Discrimination

- Discrimination against Trans-gendered patients is pervasive within the health care system
- The burden on us as providers is to make our trans-gendered patients feel comfortable
  - Sharing their status with us
  - Discussing their concerns openly
  - Getting the care that they need and want

Incidence

- Estimated incidence is changing over time
- Estimates in 1970 through 1990
  - 1 : 30,000 was trans-sexual*
- Current
  - 1 : 100 – 500 is trans-gendered**
  - Unclear how many will pursue gender transition
  - There are now over 100,000 post op transsexuals living in the U.S


What is Trans-gendered?

- Sex = Biology
- Gender = Brain
- When Sex and Gender do not match = Transgendered.
- When Sex and Gender match = Cisgendered.

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Transgender 102
The Medical Management of Transgendered Patients
Ellen Hardin MD

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How Trans-gendered People Identify Themselves

- Male
- Female
- Trans-gendered
- Transsexual
- Gender Queer
- None of the above
- All of the above
- How they identify may change over time

Trans-gender Youth

- If supported, they are often well adjusted.
- Many are not accepted by their family
- 20-40% of trans-gendered youth end up homeless*
- Many survive by becoming sex workers.
- School is often a nightmare.
  - Discrimination
  - Violence
  - Lack of support systems


Later life Transition

- Most MTF have been in heterosexual relationships.
- Many FTM have been in the lesbian community, some have married and had kids
- Less than 10% of relationships will survive gender transition*
- Workplace discrimination is almost a given
- Loss of jobs and livelihood is a constant threat

*From My Husband Betty by Helen Boyd

Reaching out to Trans-gendered Patients

- “We do not discriminate on the basis of age, race, sex, sexual orientation, gender identity, religion, language or disability.”
- Train your staff - Your attitude doesn’t make a difference if your staff behaves in a prejudicial or insensitive way.
- Be ready to apologize if something you say or do offends.
• Many trans-gendered people have uncomfortable feelings about their bodies or life histories
• Trans-gendered patients are especially sensitive about disrobing for examinations
• Avoid making assumptions about a patient's sexual orientation, relationships or parental status based on gender identity or expression
• Recognize that natal sexual organs may or may not have been surgically altered in trans-gendered patients. If they have not been removed, they still need to be screened.
• Trans-gendered patients receiving hormone therapy should be monitored carefully by a knowledgeable health care provider.

What needs to be done for Trans-gendered Patients?
• Everything you would do for every other patient in your practice.
  • Monitor and address BP, weight, cholesterol, screening exams, etc.
  • Don't assume that just because a patient is trans-gendered, all of their problems are related to their gender identity.
• All the things related to their trans-gender status
  • Depression screening
  • Substance abuse screening
  • Hormones and surgery

Trans-gender health care
• A unique set of emotional issues
  • Living in a body that feels foreign
  • Being perceived as a gender that feels wrong and unnatural
• High Incidence of Depression and Substance Abuse
  • Half of all trans-gendered patients have attempted suicide
  • The other half have had suicidal ideation
  • More than 1/3 have had substance abuse issues

Where to Begin
• Take a History:
  • When did they start to feel “different”?
    • Usually but not always dates back to early childhood
    • Sometimes not present until teen years
    • Rare to occur in mid life
  • What do they know about being transgendered?
    • What have you read?
    • Have you been to support groups, online forums, etc?
  • Do you identify as Male, Female or Other?
Taking the History

- Have you taken hormones?
  - Black Market hormones are common
    - Herbal hormones (Black Cohosh), DHEA, etc.
  - Previous provider
- Do you plan on surgery?
  - What surgery?
  - What time line?
- Social History
  - Do you have family support?
  - Do you have other support systems?

Taking the History

- Where do you see yourself on the Male Female continuum?
  - Male
  - Female
  - Somewhere in between
- The goal is to find the place that the patient can live and be comfortable, not to meet some arbitrary standard.

Taking the History

- Education and Job History
  - Are you working?
  - Are you going to school?
  - Are you planning on transition at work or school
    - Have you prepared for this?
    - What preparations have you made?
  - Are you familiar with the WPATH Guidelines?
    - Currently Version 7
    - This guides what we do for transgendered patients.

Counseling

- Counseling: evaluation should include:
  - 1. The client’s general identifying characteristics;
  - 2. Results of the client’s psychosocial assessment, including any diagnoses;
  - 3. The duration of the referring health professional’s relationship with the client, including the type of evaluation and therapy or counseling to date;
  - 4. An explanation that the criteria for hormone therapy have been met, and a brief description of the clinical rationale for supporting the client’s request for hormone therapy;
  - 5. A statement about the fact that informed consent has been obtained from the patient;
  - 6. A statement that the referring health professional is available for coordination of care and welcomes a phone call to establish this

Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7
Is Informed Consent Enough?

- Recent trend is that informed consent is all that is required for hormones and/or reassignment surgery.
  - High risk of regret if patient is not properly evaluated and has not considered the pros and cons of transition in depth
  - Depression, Suicidal ideation or attempts and substance abuse are very common among trans patients.
- It is not enough to obtain informed consent.

Obtaining Informed Consent for Hormones

- Hormone changes are not reversible
- Sterility is certain – may or may not be reversible with stopping hormones.
  - Bank eggs or sperm?
- Expect mood swings and changes in emotional perception
  - MTF – widened range of feelings, tears, etc.
  - FTM – narrowed range of feelings (Mad/Glad) and increased feelings of aggression/anger.
- Changes in Libido
  - MTF – usually decreased
  - FTM – usually increases

Scary Statistics

- 35-50% percent of transgender people in the United States have attempted to commit suicide*
- Nearly 100% have reported suicidal ideation at some point.
- Only 27% of male-to-female transsexuals form lasting romantic partnerships. This means that you are 73% likely to go the rest of your life without a lasting romantic partner, male OR female, if you live as a woman.**
- In 39 states, it is still perfectly legal to fire or refuse to hire someone for being transsexual. If you transition, you risk chronic unemployment and may be forced to take low-paying jobs to survive even if you live in one of the other 11 states.**

Obtaining Informed Consent for Hormones

- Puberty all over again
  - Physical changes
  - Emotional changes
- Discrimination
  - Loss of Job
  - Loss of Friends
  - Estrangement from family

Informed Consent

** http://webspace.webring.com/people/qg/girlinside123/warning.html
Baseline Labs

- Same for MTF and FTM
  - CMP
  - Estradiol
  - Free and total Testosterone
  - Prolactin
  - CBC
  - Lipid profile
  - Thyroid functions

General Guidelines

- Fast or slow start to hormones?
  - Fast
    - patients gender dysphoria generally improves immediately
    - Increase in dysphoria indicates need to stop hormones and reaccess hormone decision.
  - Instruct the patient so that they take responsibility for taking their hormones.

Male to Female (MTF)

- Estradiol 4 mg PO Daily
- Spironolactone 100 mg 2 tabs Daily
- EC ASA 81 mg Daily
- Recheck estradiol and Free testosterone levels in 4 – 6 weeks:
  - Estradiol 70 – 150
  - Testosterone <= 60, Free T <= 15
- Adjust dose and retest until hormone levels are within target.
- Monitor lipids and LFT's after about 6 months.
- After Breast development is strong, 1 year of Provera 2.5 mg PO Daily to round the breast.

MTF – What to Expect

- Emotional changes start almost immediately
- Breast development starts in 3 – 12 weeks, takes 5 years for max development.
- Skin softens
- Face rounds, but bones don't change
- Body hair decreases or disappears
- Beard does not disappear or decease
- Fat distribution changes some, but not totally female.
- Voice pitch does not change.
MTF Beyond Hormones

- Beard Removal
  - Laser
  - Electrolysis
- Voice
  - Learn female speech patterns
  - Move voice from chest to throat
  - Adjust pitch as you are able
  - Speech therapy will be very helpful

Female to Male (FTM)

- Testosterone Cypionate 100mg/cc 0.5 cc (50mg) IM weekly
- EC ASA 81 mg PO Daily
- Recheck estradiol and Testosterone in 4 – 6 weeks.
  - Estradiol <= 50
  - Testosterone 300 – 450
- Adjust dose and recheck until hormone levels are within target
- Monitor LFT's and lipids in about 6 months.
- Follow HCT occasionally to avoid polycythemia (very rare)

MTF Beyond Hormones

- “Tucking”
- Makeup
- Clothing
- Mannerisms
- Elocution

FTM – What to Expect

- Emotional changes begin almost immediately
- Voice starts to change in 2-6 weeks, stabilizes in 1 year and is permanent.
- Skin becomes thicker and tougher
- Body hair changes to male pattern
- Beard growth starts in 3 months, but takes 2-5 years before a full beard
- Muscle strength increases
- Fat distribution changes, but not completely male
FTM – Beyond Hormones

- Voice
  - Pitch changes by itself
  - Learn male vocal patterns
  - Learn to talk from your chest
- Mannerisms
- "Binding"
- Clothing

More is not Better

- My friend is taking 6 times as much as me and s/he is doing great!!
  - Higher levels do not increase feminization/masculinization, only side effects
    - Increased risk of DVT, MI & Stroke
    - Increased elevation of LFT
    - If FTM, too high T levels may result in impulsive behavior/Aggression.

What to do IF

- MTF is intolerant of Spironolactone.
  - Cyproterone (Adrocur) – not available in US – Canada has it!
    - Start with 25mg bid and increase to effect.
    - Max dose 300mg per day.
  - GnRH Antagonists – Leuprolide (Lupron)
    - 30 mg IM q 3 Months
    - Very Costly ($800 - 1500)

What to do IF

- MTF is high risk for DVT
  - Consider estrogen patches
  - Injectable estrogen (Avoid if at all possible)
- FTM is afraid of needles
  - Get over it – Androgel, etc is really not effective.
  - Space out injections, use depo-testosterone
    - Not as "smooth"
- I feel terrible since I started hormones
  - Stop, reevaluate, discuss options
Surgical Options MTF

- **Orchiectomy**
  - This is enough for some patients
  - This is all that many patients can afford

- **Penile Inversion**
  - This is the most common procedure
  - Usually associated with clitoroplasty
  - Skin of penis is used to line vaginal cavity.

- **Sigmoid Transposition**
  - Segment of sigmoid colon is used to line vaginal cavity.


Surgical Options MTF

- **Tracheal Shave**
  - Removal of anterior aspect of crichoid cartilage thus eliminating Adam's Apple.
  - May be combined with Voice surgery

- **Breast Augmentation**
  - Conventional
  - Subpectoral

- **Facial Feminization**
  - Scalp advancement
  - Forehead contouring/brow lift
  - Rhinoplasty
  - Jaw/Chin contouring
  - Upper lip reduction
  - Face lift
  - Tracheal shave


Surgical Options FTM

- **Mastectomy/Chest Reconstruction**

- **Metoidioplasty**
  - Simple release of clitoral chordee
  - Ring Metoidioplasty: utilizes a flap of skin from the vagina along with the labia minora to create a urethral extension. The clitoral chordee is also released in this procedure. The result is a lengthened phallus with added girth and the ability to urinate while standing.

### Surgical Options FTM

- **Phaloplasty**
  - Multistage procedure
  - Graft from the Arm, Chest, Leg or from Pubic Area
  - Graft includes muscle, artery, vein and nerves
  - Complication rate 70-90%, mostly urethral
  - 90% Aesthetic satisfaction
  - 83% report skin sensation
  - 9% erogenous sensation
  - 51% able to have intercourse without pain/difficulty

- **Liposuction**
- Other body contouring