

Transgender Care for Primary Care Clinicians

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*A Teaching Affiliate of the Tufts University School of Medicine
and the University of Massachusetts Medical School*



Conflicts of Interest

The presenter has
no conflicts of interest to declare



“Doctor, I’m a _____.”

- Avoid assumptions based on
 - Patient’s natal sex
 - Medical record
 - Gender presentation at time of visit
 - Patient’s family or gender role
 - Clinician’s personal experience



“Doctor, I’m a _____.”

The expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative.

~ WPATH Board of Directors, 2010



“Doctor, I’m a _____.”

- Allow space for identity and autonomy
 - There are no “binaries”
 - Everyone has different levels of comfort with
 - Their body
 - Their sexuality
 - Their personal identity
- Allow for change
 - Everyone evolves over their lifespan



Thinking outside the box

Female (XX)

Biologic Sex

Male (XY)

Female

Gender Identity

Female

Masculine

Gender Expression

Masculine

Men

Sexual Orientation

Women

TransGay

Community

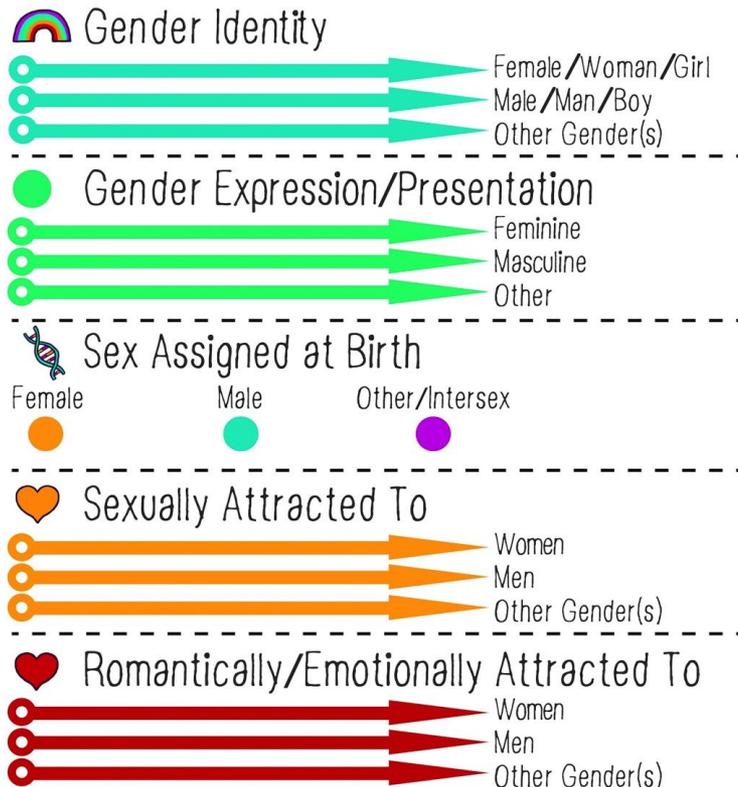
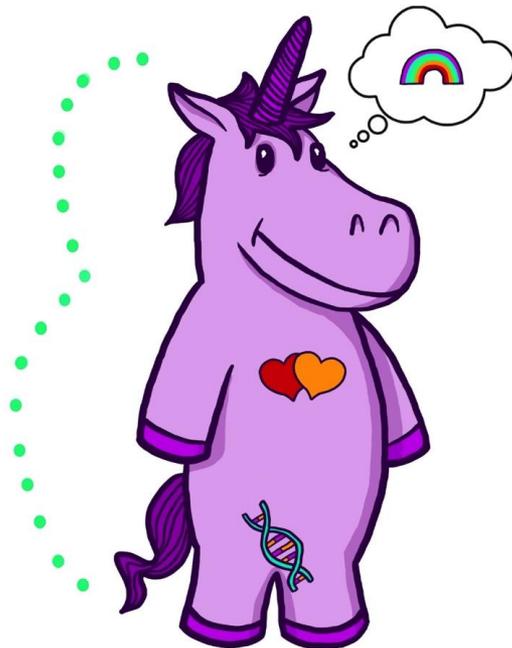
Straight



Thinking outside the box

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



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

Design by Landyn Pan



Labels: what's in a word?

- Generally preferred labels
 - Transgender or trans patient
 - Cisgender or cis patient
 - Transman / Transmale / F2M or FTM
 - Transwoman / Transfemale / M2F or MTF
 - Gender Non-Conforming (GNC) / Gender Queer



Labels: what's in a word?

- Generally preferred medical terms
 - Gender affirming hormone therapy
 - Gender affirming surgery
 - AKA – Top surgery or Bottom surgery
 - Gender dysphoria
- Avoid terms that mix gender and biology or imply pathology:
 - Male genitals
 - Female genitals
 - Gender Identity Disorder (GID)



Labels: what's in a word?

- **Gender Nonconformity** – refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex
~ *Institute of Medicine, 2011*
- **Gender Dysphoria** – refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth, and the associated gender role and/or primary and secondary sex characteristics ~ *Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010*



OK, now what?

- Listen, listen, listen...
- Regulate and pace:
 - Disclosure
 - Exploration of sexual history
- Acknowledge previous healthcare experiences with respect and advocacy
- Approach trauma experiences slowly



"Doctor, I'm not sure I can trust you."



Why does this matter?

- Gender identity, sexual identity, and sexual orientation are
 - Integral to general health and well-being
 - Strongly associated with happiness or depression
 - Likely to affect morbidity and mortality
- High prevalence of sexual and emotional dysfunction in transgender community
- Sexual history and current function may be associated with
 - Current health problems (e.g., STIs)
 - Chronic psychiatric and medical problems (e.g., abuse, violence)
 - The need for primary prevention (e.g. immunizations, contraception, PEP, PrEP, etc.)
- Sexuality and function evolve

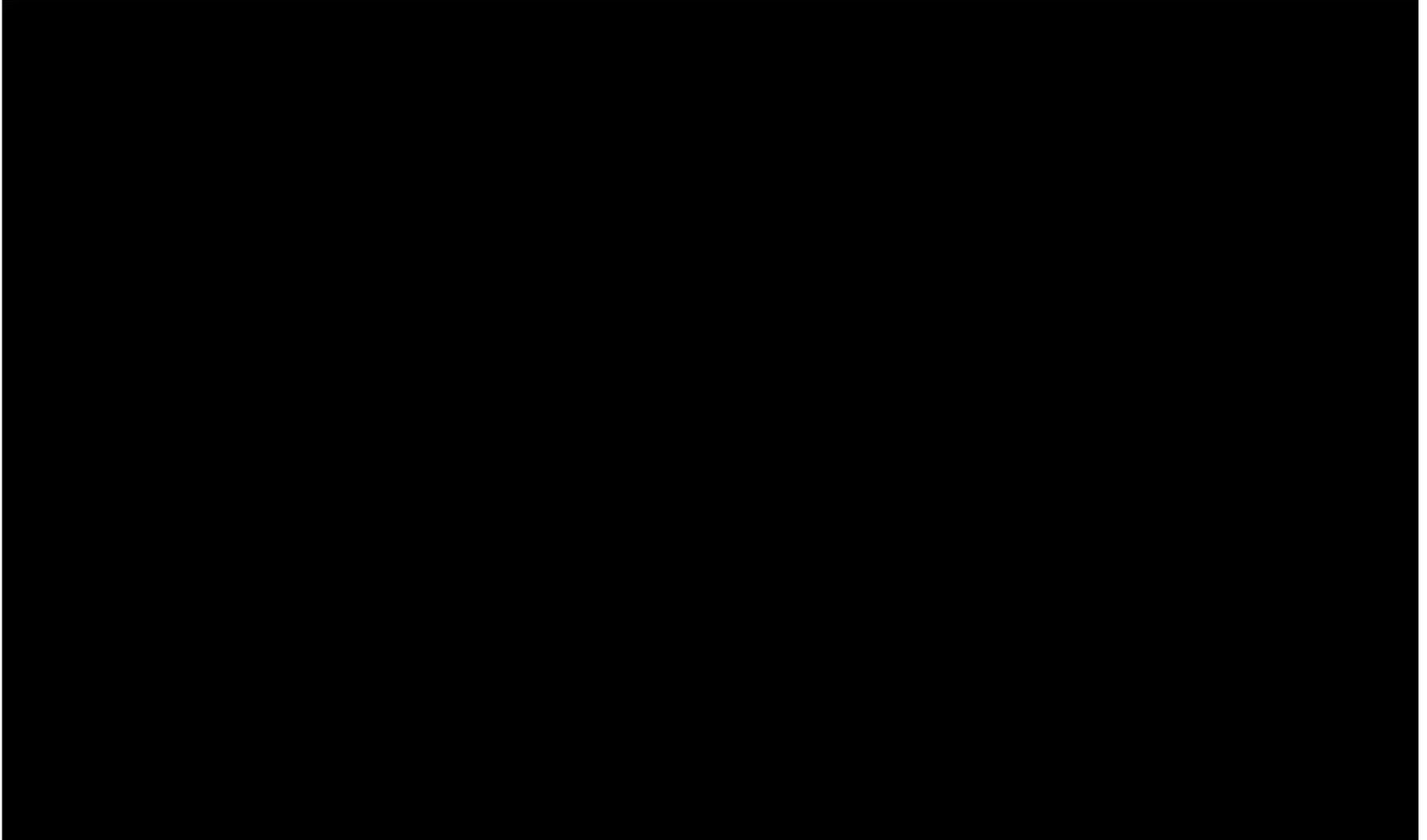


Why does this matter?

- Dutch Cohort Prevalence
 - 1/11,900 Biological Males
 - 1/30,400 Biological Females
- Massachusetts Behavioral RF Surveillance Survey (2007, 2009)
 - 0.5% Adults Aged 18-64
- California LGBT Tobacco Survey
 - 0.1% Adult Population
- Williams Institute U.S. analysis
 - 0.3% Adult Population or ~700,000 people
- Fenway Health – Boston, MA
 - ~2000 transgender patients, growing at a rate of ~400/year



To treat me, you have to know me...



Why this matters – NTDS

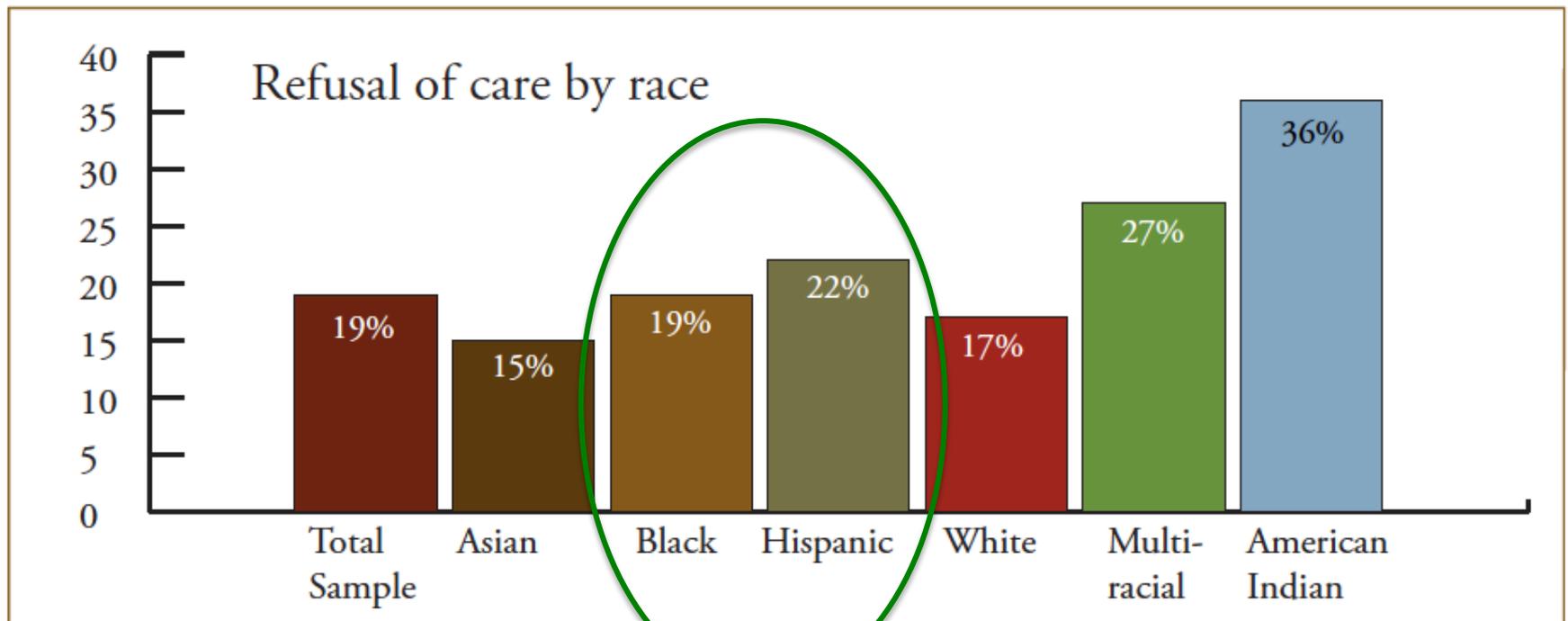
- **Significant hurdles to accessing health care**
 - **19% were refused care**
 - **28% experienced harassment and violence in medical settings**
 - **50 % experienced a lack of clinician knowledge**

2%
of the respondents
reported being
physically attacked
in a doctor's office

National Transgender Discrimination Survey (NTDS) Report on health and health care. Findings of a Study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force by Jaime M. Grant, Ph.D., Lisa A. Mottet, J.D., and Justin Tanis, D.Min.; with Jody L. Herman, Ph.D., Jack Harrison, and Mara Keisling; October 2010



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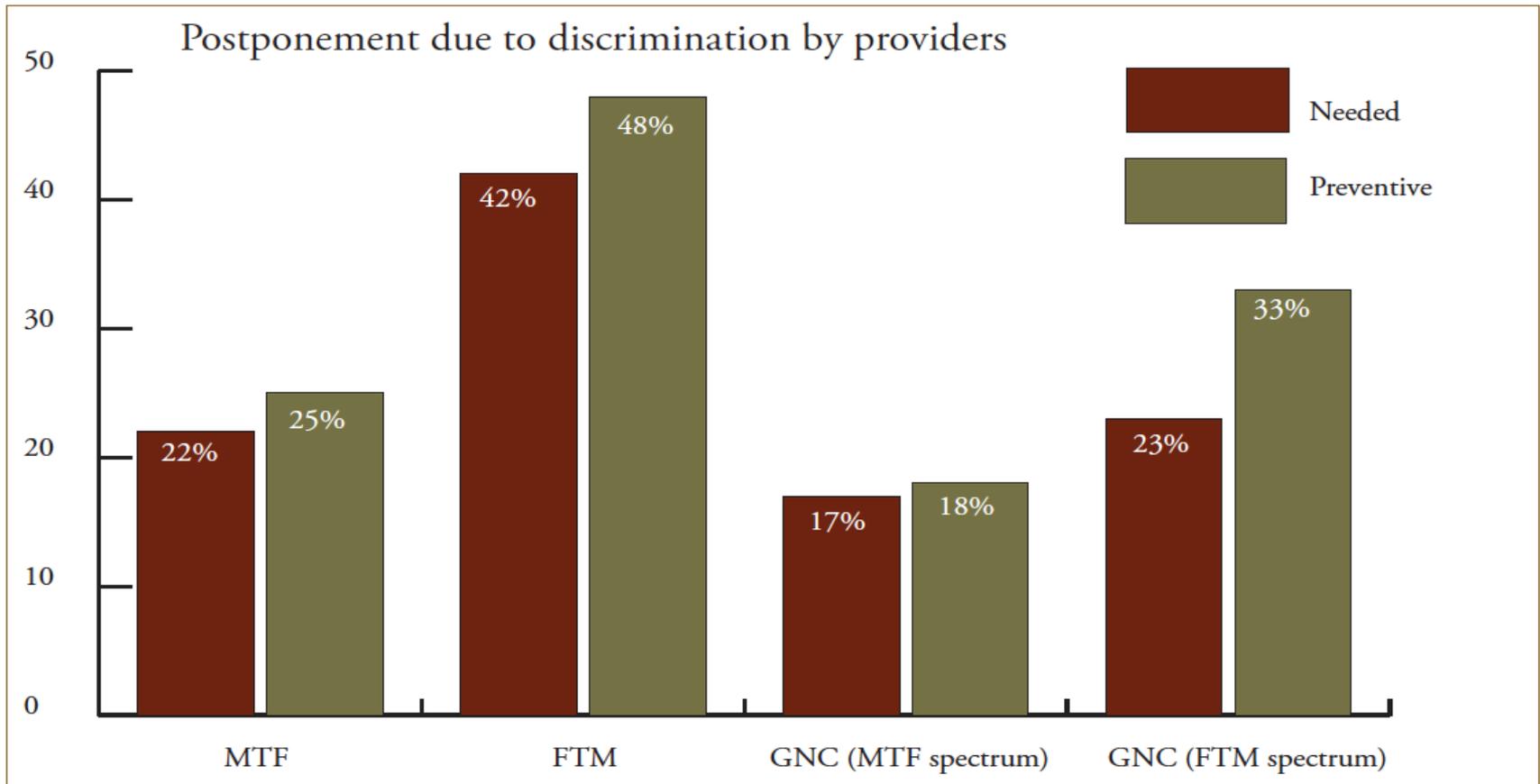
Why this matters – NTDS

- **Significant hurdles to accessing health care**
 - 28% postponed or avoided medical treatment when they were sick or injured
 - 33% delayed or did not try to get preventive health care

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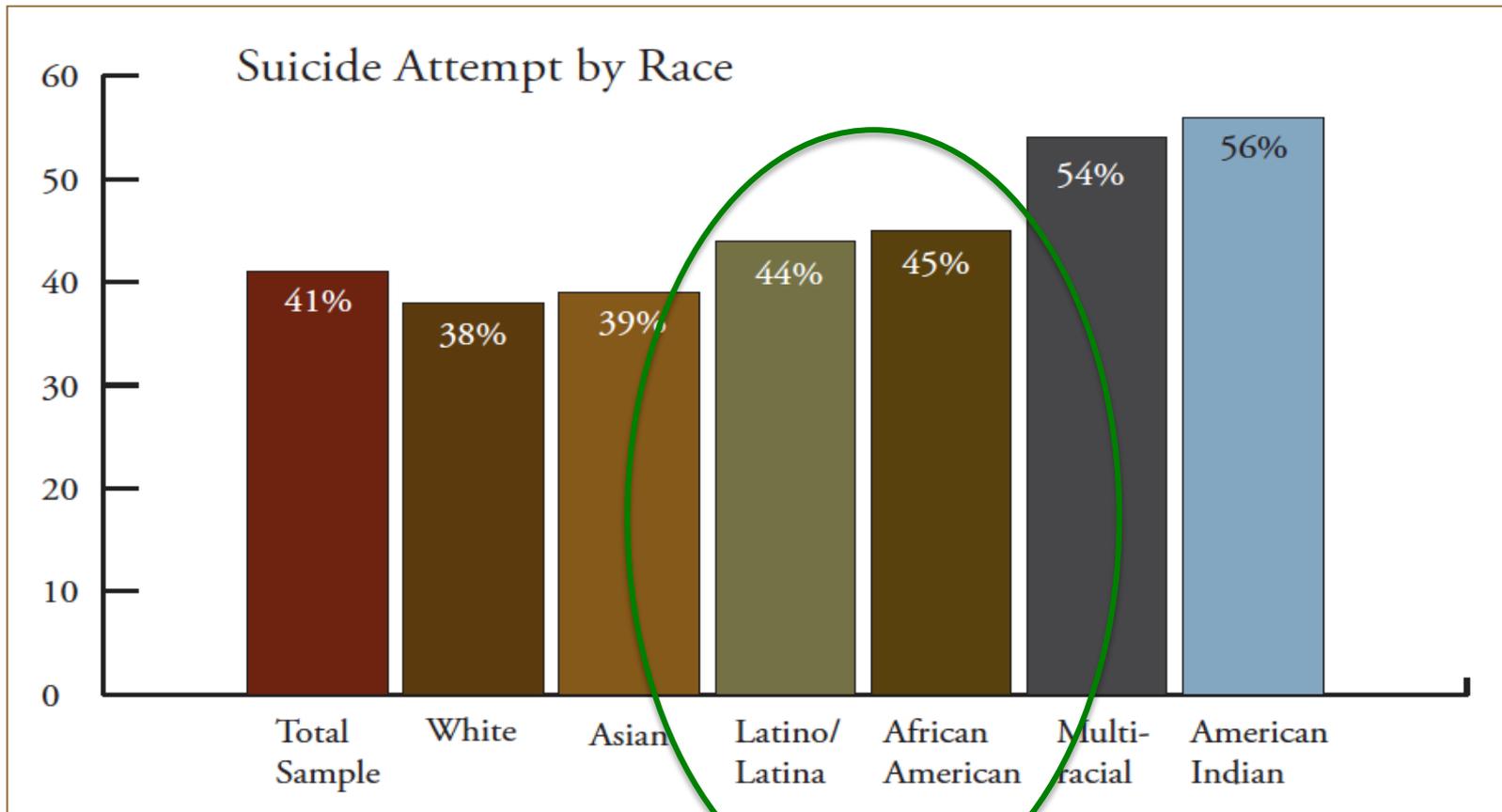
Why this matters – NTDS

- **Staggering 41% of respondents reported attempting suicide**
 - Compared to 1.6% of the general population
 - Even higher with concurrent unemployment, low income, and sexual or physical assault
 - Suicide deaths 6 times higher in the Dutch Cohort
- **Over 25% misused drugs or alcohol**
 - Specifically to cope with the discrimination

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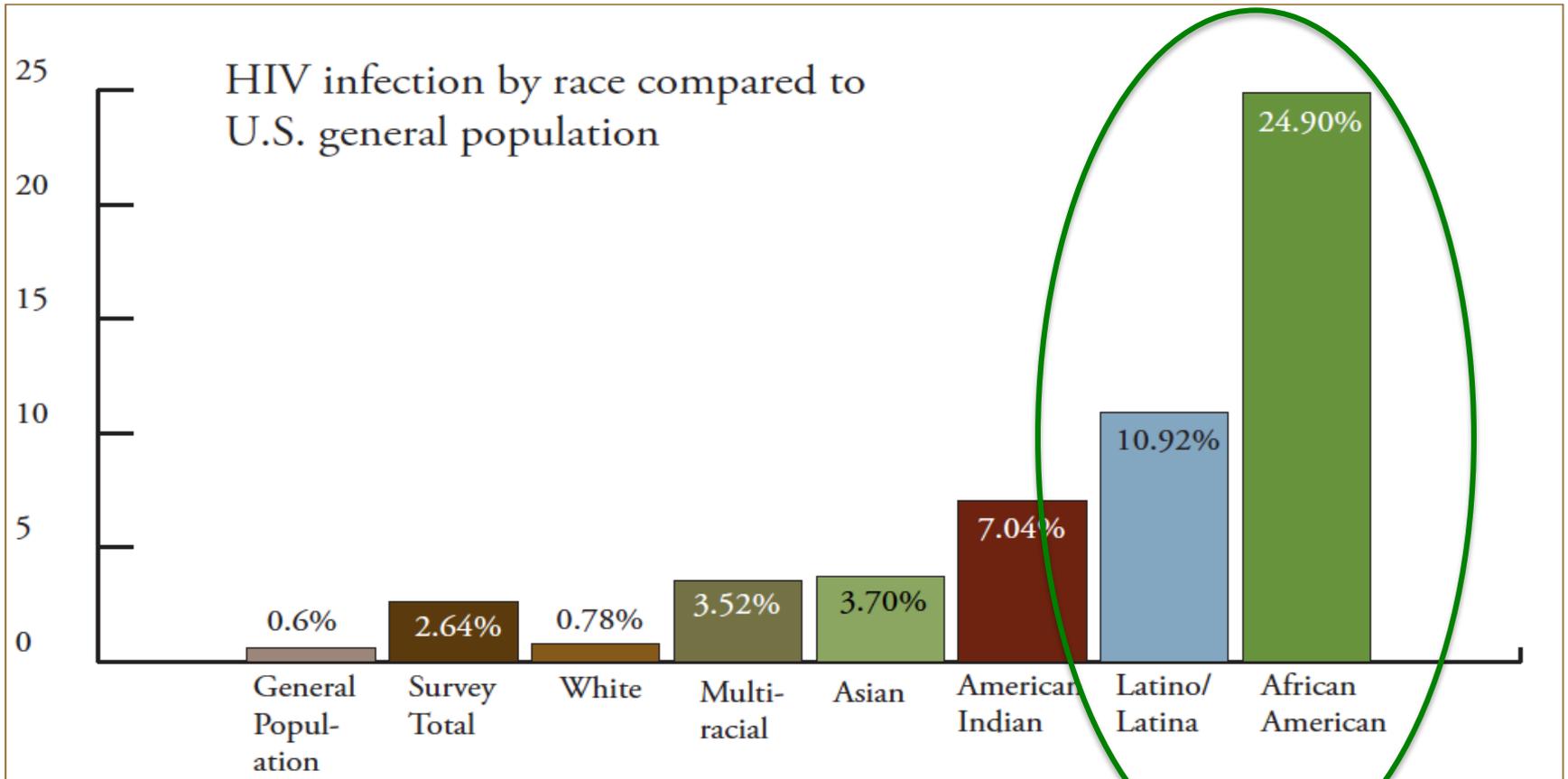
Why this matters – NTDS

- **Over four times the national average of HIV infection**
 - 2.64% compared to 0.6% in the general population
 - Transgender women (3.76%)
 - Transgender unemployed (4.67%)
 - Transgender sex works (15.32%)
- **Death rate due to AIDS is 30 times higher for transgender individuals**

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Why this matters – NTDS

- If clinicians were aware of the patient's transgender status, the likelihood discrimination increased
- In the USA 28% of trans persons are out to all their clinicians
 - 18% are out to most
 - 33% are out to a few
 - **21% are out to none**

Silence doesn't always mean "Yes". Sometimes it means, "I'm tired of explaining to people who don't even care to understand."

Uploaded On CoolnSmart.com

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.



What can primary care clinicians do?

- Educate ourselves
- Manage general health and chronic conditions
- Manage transgender hormone therapy
- Assist patients with gender affirming legal services
- Refer patients for gender affirming surgeries
- Refer patients for gender affirming counseling and management of psychiatric conditions



Transgender Care Guidelines



OUR TOPICS

- [Routine care](#)
- [HIV prevention](#)
- [Cultural competency](#)
- [Mental health](#)
- [Policy](#)

WHO WE SERVE

- [Health care providers](#)
- [Researchers](#)
- [Community organizers](#)
- [Transgender persons](#)

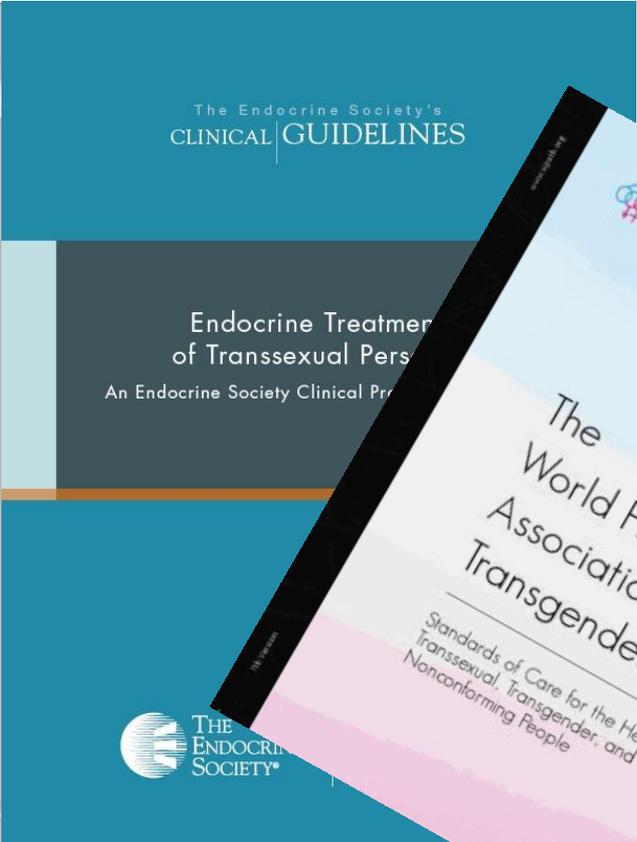
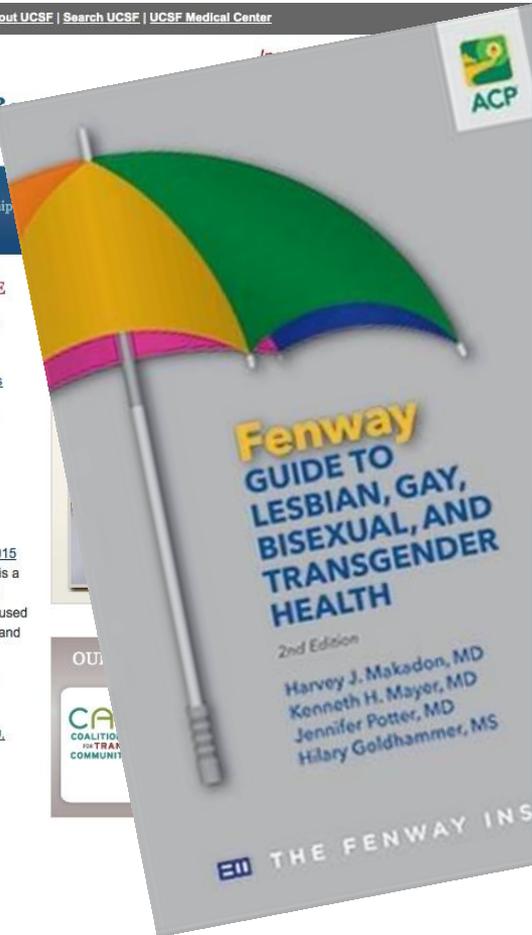
EVENTS

[Philadelphia Trans-Health Conference: June 4-6, 2015](#)
The Philadelphia Trans Health Conference (PTHC) is a program of Mazzoni Center. This FREE conference offers three full days of workshops and activities focused on the health and well-being of transgender people and our communities. Philadelphia, PA.

[U.S. Conference on AIDS: September 10-13, 2015](#)
Sponsored by NMAC. Washington, DC.

[National HIV Prevention Conference: December 6-9, 2015](#)
Atlanta Georgia.

[More events](#)



Coding Appropriately

Diagnostic and Statistical Manual of Mental Disorders (DSM-5), released on May 22, 2013, retired the diagnosis of ~~Gender Identity Disorder~~ and introduced **Gender Dysphoria**

- ICD-9 Codes
 - 302.6 – Gender dysphoria in children
 - 302.85 – Gender dysphoria in adolescents or adults
- ICD-10 Codes
 - F64.1 – Gender dysphoria in adolescence and adulthood
 - F64.2 – Gender dysphoria of childhood
 - F64.8 – Other gender dysphoria
 - F64.9 – Gender gender dysphoria, unspecified



Primary Care for Transgender Patients

The cardinal rules

1. Treat the anatomy that is present
2. Treat the risk that is present
3. Refer to clinicians you know and trust



Primary Care for Transgender Patients

- Letters of support for name changes and marker changes
- Gender affirming hormone therapy
- Gender affirming surgery
- Gender affirming psychotherapy
 - Gender dysphoria
 - Social stigma
 - Internalized transphobia
- Changes in gender expression
 - Binding and padding
 - Prosthetics and stand-to-pee (STP) devices
- Referral for hair removal or medications for growth
- Referral to support groups and on-line communities
- Referral for voice and communication skills training



Primary Care for Transgender Patients

- **Initial Visit**

- Review history of gender experience
- Document prior hormone use
- Obtain sexual history
- Review patient goals
- Address safety concerns
- Assess social support system
- Assess readiness for gender transition

- **Follow-up Visits**

- Review risks and benefits of hormone therapy
- Obtain informed consent
- Order screening labs
- Provide any needed referrals



Primary Care for Transgender Patients

- Desire to affirm gender identity can
 - Supersede other health concerns
 - Override concerns about HIV, STIs, risks, and safety
- The effects of minority stress social bias, stigma, shame, secrecy, loneliness – and rejection by potential sexual partners can
 - Interfere with the negotiation of healthy sexual interactions



Gender Affirming Hormone Therapy

- WPATH Standards of Care
 - The [clinician] who provides hormonal therapy need not be an endocrinologist but should become well-versed in the relevant medical and psychological aspects of treating persons with gender identity disorders
 - Criteria for hormone therapy:
 - Persistent, well-documented gender dysphoria
 - Capacity to make a fully informed decision and to consent for treatment
 - Age of majority in a given country
 - if younger, follow the Standards of Care outlined in section VI
 - If significant medical or mental health concerns are present, they must be reasonably well controlled



Gender Affirming Hormone Therapy

- Initiation of hormone Rx after psychosocial assessment by “qualified mental health professional”
- Recommendation for team care or collaborative model
- Psychotherapy not required
- Experienced hormone prescribing clinician may meet requirement
- Informed consent model
 - Based on clinical judgment
 - Lack of contraindications
 - Patient capacity to give informed consent
 - Written informed consent obtained and recorded



Gender Affirming Hormone Therapy

- **Transfemale**

- Estrace[®]
2-6mg PO/SL daily
- Estraderm[®]
0.1-0.4mg TD 2x/week
- Estradiol Valerate
5-20mg IM q2 weeks
- Estradiol Cypionate
2-10mg IM weekly
- Spironolactone
50-400mg PO daily
- Finasteride
2.5-5mg PO daily



Gender Affirming Hormone Therapy

- **Transmale**

- Testosterone Cypionate/Enanthate
100-200 mg IM q 2 weeks
- Androgel[®]
5-10gm TD daily
- Testopel[®]
6-10 75mg pellets q3-6mo



Gender Affirming Hormone Therapy

- **Transfemale Levels**
 - Testosterone level < 55 ng/dl
 - Estradiol levels 100 - 200 pg/ml
- **Transmale Levels**
 - Testosterone 350-700 ng/dl
 - Estradiol < 50 pg/ml
- **Lab Monitoring**
 - Baseline: CBC, FLP, CMP, A1c, Testosterone, Estradiol, Prolactin
 - q1-3mo s/p dose change: Testosterone, Estradiol, CBC, CMP
 - q3mo if on spironolactone: BMP
 - q6mo: A1c, CBC, CMP, Testosterone, Estradiol



Gender Affirming Hormone Therapy

- **Testosterone Risks**

- Lower HDL and Elevated triglycerides
- Increased homocysteine levels
- Polycythemia
- Unknown effects on breast, endometrial, ovarian tissues
- Increased risk of sleep apnea
- Infertility
- Chronic pelvic pain
- Mental health effects
- (Hepatotoxicity)
- (Insulin resistance)

- **Estrogen Risks**

- VTE
- Increased risk of CVD
- Weight gain
- Decreased libido
- Hypertriglyceridemia
- Elevated blood pressure
- Decreased glucose tolerance
- Gallbladder disease
- Benign pituitary prolactinoma
- Infertility
- Mental health effects
- (Breast cancer)



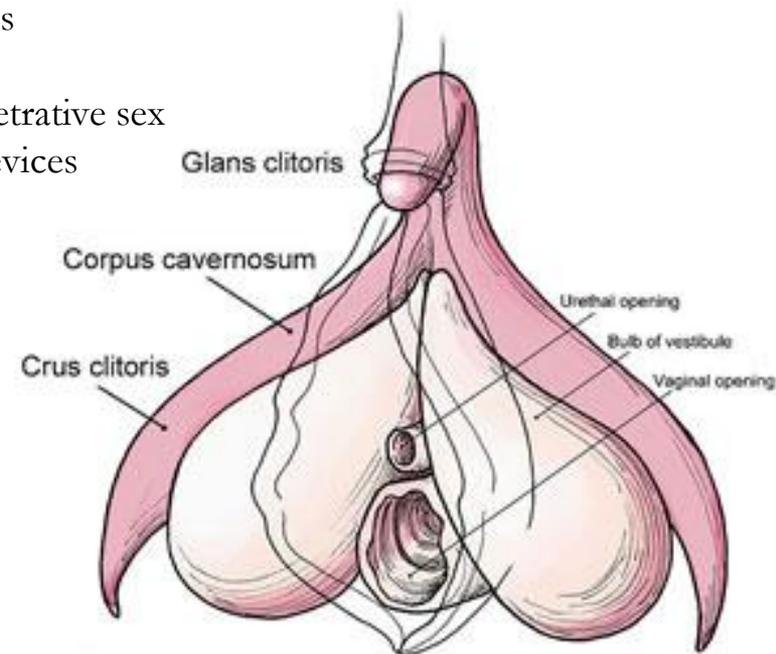
Gender Affirming Hormone Therapy

- Effects of hormones on sexual health
 - Shifting sexual attractions
 - Changes in desire, functioning, and activity
 - Bodily function and sensation changes
 - Changes in erectile function
 - Breast development and sensitivity
 - Clitoral growth and sensitivity
 - Changes in vaginal mucosa & lubrication
 - Pelvic pain with orgasm
 - Changes in hair growth patterns and shaving practices



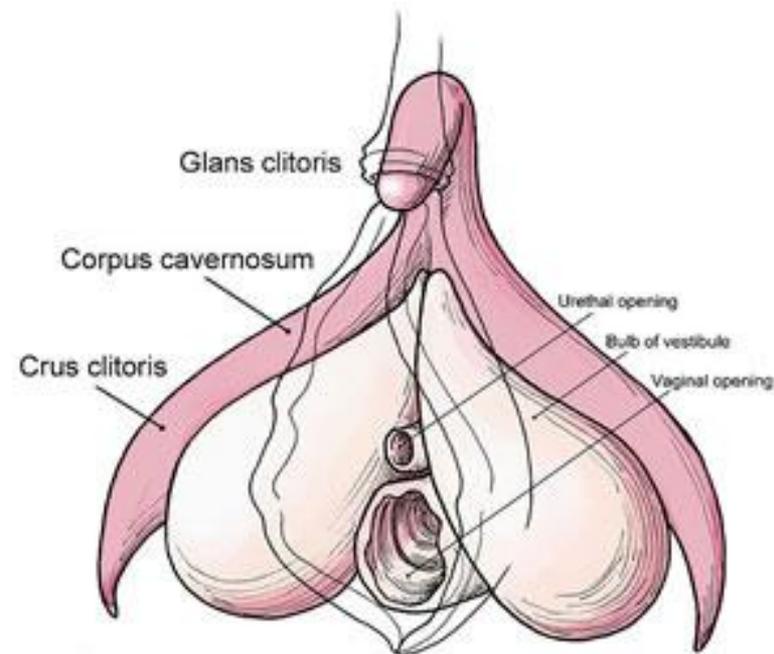
F2M Gender Affirming Surgeries

- **Mastectomy and laparoscopic hysterectomy with bilateral salpingo-oophorectomy (TLH-BSO)**
 - Generally covered by insurance in Massachusetts
 - Results in expected hormonal changes and reduced need for exogenous hormones
- **Clitoral Release (Simple Metoidioplasty)**
 - Least expensive, simplest procedure, least complications
 - All sensation and function are preserved
 - Microphallus is typically insufficient for traditional penetrative sex
 - Not possible to stand-to-pee (STP) without assistive devices
- **Ring Metoidioplasty**
 - Clitoral release, Clitoral lengthening, and Urethroplasty
 - Moderately expensive, but often less complicated
 - Preserves sensation and erectile function
 - Microphallus is typically insufficient for traditional penetrative sex
 - It is possible to stand-to-pee (STP)



F2M Gender Affirming Surgeries

- **Phalloplasty**
 - Most expensive, most complicated procedure, mixed satisfaction
 - Goal of creating a more typical appearing adult male phallus
 - Few procedures create an erotically sensate phallus
 - Only a few US surgeons who perform these
 - Requires an erectile device or mechanical modification for penetrative sex
- Scrotoplasty, testicular implants, and vaginectomy are additional surgery



M2F Gender Affirming Surgeries

- **Neo-vagina Construction**

- An inverted penile neo-vagina is not mucosal and is not self-lubricating
- A sigmoid-colon vaginoplasty lubricates continually
- Both require repeated and regular dilation if not having regular penetrative sex
- There may be hair growth inside the canal

- **Breast augmentation**

- May improve self-image
- May have complications due to tight skin or type of procedure

- **Facial feminization**

- Restructures the cranial-facial bones and soft tissue
- May have a profound effect on comfort and passing
- Infrequently covered by insurance



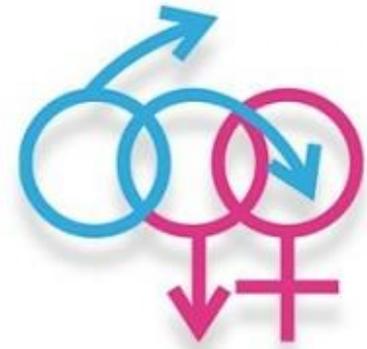
Patient Resources

- National LGBT Health Education Center: <http://www.lgbthealtheducation.org/>
- TransCare Site: <http://transcaresite.org/>
- Fenway Health: <http://fenwayhealth.org/care/medical/transgender-health>
- Project Health San Francisco Transline: <http://project-health.org/transline>
- Hudson's FTM Guide: <http://www.ftmguide.org>
- Susan's Place: <https://www.susans.org>
- TransPeople Speak: <http://www.transpeoplespeak.org>
- Trans Student Educational Resources: <http://transstudent.org>
- Trans*Body Pride (caution explicit images): <http://transbodypride.tumblr.com>
- Chest Binders:
 - <http://www.f2mbinders.com>
 - <http://www.gc2b.co>
 - <http://www.underworks.com>
 - <http://www.t-kingdom.com>
- Surgical options (caution explicit images):
 - <http://transhealth.vch.ca/medical-options/surgeries>
 - <http://www.uofmhealth.org/medical-services/gender-affirming-surgery>
 - <http://ai.eecs.umich.edu/people/conway/TS/SRS.html#anchor66325>
 - <http://ai.eecs.umich.edu/~mirror/FFS/LynnsFFS.html>
 - <http://ai.eecs.umich.edu/people/conway/Tssuccesses/Tssuccesses.html>
 - <http://www.thetransitionalmale.com/>



Clinician Resources

- National LGBT Health Education Center: <http://www.lgbthealtheducation.org/>
- TransCare Site: <http://transcaresite.org/>
- Fenway Health: <http://fenwayhealth.org/care/medical/transgender-health>
- UCSF Center of Excellence for Transgender Health Guidelines:
 - <http://transhealth.ucsf.edu>
- Vancouver Coastal Health Guidelines:
 - <http://transhealth.vch.ca>
- The Endocrine Society Guidelines (First published September, 2009):
 - <https://www.endocrine.org/~media/endosociety/Files/Publications/Clinical%20Practice%20Guidelines/Endocrine-Treatment-of-Transsexual-Persons.pdf>
- Project Health San Francisco Transline:
 - <http://project-health.org/transline/>
- Surgical options (caution explicit images):
 - <http://transhealth.vch.ca/medical-options/surgeries>
 - <http://www.uofmhealth.org/medical-services/gender-affirming-surgery>
 - <http://ai.eecs.umich.edu/people/conway/TS/SRS.html#anchor66325>
 - <http://ai.eecs.umich.edu/~mirror/FFS/LynnsFFS.html>
 - <http://ai.eecs.umich.edu/people/conway/TSsuccesses/TSsuccesses.html>
 - <http://www.thetransitionalmale.com/>



Profound thanks to...

- Fenway Health

FENWAY  HEALTH

- Dr. Ruben Hopwood, M.Div, Ph.D.

- Coordinator, Transgender Health Program*

- Julie Thompson, PA-C

- Primary Care Provider, Transgender Health Program*

- Dr. Tim Cavanaugh, M.D.

- Medical Director, Transgender Health Program*



Contacting Us

If you have questions and want to reach me, my email address is:

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