



Lifespan Primary Care for Transgender Patients

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www.uilgbtqclinic.com

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INFO FOR PROVIDERS

RESOURCES

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UI LGBTQ Clinic

Nationally recognized comprehensive healthcare in a welcoming and affirming environment

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Welcome to UI LGBTQ Clinic

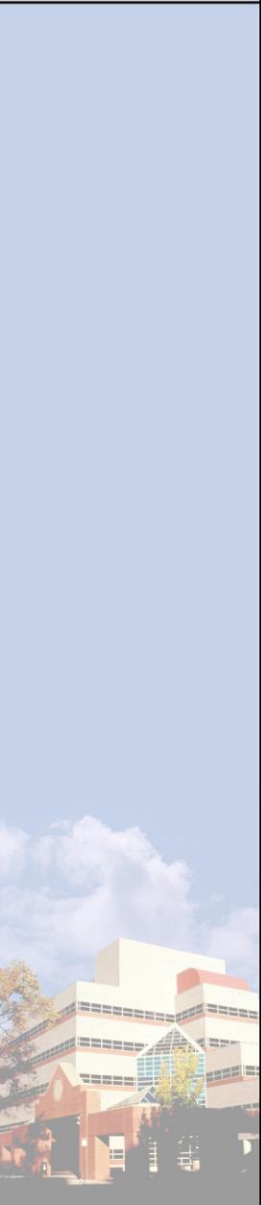
[En Español](#)



Disclosures



- *“Within the past twelve months, I have not had any financial relationships with the manufacturers of health care products.”*
- *“I WILL discuss pharmaceuticals, medical procedures, or devices that are investigational or unapproved for use by the FDA.”*
 - *Medications used to treat gender dysphoria*





Objectives

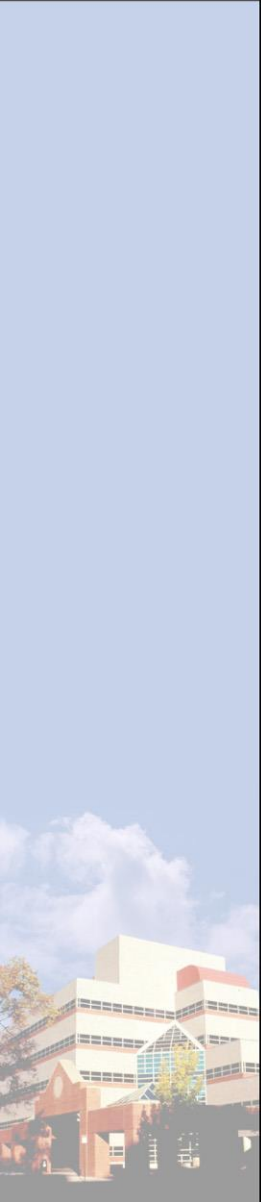
- Summarize recommended preventive care for transgender individuals
- Understand risk factors for medical co-morbidities secondary to hormone therapy
- List strategies for reducing risk of complications due to hormone therapy
- Review risk stratification in screening for STIs
- Outline family planning in transgender patients





Case Study

- ZW is a 24 yo assigned sex at birth (ASAB) female, gender identity gender queer with pronouns they/them/theirs interested in testosterone therapy
- PMH: depression, anxiety, history of cutting
- Gender History
 - “Tomboy” as a young person
 - Identified as a lesbian in high school
 - Bullied in high school
 - First identified as trans* at age 22
 - Desires hormone therapy, top surgery
- Social History
 - Smokes cigarettes, no drug use, moderate alcohol use
 - Sexually active with cisgender women, currently single
 - Lack of support from family of origin
 - Supportive family of choice including trans* identified friends





Feminizing Hormones

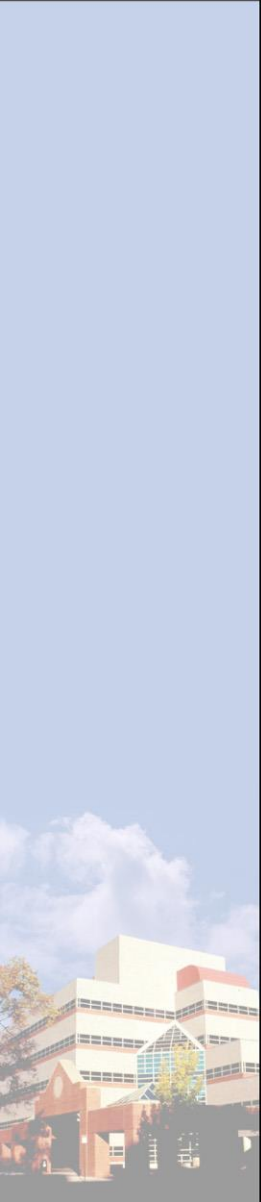
- Estrogen
 - Route
 - Oral
 - IM
 - Transdermal
- Progesterone
 - Route
 - Oral
 - IM
 - Contraindications
 - an estrogen-dependent cancer
 - Personal history of stroke, severe PE
- Androgen Blocker
 - Route
 - Oral
 - Contraindications
 - Acute kidney failure or significant kidney impairment
 - Chronic hyperkalemia





Feminizing Therapy

- Most effects reversible
- Breast development is permanent
- Impaired fertility may be permanent
- Treatment limitations
 - Voice unaffected
 - Breast growth and development is variable
 - Hormone treatment may not alter body hair growth enough





Estrogen Side Effects

Risks associated with hormone therapy. Bolded items are clinically significant

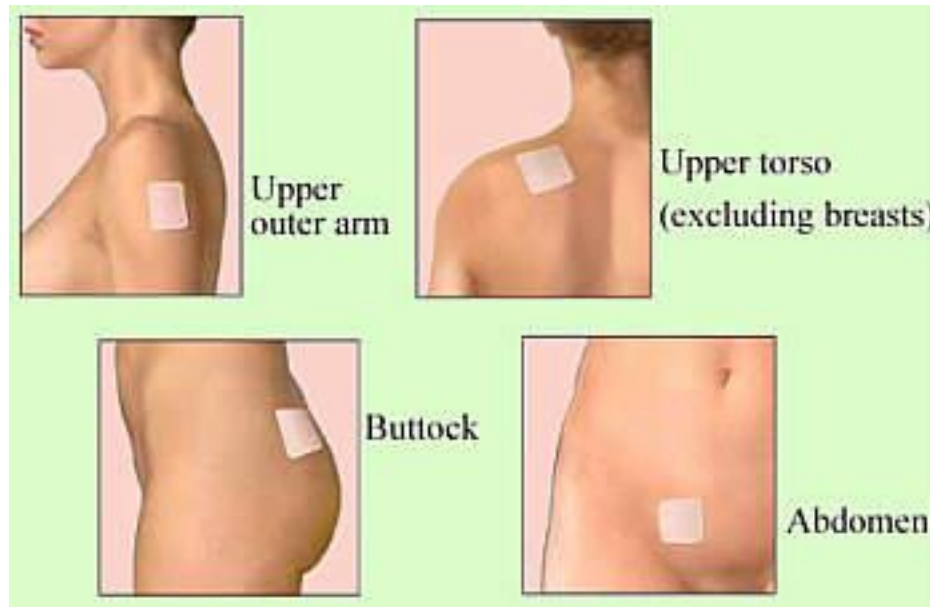
Likely increased risk	VTE Gallstones Elevated LFTs Weight gain Hypertriglyceridemia
Likely increased risk with presence of additional risk factors	Cardiovascular disease
Possible increased risk	Hypertension Hyperprolactinemia or prolactinoma
Possible increased risk with presence of additional risk factors	Type 2 diabetes mellitus
No increased risk or inconclusive	Breast cancer WPATH Standards of Care, version 7.





Estrogen- Transdermal

- Lowest risk of VTE is transdermal
 - Use if tobacco abuse, family history of thrombosis or if >40 years



Treatment Side Effects – Androgen Suppression

■ Spironolactone

- Hyperkalemia
- Hypotension

■ Finasteride

- Decrease libido
- Sexual dysfunction
- Breast tenderness

■ Progestin

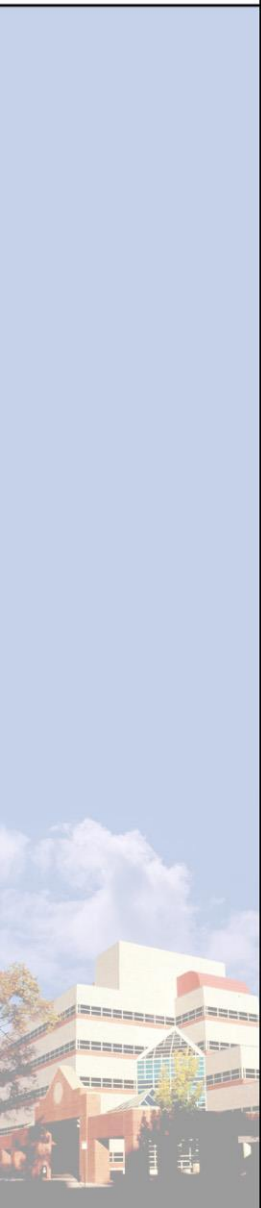
- Depression
- Weight gain
- Lipid changes
- Increase risk CAD, stroke, VTE





Feminizing Therapy Lab Tests

- Baseline
 - Lipids, fasting glucose (HgbA1c), AST/ALT, potassium, Cr
- 3 and 6 months after starting/changing dose
 - Testosterone, estradiol, potassium, Cr
- 12 months and annually
 - Testosterone, estradiol, potassium, Cr, ALT, AST, lipids, fasting glucose, prolactin





Feminizing Therapy Lab Tests

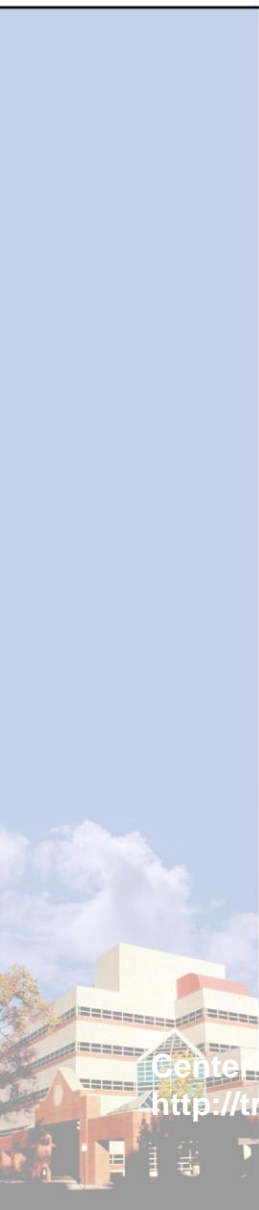
- Estrogen may improve lipids, though increase triglycerides
- If elevation of ALT with oral estradiol, switch to transdermal
- Goal testosterone is low end of normal female (<50); Goal estradiol 100-200pg/mL
- Check prolactin annually for 1-3 years on stable dose





Cancer Screening- Transwomen

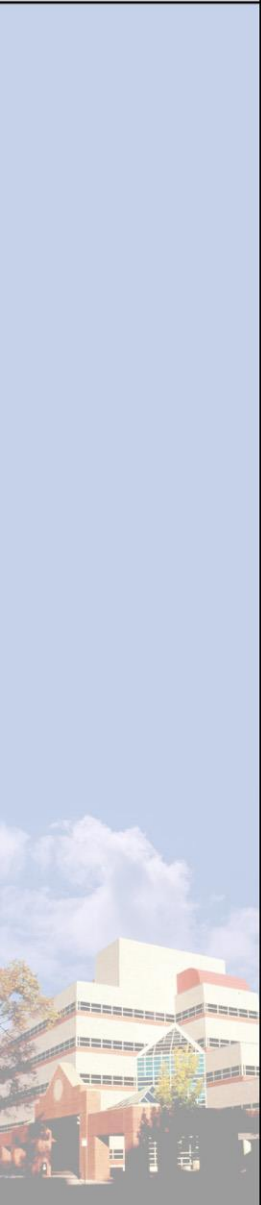
- Breast Cancer screening with mammography
 - Over the age of 50 with additional risk factors:
 - Estrogen/progestin use >5 years
 - Positive family history
 - BMI > 35
- Prostate cancer screening
 - PSA test is usually falsely low with androgen blockade
 - May multiply PSA x 1.5-2 and interpret with caution
 - Consider in high risk patients
 - Perform a DRE to evaluate the prostate in all transwomen
- Pap smears in neovaginas are not indicated





Mitigating complications - transwomen

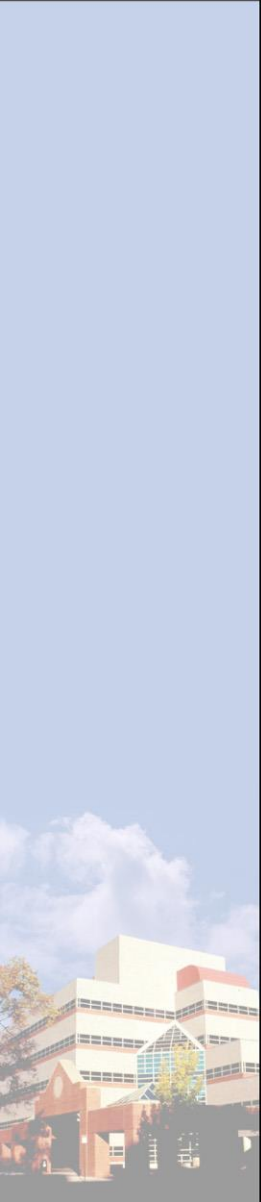
- Encourage physical activity
- Reduce sugar and simple carbs
- Treat lipids, pre-diabetes and hypertension
- Keep vaccinations up to date
- Ask about and treat for tobacco use
- If on oral estrogen, switch to transdermal as patient ages, consider decreased dose after age 50-60 to reduce risk of VTE
- Refer to weight management if indicated





Masculinizing Hormones

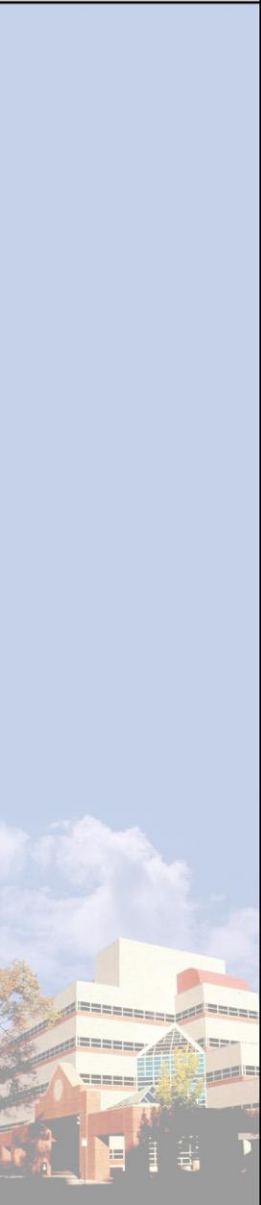
- Testosterone
 - Route of Administration
 - IM
 - SQ
 - Transdermal
 - Contraindications
 - Pregnancy
 - Uncontrolled coronary artery disease



Testosterone Treatment Effects



- Most effects are reversible
- Deepening of voice and changes to facial/scalp hair are permanent
- Fertility effects may be permanent





Testosterone Side Effects

Risks associated with hormone therapy. Bolded items are clinically significant

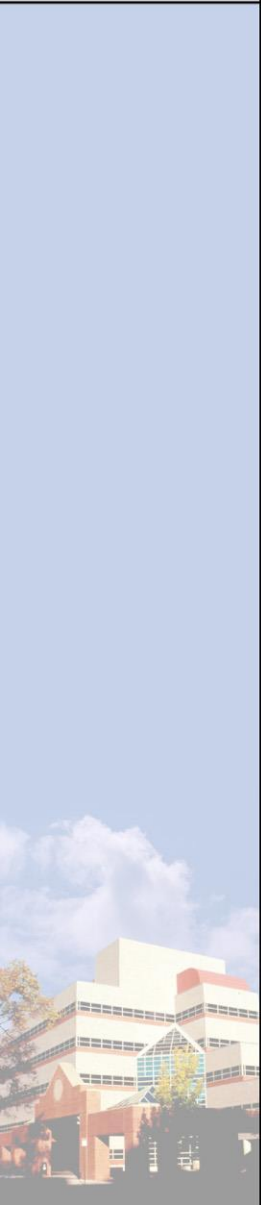
Likely increased risk	Polycythemia Weight gain Acne Androgenic alopecia Sleep apnea
Possible increased risk	Elevated LFTs Hyperlipidemia (□TG, □HDL)
Possible increased risk with presence of additional risk factors	Destabilization of certain psychiatric disorders Cardiovascular disease Hypertension Type 2 diabetes mellitus
No increased risk or inconclusive	Loss of bone density Breast cancer Cervical cancer Ovarian cancer Uterine cancer



Masculinizing Therapy Lab Tests



- Baseline
 - Lipids, CBC, fasting glucose (HgbA1c), ALT, AST
- 3 and 6 months after starting/changing dose
 - Testosterone, estradiol, CBC
 - Testosterone goal 320-1000ng/dL
- 12 months and annually
 - Testosterone, estradiol, ALT, AST, CBC, lipids, fasting glucose

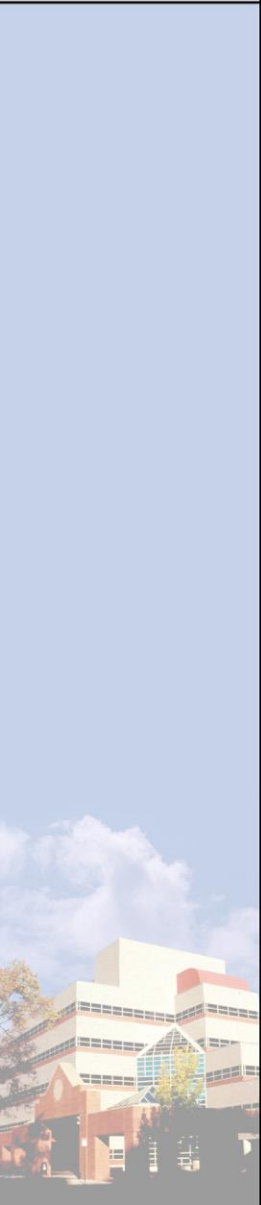




Cancer Screening - Transmen

- Breast cancer screening
 - Prior male chest reconstruction
 - Annual chest wall/axillary exam
 - Mammograms not indicated
 - Breast reduction only or no history of top surgery
 - Clinical breast exams and mammograms per usual guidelines

Center of Excellence for Transgender Health. General Prevention and Screening.
<http://transhealth.ucsf.edu/trans?page=protocol-screening#S2X>



Cancer Screening- Transmen



- Cervical Cancer screening
 - As per guidelines for assigned sex at birth females
 - Inform pathologist of current or prior testosterone use
- Endometrial Cancer evaluation
 - Spontaneous vaginal bleeding without identifiable cause evaluated as for post-menopausal bleeding
 - Consider hysterectomy if >40 years





Mitigating complications - transmen

- Encourage exercise
- Reduce sugar, simple carbs, saturated fats in diet
- Treat lipids, pre-diabetes and hypertension
- Ask about and treat for tobacco use
- Refer to weight management if indicated





LGBTQ Language: Sexuality

■ Identity/Orientation

- Heterosexual
- Homosexual
- Bisexual
- Lesbian
- Gay
- Pansexual
- Asexual
- Queer
- Questioning

■ Behavior

- MSM
- WSW
- WSWM
- Trans* patient
 - Detailed history
- Trans* partner(s)
 - Sex assigned at birth

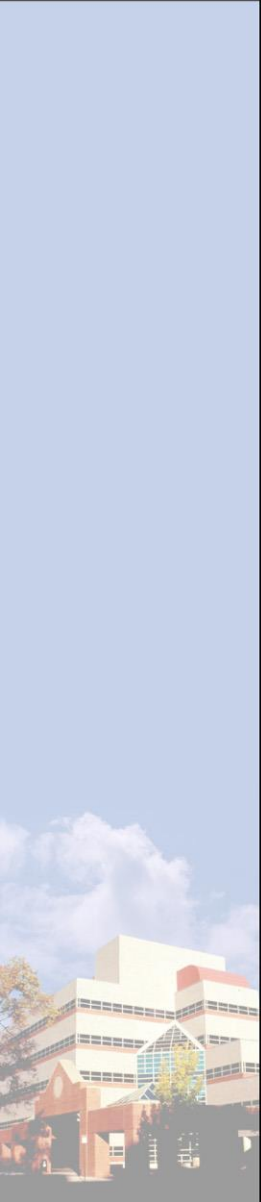




Sexual Orientation & Gender Identity

**Sexual
Orientation**

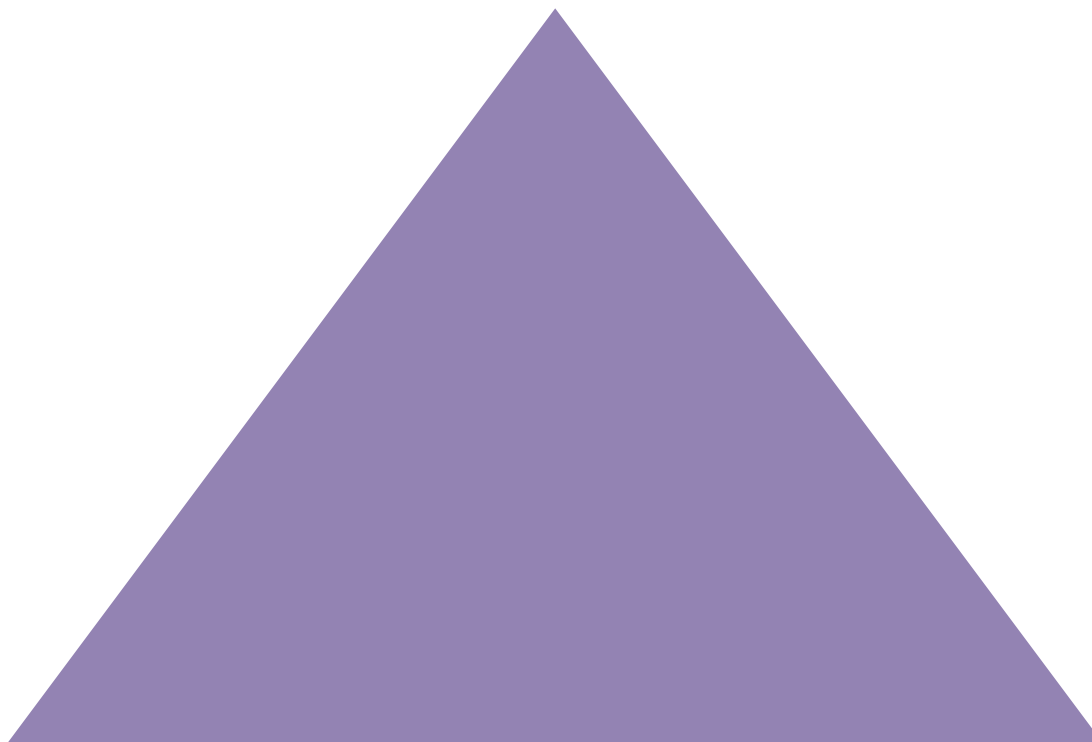
**Gender
Identity**





Sexual Orientation

Identity



Desire

Behavior





Sexual Risk Assessment



Partners



Practices



**Past History
of STDs**



**Protection
from STDs**



**Pregnancy
Plans**

<http://www.nachc.com/client/Taking%20Routine%20Histories%20of%20Sexual%20Health%20Toolkit%20FINAL%20May%202013.pdf>

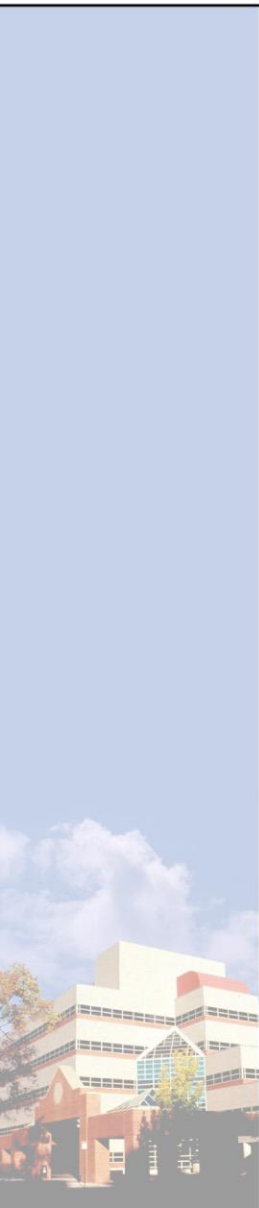
Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: <http://www.cdc.gov/lgbthealth/>





Three Screening Questions

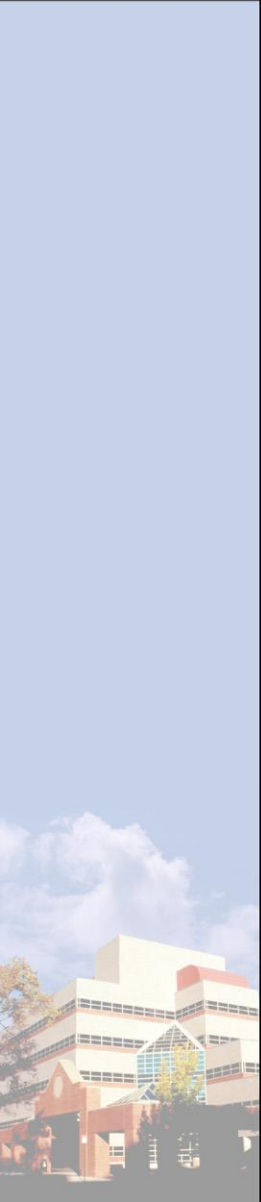
1. *“Have you been sexually active in the last year?”*
2. *“Do you have sex with (ASAB) men only, women only, or both?”*
3. *“How many people have you had sex with in the past six months?”*
 - Ask individually for number of (ASAB) male partners and number of female partners if they have had sex with both





Pregnancy prevention

- Counsel transmen regarding pregnancy prevention
- If active with ASAB male, must use long term birth control
- Refer for LARC: IUD or Nexplanon





Determine if the Patient Needs a Detailed Risk Assessment

- Multiple sex partners
- MSM
 - Assess if transwomen and transmen are sexually active with ASAB males
 - Does your patient participate in anal receptive sex ("bottom partner")
- Open, casual, or non-monogamous relationship





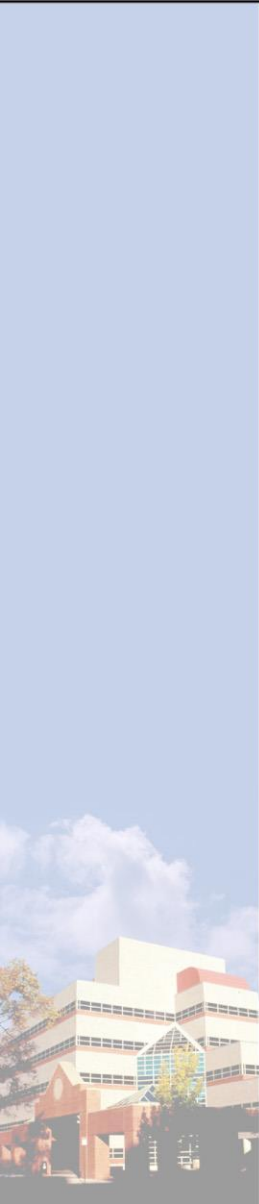
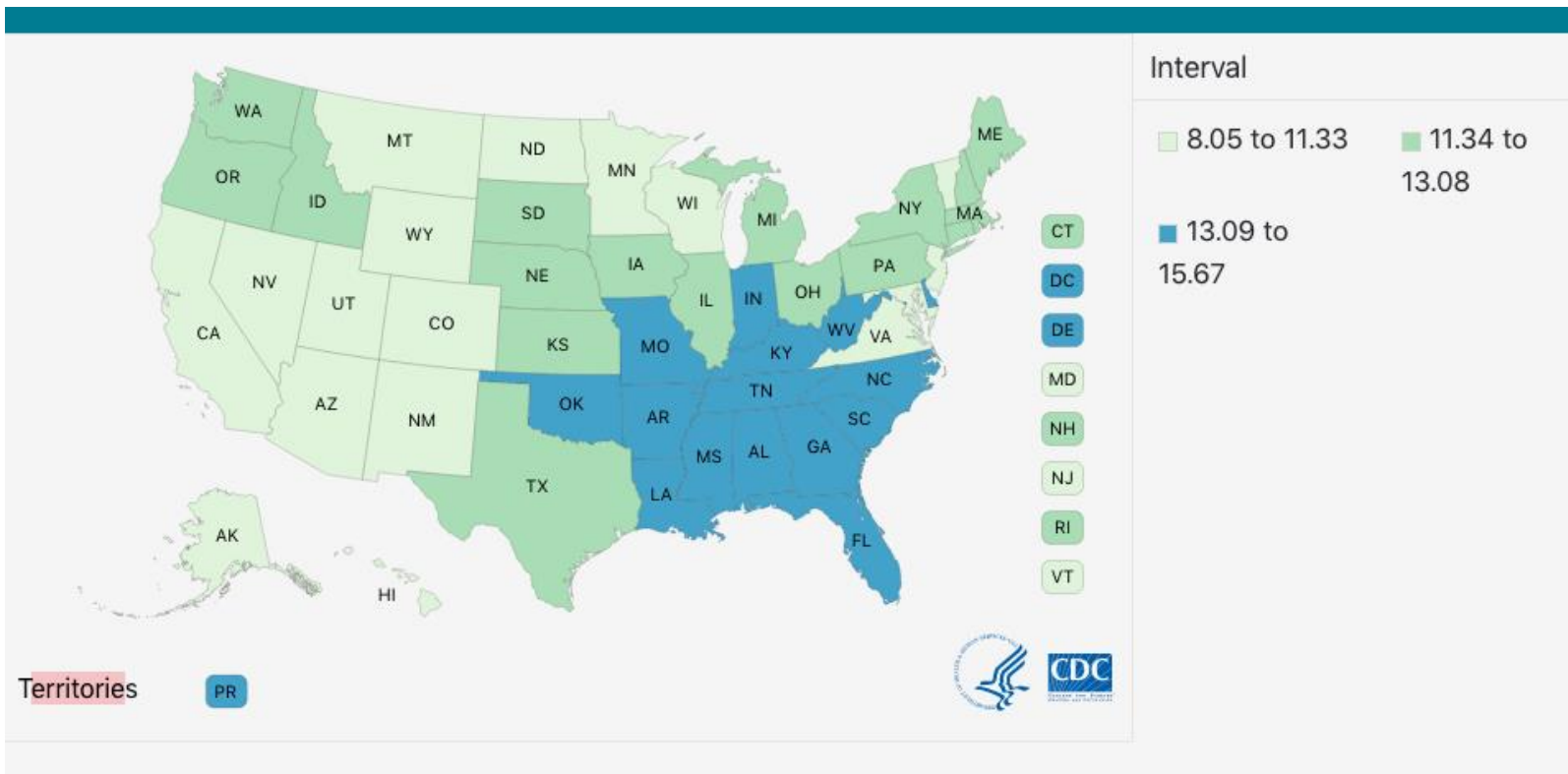
MSM Vaccination Recommendations

- HPV (ages 9-45)
 - 78% reduction in any grade anal intraepithelial neoplasia
 - CDC recommendations for males 11-21
 - MSM specific recommendation through age 26, recently approved to age 45
- Hepatitis A
 - Can perform serology first
- Hepatitis B
 - Can perform serology first





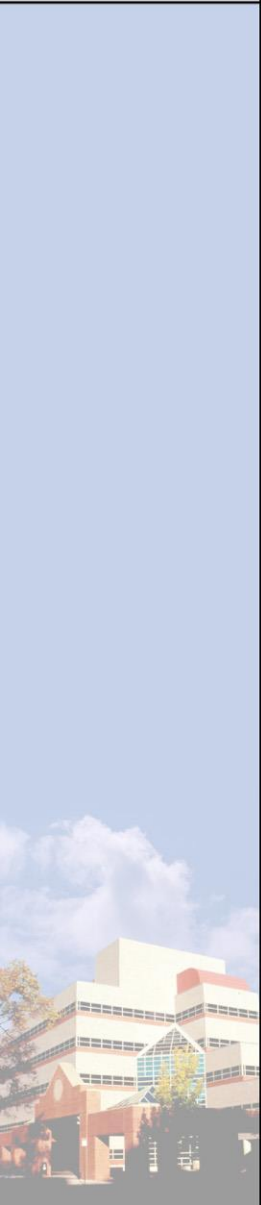
HPV related cancer rates/100,000





MSM CDC Screening Recommendations

- Hepatitis A
- Hepatitis B
- Hepatitis C
 - If history of drug use or once if born between '45-'65
- Anal Dysplasia/Cancer





MSM CDC Screening Recommendations

- Annually
 - HIV
 - Syphilis
 - Gonorrhea
 - Urethral (urine), rectal, pharyngeal
 - Chlamydia
 - Urethral (urine), rectal
- Decrease screening intervals to 3-6 months if:
 - Multiple partners
 - Anonymous partners
 - Illicit drug use (methamphetamines, poppers, etc)

MED:LGBTQ PRIMARY CARE ↗

Diagnoses

Diagnosis

- Acne vulgaris [706.1]
- Cervical cancer screening [V76.2]
- Endocrine disorder [259.9]
- High risk medication use [V58.69]
- Encounter for lipid screening for cardiovascular disease [V77.91, V81.2]
- Screening for diabetes mellitus [V77.1]
- High risk sexual behavior [V69.2]
- Screening for HIV (human immunodeficiency virus) [V73.89]
- Screening for STDs (sexually transmitted diseases) [V74.5]
- Screening for cancer [V76.9]

Orders for this Visit

- ▶ STI Screening click for more
- ▶ Common Labs click for more
- ▶ PAP Testing click for more
- ▶ Immunizations click for more
- ▶ Testosterone Injection click for more
- ▶ PrEP Therapy click for more

Orders for After Visit

- ▶ STI Screening click for more
- ▶ Common Labs click for more
- ▶ PrEP Therapy click for more
- ▶ External Orders click for more
- ▶ Screening Images and Procedures click for more
- ▶ Prescriptions click for more

Follow-Up

- ▶ Follow-Up click for more



Diagnosis of HIV Infection among Adult & Adolescent Males, 2009-13, U.S. and 6 dependent areas



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or identified.



PrEP Indications

- Adult
- Without acute or established HIV infection
- Male sexual partner(s) in the past 6 months
- Not in a monogamous sexual relationship with an HIV negative partner
- **Any** anal sex without condoms (receptive or insertive) in past 6 months
- Diagnosed with an STI in the past 6 months
- Is in an ongoing sexual relationship with an HIV-positive male partner



Lab Tests and Procedures Required for PrEP

■ Prior to treatment

- HIV Antigen/Antibody test
- Screening for signs/symptoms of acute HIV infection
- Renal function (CrCl must be ≥ 60)
- Hepatitis B serologies- (vaccinate if non immune)
- Hepatitis C serology

■ Every 3 months

- HIV testing and symptoms screening
- Assess for side effects, adherence, and HIV acquisition behaviors
- Provide support to increase adherence and decrease high risk behavior
- Provide refill for no more than 90 days

■ Every 6 months

- Renal function (CrCl)
- STI testing

▼ Orders for this Visit

- ▶ STI Screening _____
- ▶ Common Labs _____
- ▶ PAP Testing _____
- ▶ Immunizations _____
- ▶ Testosterone Injection _____
- ▶ PrEP Therapy _____

▼ Orders for After Visit

- ▶ STI Screening _____
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- ▶ Prescriptions _____

name



OUTPATIENT CONSULT IRL - PREP CLINIC



MSM Risk Index

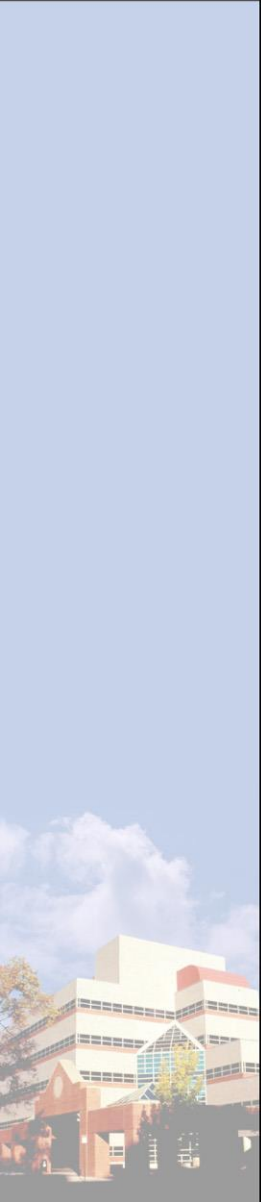
- Age
 - <18 years: score 0 ; **18-28 years: score 8** ; 29-40 years: score 5 ; 41-48 years: score 2; 49 years or more: score 0
- In the last 6 months, how many men have you had sex with?
 - >10 male partners: score 7; 6-10 male partners: score 4; **0-5 male partners: score 0**
- In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man without a condom?
 - **1 or more times: score 10**; 0 times: score 0
- In the last 6 months, how many of your male sex partners were HIV-positive?
 - >1 positive partner: score 8; 1 positive partner: score 4; **<1 positive partner: score 0**
- In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV- positive?
 - 5 or more times: score 6; **0 times: score 0**
- In the last 6 months, have you used methamphetamines such as crystal or speed?
 - yes: score 6; no: score 0

If score is ≥ 10 , evaluate for PrEP



WSW Risk Assessment

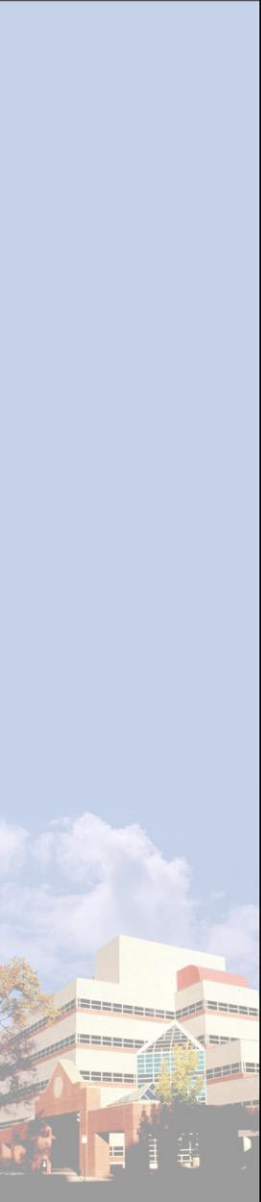
- Do not presume low or no risk based on sexual orientation or current behavior
 - Up to 70% of WSW have had sex with men
 - Unwanted pregnancy occurs in this population at surprising rates
 - Self identified bisexual women possibly at highest risk:
 - increased rates of anal sex with male partners as compared to “straight women”
 - Increased rates of sexual activity with men without a condom
 - Increased rates of substance use





WSW safer sex practices

- Dental Dams for oral sex
- Finger condoms for digital penetration
- Avoid sharing sex toys
- If sex toys shared, wash in 1/10 solution of bleach in between use
- Use condoms on sex toys
- Avoid sexual activity while menstruating
- Avoid tooth brushing or flossing prior to giving oral sex





Back to our patient- ZW

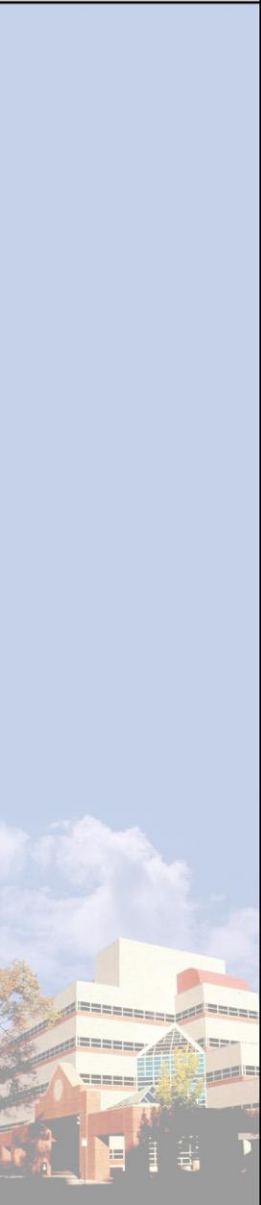
- Mental health evaluation needs to be completed
- Gender dysphoria is present
 - 2 years duration
 - Does not identify as a woman, desires to be genderqueer
 - Desires facial hair, masculine body type, deeper voice
 - Uncomfortable with breasts
- Mental capacity intact
- Depression and anxiety worsened by sx related to gender dysphoria, though stable on medication
- Careful discussion about preservation of fertility
- Needs baseline labs and ready to start on testosterone
- Eligible for male chest reconstruction
- Needs to continue Pap tests, consider HPV vaccination





Take Home Points

- Remember the importance of language: when talking to the patient, about them and when documenting
- Assess risk of complications from FHx and PMHx, labs; Treat preventively
- MSM likely get three swabs for STI testing
- Assess patients for PrEP
- For trans* patients: if they still “got it” then considering screening for it





Useful Web Sites

- **Center of Excellence for Transgender Health:**
<http://transhealth.ucsf.edu/>
- **The World Professional Association for Transgender Health Standards Of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People; Seventh Version, 2011:** www.wpath.org/soc.html
- **UI LGBTQ Clinic:** www.uilgbtqclinic.com
- **National LGBT Health Education On-Demand Webinars:**
<http://www.lgbthealtheducation.org/training/on-demand-webinars/>
- **Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline, 2009:**
<http://press.endocrine.org/doi/pdf/10.1210/jc.2009-0345>



