Improving People's Lives Through Innovations in Personalized Health Care

Caring for Transgender Patients

Andrew Keaster, MD

The Ohio State University
Wexner Medical Center

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Outline and Objectives

1. Case Presentation
2. Terminology
3. Epidemiology
4. Communication techniques
5. Patient Care
6. Hormone Therapy
7. Gender Reassignment Surgery

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Inpatient hospital case:

MS is a 20 yo natal female (undergoing transition to male) with PMH anxiety and bipolar who presents as transfer to OSU MICU for tylenol overdose.

Parents noted that pt had been more depressed recently due to menstrual spotting despite Depo shots to prevent bleeding. That afternoon, the parents found a receipt for 4 bottles of Tylenol. With extensive psych hx including cutting and attempted suicide, they brought him to OSH ED for evaluation.

In OSH ED, CMP/CBC/UDS within normal limits. Tylenol level returned elevated at 314. He received 3L NS and one dose of N-acetylcysteine prior to transfer to OSUMC for further care.

Past Medical History

20 yo transgender man (FtM) with gender dysphoria who presented with intentional Tylenol overdose

Generalized anxiety disorder

Bipolar depression with psychotic features

Anorexia and bulimia

Hypothyroidism

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Medications

20 yo transgender man (FtM) with gender dysphoria who presented with intentional Tylenol overdose

Seroquel

Depakote

Levothyroxine

Depo medroxyprogesterone

Former lithium use

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Social History

20 yo transgender man (FtM) with gender dysphoria who presented with intentional Tylenol overdose

No smoking

No alcohol use

No drugs

No recent sexual activity (recent STI testing normal)

Adopted from Russia as infant

Lives with parents and younger brother. Mother states “I support my child” in a defensive way when asked about child being transgender

Not interested in having children

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Hospital Course

Patient's Tylenol level down-trended, and monitoring of LFTs revealed no signs of acute liver injury. Psychiatry was consulted, who admitted the patient to Harding hospital for inpatient psychiatric evaluation and medication management.

Hospital course was medically uncomplicated, but psychologically did take a toll on the patient. The patient reported being called a woman and referred to by legal name and with female pronouns multiple times, despite his nurse's best attempts to communicate this information.

The patient eventually returned to baseline and was discharged to outpatient psych follow up. They were also referred to OSU's Transgender Primary Care Clinic. We saw the patient in clinic two weeks later.

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Final Diagnosis

Tylenol Overdose

Suicide Attempt

Bipolar Depression

Gender Dysphoria

ICD-9 302.6

ICD-10 F64.1

- **Gender Dysphoria in Adolescents and Adults 302.85**
- A marked **incongruence** between one's **experienced**/ expressed gender and **assigned** gender, of at least 6 months' duration, as manifested by at least two of the following:
  - A marked incongruence between one's experienced/expressed **gender** and primary and/or secondary **sex characteristics** (or in young adolescents, the anticipated secondary sex characteristics).
  - A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  - A strong desire for the primary and/or secondary sex characteristics of the other gender.
  - A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  - A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  - A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- The condition is associated with clinically significant **distress** or impairment in social, occupational, or other important areas of functioning.

Terminology

LGBT: Lesbian, Gay, Bisexual, Transgender

Gay & Lesbian: people who have (or desire to have) an intimate relationship with individuals of the same gender

Bisexual: people who have (or desire to have) an intimate relationship with individuals of the same or different gender

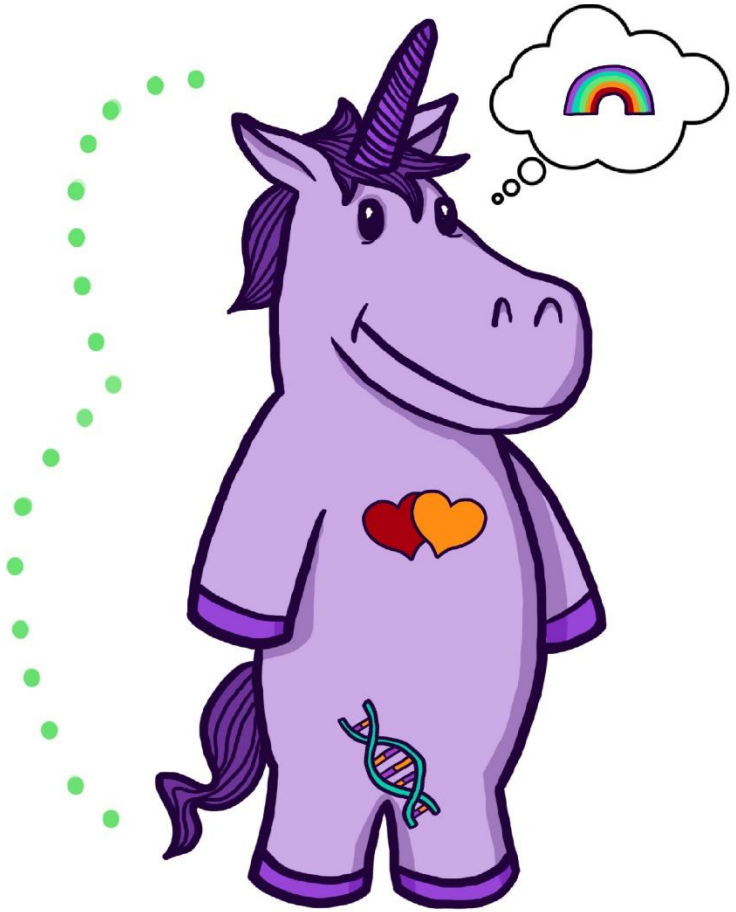
Asexual: people with no sexual desire; different from the choice to remain celibate

Terminology

- Sex- sex assigned at birth, based on assessment of external genitalia, as well as chromosomes and gonads.
- Gender Identity- A person's internal sense of self and how they fit into the world, from the perspective of gender.
- Gender expression- The outward manner in which an individual expresses or displays their gender, including dress, hairstyle, or mannerisms. Gender identity and gender expression can be different in an individual.

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

- Female / Woman / Girl
- Male / Man / Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

Female | Male | Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Terminology

- Transgender: A person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to trans.
  - Transgender man- someone with a male gender identity and a female birth assigned sex
  - Transgender woman- someone with a female gender identity and a male birth assigned sex.
  - A non-transgender person may be referred to as cisgender.
- Gender nonconforming: A person whose gender identity differs from that which was assigned at birth, but may be more complex, fluid/ less clearly defined than a transgender person. Genderqueer is another term used by some with this range of identities.
- Nonbinary: transgender or gender nonconforming person who identifies as neither male nor female.

Terminology

Transgender persons choose to present themselves in a variety of ways

- -Some medically or surgically alter their body to affirm their gender identity
- -Some change hair/dress
- -Some make no changes to their appearance
- -Many will change their given name

Sexual orientation and gender identity are separate concepts

- -A transgender person might consider themselves straight, GLB, neither, other, etc.

NATIONAL TRANSGENDER DISCRIMINATION SURVEY

- 2011 survey of 6,450 transgender and gender non-conforming individuals
- Racially and socioeconomically diverse sample
- Respondents from all 50 states
- Survey topics include: Education, Employment, Health, Family Life, Housing, Public Accommodations, Identification Documents, and Police and Incarceration

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.* Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

Key NON-HEALTH Findings for Ohio

- 81% Harassment at work
- 86% Harassment at school
- 40% Physical assault at school
- 14% Sexual violence at school
- 17% were unemployed compared to 7% of nation at time of survey
- 13% had become homeless because of their gender identity
- 39% reported being uncomfortable seeking police assistance

Health Care findings for Ohio

- 21% were refused medical care due to their gender identity
- 27% postponed seeking care when sick or injured due to discrimination
- 1.03% were HIV positive, compared to 0.6% of general population
- 34% had employer-based health insurance, compared to 59% of the general population
- **44% reported attempting suicide at some point, compared to 1.6% of the general population**
- Risk of being a victim of violence

2015 U.S. Transgender Survey (USTS)

- 2015 survey of 27,715 transgender individuals
- Racially and socioeconomically diverse sample
- Respondents from all 50 states
- Survey topics include: Education, Employment, Health, Family Life, Housing, Public Accommodations, Identification Documents, and Police and Incarceration

Key NON-HEALTH Findings

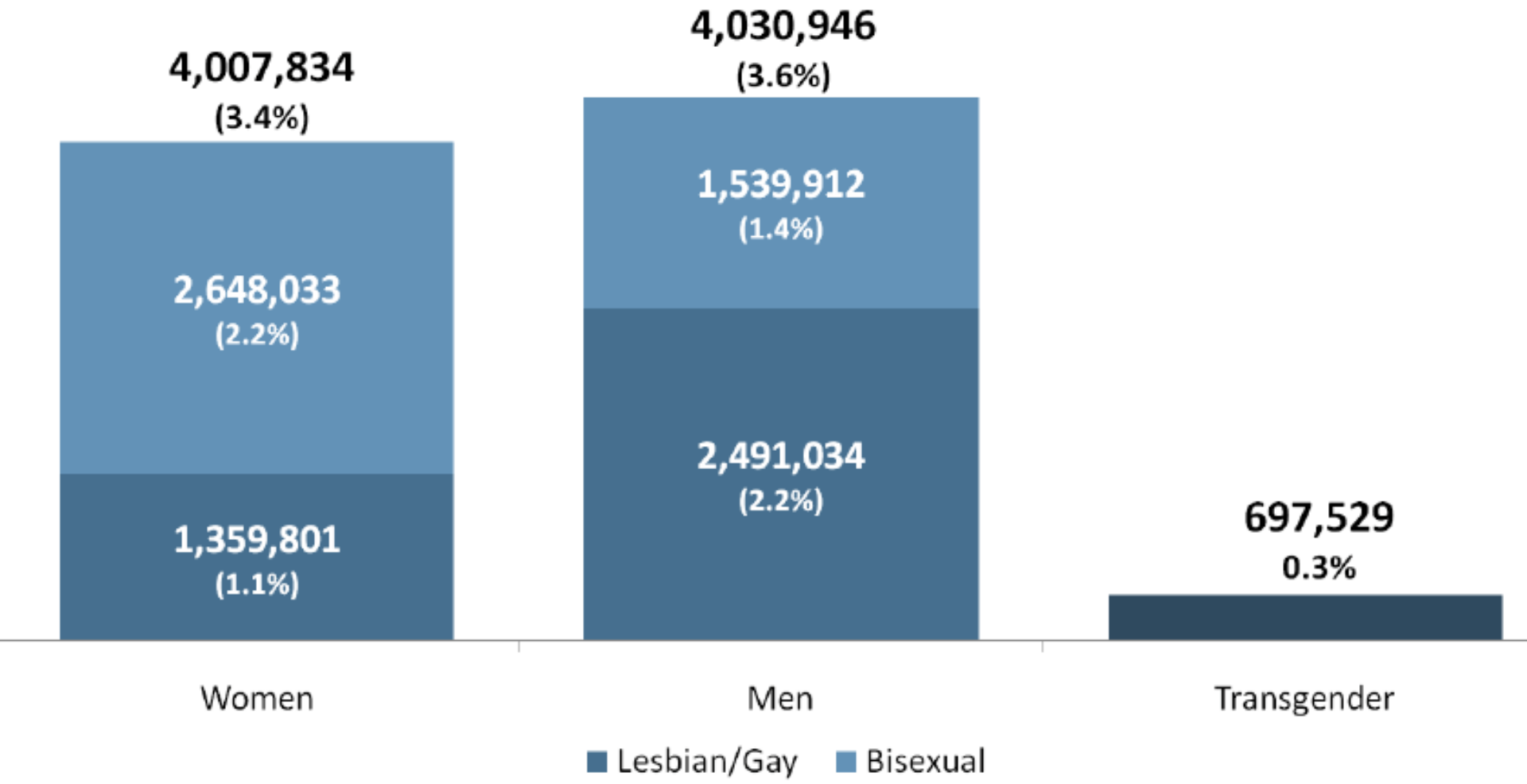
- 30% of respondents who had a job in the past year reported being fired, denied a promotion, or experiencing some other form of mistreatment related to their gender identity or expression.
- **The unemployment rate among respondents (15%) was three times higher than the unemployment rate in the U.S. population (5%),** with Middle Eastern, American Indian, multiracial, Latino/a, and Black respondents experiencing higher rates of unemployment.
- Nearly one-third (29%) were living in poverty, more than twice the rate in the U.S. population (14%).
- Nearly one-third (30%) of respondents have experienced homelessness at some point in their lives.

Health Care findings

- One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender
- 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person
- 1.4% were HIV positive, compared to 0.3% of general population
- One in four (25%) respondents experienced a problem in the past year with their insurance related to being transgender
- **Forty percent (40%) have attempted suicide *in their lifetime*, nearly nine times the rate in the U.S. population (4.6%).**

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *Executive Summary of the Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

LGBT Demographics



http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf

LGBT in Columbus

"From the obvious (San Francisco) to the surprising (Columbus), Richard Florida and Gary Gates crunched the numbers to rank the top gay cities in the country"

Estimated gay & lesbian population in Columbus:

68,300 or 5.8%

Developed by Gary Gates, a demographer at UCLA's Williams Institute, the Gay/Lesbian Index value tells you how the proportion of same-sex couples among all households of a given metro area compares to the average for the entire U.S.

Communicating with LGBT Persons

Introduce yourself and ask the simple question: “What is your name?”

Follow their lead: *How do they describe themselves? Their partners?*

If in doubt, ask them what terms they prefer. Be curious and don’t worry about offending.

If you “slip up”, apologize and ask the person what they prefer. They will appreciate your sincerity and good intentions.

Frequently assess your own level of comfort and preconceptions.

Communicate openly with your patients/staff without fear of “offending” or “saying something wrong”.

Avoid assumptions

Avoid Assumptions

- Don't assume patients are heterosexual or that they identify with their presented gender just because they haven't said otherwise.
- Don't assume LGBT patients do not have children.
- Don't assume that self-identified gay men never have sex with women or that lesbians never have sex with men.
- Don’t assume that self-identified straight people do not have sex with people of their same gender.
- Don't assume that domestic violence does not occur in LGBT couples.
- Avoid stereotypes: that all gay men are promiscuous or that all lesbian couples are in a monogamous relationship—individuals are unique in their sexual behavior.
- Don’t assume all transgender patients want or need surgery as part of their transition
- Don’t assume patients are comfortable with anatomic descriptions of their body parts (“penis”, “vagina”, etc can be uncomfortable terms for some patients)

Using Inclusive Language

Examples of questions assuming one is heterosexual and/or cisgender

- “Are you married or single?”
- “If you are sexually active, do you use contraception?”
- “Who are your mother and father?”
- “Hi! Are you Mr Smith?”

Examples of inclusive questions

- “Are you currently in an intimate relationship?"
- “What's your level of commitment?”
- “Who are your parents?”
- “Are you sexually active with men, women or both?”
- “If you are sexually active, do you use protection?”
- “Hi! What’s your name? What pronouns do you use?”

Primary Care Priorities

1. Access to Healthcare
2. Health History
3. Hormones
4. Heart health
5. Cancer
6. STDs, sexual health, fertility
7. Alcohol and Tobacco
8. Depression/ Anxiety
9. Injectable Silicone
10. Fitness (Diet & Exercise)

Based on GLMA's Top 10 list for Trans Persons to ask their PCP

Cancer Screening Guidelines

- Screening guidelines are the same as that of the natal sex in individuals who have not used cross-sex hormones or had gender affirming surgery
- Transwomen: past or current hormone use
  - Breast cancer screening in individuals over 50 with additional risk factors.
  - Prostate cancer- PSA may be falsely low due to androgen deficiency; recommend DRE for prostate evaluation.
  - Pap smear not indicated in neovagina but visualization/ pelvic exam should be completed.

Cancer Screening Guidelines

- Transmen: past or current hormone use
  - Breast cancer mammography as for natal females (not needed following chest reconstruction, but consider if only a reduction was performed).
  - Cervical cancer screening following total hysterectomy, if prior history of high-grade cervical dysplasia and/or cervical cancer.
  - Cervical cancer screening follow Pap guidelines for natal females; inform pathologist of current or prior testosterone use (cervical atrophy can mimic dysplasia)
  - Uterine cancer- evaluate spontaneous vaginal bleeding in the absence of a explanatory factor

Fertility

- Prior to transitioning, transgender persons should be counseled on how transitioning may affect fertility and what options are available for fertility preservation
- Hormone therapy is not birth control! Transgender individuals with gonads who engage in sexual activity that could result in pregnancy should be counseled on the need for contraception.
- Testosterone is a teratogen and contraindicated in pregnancy. It is unknown how long of a testosterone washout period is appropriate in transgender men prior to pregnancy

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Hormone Therapy

Criteria for Hormone Therapy

1. Persistent, well-documented gender dysphoria
2. Capacity to make an informed decision
3. Age of consent
4. If present, serious medical or mental health concerns should be reasonably well-controlled

Traditional “letter” model v **Informed consent**

Masculinizing Hormones

Testosterone 100 mg IM weekly

- 200 mg/ml concentration, 10 ml vial lasts 20 weeks

Baseline labs:

- Chem6, LFTs, CBC, Lipid panel, A1C
- Testosterone, TSH
- HIV, hepatitis, syphilis

Changes with Testosterone

Effect	Onset (months)*	Maximum (yr)*
Skin oiliness/acne	1 to 6	1 to 2
Facial/body hair growth	6 to 12	4 to 5
Scalp hair loss	6 to 12	
Increased muscle mass/strength	6 to 12	2 to 5
Fat redistribution	1 to 6	2 to 5
Cessation of menses	2 to 6	
Clitoral enlargement	3 to 6	1 to 2
Vaginal atrophy	3 to 6	1 to 2
Deepening of voice	6 to 12	1 to 2

Testosterone Side Effects/ Risks

- Acne
- Thrombophlebitis and DVT
- Emotional lability / aggression
- Headache
- HTN
- Polycythemia
- Infertility
- Hepatitis
- Overly increased libido
- Drug interactions
- Male pattern baldness
- Abdominal fat - redistributed to male shape
- Risk of heart disease
- swelling of hands, feet, and legs
- weight gain

Feminizing Hormones

Contraindication: Estrogen Dependent Cancer, DVT/PE

Estradiol 2-6 mg PO daily

Spironolactone 100-200 mg PO daily

Others: Progesterone, Finasteride

Baseline Labs:

- Chem6, LFTs, CBC, Lipid panel, A1c
  - TSH
  - HIV, hepatitis, syphilis

Feminizing Changes

Effect	Onset*	Maximum*
Redistribution of body fat	3 to 6 months	2 to 3 years
Decrease in muscle mass and strength	3 to 6 months	1 to 2 years
Softening of skin/decreased oiliness	3 to 6 months	Unknown
Decreased libido	1 to 3 months	3 to 6 months
Decreased spontaneous erections	1 to 3 months	3 to 6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3 to 6 months	2 to 3 years
Decreased testicular volume	3 to 6 months	2 to 3 years
Decreased sperm production	Unknown	>3 years
Decreased terminal hair growth	6 to 12 months	
Scalp hair	No regrowth	
Voice changes	**None**	

Side Effects/ Risks

- Permanent feminine appearance
- Permanent breast growth
- DVT/PE
- Gallstones
- Prolactinoma
- Migraine
- HTN
- Hepatitis
- Infertility
- Medication interactions
- Hyperkalemia
- Dehydration
- Hair loss

Hormone Therapy

- 62% have had hormone therapy, additional 23% hope to have it in the future

General Principles

1. When starting new medication, start at half dose
2. Reassess after 1 month with labs and H&P prior to increasing to full dose
3. Reassess 1 month later at full dose
4. Reassess patient 3 months later
5. Reassess every 6-12 months
6. Maintain a harm reduction approach and be open to negotiation at every step

Sex Reassignment Surgery (SRS)
Gender Affirming Surgery

	Male-to-Female	Female-to-Male
Misc surgery	Tracheal Shave Facial Feminization	
"Top" surgery	Breast Augmentation	Chest Reconstruction
"Bottom" surgery	Orchiectomy	Hysterectomy Oophorectomy Vaginectomy
Genital sex reassignment	Vaginoplasty	Phalloplasty Metoidioplasty

Other concerns

- Tucking, Binding, Packing
- Hair removal
- Vocal changes

Identity Documents

- Two common requests:
  - Gender marker change on Driver's License
    - Signature endorsing Gender Change is "Complete"
    - http://ai.eecs.umich.edu/people/conway/TS/News/US/OhioBMVGenderChangeForm2009.pdf
  - Letter for Social Security
    - Requires statement "*I declare under penalty of perjury" that patient "has had appropriate clinical treatment for gender transition to the new gender"*
    - http://www.transequality.org/know-your-rights/social-security

Returning to the case…

From an office note 01/17/2017

“21 yo FtM initially referred after APAP overdose after menses. Today is not accompanied by mother.

Interval hx: no longer fighting bulimia, weight stable, not having menses, doing well on T without issue, no further psych hosp or SI”

Soon after establishing care, our patient started testosterone therapy. His mother has since grown to accept this part of her son’s life, although it has been slow and difficult for her and other family members. The patient did have a voluntary admission in 2016 to help overcome bulimia, and is really doing much better than on our initial visit.

INTRODUCING

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Transgender Primary Care Clinic

Call **614-688-6490** to schedule an appointment with Dr. Keaster and Dr. Barnett

OSU CarePoint East
Department of Family Medicine, 2nd Floor
543 Taylor Ave
Columbus, OH 43202


Dr. Keaster


Dr. Barnett

We aim to serve Central Ohio's transgender population by:

- Providing culturally competent primary care
- Managing medical transition and hormone therapy
- Developing a network of referral services including mental health, endocrinology, surgery, etc

Give us a call today!

Drs. Barnett and Keaster are currently taking new patients for primary care.

Please call 614-688-6490 to schedule an appointment!

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Final Summary

Respect the self-identification of transgender patients (name and pronouns)

Screen and treat concomitant mental health disorders

Do not be afraid to ask questions in a respectful manner

Provider Resources

- WPATH
  - Transgender Health Provider Certification
  - Standards of Care, version 7
  - http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926
- UCSF Center for Transgender Excellence
  - Primary Care Protocols
  - http://transhealth.ucsf.edu/trans?page=protocol-00-00
- Callen Lorde Community Health Center
  - Protocols for the Provision of Cross-Gender Hormone Therapy
  - http://callen-lorde.org/transhealth/

Provider Resources

The Fenway Institute:
www.fenwayhealth.org

Gay and Lesbian Medical Association (GLMA):
www.glma.org

Association of Gay and Lesbian Psychiatrists:
www.aglp.org

Centers for Disease Control and prevention:
http://www.cdc.gov/lgbthealth/

References

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Questions?