

GENDER CONFIRMATION IN ADULTS: A MEDICAL APPROACH

TUESDAY, APRIL 3, 2018, DES MOINES UNIVERSITY

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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.

PREPARE YOURSELF

Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline

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*Cosponsoring Associations: American Association of Clinical Endocrinologists, American Society of Andrology, European Society of Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health.

Objective: To update the "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," published by the Endocrine Society in 2009.

Participants: The participants include an Endocrine Society-appointed task force of nine experts, methodologist, and a medical writer.

Evidence: This evidence-based guideline was developed using the Grading of Recommendation Assessment, Development, and Evaluation approach to describe the strength of recommendation and the quality of evidence. The task force commissioned two systematic reviews and used the best available evidence from other published systematic reviews and individual studies.

Consensus Process: Group meetings, conference calls, and e-mail communications enable consensus. Endocrine Society committees, members and cosponsoring organizations review and commented on preliminary drafts of the guidelines.

Conclusion: Gender affirmation is multidisciplinary treatment in which endocrinologists play a important role. Gender-dysphoric/gender-incongruent persons seek and/or are referred to endocrinologists to develop the physical characteristics of the affirmed gender. They require safe and effective hormone regimen that will (1) suppress endogenous sex hormone secretion determined by the person's genetic/gonadal sex and (2) maintain sex hormone levels within the normal range for the person's affirmed gender. Hormone treatment is not recommended for prepubertal gender-dysphoric/gender-incongruent persons. Those clinicians who recommend gender-affirming endocrine treatments—appropriately trained diagnosis clinicians (required), a mental health provider for adolescents (required) and mental health

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

2nd Edition – Published June 17, 2016

Editor - Madeline B. Deutsch, MD, MPH



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

WORDS....

- 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

SEX

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.



CISGENDER

- 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.”

TRANSITION

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

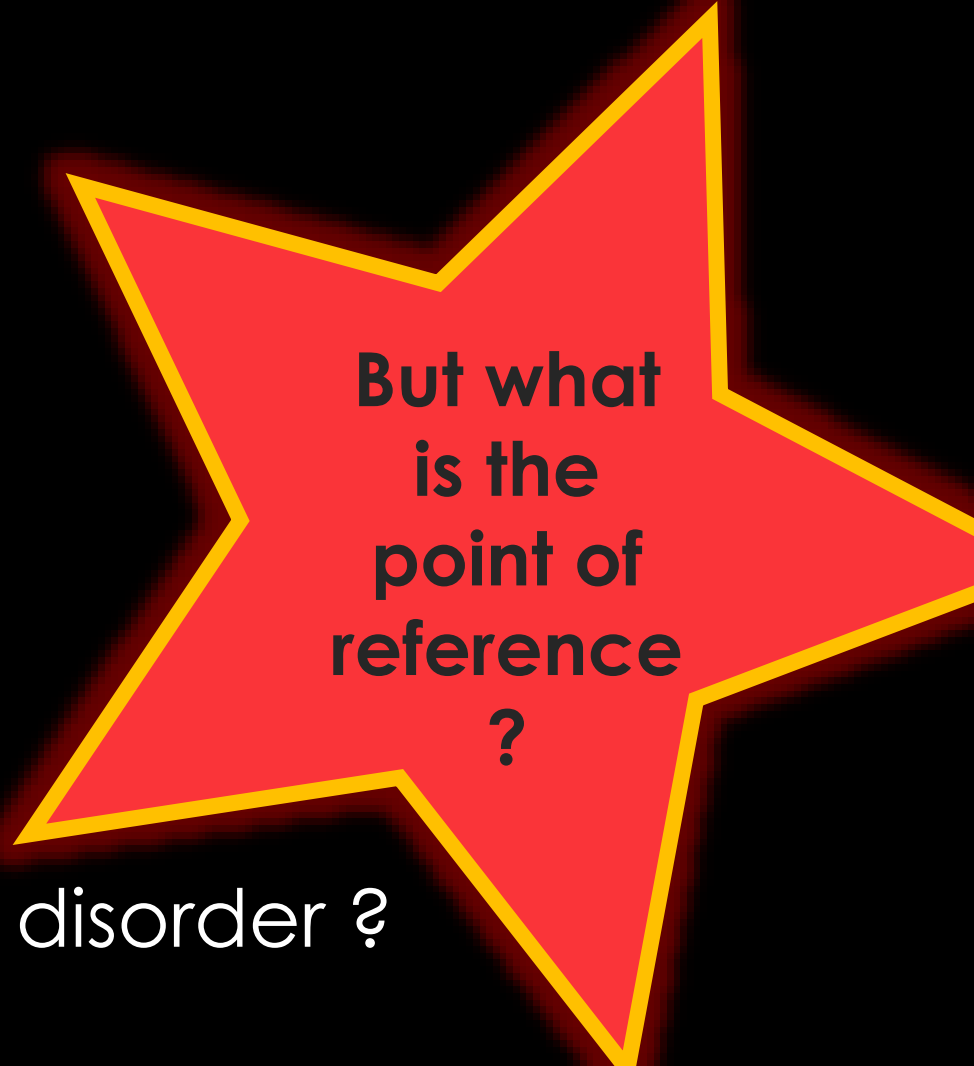
Gender Affirming
Surgery

Legal gender marker
change

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

Master Registration [Demographics]

File Search Admissions Family Financial Options Administration Tasks Community Navigate Help

Name: TEST T. TEST Age: 19 DOB: 01/01/1999
 Pat. #: 71 Allergies Consent Given Asian Male Other XYZ(Expired)

Demographics | Additional | Contact Information | Meds/Allergies | Birth | Billing | AKA | Exhibits | User-Defined

Registration Date: 08/01/2006 Form Type: BCC SPEED FORM
 Date of Birth: 01/01/1999 Age: 19
 SSN: 111-11-1111
 Name(F,M,L,Suffix): TEST TEST TEST
 Alias: TEST T Long Term Care:

Mailing Address:
 City, State, Zip: DES MOINES IA 50314
 Home, Work, Cell #: (515) 286-3798 () - () -
 Home Email: Texting:
 Work Name, Email:

Sex, Gender: **M**

Race: Asian
 Ethnicity: Hispanic
 Prim. Language: Bosnian
 School:
 Education: 1 Year College or more
 Census Tract:
 County:
 Emp. Status:
 Occupation:
 Last Verified: 08/29/2012
 Next Appointment:
 Enc. Date: 02/20/2018
 Tracking?: D
 Update Date: 02/16/2018
 By: BMURPHY

F Female F
 M Male M
 U Unknown U

Cancel

76497

Master Registration [Demographics]

File Search Admissions Family Financial Options Administration Tasks Community Navigate Help

Addr Name: **TEST T. TEST** Age: 19 DOB: 01/01/1999
 Pat #: 7 Patient Accounts Allergies Consent Given Asian Male Other XYZ(Expired)

Registration Date: 08/01/2006 Form Type: BCC SPEED FORM Race: Asian
 Date of Birth: 01/01/1999 Age: 19 Ethnicity: Hispanic
 SSN: 111-11-1111 Prim. Language: Bosnian
 Name(F,M,L,Suffix): TEST TEST TEST School:
 Alias: TEST T Long Term Care: Education: College or more
 Mailing Address: County:
 City, State, Zip: DES MOINES IA 50314 Emp. Status:
 Home, Work, Cell #: (515) 286-3798 Occupation:
 Home Email: Last Verified: 08/29/2012
 Work Name, Email: Next Appointment:
 Sex, Gender: M Marital Status: MARRIED Last Enc. Date: 02/20/2018
 Note: Imm. Tracking? D Update Date: 02/16/2018 By: BMURPHY

Cancel Save Close Edit This Patient Create New Patient

76497 02/20/2018 10:34 am 8.0.1.9 RegForm Alert Level

OR

STD [RA] - F

File Financial Options Administration Visits Help

Addr Name: **MINNIE MOUSE** Age: 28 DOB: 08/27/1989
 Pat #: 213066 Has Allergies Caucasian Female Medicaid 999999999A(Expired)

Updated Date: 07/11/2017 Visit Date: 06/16/2017

Enc. Symp Problems Meds Hx RA HIV PE EMR Notes Stat Lab Dx Tx Follow Up Bil

Last Sexual Enc. LSE Other Condom LSE Condom Freq. Pregnant Now Partner Pregnant Lactating? Last Delay or Term Last Period Last PAP OB History Douche 30 days? Contraceptive Notes

Sexual Pref. Sexual Identity Other Gender Identity Female Sexual Practice Genital Oral Rectal

Partner(s) Risk Factor(s): Sex with Alcohol Use (past Mo), Sex for \$ / Drugs (past Mo), Sex for \$ / Drugs (ever), Positive Partner, Partner is HIV+ (ever), New Partner (90 days), Multiple Partners (90 days), Males sex with Male, IV Drug Use (past Mo), IV Drug Use (ever), Cocaine Use (past Mo), Cocaine Use (ever)

STD [RA] - M

File Financial Options Administration Visits Help

Addr Name: **TEST T. TEST** Age: 19 DOB: 01/01/1999
 Pat #: 76497 Has Allergies Consent Given Asian Male Other XYZ(Expired)

Updated Date: 01/31/2018 Visit Date: 01/31/2018

Enc. Symp Problems Meds Hx RA HIV PE EMR Notes Stat Lab Dx Tx Follow Up Bil

Last Sexual Enc. LSE Other Condom LSE Condom Freq. Partner Pregnant Domestic Violence? Transfusion? Notes

Sexual Pref. Sexual Identity Other Gender Identity Male Sexual Practice Genital Oral Rectal

Partner(s) Risk Factor(s): Sex with Alcohol Use (past Mo), Sex for \$ / Drugs (past Mo), Sex for \$ / Drugs (ever), Positive Partner, Partner is HIV+ (ever), New Partner (90 days), Multiple Partners (90 days), Males sex with Male, IV Drug Use (past Mo), IV Drug Use (ever), Cocaine Use (past Mo), Cocaine Use (ever)

STD [RA] - M

File Financial Options Administration Visits Help

Addr Name TEST T. TEST Pat. #: 76497 Has Allergies Consent Given Bosnian Age:19 Asian Male Other KYZIE

CoSite: [redacted] Clinic: Updated Date: 01/21/2018

Enc.	Sympt	Problems	Meds	Hx	RA	HIV	PE	EMR Notes	Stat	Lab	Dx	Tx	Follow Up	Bl	
Last Sexual Enc. [dropdown] LSE Other [dropdown] Condom LSE <input type="checkbox"/> Condom? Condom Freq. [dropdown] Partner Pregnant. [dropdown] <input type="checkbox"/> Domestic Violence? <input type="checkbox"/> Transfusion? Notes [text area]								Sexual Pref. [dropdown] Sexual Identity [dropdown] Other [dropdown] Gender Identity Male [dropdown]		Number of Partners Qty. Last 30 Days Last 90 Days Last Year Lifetime		<input type="checkbox"/> Genital <input type="checkbox"/> Oral <input type="checkbox"/> Rectal		<input type="checkbox"/> Sex with Alcohol Use (past Mo) <input type="checkbox"/> Sex for \$ / Drugs (past Mo) <input type="checkbox"/> Sex for \$ / Drugs (ever) <input type="checkbox"/> Positive Partner <input type="checkbox"/> Partner is HIV+ (ever) <input type="checkbox"/> New Partner (90 days) <input type="checkbox"/> Multipule Partners (90 days) <input type="checkbox"/> Males sex with M <input type="checkbox"/> IV Drug Use (past Mo) <input type="checkbox"/> IV Drug Use (ever) <input type="checkbox"/> Cocaine Use (past Mo) <input type="checkbox"/> Cocaine Use (ever)	

Cancel Save Close

76497 [redacted] 02/20/2018 10:37 am 8.0.1.9 STDForm Alert Level [green]

- * - Pending *
- E - Either E
- O - Opposite O
- S - Same S

- * - Pending *
- Bisexual B
- Gay G
- Straight S

- Female F
- Male M

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:

Max: 1000 characters.

Gender: Male Female

Birth Sex:

Sexual Orientation: Do you think of yourself as:

Gender Identity: What is your current gender identity?
 Identifies as Male
 Identifies as Female
 Female-to-Male (FTM)/Transgender Male/Trans Man
 Male-to-Female (MTF)/Transgender Female/Trans Woman
 Genderqueer, neither exclusively male nor female.
 Additional gender category or other, please specify.
 Choose not to disclose

Race:

Ethnicity:

Additional Ethnicities:
Add | Remove | Remove All

Marital Status:

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/theirs}

- Use pronouns consistent with presentation or as requested
- If you are confused or unsure, simply ask
- Mistakes happen; just apologize & move on

PRESENTATION

- 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
- } Discrimination
- Fear of rejection or poor treatment
 - Experience of poor treatment keeps people away
 - Fear for job, family, safety, life
 - Insurance access/use/exclusion
 - Financial

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?

PRETREATMENT FERTILITY DISCUSSION

- 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 !**

MASCULINIZING HORMONE THERAPY

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.

MASCULINIZING 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 intermittently

- 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
- **Spirolactone** 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

PROGESTERONE

- 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

CONTINUING CARE

- 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
!



RESOURCES

- National LGBT Health Education Center, @ www.lgbthealtheducation.org (@ Fenway)
- GLMA: Health Professionals Advancing LGBT Equality @ www.glma.org

RESOURCES

- “Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline” J Clin Endocrinol Metab, November 2017, 102(11):1–35
- <http://transhealth.vch.ca/resources/careguidelines.html>



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TUESDAY, APRIL 3, 2018, DES MOINES UNIVERSITY

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