CARING FOR TRANSGENDER PATIENTS:
A BEGINNER’S GUIDE

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I HAVE NO FINANCIAL DISCLOSURES RELATED TO THIS CME PRESENTATION

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Standards of Care
for the Health of Transsexual, Transgender, and Gender-Nonconforming People

The World Professional Association for Transgender Health
GENERAL GENDER CONCEPTS

SEX V. GENDER

- **SEX**: The physical attributes a baby is born with
- **GENDER IDENTITY**: Subjective experience; sense of being female, male, both, neither
TERMS

- **Cis-gender**: biologic sex (determined at birth by MD/midwife genital assessment) matches gender identity

- **Transgender**: mismatch between biologic sex and gender identity - 0.6-1.25% population

- **Gender dysphoria**: conflict between a person's assigned gender and the gender with which he/she/they identify causing distress

- **Genderfluid/Genderqueer/Gender Nonconforming**: not exclusively masculine or feminine
### The Gender Unicorn

To learn more, go to: [www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Female / Woman / Girl</th>
<th>Male / Man / Boy</th>
<th>Other Gender(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Expression</td>
<td>Feminine</td>
<td>Masculine</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex Assigned at Birth</th>
<th>Female</th>
<th>Male</th>
<th>Other / Intersex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physically Attracted to</th>
<th>Women</th>
<th>Men</th>
<th>Other Gender(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emotionally Attracted to</th>
<th>Women</th>
<th>Men</th>
<th>Other Gender(s)</th>
</tr>
</thead>
</table>
50% of transgender/gender-fluid Americans reported having to teach their medical providers about transgender care. 19% have been refused medical care because of their gender identity. 

*Data provided by the National Transgender Discrimination Survey

https://transequality.org/issues/us-trans-survey
HEALTH CARE ISSUES

- 2015 - 23% trans pts did not seek medical care when needed due to fear of discrimination
- 2015 - 33% pts had at least one negative experience in health care in the previous year
- 2015 - Health & Social Work - 1711 trans pts surveyed - 40% of trans males reported “verbal harassment, physical assault, or denial of equal treatment in doctor’s office or hospital”
ISSUES FOR TRANS PEOPLE

FEAR

- 27 transpeople killed in 2017 - most transwomen of color
- 26 in 2018 - same demographic
- 2 in 2019 (hrc.org)
- 1 in 10 report a family member was violent toward them in last year
- 1 in 12 were kicked out of their house
- 19% were kicked out of their religious community

https://www.advocate.com/transgender/2017/12/14/these-are-trans-people-killed-2017#slide-14
ISSUES FOR TRANS PEOPLE

SUICIDE ATTEMPTS – NINE TIMES THE GENERAL POPULATION

► Suicide attempt rate in adult transpeople in their lifetime - 40% (https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf)

► Adolescents: 30-50% trans or gender fluid teens attempt suicide (Toomey, RB et al. Transgender Adolescent Suicide Behavior. Pediatrics. 2018; 142(4).

► Suicide attempt rate in the general US population (lifetime) - 4.6%
TRANS POSITIVE CARE

HOW CAN WE HELP?

▸ Use preferred name/pronouns EVEN when the patient is not there

▸ Not all pts want hormones/surgery

▸ Gender neutral bathrooms/EMR issues

▸ Don’t ask about genitalia etc unless medically necessary!

▸ Caution with commenting on appearance (even if you mean well!)

▸ To change gender markers nationally relatively easy (passport/SSN) - state level harder
HOW CAN WE HELP?

▸ What if you mess up? Wrong name? Wrong pronoun?
  
  - Apologize and move on

▸ They/them/their issues

▸ Two-step approach:
  
  1. What is your gender identity?
  
  2. What sex were you assigned at birth?

Credit: Sophie Labelle
GENDER AFFIRMING HORMONE TREATMENT - INFORMATION

MEDICAL REQUIREMENTS - ADULTS

- Persistent, well-documented gender dysphoria
  Living as other gender experience is no longer required for HT

- Pt must be able to make informed decision and consent

- If significant medical or mental health concerns are present, they must be reasonably well controlled, and no contraindications
**HORMONE OVERVIEW**

- **Masculinizing therapy**
  - Testosterone IM/Subcutaneous or topical

- **Feminizing therapy**
  - Estradiol and spironolactone or flutamide
  - Estradiol can be po/IM/topical (patch)
GENERAL ISSUES

- Trans patients (most often trans females) can be forced into sex work - be aware HIV /STI risks
- Suicide risks
- Advise against silicone injections
SEX-SPECIFIC NON-HORMONE LABS

- Creatinine - can be slightly higher in pts on T
  - upper limit normal - use upper limit for cis-males

- Alk Phos also slightly higher in pts on T - same rule applies
SEX-SPECIFIC NON-HORMONE LABS

- H/H - Range of normal changes based on hormone therapy
  - cis-male Hgb 14-17
  - cis-female Hgb 11-14
  - So a trans male on max T should have H/H in the cis-male range and vice versa

- Lab will report values based on the gender marker they have in the system

- Example: Trans male on max T dosing presents with fatigue and Hgb 11.1, gender marker not changed so in system as “female” and lab reported as normal
  - Pt is 2-3 points lower than they should be
# Risks of Hormone Therapy

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Feminizing Hormones</th>
<th>Masculinizing Hormones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely increased risk</td>
<td>Venous thromboembolic disease</td>
<td>Polycythemia</td>
</tr>
<tr>
<td></td>
<td>Gallstones</td>
<td>Weight gain</td>
</tr>
<tr>
<td></td>
<td><em>Growth in height</em></td>
<td>Acne</td>
</tr>
<tr>
<td></td>
<td>Weight gain</td>
<td>Androgenic alopecia (balding)</td>
</tr>
<tr>
<td></td>
<td>Hypertriglyceridemia</td>
<td>Sleep apnea</td>
</tr>
<tr>
<td>Likely increased risk with presence of additional risk factors</td>
<td>Cardiovascular disease</td>
<td></td>
</tr>
<tr>
<td>Possible increased risk</td>
<td>Type II Diabetes</td>
<td>Destabilization of certain psychiatric disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiovascular disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hypertension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Type II Diabetes</td>
</tr>
<tr>
<td>No increased risk or inconclusive risk</td>
<td>Breast cancer</td>
<td>Loss of bone density</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cervical cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ovarian cancer</td>
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<tr>
<td></td>
<td></td>
<td>Uterine cancer</td>
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</tbody>
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WPATH, Standards of Care, Vol 7
HORMONE THERAPY RISKS - FEMINIZING THERAPY

- In addition to previous slide:
- Prolactinoma - new headache, vision changes, increased lactation
- Spironolactone - hyperkalemia, renal failure, hypotension, dizziness
- Flutamide - increased LFTs, thrombocytopenia, leukopenia
HEALTH MAINTENANCE – TRANSMALES

- Breast cancer: transmale no breast removal (“top surgery”) - screen as per cis-women
- Cervical cancer: transmale - screening as per cis-women
- Endometrial/ovarian cancer:
  - transman with unexplained vag bleeding - evaluate as for a cis-female
- CAD/lipids/HTN - smoking cessation, lifestyle changes
- Bone density screening age 50 if on T > 10 years; age 60 if T < 10 years
GUYS GET PAPS TOO

If you've ever been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.

checkitoutguys.ca
HEALTH MAINTENANCE - TRANSFEMALES

▸ Prostate CA:
  - Prostate should not be palpable few years into HRT
  - PSAs lowered by estrogen and androgen-blockers

▸ CAD, DM

▸ Bone density recommendations vary - definitely if stop hormones

▸ Thromboembolic events - smoking cessation reduces risk

▸ Mammograms as per cis-females
PITFALLS

▸ Wrong name, wrong pronoun
▸ Asking inappropriate questions
▸ Failure to consider CAD risk in transmale on testosterone
▸ Failure to recognize differences in h/h
▸ Failure to consider VTE in transfemale on estrogen
▸ Not screening organs for cancer because you forget about them!
▸ Failure to consider prolactinoma in transfemale on estrogen
▸ Failure to realize prostate is truly enlarged in transfemale on estrogen
RESOURCES/REFERENCES

▸ http://transhealth.ucsf.edu (UCSF Center of Excellence for Transgender Health)

▸ http://wpath.org WPATH

▸ http://www.bumc.bu.edu/endo/clinics/transgender-medicine/guidelines/ (Boston University Medical Campus Transgender Medicine Research Group)


▸ http://www.fenwayhealth.org/ Fenway Institute


▸ http://transhealth.vch.ca/ Transgender Health Information Program

▸ https://transgeorgialegal.files.wordpress.com/2013/09/name-change-zine2.docx Transgeorgia Legal

RESOURCES/REFERENCES


▸ https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf

▸ http://www.transstudent.org/gender/


▸ https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF
RESOURCES/REFERENCES

▸ https://www.psychologytoday.com/us/therapists/transgender/ga/athens - Gender Affirming therapists in the area

▸ Dr. Vin Tangprichha - Emory - world renowned endocrinologist and gender medicine specialist - https://www.emoryhealthcare.org/physicians/t/tangpricha-vin.html

▸ Dr. Izzy Lowell - https://www.queermed.com/