Improving Healthcare For Transgender People

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Learning Objectives

At the end of this module, learners should be able to:

1. Define terms related to transgender identity and health
2. Identify strategies for effective primary care with transgender patients
Part 1

Terminology, Demographics, and Disparities
Definitions

- Sex and gender are distinct concepts
- Sex
  - Refers to the presence of specific anatomy. Also may be referred to as ‘sex assigned at birth’. At birth, infants are normally assigned male or female
- Gender
  - Refers to attitudes, feelings, and behaviors that a culture associates with either males or females
Definitions

- Gender identity
  - A person's internal sense of their gender (am I male, female, both, neither?)
  - All people have a gender identity

- Gender expression
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
  - May be on a spectrum

- Gender variant/non-conforming
  - Refers to people whose gender expression is different from what society expects for a male or female
Definitions

- Transgender
  - Describes people whose gender identity differs from their sex assigned at birth

- Cisgender
  - A person who is not transgender
Definitions

Transgender people are very diverse and use many different terms to describe themselves. These terms tend to change over time. Some of the more common terms in 2015 include:

- Transgender woman, trans woman, male-to-female (MTF)
  - A person assigned male at birth who identifies as a woman
- Transgender man, trans man, female-to-male (FTM)
  - A person assigned female at birth who identifies as a man
Definitions

Other identity terms include:

- **Transsexual**
  - Historically referred to individuals who had undergone medical/surgical treatment to transition to the “opposite” gender; many now find this term too specific and clinical

- **Genderqueer, gender fluid**
  - Someone who rejects the gender binary and blurs the distinction between male and female

- **Around the world, many cultures use various other terms to describe a diversity of trans identities and expressions**
Definitions

- Gender identity ≠ sexual orientation
- Sexual orientation
  - How a person identifies their physical and emotional attraction to others
  - Dimensions include: desire/attraction, behavior, and identity
- All people have a sexual orientation and a gender identity

- Transgender people can be any sexual orientation
Definitions

- Gender dysphoria
  - DSM-5 diagnosis for individuals who have a strong and persistent cross-gender identification and a persistent discomfort with his or her sex, or sense of inappropriateness in the gender role of that sex

- Gender affirmation / Gender transition
  - The process of recognizing, accepting, and expressing one’s gender identity
    - Social/Emotional affirmation – Name, Pronoun, Dress, Coming Out to Others
    - Medical affirmation – Hormones, Surgery
    - Legal affirmation – Identity Documents
  - The term gender affirmation is often preferred over gender transition or sex reassignment
Definitions

- Disorders of sex development (DSD)
  - An individual whose combination of chromosomes, gonads, hormones, internal sex organs, and genitals differs from the two expected patterns of male or female
  - Sometimes referred to as “intersex”
  - DSD people are occasionally grouped with transgender people, but they are not the same
  - For more information on DSD/intersex, visit: [www.dsdguidelines.org](http://www.dsdguidelines.org) and [www.isna.org](http://www.isna.org)
The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don't. Like Inception. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

Identity

Attraction

Expression

Sex

Gender Identity

Woman-ness  Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Gender Expression

Feminine  Masculine

The ways you present gender, through your actions, dress, and demeanor, and how these presentations are interpreted based on gender norms.

Biological Sex

Female-ness  Male-ness

The physical sex characteristics you're born with and develop, including genitals, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Sexually Attracted to

Romantically Attracted to

For a bigger bite, read more at http://bit.ly/genderbread
How Many People Are Transgender?

- The number of transgender people is unknown; population-based studies are limited
- Massachusetts Behavioral Risk Factor Surveillance Survey
  - 0.5% of population between ages 18-64
- California LGBT Tobacco Survey
  - 0.1% of adult population
- Estimate in U.S. from the Williams Institute
  - 0.3% of adults
  - Approximately 700,000 people
Stigma & Discrimination of Transgender People

- Transgender people experience very high rates of stigma and discrimination
- The National Transgender Discrimination Survey, 2011 (6450 transgender respondents):
  - Lost a job due to bias (55%)
  - Harassed/bullied in school (51%)
  - Victim of physical assault (61%)
  - Victim of sexual assault (64%)
  - Delayed or did not access preventive care due to discrimination by health care providers (33%)
Effects of Stigma on Health

- Daily stress caused by stigma and discrimination can lead to adverse mental and physical health outcomes.
- Internalized stigma can cause self-harm and unhealthy risk behaviors.
- Fear of discrimination by health care providers affects access to care.
Health Disparities

- The Institute of Medicine Report on LGBT Health (2011) outlined a summary of evidence-based transgender health disparities:
  - Substance abuse
  - HIV/STDs
  - Tobacco use
  - Violence and victimization
  - Mental health
  - Suicidality and self-harm
Health Disparities

- The 2011 National Transgender Discrimination Survey found that:
  - 41% had lifetime suicide attempt (compared to 5.6-14.3% of US adults)
  - 26% used drugs/alcohol to cope with discrimination
  - 30% smoked daily or occasionally (compared to 20% of US adults)
  - 48% postponed/avoided medical care when sick/injured because of cost; 28% because of discrimination
Part 2

Providing Affirmative Clinical Care for Transgender Patients
Ending Stigma, Increasing Access

- Many transgender people maintain their assigned gender role for fear of being stigmatized
- Many don’t discuss with caregivers
  - In the National Transgender Discrimination Survey, only 28% were out to all of their medical providers and 21% were out to none
- Many delay seeking care
- Clinicians can help by changing clinical practice to decrease stigma, improve open communication
- Positive interactions with clinicians can increase a transgender person’s health care utilization
Primary Care

- Increasingly, care for transgender patients is provided by primary care providers working as part of a team or collaborative effort.
- The goals of health care for transgender patients are the same as for all patients:
  - To promote and ensure physical health
  - To promote social and emotional well-being
- Don’t forget the basics!
Standards Of Care

- WPATH: Standards of Care
  - www.wpath.org
- Center of Excellence for Transgender Health at UCSF
  - transhealth.ucsf.edu
- The Endocrine Society
  - www.endocrine.org
Guidelines for Clinicians

- Familiarize yourself with commonly used terms and the diversity of identities within the transgender community.
- Refer to transgender patients by their preferred name and pronouns.
  - Many, but not all, use pronouns that align with gender identity, e.g., he/his and she/her.
  - Some use: they (singular), ze, hir.
  - Preferred pronouns may change over time.
- Listen to how people describe their own identities and partners; use the same terms, if comfortable.
- If you are not sure what terms to use, ask your patient what they prefer.
Guidelines for Clinicians

- Recognize that the need to affirm one’s gender identity can supersede other critical health concerns
- Realize that many have had negative experiences in the past and may perceive “slights,” even when not intended
- Avoid asking questions out of curiosity; only ask what you need to know
Guidelines for Clinicians

- Reassure patients about confidentiality
- Respect concerns regarding potentially sensitive physical exams and tests
- Address health concerns related to hormonal interventions or surgeries
Guidelines for Clinicians

- Use the two-step method
  - Ask about current gender identity
  - Ask about sex assigned at birth
- Clinical care should be based on an up-to-date anatomical inventory:
  - Breasts
  - Cervix
  - Ovaries
  - Penis
  - Prostate
  - Testes
  - Uterus
  - Vagina
Taking a History

- Same as for all patients, but pay specific attention to health disparities
- Be aware of contexts that increase health risks
  - What leads people to smoke, drink, or engage in sexual risk behaviors?
- Ask about use of cross-sex hormones, gender affirmation surgeries, and use of silicone
- Ask about social support; be aware of possible rejection by family or community of origin, harassment, and discrimination
Taking a History of Sexual Health

- The core comprehensive history for transgender patients is the same as for all patients (keeping in mind unique health risks and issues of transgender populations)
- Get to know your patient as a person (partner(s), children, jobs, living circumstances)
- Use inclusive and neutral language
  - Instead of: “Do you have a wife/husband or boy/girlfriend?”
  - Ask: “Do you have a partner?” or “Are you in a relationship?” “What do you call your partner?”
- For all patients
  - Make it routine
  - Make no assumptions
  - Put in context and assure confidentiality
Taking a History of Sexual Health

- Relationship status: monogamy, open relationships, polyamory
- Sexual activities: oral, vaginal, anal sex, and beyond
- Gender presentation and disclosure to partners
- The impact of past sexual abuse and violence
Conducting a Physical Exam

- Physical exams may be physically and/or emotionally uncomfortable for the patient
- To increase the patient’s comfort:
  - Use affirming terminology for anatomy - “Are there words you would like me to use for specific body parts?”
  - Explain why the examination is essential to the patient’s health
  - Develop a good rapport with the patient before examining sensitive areas (e.g., pelvic exams)
Cancer Screenings

- Transgender women should follow the same cancer screening guidelines as cisgender men
  - Prostate cancer
  - Testicular cancer, if still have testes
Cancer Screenings

- Most transgender men retain a cervix
- Cancers of female natal reproductive organs are still possible in transgender men; cervical cancer has been documented in a male transgender patient
- Transgender men with a cervix should follow the same screening guidelines as natal females
Cancer Screenings

- Vaginal exams on transgender men who use hormones may be physically painful because of a thinner lining and less lubrication.
- Some transgender men may also find vaginal exams and Pap tests emotionally difficult.
- Sensitivity to these unique barriers is important.
Case Vignette: Jake R’s Story

- Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from a unknown primary cancer
- Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer
Case Vignette: Louise M’s Story

- Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery.
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy.
- No one asked her about her gender identity or knew she was transgender.
HIV Screening

- Estimated HIV prevalence in transgender women
  - 28% in US
  - 56% in African-Americans
  - 18-22% worldwide
- Higher rates in unemployed persons, and persons who have engaged in sex work and IV drug use
- Regular HIV screening is recommended
This chart shows new HIV infections by transmission category in the U.S. (2014)

- Heterosexual: 24%
- MSM + IDU: 3%
- Injection drug use: 6%
- Other: <1%
- Men who have sex with men (MSM): 67%

Note that 70% of new HIV infections occur in MSM.

HIV and LGBT populations

- As you saw, MSM are disproportionately burdened by HIV; they are a small proportion of the United States population but account for more than two-thirds of all new HIV infections.
- Among MSM diagnosed with HIV in 2014, 38% were black, 31% were white, and 26% were Hispanic/Latino.
- Transgender women face the highest burden of HIV infection. HIV prevalence among transgender women is estimated to be 28% overall and 56% among African-American transgender women.
- We need to implement effective ways to prevent HIV in LGBT populations.

What about condoms?

- Condoms are still important. Used correctly and consistently, they reduce the risks of HIV and other sexually-transmitted infections (STIs).
- However, some people may not be able to use condoms (or ask their partners to use condoms) for a variety of reasons.
HIV prevention in clinical settings starts with universal HIV screening.

- Both CDC and the United States Preventive Services Task Force recommend HIV screening for all adolescents and adults.
- CDC recommends that people at high risk of HIV infection, such as sexually active MSM, be screened for HIV at least annually.

Clinicians can recommend interventions for both HIV-positive and HIV-negative people to help prevent HIV transmission.

<table>
<thead>
<tr>
<th>HIV positive</th>
<th>HIV negative</th>
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<tbody>
<tr>
<td>Safer sex practices, including consistent condom use</td>
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<tr>
<td>STI screening and treatment</td>
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<tr>
<td>Suppression of the HIV virus through consistent use of antiretroviral therapy (ART)</td>
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<tr>
<td>Safer sex practices, including consistent condom use</td>
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<tr>
<td>STI screening and treatment</td>
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<tr>
<td>Pre- or post-exposure prophylaxis (PrEP or PEP)</td>
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Now, for the basics of PrEP

- PrEP refers to the use of antiretroviral medication by HIV-uninfected people for the purpose of preventing HIV infection.
- Once daily, oral tenofovir-emtricitabine is the only medication currently FDA-approved for PrEP.
- CDC and WHO both recommend PrEP for individuals with a high risk of HIV infection.
Monitoring while on PrEP

- HIV testing at least every 3 months
- Pregnancy testing every 3 months for women of childbearing age
- Serum creatinine after 3 months, and if stable, every 6 months thereafter
- Screening for STIs (syphilis, gonorrhea and chlamydia in the urine, rectum, or vagina as indicated based on the patient’s sexual practices; gonorrhea in the pharynx as indicated based on the patient’s sexual practices) at least every 6 months
- Some patients may benefit from more frequent visits for adherence support.
Take-home points from this case

- Development of antiretroviral resistance due to PrEP is rare; however, it can occur if a person with undiagnosed acute HIV infection initiates PrEP.
- Any person with an illness resembling acute HIV infection should have an HIV RNA, in addition to HIV antibody testing, prior to starting PrEP.
- PrEP with tenofovir-emtricitabine does not interact with the estrogen or testosterone treatments taken by some transgender people.
Video Vignettes

- Watch videos of transgender community members discussing their perspectives on health care
  - Primary care
  - Sexual Health
  - HIV Prevention

http://www.lgbthealtheducation.org/lgbt-education/webinars/
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Resources

- The National LGBT Health Education Center
  - http://www.lgbthealtheducation.org/
- International Journal of Transgenderism
  - http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4441
- WPATH: World Professional Association for Transgender Health
  - www.wpath.org
- Endocrine Society
  - http://www.endocrine.org/
- Center of Excellence for Transgender Health
  - http://transhealth.ucsf.edu/
Resources

Resources

- Center of Excellence for Transgender Health [Internet]. Primary care protocol for transgender patient care. San Francisco: University of California, San Francisco, Department of Family and Community Medicine; 2011 Apr. Available from: http://transhealth.ucsf.edu/trans?page=protocol-00-00

