources/careguidelines.html
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