



# Care for Transgender/Nonbinary Patients





# Learning objectives

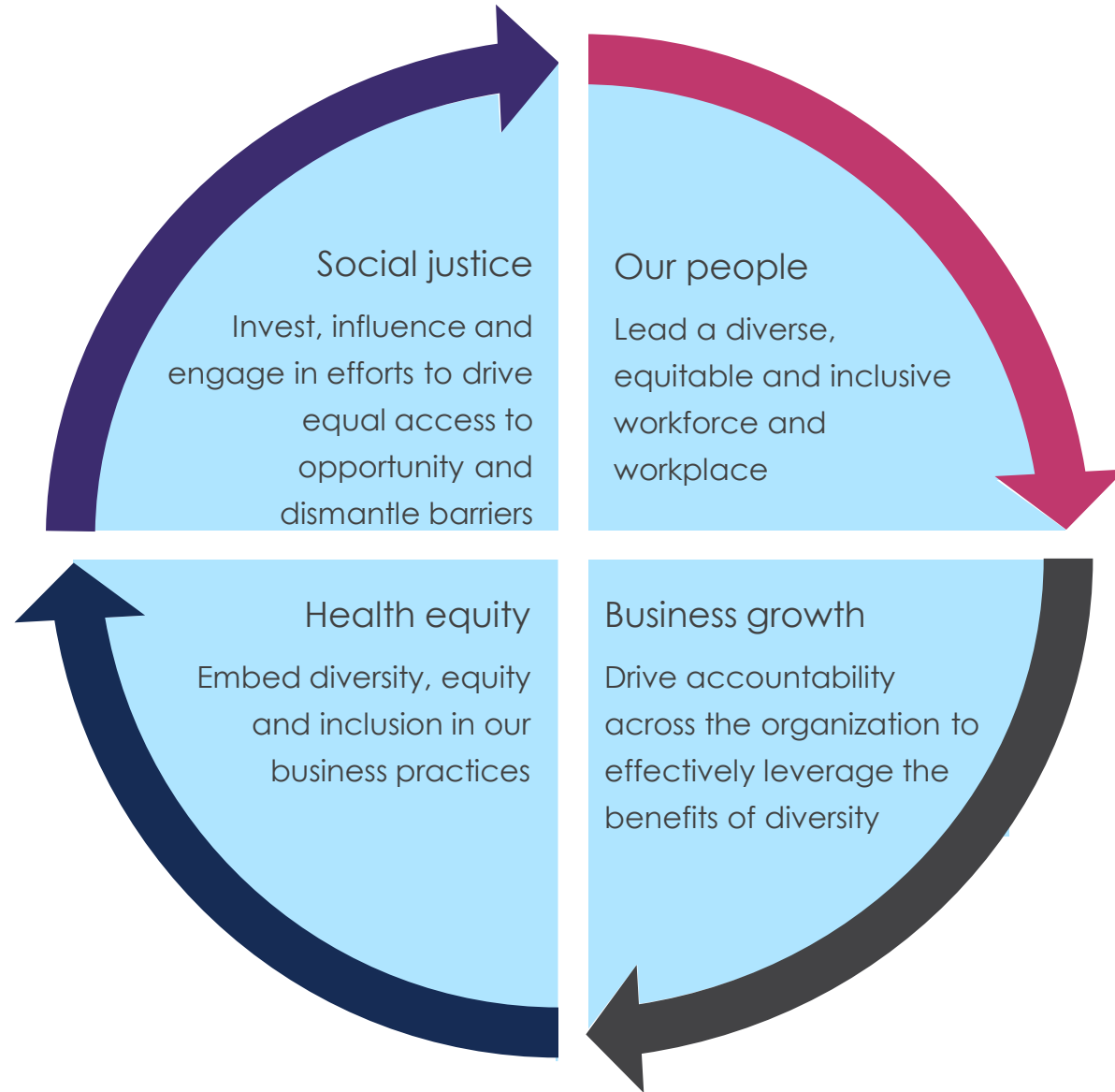
How to:

- 1 Create a welcoming environment for transgender/nonbinary patients
- 2 Discuss what hormone-related and surgery transition options are available
- 3 Explain reproductive and preventive care to transgender/nonbinary patients
- 4 Incorporate individualized considerations into physical exams
- 5 Integrate pediatric specific differences in care

# Blue Shield's diversity, equity and inclusion strategy

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Our diversity, equity and inclusion strategy is one comprehensive, holistic approach



# Today's speakers

**Barry K. Eisenberg, M.D.**



Associate Director of the Comprehensive  
Gender Care Program  
Palo Alto Medical Foundation/Sutter Health

**Ilana Sherer, M.D., FAAP**



Co-Chair of the Transgender Provider  
Education Committee  
Palo Alto Medical Foundation/Sutter Health

MAKING A MAN | THE SCIENCE OF GENDER | GIRLS AT RISK

# NATIONAL GEOGRAPHIC

SPECIAL ISSUE

# GENDER REVOLUTION

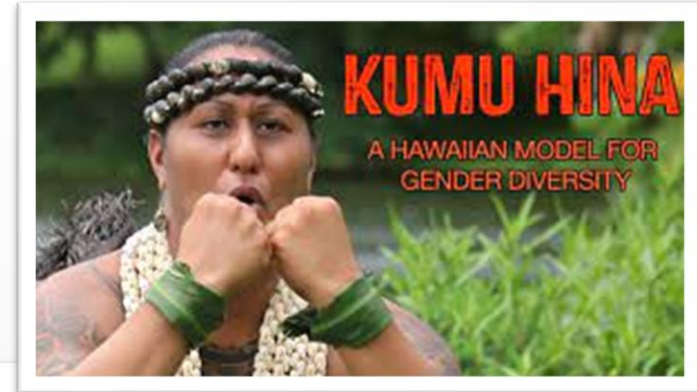
"The best thing about being a girl is,  
now I don't have to pretend  
to be a boy."

JANUARY 2017

# The Gender Binary is a “Modern” Construct



kqed.org



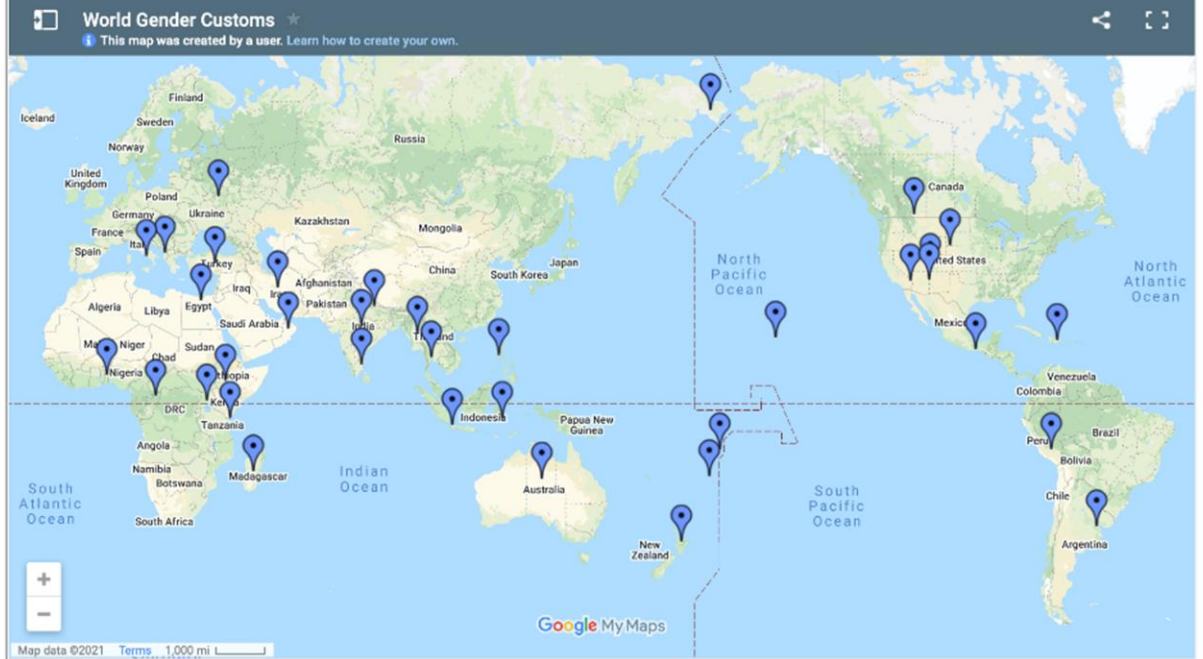
**Interview**

**'Trans kids are not new': a historian on the long record of youth transitioning in America**

**Sam Levin in Los Angeles**

theguardian.com

Explore the map



pbs.org

# Professional Organizations with Statements in support of Affirmative Care

- American Medical Association
- American College of Physicians
- American Psychiatric Association
- American Psychological Association
- American Academy of Child and Adolescent Psychiatry
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American Public Health Association
- Endocrine Society
- National Association of Social Workers
- National Commission on Correctional Health Care
- World Professional Association of Transgender Health
- Dermatology
- Plastic Surgery
- Nurse Midwives
- Plastic Surgery
- School Nurses
- Nursing
- Osteopathic

# Gender Definitions



## **Sex (Gender Biology)**

Assigned male/female based on physical anatomy

## **Gender Identity**

Internal/intrinsic sense of self

## **Gender Expression**

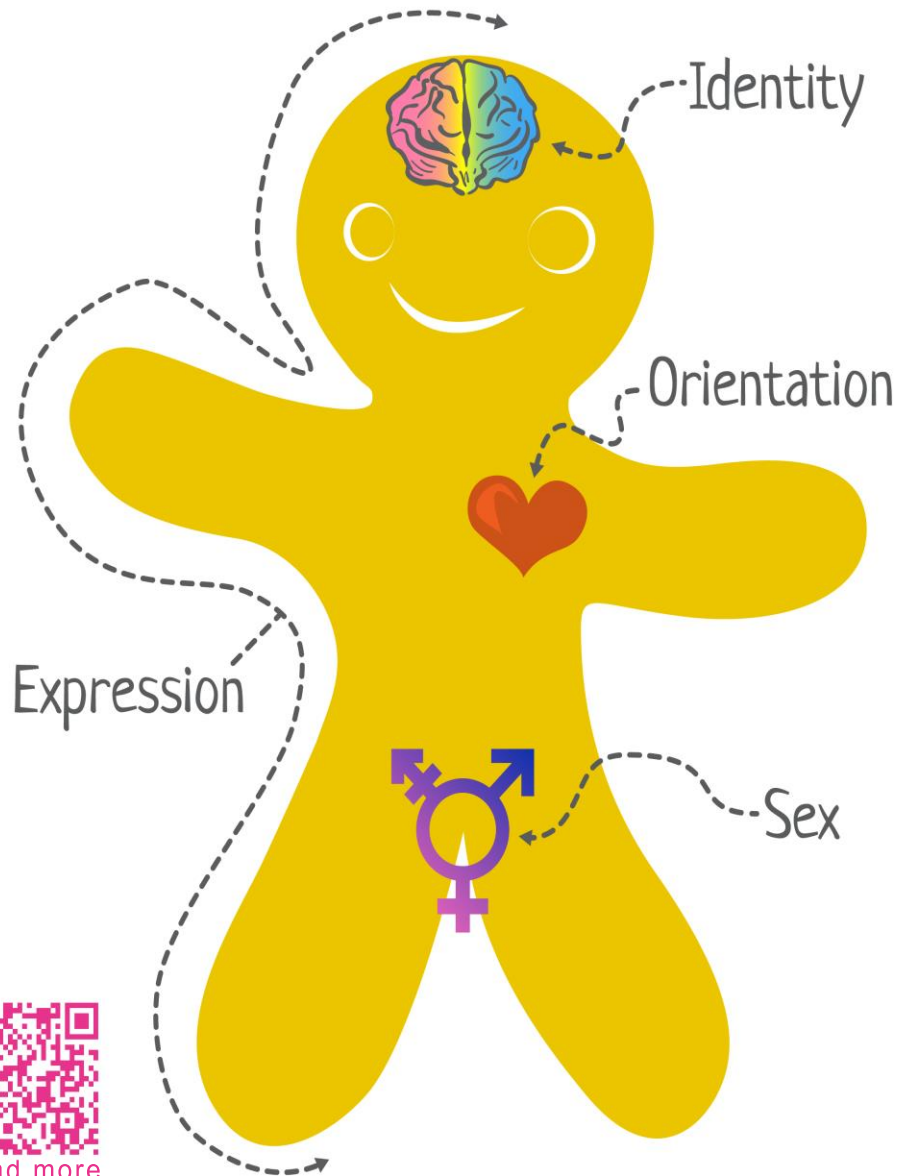
How one expresses their gender based on cultural norms and expectations





# The Genderbread Person

by [www.ItsPronouncedMetrosexual.com](http://www.ItsPronouncedMetrosexual.com)



read more

## Gender Identity



Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

## Non-binary

## Gender Expression



Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

## Biological Sex



Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

## Sexual Orientation



Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

# US Transgender Survey 2015 - 28,000 Respondents

- 40% have attempted suicide (9x more likely)
- 40% experienced serious psychological distress in the month of the survey
- Unemployment 3x higher. Poverty 2x higher.
- 16% lost job due to gender. 1/3 have been homeless
- Rates much higher among people of color, disabilities, immigrants
- 2022 survey not yet published.

# Creating a Welcoming Environment

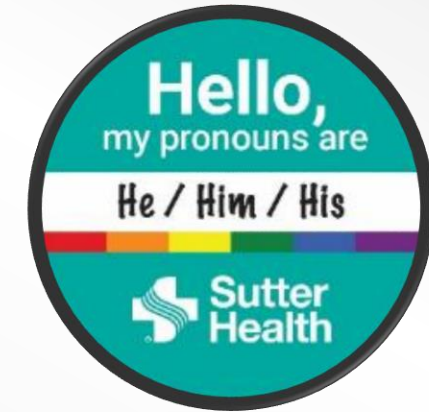


- Signage
- Website/marketing
- Registration Forms
- Electronic Medical Record
- Staff Training
- Provider Training



- Language/Respect
- Medical Knowledge
- Referral Service
- Epic adaptations

# Name and Pronouns Matter... A Lot



# This Matters Because...

We have transgender patients and we want them to have the best health care experience possible

**Welcomed      Respected**

Remember, you may have transgender colleagues and community members without even knowing it. Always be respectful.

# Transition Interventions



Childhood/early  
adolescence

**Reversible:**

- Social transition
- Hormone blockers (GnRH)

Mid adolescence/  
adulthood

**Partially  
Reversible:**

- Masculinizing and feminizing
- Hormone therapy

Adulthood

**Irreversible:**

- Gender affirming surgery

# Feminizing Hormone Therapy

## Medications

Estradiol- feminizing hormone

Spironolactone- androgen blocker (though other options exist)

## Reversible

Decreased libido, fat/muscle changes and redistribution

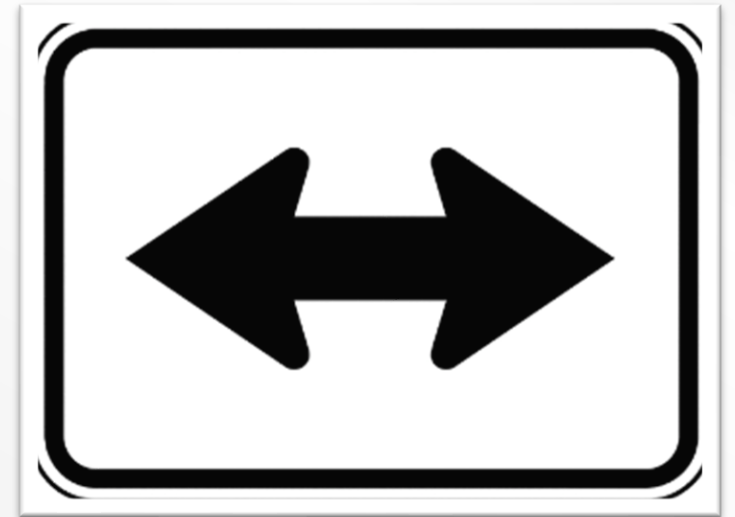
## Somewhat reversible

Testicular atrophy usually reverses, unknown effect on sperm viability, fertility

## Irreversible

Breast development  
(can slightly decrease with cessation of hormones)

Discuss sexuality and fertility, ability to cause pregnancy



# Risks of Feminizing Therapy

Being aware of rare risks in context of benefits

- Blood Clots (rare)
- Weight gain
- Lipid changes
- Concern for increased CV risks



Risks of Spironolactone: high K, low BP



# Limitations of Feminizing Hormones

**Being a transgender woman in our culture is not easy...**

Feminizing Hormones CANNOT:

- Thin thickened vocal cords to increase pitch of voice
- Change shape, size or structure of bones
- Reduce or eliminate Adam's apple
- Eliminate facial hair follicles:
  - Need laser or electrolysis
- THUS the interest and importance of facial surgery
- And of blockers for youth to prevent these secondary sex changes



# Non-Hormonal Interventions: Trans Women



- **Padding:**

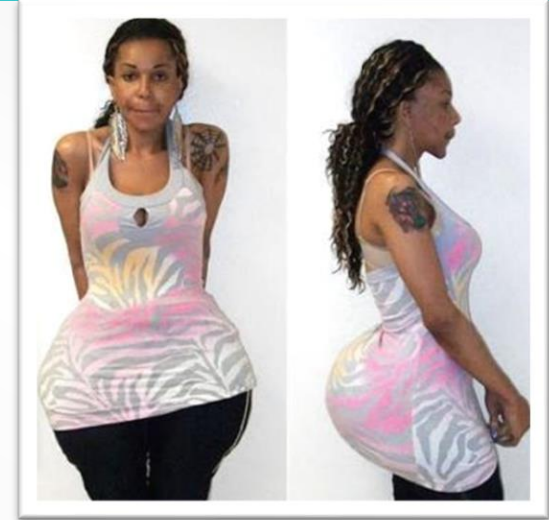
- Bras or Panties
- Likely no risk

- **Tucking:**

- Using tape/garments to conceal penis and testicles in gluteal fold
- Likely minor risk

## **Silicone:**

Used to enhance hips/buttocks/lips or other body parts



## **Significant Risks:**

- Infection
- Embolization
- Systemic inflammatory syndrome

# Masculinizing Hormone Therapy

**Medication: Testosterone (topical or injection)**

## Reversible

- Menses
- Libido
- Fat/muscle distribution

## Somewhat Reversible

- Clitoral enlargement

## Irreversible

- Thickening of vocal chords
- Facial and body hair
- Adam's apple
- Male-pattern balding



Fertility needs to be discussed before starting hormones:

Testosterone is not contraception and is a teratogen

Ovulation can occur when on testosterone w/o menses

# Risks of Masculinizing

- Weight gain
- Male pattern baldness
- RBC increase
- Acne vulgaris
- Mood changes
- Lipid changes
- Rare liver dysfunction
- Possible blood pressure increase
- Teratogen



# Pregnancy and Testosterone

Testosterone does NOT prevent ovulation

- Discuss contraception with your patients

Testosterone MAY affect fertility

- Discuss egg banking with your patients

Testosterone IS excreted into breast milk



# Non-pharmacologic Treatment of Body Dysphoria



## Binders:

- Monitor for skin breakdown, restricted breathing
- Avoid compression bandages, duct tape, saran wrap
- Recommend: remove at night, for exercise, if sick



## Packing:

- Likely no risk

# Surgery: every person decides which (if any)

## Trans\* female spectrum:

Orchiectomy: removal of testicles

Vaginoplasty: creation of vagina

Labioplasty: creation of labia

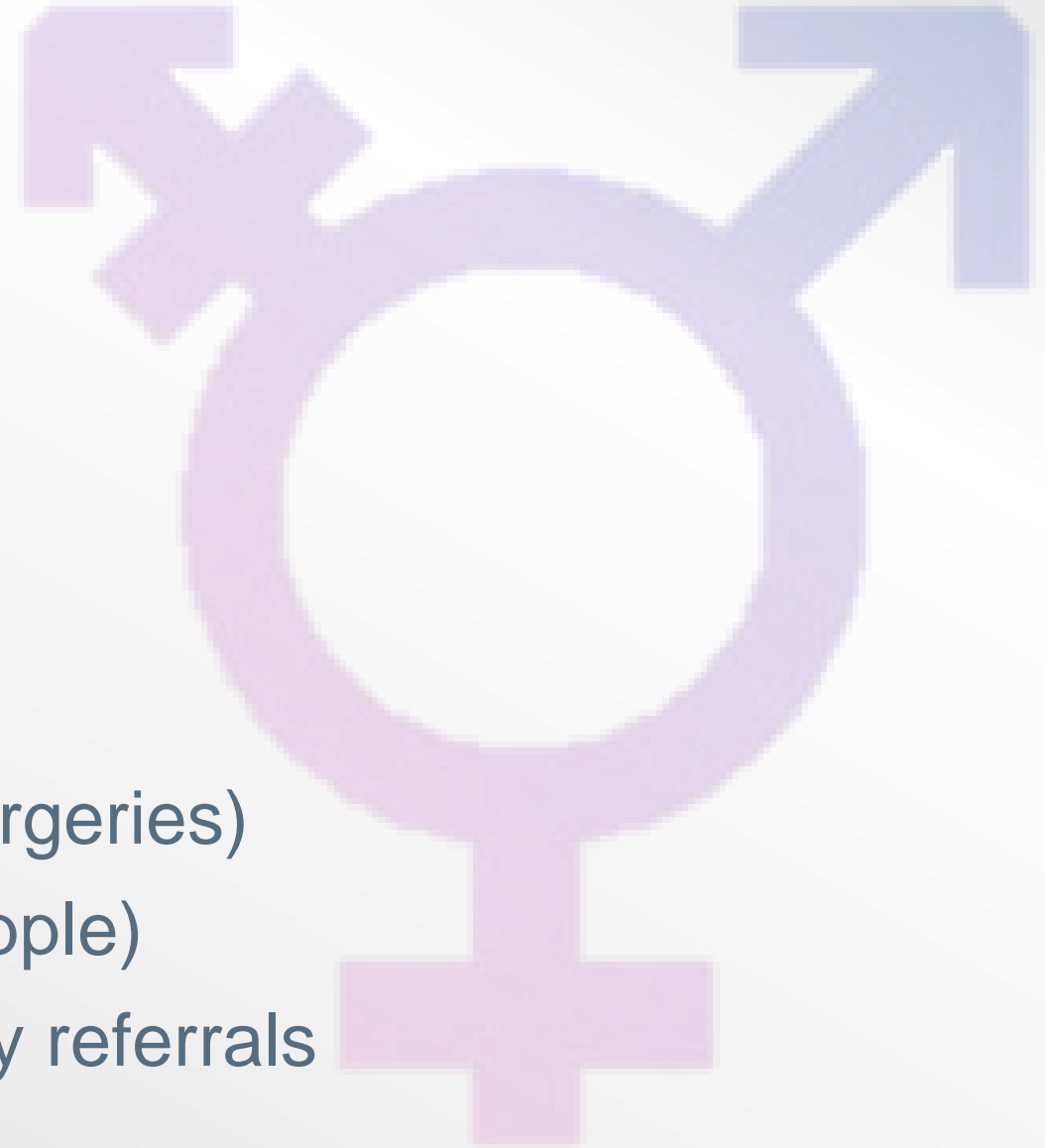
Penectomy: removal of penis

Breast augmentation

Facial feminization (facial affirming surgeries)

Tracheal shave (removal of adam's apple)

Pre & post-operative Physical Therapy referrals



# Surgery: every person decides which (if any)

## Trans\* male spectrum:

Chest reconstruction surgery

Hysterectomy

Oophorectomy

Metoidioplasty (penis and testicles with local tissue, enlarged clitoris is phallus; can keep uterus)

Phalloplasty (penis and testicles w grafting; can keep uterus)

Facial affirmation surgery

Pre & post-operative physical therapy referrals

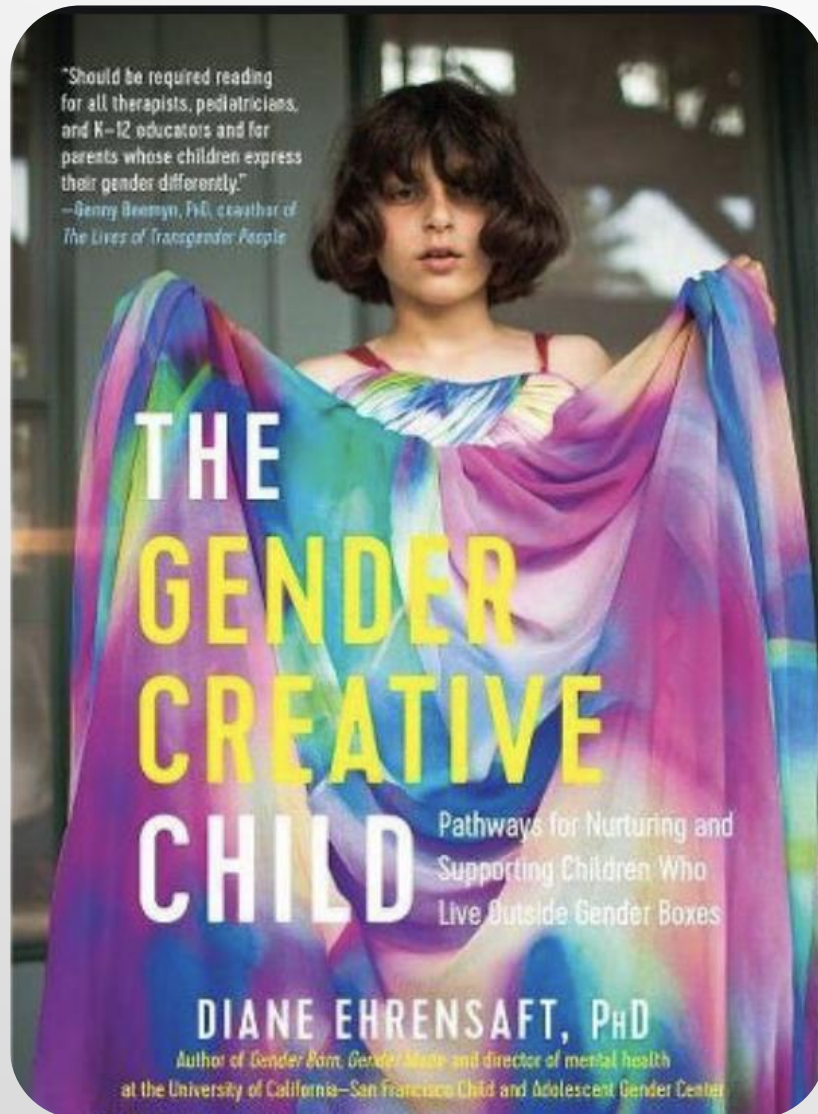




# Pediatric Specific Differences in Care

- “Gender Diverse” umbrella label
- Hormone blockers (GnRH) to block puberty when presenting younger
- Mental health evaluation prior to interventions currently recommended by professional societies
- Parent consent required.  
Medical care NOT confidential (be careful with documentation)

# Gender Diversity is Common in Young Children



# What factors predict persistence to transgender identity?

Gender Diverse Kid

```
graph TD; A[Gender Diverse Kid] --> B[Early consistent, persistent, insistent  
Prepubertal social transition  
Significant body/gender dysphoria  
Declarative statements]; B --> C[Transgender Adult];
```

Early consistent, persistent, insistent  
Prepubertal social transition  
Significant body/gender dysphoria  
Declarative statements

Transgender Adult

# What we Know: Family Acceptance Saves Lives

Higher rates of family rejection significantly associated with poorer health outcomes in LGB kids (and likely T)

- **8.4x more likely to have attempted suicide**
- 5.9x more likely to suffer depression
- 3.4x more likely to use illegal drugs
- 3.4x more likely to engage in unprotected sex

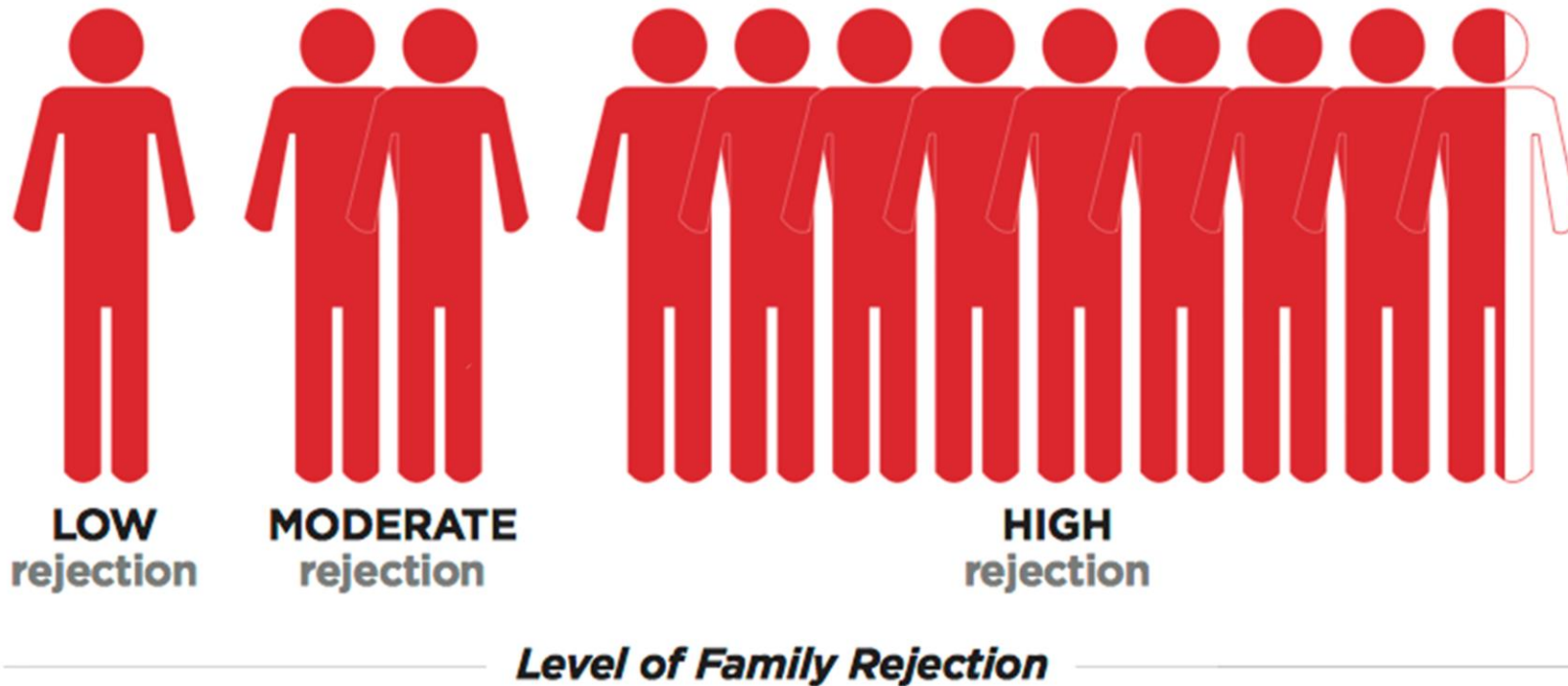
Ryan, C., Huebner, D. et al. "Family Rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults."

Pediatrics 123/1 (2009): 346-352.

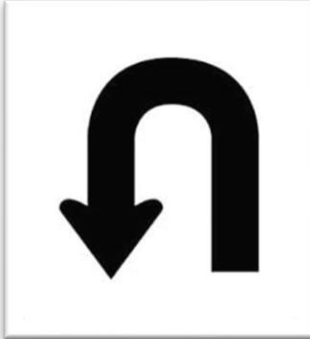
# A Little Support goes a Long Way

## Lifetime Suicide Attempts by Highly Rejected LGBT Young People

*(One or more times)*



# Interventions for Youth



## Reversible:

- GnRH agonists (puberty blockers)
- Social transition
- Mental health support



## Partially Reversible:

- Cross sex hormones (estrogen and testosterone)



## Irreversible:

- Surgery for gender confirmation (not discussed in this talk)

# The Benefits of Puberty Blockers for Transgender Patients

## Pros

Buys time to explore gender identity  
Non-binary gender identity (spectrum)

Prevents the need for costly and invasive surgery as an adult

Improved mental health, functioning, and self esteem

Reduced doses needed for cross sex hormones

# Puberty Blockers: Avoid Later Surgery





# The Risks of Puberty Blockers

**Bone mineral density decreases**

**Fertility considerations**

**Brain/cognitive maturation**

Pain/bruising/bleeding/sterile abscess at site

Mood changes

Weight gain

# Well Person Care

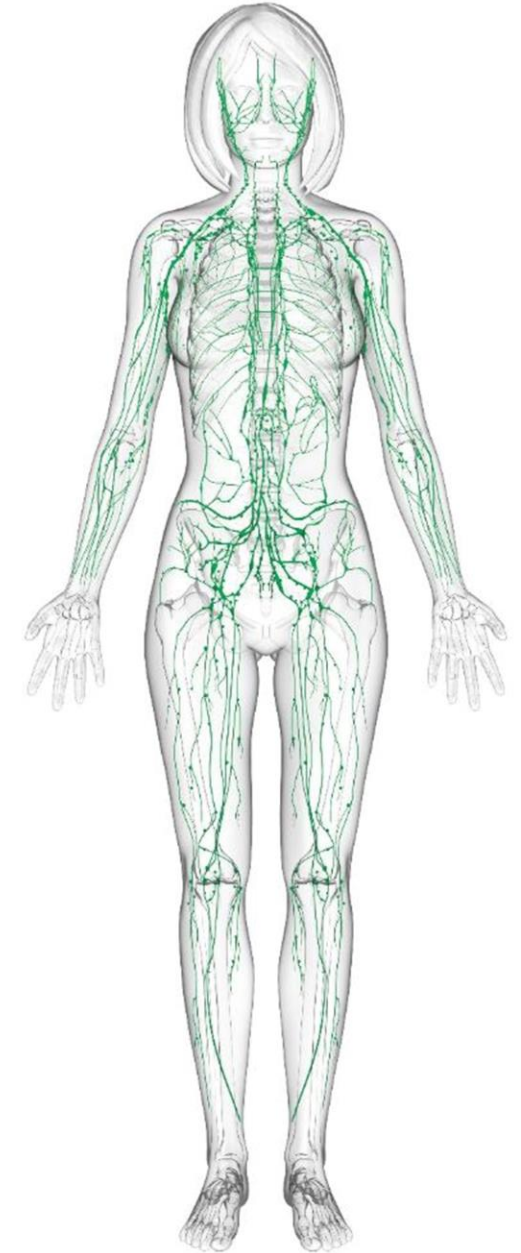
- Primary care provider who is willing to learn and CARES
- Awareness of Trauma and Trauma Informed Care
- Discuss Sexuality, Fertility, Pregnancy and Parenting Planning

# Preventive Screening

*This is not too complicated!*

If you have ‘*an organ,*’ it must be screened according to current guidelines....

(of course, EHR and insurance may not agree that a ‘male’ needs a PAP ...)



# USPSTF Cancer Risk & Screening

- **Breast**
  - Trans Man  
(no mammo if chest surgery)
  - Trans Woman  
(no data, but later exposure to estrogen changes risk and onset of screening; at least 5-10 yrs on HT)
- **Cervix & Anus**- PAP intervals no difference if on hormones
- **Ovarian & Uterus**
  - no data to support increase in cancer risk with testosterone
- **Prostate** – no different if on estrogen



# Physical Exam Considerations

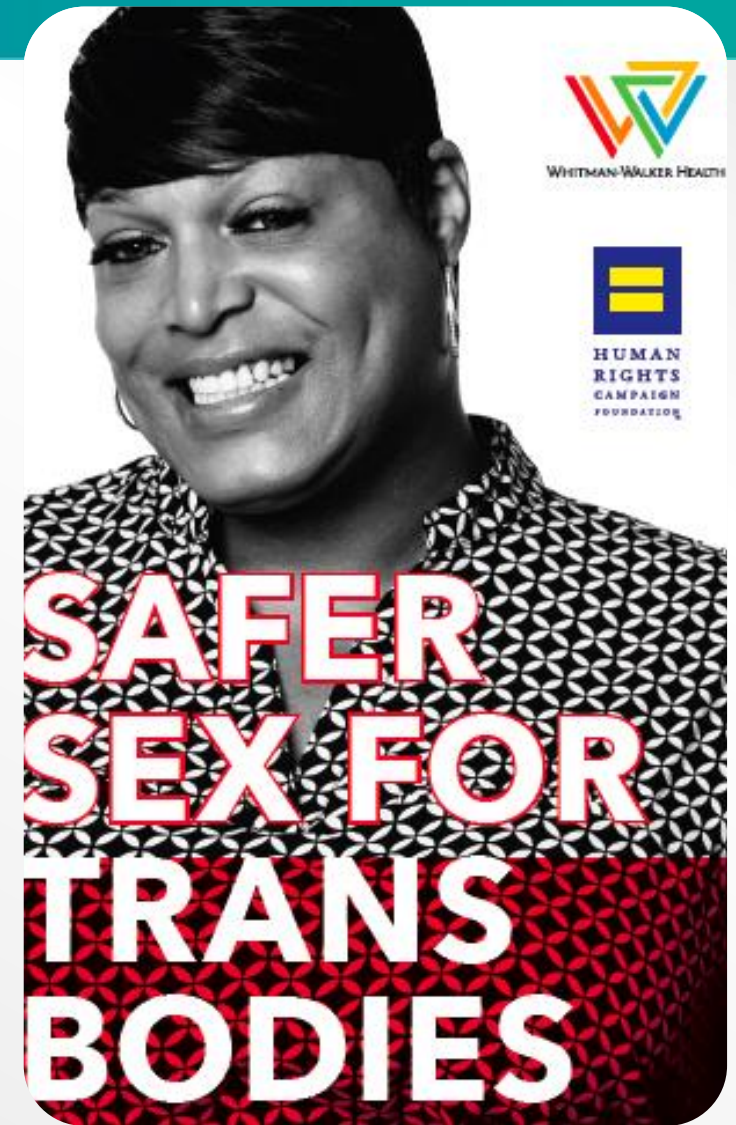
- Gender affirming- use preferred terminology and be sensitive to prior negative experiences in the healthcare setting
- Examine only what is relevant to the visit
- Preventive screening and exam should be relevant to the anatomy that is present
- Special Considerations: vaginal exams in transgender women, pelvic exams in transgender men, binding and tucking complications

# Sexuality and Gender

Don't make assumptions:

Sexual identities, attractions, and behaviors may shift, change, or evolve with transition

40% of 605 trans men recruited online from 19 different countries who had begun using testosterone reported a shift in their sexual orientation (Meier 2013)



# Prevention of HIV Trans\* Community

- Increased awareness has led to data collection recommendations so that trans population will be counted
- We now have trans specific interventions with increased awareness of high risk and specific needs
- PREP AND PEP are lifesaving
- Strategies that you can integrate into your work with the transgender populations you serve
- Trans youth have the highest rate of HIV acquisition

# Family Creation Options

Historically, LGBTQ individuals' reproductive choices have not been recognized ...

“...it was assumed that trans women would forgo the ability to ‘father’ a child, that trans men would forgo the ability to ‘mother’ a child, and that ‘true transexuals’ would be uninterested in doing so.”

“Family Creation Options for Transgender and Nonconforming People,” I dickey, K Duchamps, R Ehrbar, Psychology of Sexual Orientation and Gender Diversity 2016





# Thank you

## Comprehensive Gender Care

Presented by the Transgender Provider Education Committee of  
the Sutter Gender Care Program





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