ENCOMPASSING THE MARGINALIZED: CARE FOR THE TRANSGENDER COMMUNITY

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Tuesday AM series
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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

<table>
<thead>
<tr>
<th>Rank</th>
<th>City</th>
<th>Percentage of City Population</th>
<th>GLB Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New York City</td>
<td>4.5%</td>
<td>272,493</td>
</tr>
<tr>
<td>2</td>
<td>Los Angeles</td>
<td>5.6%</td>
<td>154,270</td>
</tr>
<tr>
<td>3</td>
<td>Chicago</td>
<td>5.7%</td>
<td>114,449</td>
</tr>
<tr>
<td>4</td>
<td>San Francisco</td>
<td>15.4%</td>
<td>94,234</td>
</tr>
<tr>
<td>5</td>
<td>Phoenix</td>
<td>6.4%</td>
<td>63,222</td>
</tr>
<tr>
<td>6</td>
<td>Houston</td>
<td>4.4%</td>
<td>61,976</td>
</tr>
<tr>
<td>7</td>
<td>San Diego</td>
<td>6.8%</td>
<td>61,945</td>
</tr>
<tr>
<td>8</td>
<td>Dallas</td>
<td>7.0%</td>
<td>58,473</td>
</tr>
<tr>
<td>9</td>
<td>Seattle</td>
<td>12.9%</td>
<td>57,993</td>
</tr>
<tr>
<td>10</td>
<td>Boston</td>
<td>12.3%</td>
<td>50,540</td>
</tr>
</tbody>
</table>
Best and Worst States for Transgender Civil Rights
## Prevalence of Transexualism

<table>
<thead>
<tr>
<th>Author</th>
<th>Period Reported</th>
<th>Country</th>
<th>Incusion Criteria</th>
<th>N</th>
<th>MtF : FtM</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weitze &amp; Osburg (1996)</td>
<td>1981-1990</td>
<td>Germany</td>
<td>Granted legal change of name or gender status</td>
<td>1047</td>
<td>2.3 : 1</td>
<td>MtF:1 : 42,000 FtM:1 : 104,000</td>
</tr>
<tr>
<td>Gomez Gil et al. (2006)</td>
<td>1996-2004</td>
<td>Spain</td>
<td>Diagnosis of Transsexualism</td>
<td>161</td>
<td>2.6 : 1</td>
<td>MtF: 1 : 21,000 FtM: 1: 48,100</td>
</tr>
</tbody>
</table>
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%
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 prevalence (56%) when compared to other racial groups
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 al., 2011)
Factors driving high risk in transgenders

Denied opportunities:
- Education
- Employment
- Job Training

High drop out rates in school
- Suicide attempts
- Substance use
- Unprotected sex
- Unstable housing
- Barriers to health care

Transphobia

Barriers to employment

Sex work
- Drug use

Incarceration

Discrimination
- Victimization

Lack of social support

High drop out rates in school
- Suicide attempts
- Substance use
- Unprotected sex
- Unstable housing
- Barriers to health care

Denied opportunities:
- Education
- Employment
- Job Training

Survival sex work

HIV risk
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**

○ Physical Identity
  I was born a biological...

○ Gender Identity
  I think of 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)... 

○ Sexual Orientation Identity
  My sexual activity has been with...

○ My sexual fantasies have been with...

○ My emotional attachments (not necessarily sexual) have been with...

**FUTURE (IDEAL)**

○ Physical Identity
  Ideally, I wish I had been born as a biological...

○ Gender Identity
  Ideally, I would like to think of myself as physically...

○ In my sexual fantasies, I imagine myself as physically...

○ Sex-Role Identity
  I wish my interests, attitudes, appearance, and behaviors would be considered female or male (as traditionally defined)... 

○ Sexual Orientation Identity
  I wish my sexual activity would be with...

○ I wish my sexual fantasies would be 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 estrogens
  - Basic electrolytes if on spironolactone
## Male to Female Hormone effects

<table>
<thead>
<tr>
<th>EFFECT</th>
<th>ONSET&lt;sup&gt;a&lt;/sup&gt;</th>
<th>MAXIMUM&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redistribution of body fat</td>
<td>3 – 6 months</td>
<td>2 – 3 years</td>
</tr>
<tr>
<td>Decrease in muscle mass and strength</td>
<td>3 – 6 months</td>
<td>1 – 2 years</td>
</tr>
<tr>
<td>Softening of skin/decreased oiliness</td>
<td>3 – 6 months</td>
<td>Unknown</td>
</tr>
<tr>
<td>Decreased libido</td>
<td>1 – 3 months</td>
<td>3 – 6 months</td>
</tr>
<tr>
<td>Decreased spontaneous erections</td>
<td>1 – 3 months</td>
<td>3 – 6 months</td>
</tr>
<tr>
<td>Male sexual dysfunction</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Breast growth</td>
<td>3 – 6 months</td>
<td>2 – 3 years</td>
</tr>
<tr>
<td>Decreased testicular volume</td>
<td>3 – 6 months</td>
<td>2 – 3 years</td>
</tr>
<tr>
<td>Decreased sperm production</td>
<td>Unknown</td>
<td>&gt; 3 years</td>
</tr>
<tr>
<td>Decreased terminal hair growth</td>
<td>6 – 12 months</td>
<td>&gt; 3 years&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Scalp hair</td>
<td>No regrowth</td>
<td>c</td>
</tr>
<tr>
<td>Voice changes</td>
<td>None</td>
<td>d</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>EFFECT</th>
<th>ONSET&lt;sup&gt;a&lt;/sup&gt; (months)</th>
<th>MAXIMUM&lt;sup&gt;a&lt;/sup&gt; (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin oiliness/acne</td>
<td>1 – 6</td>
<td>1 – 2</td>
</tr>
<tr>
<td>Facial/body hair growth</td>
<td>6 – 12</td>
<td>4 – 5</td>
</tr>
<tr>
<td>Scalp hair loss</td>
<td>6 – 12</td>
<td>b</td>
</tr>
<tr>
<td>Increased muscle mass/strength</td>
<td>6 – 12</td>
<td>2 – 5</td>
</tr>
<tr>
<td>Fat redistribution</td>
<td>1 – 6</td>
<td>2 – 5</td>
</tr>
<tr>
<td>Cessation of menses</td>
<td>2 – 6</td>
<td>c</td>
</tr>
<tr>
<td>Clitoral enlargement</td>
<td>3 – 6</td>
<td>1 – 2</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>3 – 6</td>
<td>1 – 2</td>
</tr>
<tr>
<td>Deepening of voice</td>
<td>6 – 12</td>
<td>1 – 2</td>
</tr>
</tbody>
</table>
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/
- http://www.cancer-network.org/
More Clicks

- The Fenway Institute – guidelines, consent forms, research
  http://thefenwayinstitute.org/

- The Endocrine society of America
THANK YOU! QUESTIONS?