

# Providing Affirming Health Care for LGBTQ+ Patients

*Partner Forum: A Workshop in Advancing LGBTQ+ Health and  
Wellness*

January 15, 2020

Erica A. Bostick, MD



## **Erica A. Bostick, MD**

Assistant Professor

Division of Adolescent Medicine

Departments of Pediatrics and Internal Medicine

University of Rochester School of Medicine & Dentistry

New York State STD Center of Excellence

**I have no disclosures**

**...except privilege**

# Objectives

1. Recognize the value of collecting **SOGI (sexual orientation and gender identity)** data in the medical office setting
2. Describe **affirming** practices in the **sexual and medical health history** assessment for LGBTQ youth
3. Discuss gender affirming **medical treatment options** for transgender youth

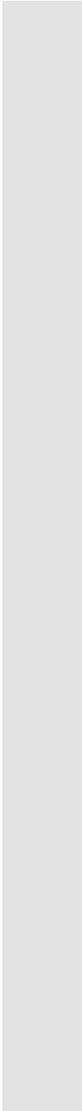
# Why Talk About Gender?

- Professional responsibility
  - AMA, AAMC, AAFP, AAP, SAHM, APA
    - Recommend training on LGBT health
  - Exclusion of coverage for gender care services illegal in some states
- Gender care is
  - Patient-centered primary care
  - Gender is developmental, universal
  - Anticipatory guidance
  - Prevention
  - Future planning
  - Models and promotes diversity

# Why is Training for LGBTQ-Friendly Care Important?

- **LGBTQ** community are **marginalized** and have **increased health/psychosocial risks**
- Providers rarely receive LGBTQ-specific training
- Providing LGBTQ-friendly care is a **skill**
- National, statewide, and city initiatives to improve access to health care for LGBTQ people





# Office Environment and Sexual Orientation/Gender Identity (SOGI) Data

# Alex

17 year old **transmale** (assigned female at birth, identifies and presents as male; pronouns “he/him”) walks into a clinic waiting room. He is called by his birth name, asked to leave a urine sample in the “Ladies” room, and senses confusion and discomfort from staff when asking about his last menstrual period. There are superficial lacerations on his arms, and he is asked, “Oh honey, why’d you do that?”



**Where do we start?**

# Welcoming Office



Our physicians and staff support the American Medical Association nondiscrimination policy, in that:

This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex or gender identity.



AMA  
AMERICAN MEDICAL ASSOCIATION



Safe Zone 2016  
Committed to providing a supportive environment for LGBTQ individuals.



## Do Ask, Do Tell



Talk to your provider about being LGBTQ. Your provider will welcome the conversation. **Start today!**

Slide adapted from *Caring for Transgender Adolescent Patients*, Adolescent Reproductive and Sexual Health Education Program (ARSHEP), Physicians for Reproductive Health <https://prh.org/>

# When greeting others

Avoid:

**ladies gentlemen ma'am sir girls guys** etc.

Consider using instead:

“Thanks, **friends**.  
Have a great  
night.”

“Good morning,  
**folks!**”

“Hi, **everyone!**”

“And for **you?**”

“Can I get  
you **all**  
something?”

**Why?**

Shifting to gender-inclusive language respects and acknowledges the gender identities of all people and removes assumption.

## Be mindful of language

Based on Toni Latour's "Hello there" cards.

Learn more at [qmunity.ca](https://qmunity.ca)

# SOGI is Important

- In 2011, the Institute of Medicine called for a research investment in sexual and minorities population health
- The Department of Health and Human Services mandated the inclusion of SOGI data as part of the Meaningful Use of Electronic Health Record Programs
- These data are crucial to:
  - Identify the demography and disparities of this population
  - Ensure surveillance, delivery and evaluation of high-quality, patient-centered care
- Barriers:
  - Patient fear of discrimination, stigmatization and negative effect of quality of care
  - Provider comfort in obtaining this information

# SO/GI collection

Important personal health history  
as well

Data that does not allow  
gender/sex minorities to remain  
“invisible”

Do you think of yourself as:

- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else
- Don't know

What is your current gender identity?  
(Check all that apply)

- Male
- Female
- Female-to-Male (FTM)/Transgender  
Male/Trans Man
- Male-to-Female (MTF)/Transgender  
Female/Trans Woman
- Genderqueer, neither exclusively male  
nor female
- Additional Gender Category/(or Other),  
please specify
- Decline to Answer, please explain why

What sex were you assigned at birth on  
your original birth certificate?  
(Check one)

- Male
- Female
- Decline to Answer, please explain why

  
**Billie Ruben**  
Female 18 y.o., 4/1/2001  
Bed: CH85-1501  
eMRN: E900009158  
Code: FULL (no ACP docs)  
Allergies: Penicillins  
COVERING PROVIDER: None  
ADMITTED: 5/7/2019 (98 D)  
Pleural effusion  
Leonard, Michael S, MD  
Attending  
Ht 177.8 cm (5' 10")  
Last Wt 70 kg (154 lb 5.2 oz)  
> 90 days  
BMI -  
NO NEW RESULTS, LAST 36H  
NO ACTIVE MEDS  
RHIO: Unknown

### Sexual Orientation and Gender Identity SmartForm

Preferred Name  
First Name Only Complete Name (Last, First) Billie

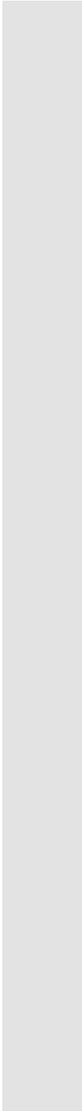
Legal Information  
Legal first name: William  
Legal last name: Ruben  
Legal sex: Female Male Unknown X Other

Sexuality  
Patient's sexual orientation: Asexual Bisexual Choose not to disclose Don't know Gay  
Homosexual Lesbian Pansexual Something else Straight (not lesbian or gay)

Gender Identity  
Is your gender identity different than your sex assigned at birth? Yes No  
Autofill with default responses for: Cisgender female Cisgender male  
Patient's sex assigned at birth: Female Male Unknown Not recorded on birth certificate  
Choose not to disclose Uncertain  
Patient's gender identity: Female Male Transgender Female / Male-to-Female  
Transgender Male / Female-to-Male Something else Choose not to disclose  
genderqueer/gender-non-conforming

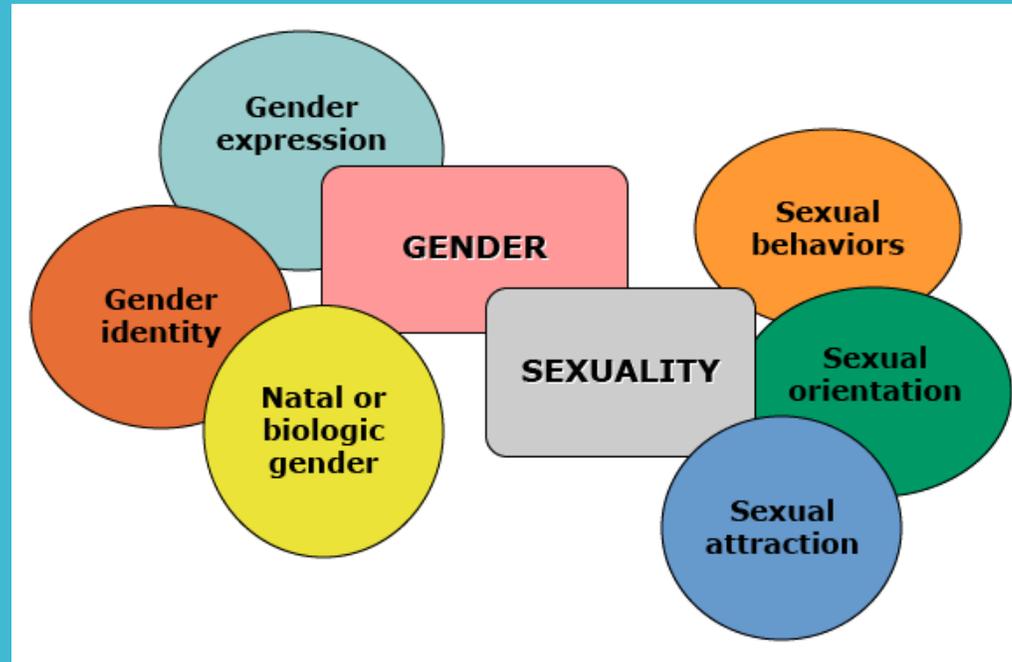
Patient's pronouns: she/her/hers he/him/his they/them/theirs ey/em/eirs ze/hir/hirs the patient

Patient's future affirmation plans, if any:  
Insert SmartText



# Terminology, Language

# Not sure what that means? Ask!



# Gender Identity Terminology



- **Cisgender:** gender identity aligns with cultural notions of gender and the sex they were assigned at birth
- **Transgender:** a person whose identity differs from their assigned sex at birth
- **Gender diverse/gender variant/non-binary/gender queer/gender-fluid:** people who do not identify or express their gender within the gender binary

# THE GENDER BEAR

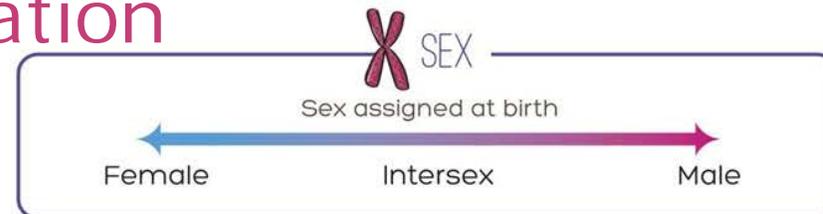
## Identity



Expression

Orientation

Sex



Trans/transgender - Lived experiences and sense of personal identity differ from assigned gender at birth  
Cisgender - Lived experiences and sense of personal identity match assigned gender at birth

“The Gender Bear.” *Justiceforsisters*, [justiceforsisters.wordpress.com/category/infographic/](http://justiceforsisters.wordpress.com/category/infographic/).

# Respecting Individuals



Transman



Transwoman

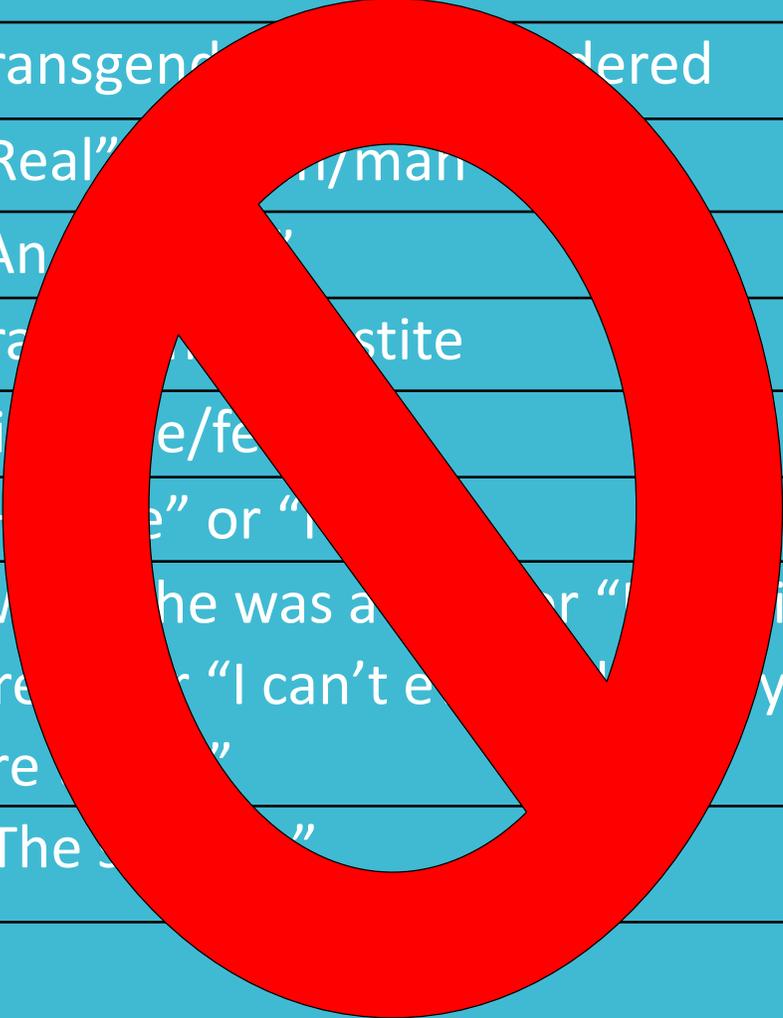


Nonbinary

## Appropriate

## Inappropriate

Transgender people	Transgender considered
Trans woman/man/person	“Real” woman/man
Intersex person	“An...”
Crossdresser, Drag queen/king	Transvestite
Assigned male/female at birth	Bi...
They	“He” or “She”
“When he identified/presented as a woman”	“When he was a man” or “When in a dress” or “I can’t see you are...”
“Before he transitioned”	“The...”
Gender Affirming Surgery	“The...”



## Back to our case...

17 year old **transmale** (assigned female at birth, identifies and presents as male; affirmed name Alex, pronouns “he/him”) walks into a clinic waiting room. He is called by his birth name, asked to leave a urine sample in the “Ladies” room, and senses confusion and discomfort from staff when asking about his last menstrual period. There are superficial lacerations on his arms, and he is asked, “Oh honey, why’d you do that?”

How could this have gone differently?

# Introduction Activity

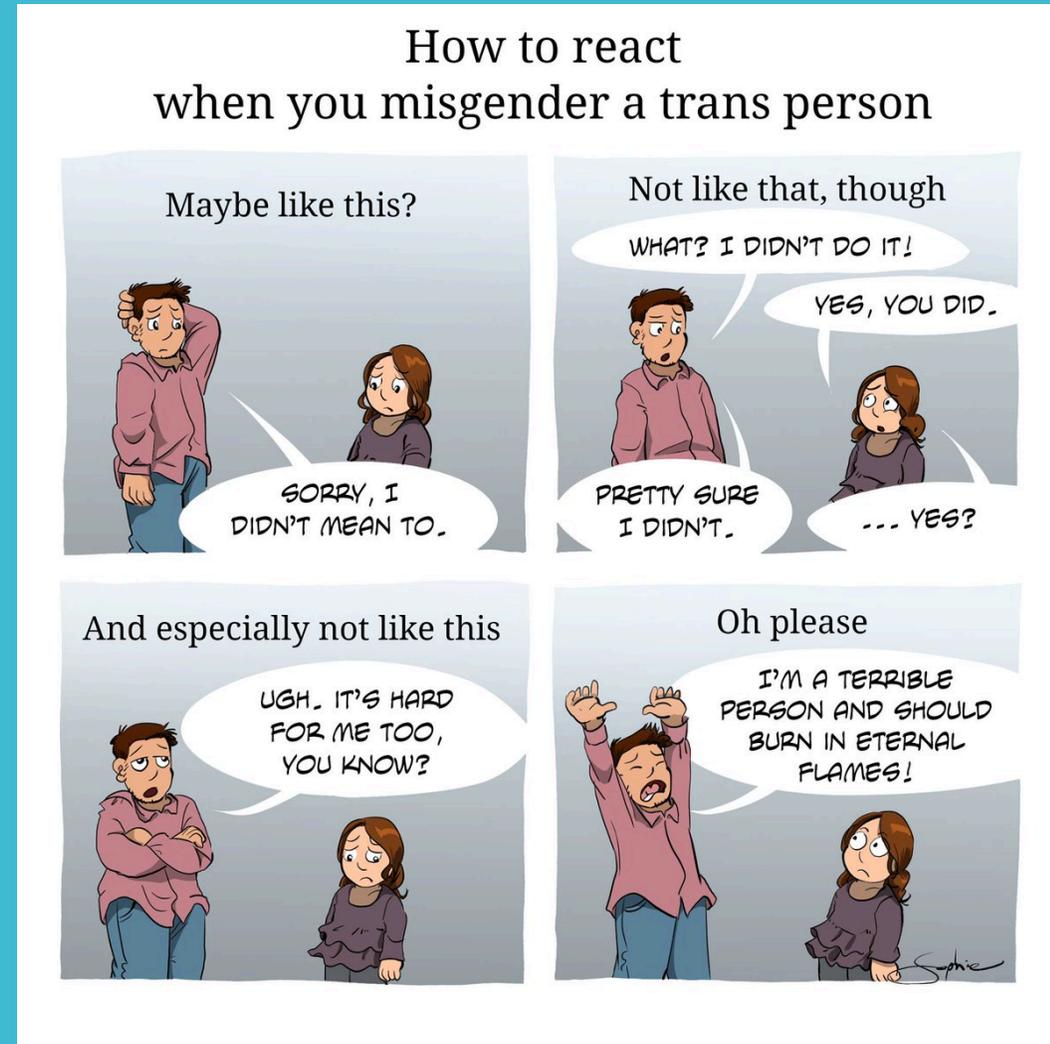
- Pair up
- Introduce yourself
- Ask the other person to introduce themselves
- How did that feel?

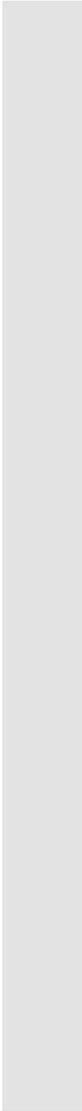


Taylor Mason from Billions on ShowTime

# Misgendering

- It happens, here's what you do:
  - Apologize
  - Repeat yourself with the correct pronoun
  - Move on
- Later, take some time to **reflect** so you can do better next time; "what happened?"
  - Anatomy/appearance
  - Difficult to adjust if you knew them before transition?
  - Environment/system
  - Peer pressure, confusion
  - Countertransference
  - Honest mistake





# Gender Development

# Gender Development

- ~Age 2: awareness of the physical differences between boys and girls.
- ~Age 3: label themselves as either a boy or a girl.
- ~Age 4: have a sense of their gender identity.
- All children tend to develop a clearer view of themselves and their gender over time and becomes **insistent, persistent, consistent**



# Gender Play

- All pre-pubertal children play with gender expression & roles
  - Passing interest or trying out gender-typical behaviors
  - Interests related to other/opposite sex
  - Few days, weeks, months, years



## Gender Non-Conforming Children may present with:

- Cross gender expression, role playing
- Wanting other gender body/parts
  - OR not wanting either
- Not liking one's gender & body (gender dysphoria)
- Refusing to ascribe to typical masculine or feminine assignments
  - Agender
  - Non-Binary

# Sexual Development

- **Birth – 4 yo:** curiosity about own and other people's bodies
- **4-6 yo:** more aware of differences between people's bodies, copying adult behavior, learning social rules around sexual behavior
- **7-12 yo:** more aware of social rules more modest and want privacy, increased curiosity about adult sexual behaviors, start displaying romantic and sexual interest in peers
- Sexual minority youth are coming out at younger ages
  - 13- to 17-year-olds in 2012



## Lifetime Suicide Attempts for Highly Rejected LGBT Young People

(One or more times)



N=245 LGBT Retrospective assess family accepting behaviors in response to gender & sexual minority status

# Family Acceptance Project

## Predicts Improved:

- Self-esteem
- Social support
- General Health Status

## Protects against:

- Depression
- Substance use
- Suicidality

# PEDIATRICS<sup>®</sup>

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

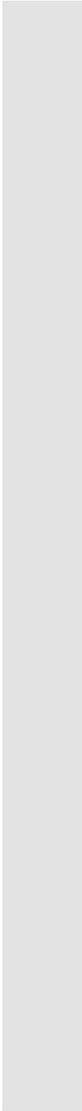
## **Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment**

Annelou L.C. de Vries, Jenifer K. McGuire, Thomas D. Steensma, Eva C.F. Wagenaar, Theo A.H. Doreleijers and Peggy T. Cohen-Kettenis  
*Pediatrics*; originally published online September 8, 2014;  
DOI: 10.1542/peds.2013-2958

## **Mental Health of Transgender Children Who Are Supported in Their Identities**

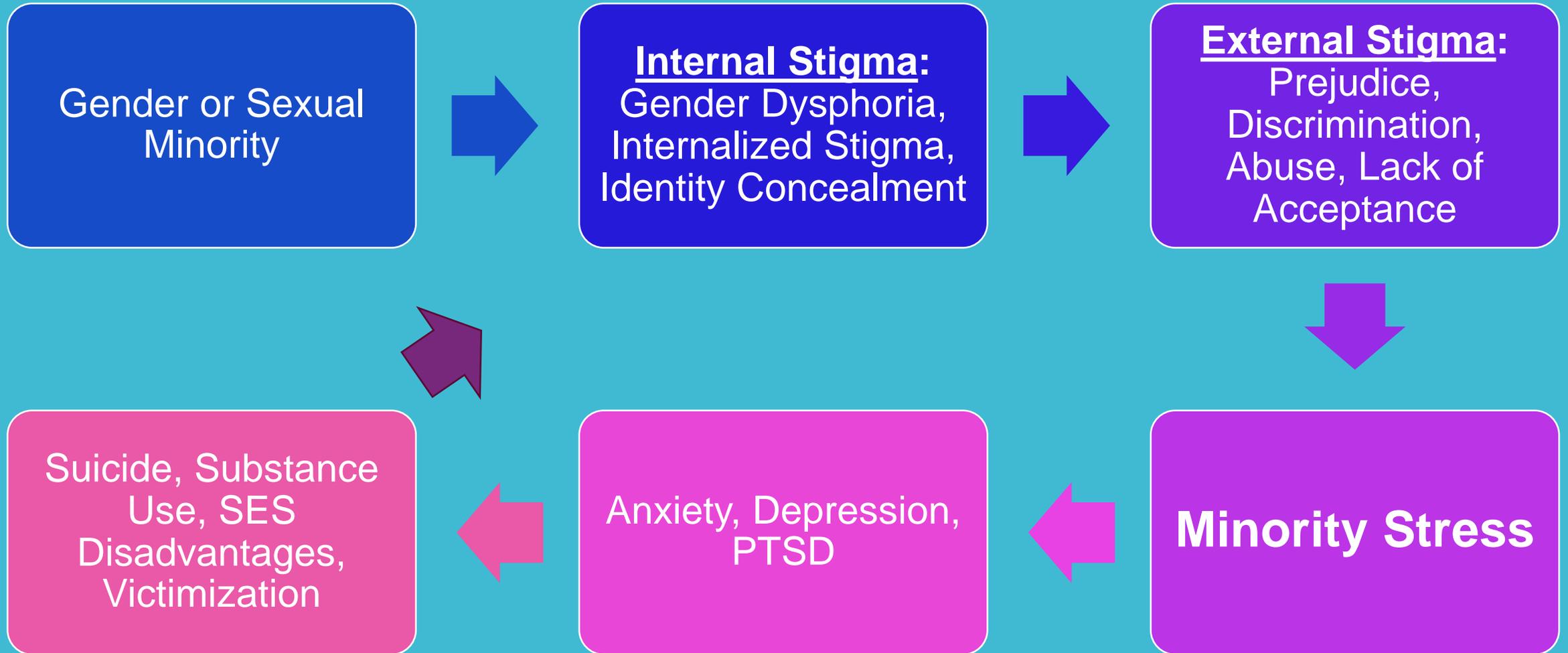
Kristina R. Olson, PhD, Lily Durwood, BA, Madeleine DeMeules, BA, Katie A. McLaughlin, PhD

Olson KR, Durwood L, DeMeules M, et al. Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*. 2016;137(3):e20153223



# Risks/Disparities

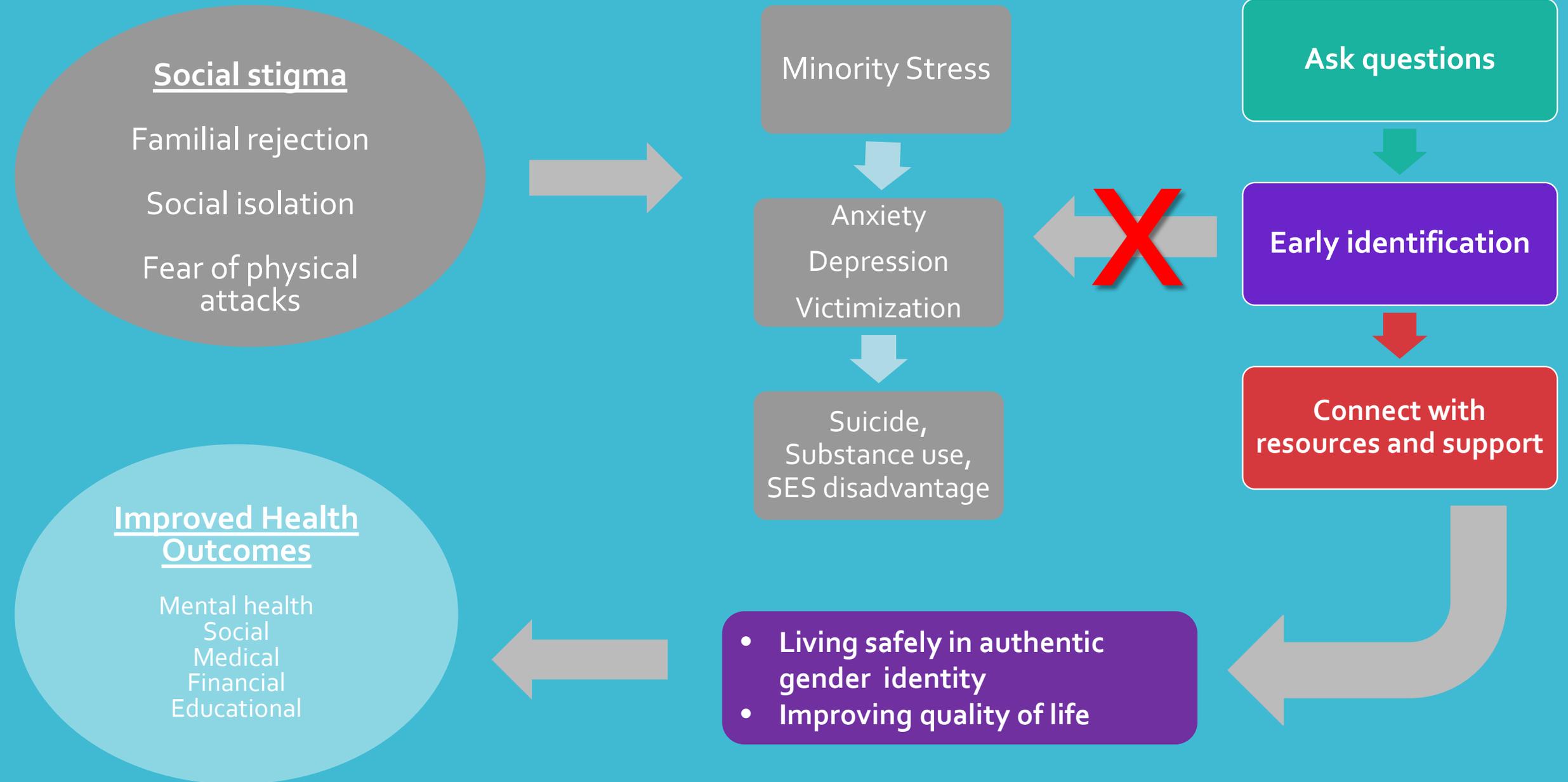
# Minority Stress Theory for LGBTQ People



# 2015 U.S. Transgender Survey (n=27,715)

- **39%** experienced serious psychological **distress**
  - Versus only **5%** of the U.S. population
- **40% attempted suicide** in their lifetime; **92%** of these individuals attempted **before the age of 25**
  - nearly **9x** the rate in the U.S. population (4.6%)
- **7% attempted suicide in the past year**
  - nearly **12x** the rate in the U.S. population (0.6%)

# Countering Minority Stress



# School Resources and Protections from NY State

Letter from the Attorney General:  
<http://www.nysed.gov/common/nysed/files/nysed-oag-joint-guidance-letter-2-28-18.pdf>

Transgender and GNC student Guidelines:  
<https://www.schools.nyc.gov/school-life/policies-for-all/transgender-and-gender-nonconforming-student-guidelines>

GLSEN:  
<https://www.glsen.org/>  
Specifically  
<https://www.glsen.org/educate/resources> for  
how to build a safe LGBTQ space in school

and SED will continue to provide schools and families with guidance and support to ensure that our schools are safe havens for students where they can focus on learning; their civil rights are protected; and they have opportunities to succeed in school and life.

Sincerely,



Eric T. Schneiderman  
Attorney General



MaryEllen Elia  
Commissioner of Education



NEW YORK STATE EDUCATION DEPARTMENT  
THE UNIVERSITY OF THE STATE OF NEW YORK

MARYELLEN ELIA  
COMMISSIONER OF EDUCATION  
PRESIDENT OF THE UNIVERSITY OF THE STATE OF NEW YORK

February 28, 2018

This letter clarifies the rights of all students in New York to enjoy a safe and nondiscriminatory educational environment without regard to their gender identity; and confirms the ongoing obligation of all school districts in New York State to protect those rights under state and federal law.

On Monday, February 12, 2018, the United States Department of Education (“USDOE”) confirmed that it would no longer investigate civil rights complaints from transgender students denied access to bathrooms consistent with their gender identity. In light of this announcement, and the February 2017 decision by USDOE and the federal government to rescind guidance that clarified protections for transgender students under federal statutory law, the New York State Office of the Attorney General (“OAG”), the New York State Education Department (“SED”) and the New York State Board of Regents find it imperative once again to remind school districts across New York State that – irrespective of the federal government’s recent announcement – they have independent duties to protect transgender students from discrimination and harassment in their schools and at all school functions.

Through our offices’ joint efforts, we have committed to ensuring that all students in New York State attend school in safe and supportive environments in which they can learn and thrive. Our offices will continue to use all the existing tools of federal, state, and local law to ensure that transgender students are safe in their schools and have equal access to all programming and facilities consistent with their gender identity. Simultaneously, our offices also seek to provide school districts guidance to assist them with legal compliance.

With those twin aims in mind, our offices first seek to clarify for school districts the scope of USDOE’s recent announcement. That announcement was limited to USDOE’s own interpretation and enforcement of Title IX, the federal statute prohibiting discrimination on the basis of sex in any education program or activity receiving federal financial assistance.<sup>1</sup>

However, we note that even after USDOE rescinded its Title IX guidance in 2017, school districts in other states have faced legal action under both Title IX and other federal law – e.g., federal constitutional claims – for restricting transgender students’ access to bathrooms consistent with their gender identity.<sup>2</sup>

Furthermore, the USDOE’s announcement has no bearing upon school districts’ independent duties, under New York State law, to protect their transgender students and ensure those students’ equal access to all school resources and programming. Specifically, New York State’s Dignity for All Students Act (“DASA”) expressly prohibits discrimination and harassment, on school property or at a school function, on the basis of a student’s gender identity or expression.<sup>3</sup> Based on this, SED issued guidance to all New York State school districts in July 2015, entitled “Guidance to School Districts for Creating a Safe and Supportive School Environment for Transgender and Gender Nonconforming Students.”<sup>4</sup> That guidance specifically addresses gender-segregated facilities, like bathrooms, locker rooms, and changing areas. The guidance also addresses other topics that frequently arise in assuring a safe and supportive environment for transgender students, including (i) the use of names and pronouns to address transgender students, (ii) privacy, confidentiality, and student records, and (iii) other gender-based school policies and practices. Our offices strongly encourage school districts to refer to SED’s guidance and modify their policies accordingly.

Our offices take seriously any action that compromises the school climate in which our students come to learn every day, and we have provided resources to help school staff, students, and parents report and address incidents of harassment, bullying, and discrimination.<sup>5</sup> The OAG

<sup>2</sup> See *Evancho v. Pine-Richland Sch. Dist.*, 237 F. Supp.3d 267, 284-95 (W.D. Pa. 2017) (issuing preliminary injunction ordering school to allow transgender students access to restrooms that correspond with their gender identities based on federal equal protection claim); *Whitaker v. Kenosha Unified Sch. Dist. No. 1 Bd. of Educ.*, 858 F.3d 1034, 1049-50 (7th Cir. 2017) (noting that a “policy that requires an individual to use a bathroom that does not conform with his or her gender identity punishes that individual for his or her gender non-conformance, which in turn violates Title IX,” and ruling in favor of student on both Title IX and federal constitutional claims). Both of these legal challenges ultimately resulted in six-figure settlements paid by the school districts. See “Transgender Pine-Richland Students Receive Thousands as Part of Lawsuit Settlement,” available at <http://www.post-gazette.com/news/education/2017/08/08/Pine-Richland-School-District-transgender-students-lawsuit-settlement-bathroom-policy/stories/201708080093>; “Unified Settles Transgender Lawsuit,” available at [http://www.kenosha.com/news/local/unified-settles-transgender-lawsuit/article\\_b90c8ac8-9b9e-511e-b01b-f59102c7578a.html](http://www.kenosha.com/news/local/unified-settles-transgender-lawsuit/article_b90c8ac8-9b9e-511e-b01b-f59102c7578a.html).

<sup>3</sup> See N.Y. EDUC. LAW § 11(6) (including “gender” as a protected category, which is defined as a “person’s actual or perceived sex and includes a person’s gender identity or expression”).

<sup>4</sup> SED’s guidance concerning transgender and gender nonconforming students is available at: [http://www.p12.nysed.gov/dignityact/documents/Transg\\_GNCGuidanceFINAL.pdf](http://www.p12.nysed.gov/dignityact/documents/Transg_GNCGuidanceFINAL.pdf).

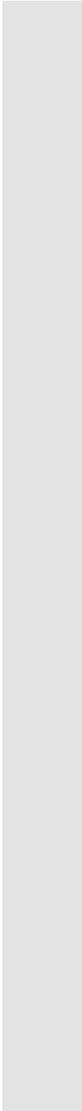
<sup>5</sup> Additional guidance is available at: <http://www.p12.nysed.gov/dignityact/>.

<sup>1</sup> See 20 U.S.C. § 1681(a).



# Incorporating a Gender Health into Practice

History gathering in a pertinent, age-appropriate, affirming way



# What We Know About Trans Health

Nearly one-third (31%) of respondents reported that none of their health care providers knew they were transgender

# From A Patient's Perspective

- Disclosing trans status can be **scary** and **potentially dangerous**
  - Being understanding of this and demonstrating appreciation goes a long way
- **Take note of specific language** and reflect back when possible
  - Write it down for next time
- Keep the **patient in the loop**
  - *"You're the doctor. You're supposed to ask weird questions. Just let us know why."*

# Who should be asked about gender identity?

## EVERYONE!

- You may be the first person asking!
- You may be the first person this patient feels safe talking about this with
- Particularly children/teens who:
  - Display a stereotypically non-conforming gender expression
  - Children/teens who are experiencing issues with mood, behavior, social interaction with family and/or peers
- Revisit this frequently (eg: yearly well-child +/- acute visits as appropriate)

# How to Screen for Gender

- **Ask parents about:**
  - Child's gender expression-changes in play, hairstyles, clothing
  - Concerns about behavior (aggression, isolation), peer interaction/peer group, school avoidance, change in academic achievement
- **Ask patients about (in a developmentally appropriate way):**
  - "Do you feel more like a girl, boy, neither or both?"-**Gender ID**
  - "You were born a \_\_\_\_\_, do you identify/see yourself as a \_\_\_\_\_?" –**Sex assigned at birth, gender identity**
  - "Is there a name that feels right to you? What about a pronoun, like 'he/him' or 'she/her' or 'they/them' or something else?"-**Gender ID**
  - "If you could wear any clothes, make-up or hair style that you'd like, what would that look like for you?"-**Gender Expression**
  - "Is there someone that you have a 'crush' on? Can you tell me about them?"-**Sexual orientation**

# DSM-5 Diagnostic Criteria for Gender Dysphoria

**Persistent**

**Insistent**

**Consistent**

# Preventative Care

## “Organ Inventory”

- Pap smear
- Chest exam/imaging
- Contraceptive needs
- Prostate health
- STI screening

**LGBT**

Would you like to identify your sexual orientation?

Sexual orientation:

Is your gender identity different than your sex assigned at birth?

What was your sex assigned at birth?    Registration System Sex:

What is your gender identity?

Preferred Pronoun:

Have you had any transitional surgeries?

Current Organ Inventory:

# Language

“I know that you are a <insert gender identity>, regardless of which body parts you were born with. But as long as you still have those body parts, it is important for us to talk about them to make sure that you stay healthy. Are there terms that I should use to make this discussion more comfortable?”

## Consider:

- Chest exam (instead of breast exam)
- External genitalia or “down below” (instead of “penis” or “vulva/vagina”)
- Monthly bleeding (instead of menses or period)
- “People with a cervix/ovaries/uterus/breasts/vagina” instead of women
- “People with a penis/testes/prostate” instead of men

# Social History-The HEADSS Model for Adolescents

**H:** Home

**E:** Education/Employment/Exercise/Eating

**A:** Activities

**D:** Drugs

**S:** Sexual History (can include gender identity screen here)

**S:** Safety

# Asking About Sexual Behaviors

Use **language** that is developmentally appropriate and also reflects the terms that make the patient most comfortable

- **Younger kids:**

- *Have you held hands or cuddled?*
- *Have you kissed or touched each other's private parts?*
- *Describe to me what a person that you "like" looks like?*
- *Has anyone touched you in a way that you were not OK with?*

- **Older teens/adults:**

- *Have you ever had: oral sex, vaginal sex, anal sex (may need to describe what these mean)?*
- *What does "safe sex" or "using protection" mean to you?*
- *Have you ever had sex for drugs, money or shelter?*
- *Has anyone touched you in a way that you did not consent to or agree with?*
- *Do you have any concerns about sex?*
- *Looking forward, do you see yourself becoming a parent in the next few years?*

# Harm Reduction

- **Access to Sexual and Reproductive Health services:**
  - Condoms
  - STI screening (normalize as part of all visits)
  - Comprehensive contraception counseling and provision (facilitate referral if need be)
    - LARC is a great option for any patient regardless of gender (menstrual suppression, non-estrogen containing, pregnancy prevention)
  - HIV prevention services → PrEP, PEP
  - Plan for close follow-up to continue the conversation (may need a few visits to build rapport)
- **Psychosocial Support:**
  - Case management, vocational assistance
  - Mental health services, substance abuse resources
  - Housing/food/shelter resources

**Why so much talk about sex?**

# STD DIAGNOSES AMONG KEY U.S. POPULATIONS, 5-YEAR TRENDS

	2013	2014	2015	2016	2017*
<b>Chlamydia</b>	1,401,906	1,441,789	1,526,658	1,598,354	1,708,569
<i>Among young women (aged 15 to 24)</i>	715,983	709,170	724,709	735,027	771,340
<b>Gonorrhea</b>	333,004	350,062	395,216	468,514	555,608
<i>Among women</i>	163,208	162,608	173,514	197,499	232,587
<i>Among men</i>	169,130	186,943	221,070	270,033	322,169
<b>Primary &amp; secondary syphilis</b>	17,375	19,999	23,872	27,814	30,644
<i>Among MSM**</i>	10,451	12,226	14,229	16,149	17,736
<b>Combined cases</b>	<b>1,752,285</b>	<b>1,811,850</b>	<b>1,945,746</b>	<b>2,094,682</b>	<b>2,294,821</b>

\*Preliminary data  
 \*\*Men who have sex with men

For more information, visit [cdc.gov/nchhstp/newsroom](http://cdc.gov/nchhstp/newsroom)



## The State of STDs in the United States



**STDs SURGE FOR THE FIFTH STRAIGHT YEAR, REACHING AN ALL-TIME HIGH.**



**1.8 million**  
 CASES OF CHLAMYDIA  
 19% rate increase since 2014



**583,405**  
 CASES OF GONORRHEA  
 63% rate increase since 2014



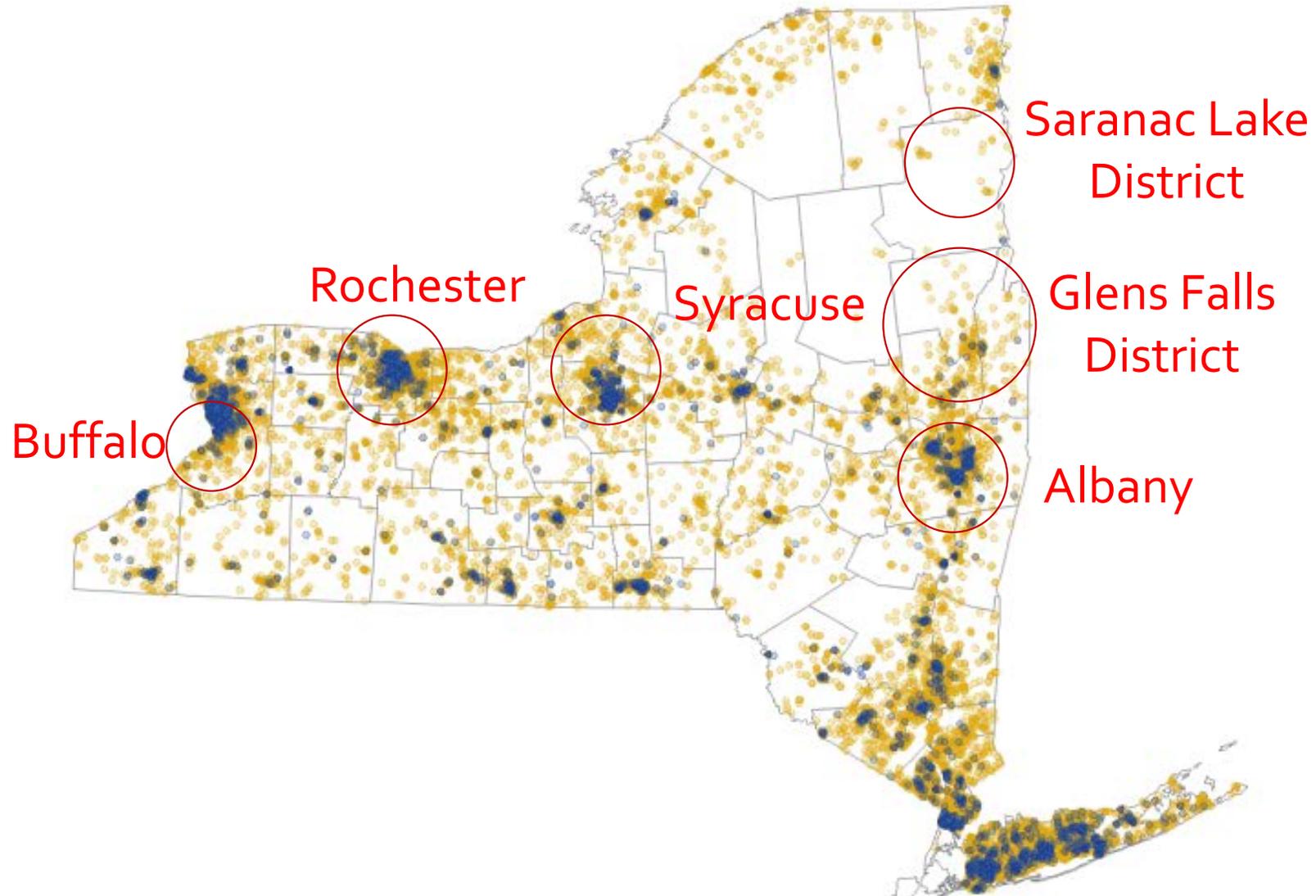
**115,045**  
 CASES OF SYPHILIS  
 71% rate increase of infectious syphilis since 2014

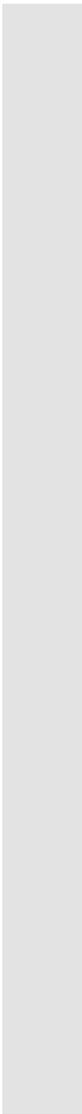


**1,306**  
 CASES OF SYPHILIS AMONG NEWBORNS  
 185% rate increase since 2014

# Distribution of Chlamydia and Gonorrhea Among Young Adults 15 to 24 Years in Age, New York State, excluding NYC, 2015

Gonorrhea  
Chlamydia

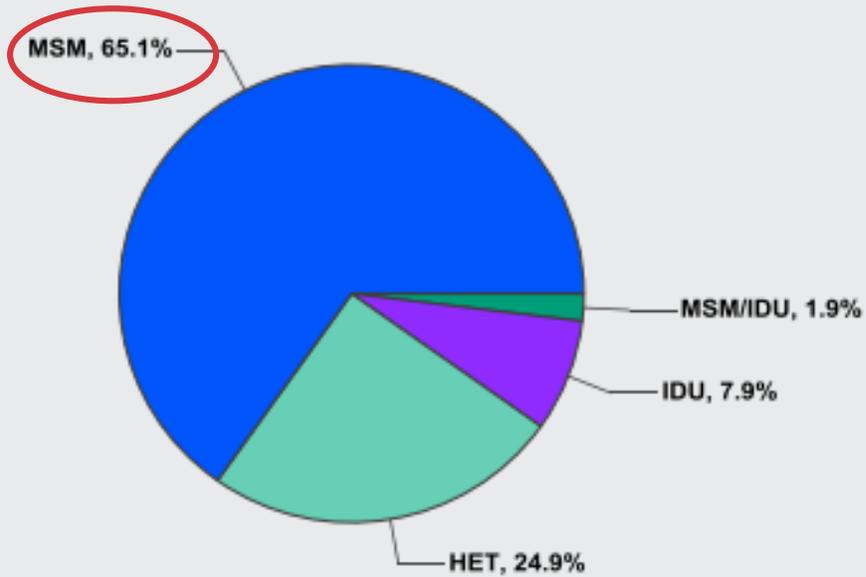




# HIV and HIV Pre-Exposure Prophylaxis (PrEP)

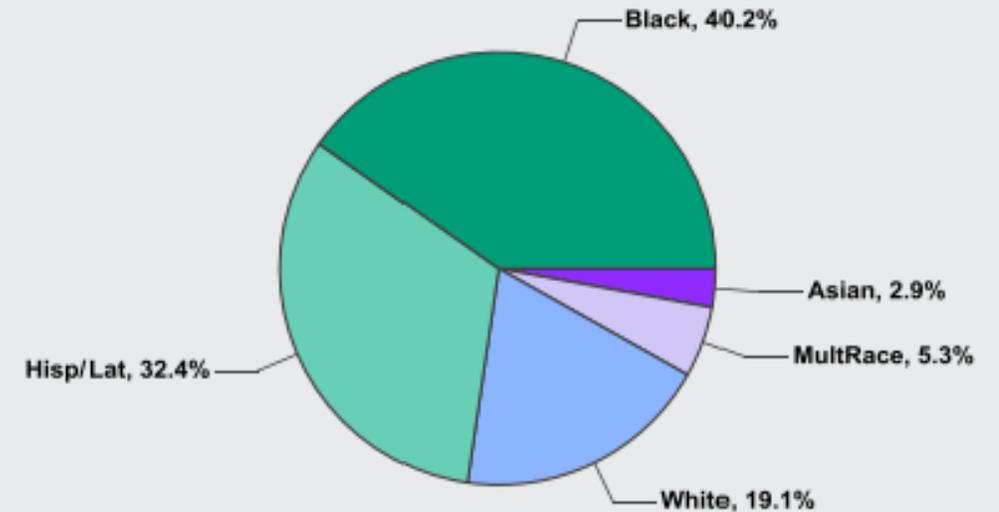
# NY State HIV Epidemiology

**Estimated adults and adolescents diagnosed with HIV, by transmission category, New York, 2015**



\*MSM, men who have sex with men; IDU, injection drug users; MSM/IDU, men who have sex with men who also inject drugs; HET, Heterosexuals  
\*\*Other: <0.160%

**Estimated adults and adolescents diagnosed with HIV, by race/ethnicity, New York, 2015**



\*AI/AN, American Indian/Alaska Native; Black, Black/African American; Hisp/Lat, Hispanic/Latino; MultRace, Multiple races; NHOPI, Native Hawaiian/Other Pacific Islander; Unk, Unknown  
\*\*AI/AN, NHOPI: <0.13%

# What Is PrEP?

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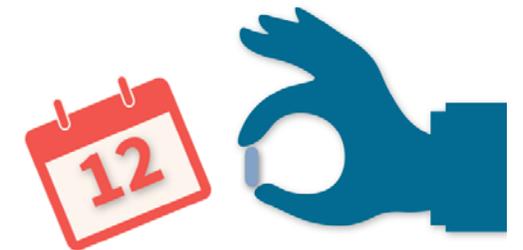
- Once-a-day pill that stops HIV from establishing an infection in the body
- Truvada<sup>R</sup> (emtricitabine/tenofovir disoproxil fumarate) and more recently, Descovy<sup>R</sup> (emtricitabine/tenofovir alafenamide)
- Data suggests therapeutic concentration at ~20 days for blood and cervicovaginal tissue; ~7 days in rectal tissue; requiring an average of 4 pills per week
- Safe in pregnancy

# Patient selection for PrEP

- PrEP is an option for anyone who is HIV negative
- Highest risk groups include people who:
  - have multiple or anonymous sex partners
  - do not use condoms or use condoms irregularly
  - people who have anal receptive sex; including gay men and trans females
  - drug use; esp. IV or mood-altering
  - survival sex
  - serodiscordant partners



PrEP is a prevention method in which **people who do not have HIV** infection **take a pill daily to reduce their risk** of becoming infected.



People who use PrEP must **commit to taking the drug every day** and seeing their health care provider **every 3 months for follow-up.**



You are here: [Home](#) » [Recommendations for Primary Care Practice](#) » [Published Recommendations](#) » [Recommendation Summary](#) » **Final Recommendation Statement : Final Recommendation Statement**

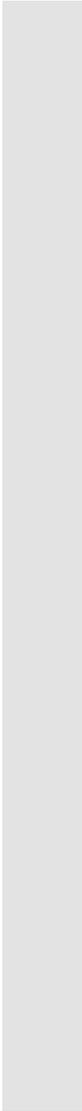
## Final Recommendation Statement

### *Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis*

*Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.*

#### Recommendation Summary

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.



# Transitioning

# Transition

Process and time when person goes from living as one gender to living as another gender

# Transitioning

## Social (reversible)

- Name, pronouns
- Clothes, gender roles, voice
- Non-medical body modification methods
- Menstrual suppression



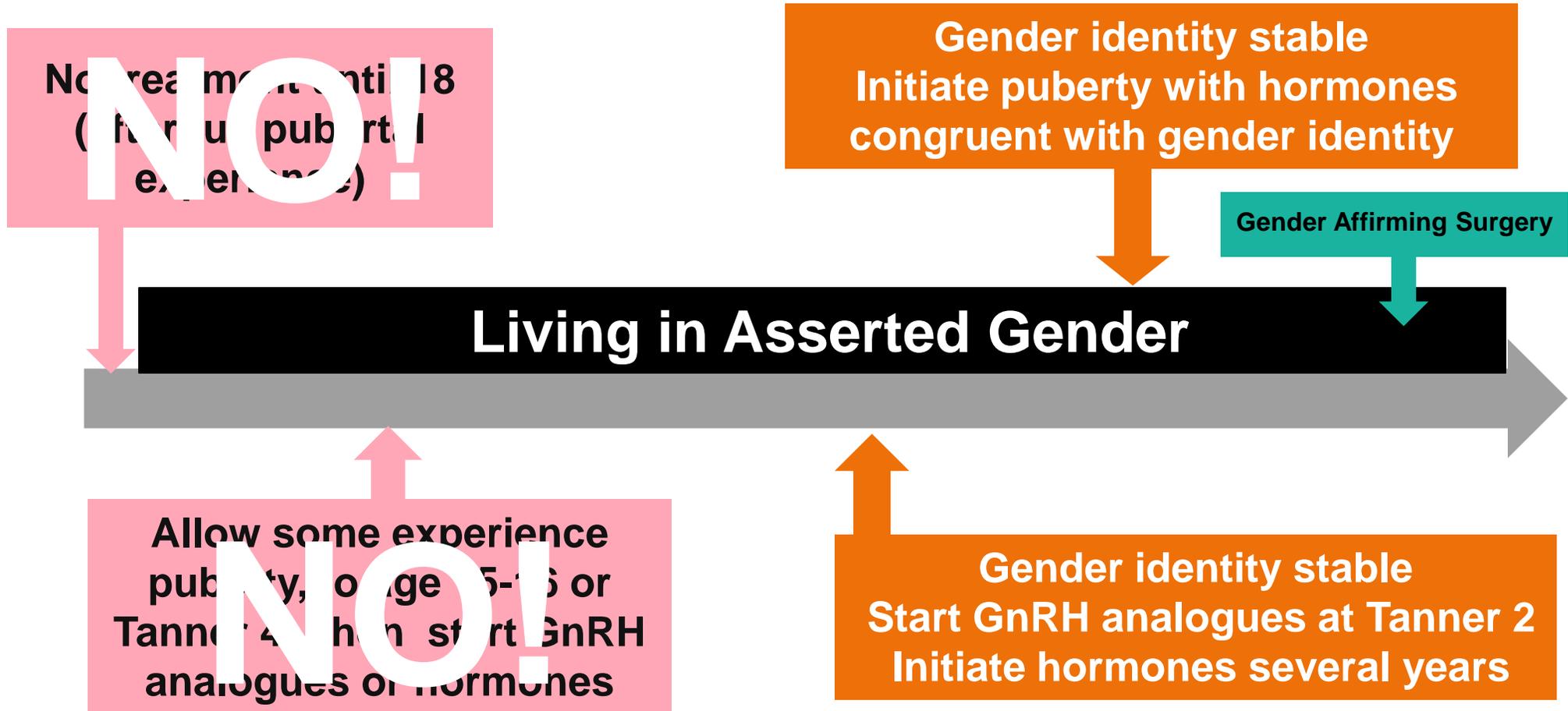
## Medical (partially reversible)

- GnRH analogues (*most effects are reversible*)
- masculinizing and feminizing hormone therapy

## Surgical (irreversible)

- Mastectomy/chest augmentation
- Vaginoplasty, phalloplasty

# Range of Treatment Approaches



# Planning for Initiation of Hormones

- Prescribing provider will establish:
  - Informed consent
  - Reasonable goals, expectations
  - Baseline screening labs
  - Set up referrals and/or follow up
- Provider (medical and/or mental health) and patient should establish :
  - Disclosure when patient is ready
  - Sources of social support
  - Impact on school or work



Letters from mental health professionals may help inform providers and allow for coordinated care. Practices vary in terms of requiring a letter of support of starting hormones.

# Guidelines

## Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

Center of Excellence for Transgender Health

Department of Family & Community Medicine

University of California, San Francisco

2<sup>nd</sup> Edition – Published June 17, 2016

Editor - Madeline B. Deutsch, MD, MPH



J Clin Endocrinol Metab, November 2017, 102(11):1–35

CLINICAL PRACTICE GUIDELINE

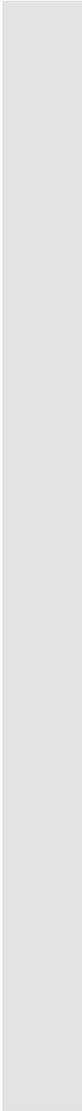
### **Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society\* Clinical Practice Guideline**

Wylie C. Hembree,<sup>1</sup> Peggy T. Cohen-Kettenis,<sup>2</sup> Louis Gooren,<sup>3</sup> Sabine E. Hannema,<sup>4</sup> Walter J. Meyer,<sup>5</sup> M. Hassan Murad,<sup>6</sup> Stephen M. Rosenthal,<sup>7</sup> Joshua D. Safer,<sup>8</sup> Vin Tanqpricha,<sup>9</sup> and Guy G. T'Sjoen,<sup>10</sup>



# Transmales

Testosterone



# Testosterone Formulations and Dosing

★ dose adjustments typically q3 months

Androgen	Initial – low dose <sup>b</sup>	Initial - typical	Maximum - typical <sup>c</sup>	Comment
Testosterone Cypionate <sup>a</sup>	20 mg/week IM/SQ	50mg/week IM/SQ	100mg/week IM/SQ	For q 2 wk dosing, double each dose
Testosterone Enthanate <sup>a</sup>	20mg/week IM/SQ	50mg/week IM/SQ	100mg/week IM/SQ	“
Testosterone topical gel 1%	12.5-25 mg Q AM	50mg Q AM	100mg Q AM	May come in pump or packet form
Testosterone topical gel 1.62% <sup>d</sup>	20.25mg Q AM	40.5 – 60.75mg Q AM	103.25mg Q AM	“
Testosterone patch	1-2mg Q PM	4mg Q PM	8mg Q PM	Patches come in 2mg and 4mg size. For lower doses, may cut patch
Testosterone cream <sup>e</sup>	10mg	50mg	100mg	
Testosterone axillary gel 2%	30mg Q AM	60mg Q AM	90-120mg Q AM	Comes in pump only, one pump = 30mg
Testosterone Undecanoate <sup>f</sup>	N/A	750mg IM, repeat in 4 weeks, then q 10 weeks ongoing	N/A	Requires participation in manufacturer monitored program <sup>f</sup>

# Predicting Effects of Masculinizing Hormones

Action	Onset	Max
Male pattern facial/body hair	6–12 mo	4–5 yrs
Acne	1–6 mo	1–2 yrs
Voice deepening	1–3 mo	1–2 yrs
Clitoromegaly	3–6 mo	1–2 yrs
Vaginal atrophy	2–6 mo	1–2 yrs
Amenorrhea	2–6 mo	
Emotional changes/ ↑ libido		
Increased muscle mass	6–12 mo	2–5 yrs
Fat distribution	1–6 mo	2–5 yrs



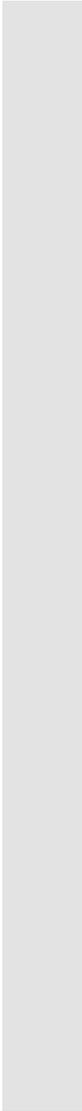
Testosterone does NOT decrease breast size



# Transfemales

Estradiol

Anti-Androgen



# Estrogen Formulations and Dosing

★ dose adjustments typically q3 months

Little data to support use BUT benefits of a trial likely outweigh potential risks (breast growth, libido/ED, sleep)

Hormone	Initial-low <sup>b</sup>	Initial	Maximum <sup>c</sup>	Comments
<b>Estrogen</b>				
<b>Estradiol oral/sublingual</b>	1mg/day	2-4mg/day	8mg/day	if > 2mg recommend divided bid dosing
<b>Estradiol transdermal</b>	50mcg	100mcg	100-400 mcg	Max single patch dose available is 100mcg. Frequency of change is brand/product dependent. More than 2 patches at a time may be cumbersome for patients
<b>Estradiol valerate IM<sup>a</sup></b>	<20mg IM q 2 wk	20mg IM q 2 wk	40mg IM q 2wk	May divide dose into weekly injections for cyclical symptoms
<b>Estradiol cypionate IM</b>	<2mg q 2wk	2mg IM q 2 wk	5mg IM q 2 wk	May divide dose into weekly injections for cyclical symptoms
<b>Progestagen</b>				
<b>Medroxyprogesterone acetate (Provera)</b>	2.5mg qhs		5-10mg qhs	
<b>Micronized progesterone</b>			100-200mg qhs	

# Anti-Androgen Formulations and Dosing

Hormone	Initial-low <sup>b</sup>	Initial	Maximum <sup>c</sup>	Comments
Spironolactone	25mg qd	50mg bid	200mg bid	
Finasteride	1mg qd		5mg qd	
Dutasteride			0.5mg qd	

- **GnRH analogues** can also be used post-pubertally, as E2 alone is not typically sufficient to suppress endogenous testosterone fully
  - There is no consensus of when to discontinue GnRH analogues (or anti-androgen agents) after starting cross-gender hormones
  - Q1 month or Q3 month frequency
  - Discuss with patient a trial period off, with plan to restart if T level rises and/or clinical signs of androgenism vs continue until gonadectomy
- **Cosmetics:** Hydroquinone, Vaniqua<sup>®</sup>, laser, electrolysis

# Predicting Effects of Feminizing Hormones

Action	Onset	Max
Breast growth	3-6 months	2-3 yrs
Body fat, muscle changes	3-6 months	2-3 yrs
Softening skin	3-6 months	
Softer, less male pattern terminal hair	6-12 months	> 3 years
Emotional changes	1-3 months	
Change in libido, erectile dysfunction	1-3 months	3-6 months
Decrease testicular volume	25% see change in 1 yr	50% see change by 2-3 yrs
Decrease sperm production	?	?



Estrogen does NOT affect voice or prevent body/facial hair growth

# What Can YOU Do?

- Transgender people are a **lot more like** cisgender people than unlike them
- Focus on the **patient's specific needs**, rather than on their gender identity
- Recognize that you are in a **position of power**
- Offer **sex and gender** blanks on the intake form
- **Involve** transgender people in your practice
- **Don't** rely solely on your patients to educate you
- **Network** with transgender-affirming clinicians and organizations in your field

# Questions?

**AS PARENTS, YOUTH-SERVING PROFESSIONALS AND ALLIES, WE ALL HAVE A RESPONSIBILITY TO CREATE SAFE AND AFFIRMING SPACES SO EVERY LGBTQ YOUTH CAN BE OUT, PROUD AND ABLE TO THRIVE**