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Tuesday AM series
9-29-2015

ENCOMPASSING THE MARGINALIZED: CARE FOR THE TRANSGENDER COMMUNITY

Disclosures

- None

Objectives

- Increase awareness of HIV and STD epidemiology among Transgenders
- Improve understanding of protocols for gender transitioning
- Discussion of challenges in implementing care for Transgenders

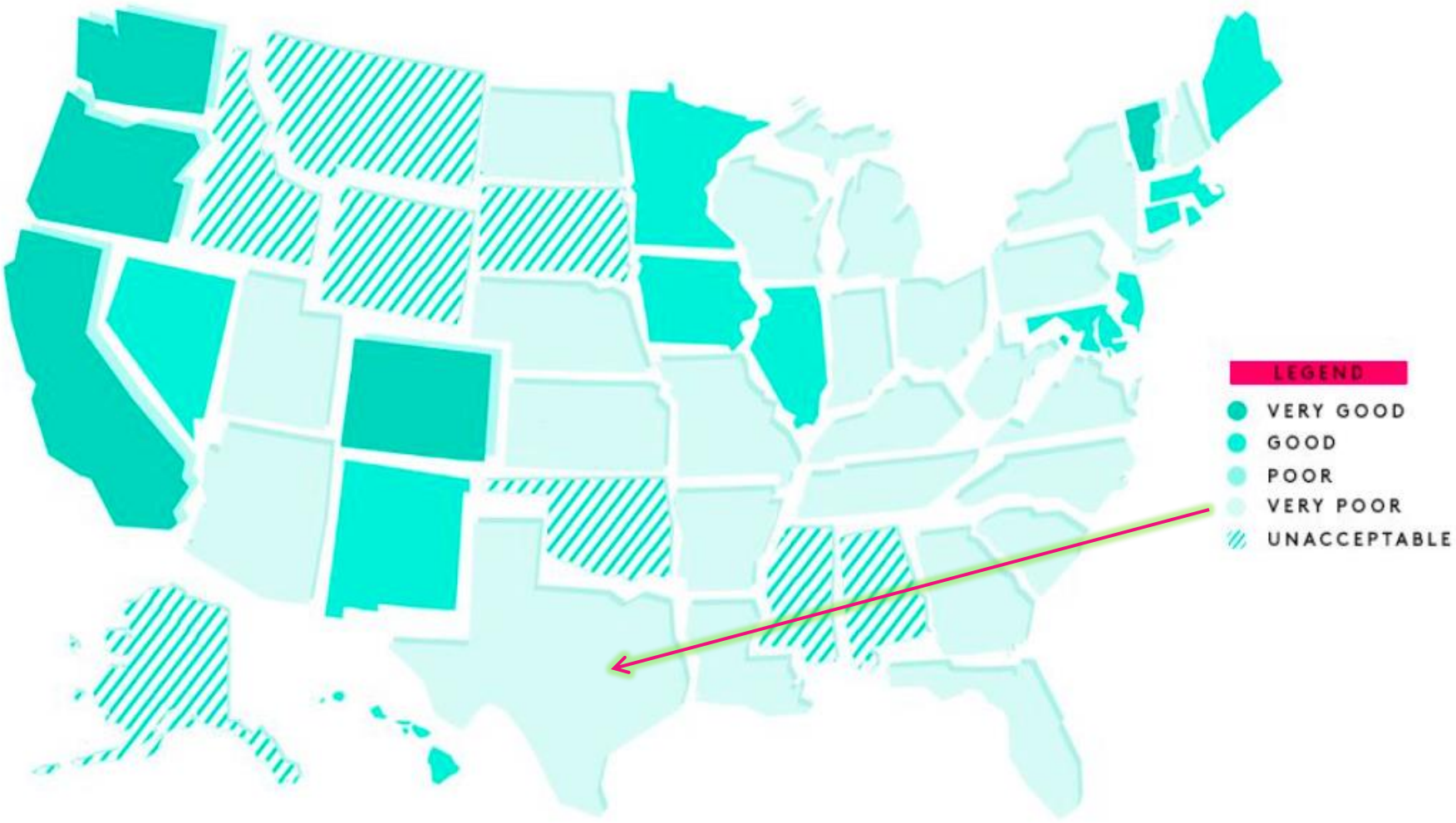
A Community of Individuals

- Approximately 11.7 million in the US who identify as LGBT
- Lesbians, gay men, bisexuals and transgenders are grouped together but ARE NOT THE SAME
- The National Survey of sexual health and behavior : 7% of women and 8% of men identify as LGB-but only 0.3% transgenders

Where are they? Top Cities Ranked by Population

Rank	City	Percentage of City Population	GLB Population
1	New York City	**4.5%**	272,493
2	Los Angeles	**5.6%**	154,270
3	Chicago	**5.7%**	114,449
4	San Francisco	**15.4%**	94,234
5	Phoenix	**6.4%**	63,222
6	Houston	**4.4%**	61,976
7	San Diego	**6.8%**	61,945
8	Dallas	**7.0%**	58,473
9	Seattle	**12.9%**	57,993
10	Boston	**12.3%**	50,540

Best and Worst States for Transgender Civil Rights



Prevalence of Transexualism

Author	Period Reported	Country	Incusion Criteria	N	MtF : FtM	Prevalence
Weitze & Osburg (1996)	1981-1990	Germany	Granted legal change of name or gender status	1047	2.3 :1	MtF:1 : 42,000 FtM:1 : 104,000
De Cuypere et al. (2007)	1985-2003	Belgium	Completed sex reassignment surgery	412	2.4 :1	MtF:1 : 12,900 FtM:1 : 33,800
Bakker, van Kesteren, Gooren, & Bezemer (1993)	1986-1990	Netherlands	Receiving hormone therapy	713	2.5 :1	MtF:1 : 11,900 FtM:1 : 30,400
Gomez Gil et al. (2006)	1996-2004	Spain	Diagnosis of Transsexualsism	161	2.6 :1	MtF: 1 : 21,000 FtM: 1: 48,100
Wilson, Sharp, & Carr (1999)	circa 1998	Scotland	Gender Dysphoria	273	4 : 1	MtF:1 : 7,400 FtM:1 : 31,200
Wilson, Sharp, & Carr (1999)	circa 1998	Scotland	Receiving Hormone therapy or post-surgery	160	3.8 :1	MtF:1 : 12,800 FtM:1 : 52,100

Prevalence of Transexualism in the US

- MTF 1:30,000
- FTM 1: 100,000
  - (DSM 1994)

- MTF 1: 2000
- FTM 1: 4500
  - (Olyslager and Conway, 2007)

Challenging the Stereotypes: Who are they?

Health Issues facing Transgenders

- HIV and STD risk: Over 28% HIV in MTF, 1.6% in FTMs
- Economic discrimination: 35%
- Lack of transgender specific services: illegal hormone therapy
- Lack of transgender specialists: illegal cosmetic procedures
- Violent experiences: 60%
  - (Herbst et al 2008, Clements et al 1998)

Health Issues in Transgenders

- Substance abuse: 34% IVDU in MTF and 18% in FTM
- Alcohol: 55% received treatment for alcohol or drugs
- 51 % higher mortality due to above factors
  - (Herbst 2008)

HIV Prevalence in Transgenders

- A meta-analysis of 29 regional studies in US:
- Average HIV prevalence for trans women is:
- 28% (1 in 4 when lab-confirmed) Vs 6% NTG
- 12% (1 in 8 by self report)
- African American trans women have the highest prevalance (56%) when compared to other racial groups
- (Herbst et al, 2008 ;.Clements, Marx, Guzman & Katz, 2001; Nemoto et al, 2004, Toibaro et al 2009)

Transgender Women & HIV

- A study of four US cities found that **transgender women living with HIV were less likely to receive highly active antiretroviral therapy (HAART)** than a non-transgender control group (59% vs. 82%, $p < .001$)

(Melendez et al, 2005)

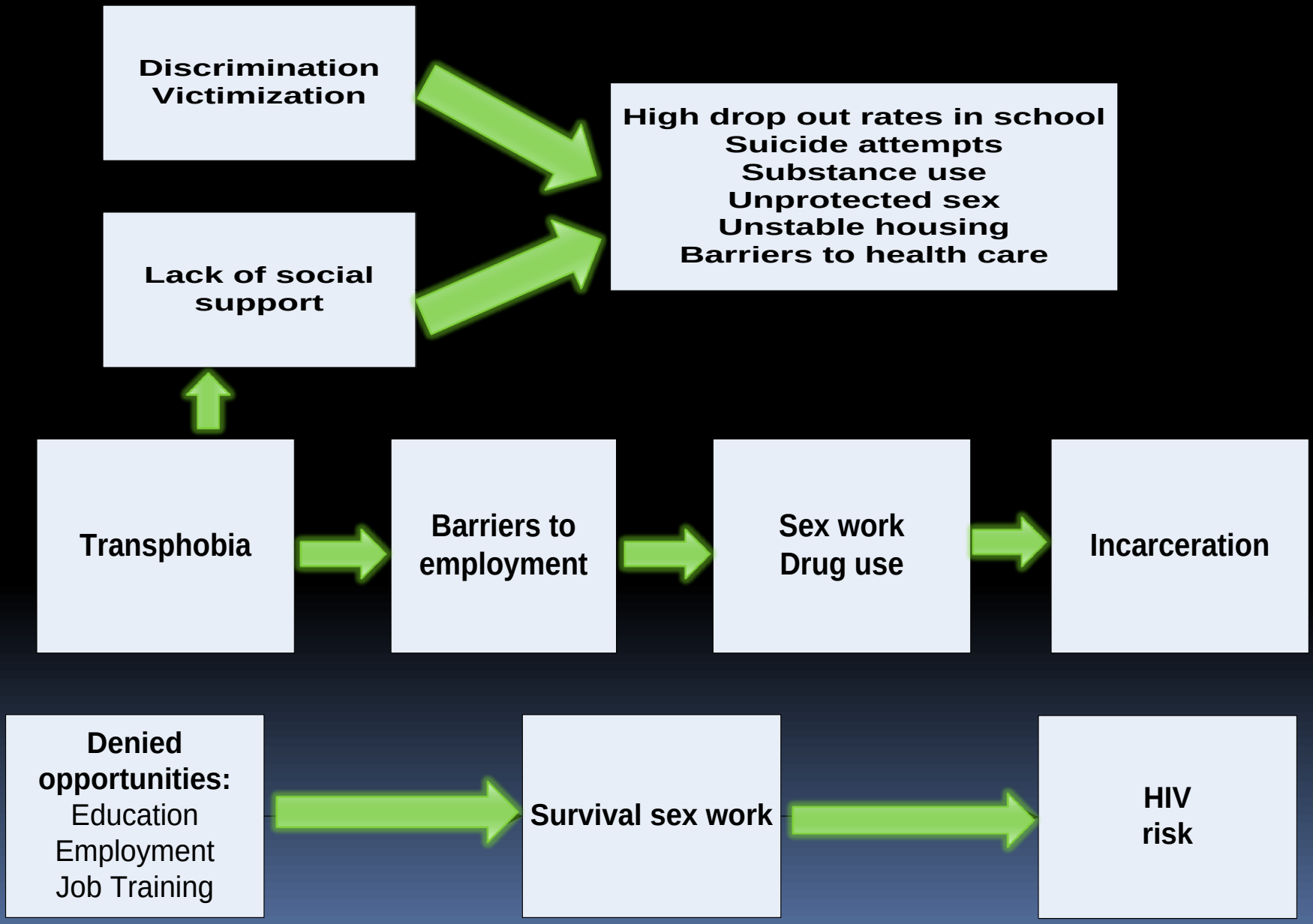
STDs in Transgenders

- 21% -66% of transgenders diagnosed with at least one STD
  - (Hill 2011)
- There were no differences in STD positivity or HIV prevalence between MTF and FTMs
  - FTMs were also significantly less likely to report transactional sex than MTFs
    - (Stephens 2011)

Factors driving high HIV and STD rates

- High prevalence (27-48%) of high risk sexual behaviors
  - unprotected intercourse
  - multiple sexual partners
- 41.5% of MTFs engaged in commercial sex work
  - highest rates of unprotected ano-receptive intercourse were reported with sex work clients
    - (Hill et all, 2011)

Factors driving high risk in transgenders



How Do You Diagnose Gender Identity or Dysphoric Disorder?

- DSM -5
  - Marked difference between expressed gender and assigned gender and it must continue for at least six months.
  - This condition causes clinically significant distress or impairment in social, occupational or other important areas of functioning.
  - Not concurrent with a PHYSICAL INTERSEX CONDITION

ICD-9/10 Criteria

- TRANSSEXUALISM (F64.0) criteria:
  - The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatments.
  - The transsexual identity has been present persistently for at least 2 years.
  - The disorder is not a symptom of another mental disorder or a genetic, intersex, or chromosomal abnormality.

Assessment of Sexual Orientation
© Eli Coleman, Ph.D.
1986

Name or Code Number:_____Age:_____Date:_____

What is your current relationship status:
(check one box only)

- ☐ Single, no sexual partners
- ☐ Single, one committed partner—Duration:_____
- ☐ Single, multiple partners
- ☐ Coupled, living together (Committed to an exclusive sexual relationship)
- ☐ Coupled, living together (Relationship permits other partners under certain circumstances)
- ☐ Coupled, living apart (Committed to an exclusive sexual relationship)
- ☐ Coupled, living apart (Relationship permits other partners under certain circumstances)
- ☐ Other_____

In terms of my sexual orientation, I identify myself as. . .
(check one box only)

- ☐ Exclusively homosexual
- ☐ Predominantly homosexual
- ☐ Bisexual
- ☐ Predominantly heterosexual
- ☐ Exclusively heterosexual
- ☐ Unsure

In the future, I would like to identify myself as. . .
(check one box only)

- ☐ Exclusively homosexual
- ☐ Predominantly homosexual
- ☐ Bisexual
- ☐ Predominantly heterosexual
- ☐ Exclusively heterosexual
- ☐ Unsure

In terms of my comfort with my current sexual orientation, I would say that I am. . .
(check one box only)

- ☐ Very comfortable
- ☐ Mostly comfortable
- ☐ Comfortable
- ☐ Not very comfortable
- ☐ Very uncomfortable

Exhibit 1–1:
Coleman's Assessment Tool (continued)

INSTRUCTIONS:

Fill in the following circles by drawing lines to indicate which portion describes male or female elements. Indicate which portion of the circle is male by indicating (M) or female by indicating (F).

Example: 

If the entire circle is male or female, simply indicate the appropriate symbol in the circle (M or F).

Example: 

Fill in the circles indicating how it has been up to the present time as well as how you would like to see yourself in the future (ideal).

UP TO THE PRESENT TIME	FUTURE (IDEAL)
◯ Physical Identity I was born a biological. . .	◯ Physical Identity Ideally, I wish I had been born as a biological. . .
◯ Gender Identity I think of myself as physically. . .	◯ Gender Identity Ideally, I would like to think of myself as physically. . .
◯ In my sexual fantasies, I imagine myself as physically. . .	◯ In my sexual fantasies, I imagine myself as physically. . .
◯ Sex-Role Identity My interests, attitudes, appearance, and behaviors would be considered female or male (as traditionally defined). . .	◯ Sex-Role Identity I wish my interests, attitudes, appearance, and behaviors would be considered female or male (as traditionally defined). . .
◯ Sexual Orientation Identity My sexual activity has been with. . .	◯ Sexual Orientation Identity I wish my sexual activity would be with. . .
◯ My sexual fantasies have been with. . .	◯ I wish my sexual fantasies would be with. . .
◯ My emotional attachments (not necessarily sexual) have been with. . .	◯ I wish my emotional attachments (not necessarily sexual) would be with. . .

Transitioning: Endocrine Society of America

- First steps
  - Psychological assessment
  - Physical assessment
- Real Life Experience (RLE)- at least 12 months
- Hormonal therapy
- Cosmetic surgery

General Principles

- Don't treat pre-pubertal children
- From Puberty Tanner stage 2 till Age 16 use GnRH analogues
- Start hormonal therapy at age 16 after psychological assessment
- Refer for surgery only after real life experiences and hormonal therapy are satisfactory- ideally after age 18
- Obtain consent forms!

Male to Female

- Hormonal therapy
  - Start after RLE/psychotherapy for at least 3 months
  - Ranges should be in normal physiologic range for a genetic female
  - Evaluate and control for cardiovascular risk factors- smoking, obesity, HTN

Male to Female- Hormonal therapy

- Estrogens: estradiol, 17 beta estradiol
- Antiandrogens: Spironolactone, finasteride
- GnRH analogues: Goserelin, leuprolide
- Progesterone?
- Monitoring: Testosterone and estrogen levels every three months for the first year
  - Prolactin levels annually if on esterogens
  - Basic electrolytes if on spironolactone

Male to Female Hormone effects

EFFECT	ONSET[a]	MAXIMUM[a]
Redistribution of body fat	3 – 6 months	2 – 3 years
Decrease in muscle mass and strength	3 – 6 months	1 – 2 years
Softening of skin/decreased oiliness	3 – 6 months	Unknown
Decreased libido	1 – 3 months	3 – 6 months
Decreased spontaneous erections	1 – 3 months	3 – 6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3 – 6 months	2 – 3 years
Decreased testicular volume	3 – 6 months	2 – 3 years
Decreased sperm production	Unknown	> 3 years
Decreased terminal hair growth	6 – 12 months	> 3 years[b]
Scalp hair	No regrowth	c
Voice changes	None	d

Male to Female: Risks

- Estrogen:
  - Thromboembolic disease (Very high risk 2-6%)
  - Macroprolactinoma (Moderate risk 3-7% /year)
  - Severe liver dysfunction (transaminases > 3x upper limit of normal)
  - Breast cancer- very rare
  - Coronary artery disease
  - Cerebrovascular disease
  - Severe migraine headaches

Male to Female: Surgery

- Consider it only after 1 year of compliant hormone therapy
  - Cleared by both endocrine provider and mental health professional
- Most insurance companies don't cover cosmetic surgery
- Gonadectomy, penectomy, creation of vagina (using penile skin)
- Breast augmentation – after 2 yrs of hormones

Male to Female: Screening

- Breast cancer screening as for biological women
- Prostate cancer screening as for biological men
- Bone mineral Density – especially if hormone therapy stopped after gonadectomy, else after age 60

Female to Male Hormone Therapy

- Testosterone:
  - Oral
  - Parenteral
  - Transdermal
- GnRH analogues or depot medroxyprogesterone prior to testosterone
- Avoid 17 alkylated testosterone
- Monitor: Testosterone, estrogen, CBC, LFTs, Blood pressure, Lipids, HgAIC

Female to Male hormone effects

EFFECT	ONSET[a] (months)	MAXIMUM[a] (years)
Skin oiliness/acne	1 – 6	1 – 2
Facial/body hair growth	6 – 12	4 – 5
Scalp hair loss	6 – 12	b
Increased muscle mass/strength	6 – 12	2 – 5
Fat redistribution	1 – 6	2 – 5
Cessation of menses	2 – 6	c
Clitoral enlargement	3 – 6	1 – 2
Vaginal atrophy	3 – 6	1 – 2
Deepening of voice	6 – 12	1 – 2

Female to Male : Risks of testosterone

- Breast or Uterine cancer
- Erythrocytosis (hematocrit >50%)
- Severe liver dysfunction (transaminases > 3x upper limit of normal)

Female to Male : Surgery

- Neopenis
- Metadoioplasty- allows for voiding while standing
- Oophorectomy/hysterectomy after years on androgen therapy
- Mastectomy

Female to Male: Screening

- Pap smear as per routine guidelines
- Bone mineral density- age 60 unless additional risks exist
- Breast cancer screening as per routine if no mastectomy performed

Key Drug Interactions

- Efavirenz decreases levels of estradiol and progesterone
- Protease inhibitors increase levels of progesterone and estrogen
- Leuprolide and Reyataz can cause Qtc prolongation

Report or Refer?

- Illegal behaviors: may be mandatory report- Rape, child abuse, violence
- Gender dysphoric disorder: Mental health, endocrine
- Complex sexual problems: sexologists
- Survivors of violence/abuse: Mental health
- Reproductive assistance: Fertility clinics

Does it work?

Post transition improvements:

- Gender dysphoria – 80 percent
- Psychological symptoms – 78 percent
- Quality of life – 80 percent
- Sexual function – 72 percent

(Murad 2010)

Challenges to care: Why talk about it?

- When physicians increased their rate of asking, patients' reports of sexual concerns increased SIXFOLD.
- Patients report that the biggest barrier to revealing sexual concerns is the provider
- Institutionalized heterosexism, poor health care experiences due to sexual identity, perceived adverse effects from disclosure directly affect the care we give our patients

Sexual orientation, sexual behavior and gender assumptions

- Sexual orientation refers to the self perception of the individual
- Sexual behaviors or practices refers to acts and not perception
- Assumptions about gender AND sexual behavior lead to medical mistakes
- Exclusion of transgender category from medical intake forms leads to alienation

The Unspoken Word: Communicating Biases

- Tailoring information to suit ME
- Body language
- Tone of voice
- Negative terms
- Refusing to discuss certain topics
- Dismissing patient concerns
- Refusing to be knowledgeable

Why don’t you talk about it?

- Feel embarrassed
- Feel ill prepared
- Not important to today’s visit
- Not enough time
- Not sure where to refer
- Afraid of discovering or exposing prejudices

Not just on the other side of the table

- "***"Being a member of GLMA means I am part of a dynamic network of healthcare providers leading the way to equality in healthcare for LGBT individuals."***

  Member of the The Gay and Lesbian Medical Association
- About 1000 members
- 57 in Texas in 2014, 78 in 2015

GLMA LGBT Medical Education Project

- In 2010 GLMA formed an "advisory group to compile a set of comprehensive resources for medical schools seeking to address the needs of LGBT students, faculty, staff, and patients. The strategy is to reach a general consensus within the medical education community regarding the essential knowledge, skills, and attitudes that graduating medical students should possess in the area of sexual orientation and gender identity, sufficient to prepare them to provide excellent, comprehensive healthcare to LGBT patients. The project also seeks to ensure a safe, welcoming, and respectful learning environment for all medical students, faculty, and staff, regardless of their sexual orientation or gender identity."

What you can do

Be compassionate

Be professional

Be informed

At the Click of a Button

- www.glma.org
- http://www.nationalsexstudy.indiana.edu/
- **The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.** Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. Washington (DC): National Academies Press (US); 2011. http://www.ncbi.nlm.nih.gov/books/NBK64806/pdf/TOC.pdf
- http://www.cancer-network.org/

More Clicks

- The Fenway Institute – guidelines, consent forms, research

  http://thefenwayinstitute.org/

- The Endocrine society of America

  http://www.endocrine.org/~/media/endosociety/Files/Publications/Clinical%20Practice%20Guidelines/Endocrine-Treatment-of-Transsexual-Persons.pdf

THANK YOU! QUESTIONS?