

Transgender Medicine: Advancing Excellence in Care

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Project Echo

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CME Disclosure

- Current Position: Family Medicine physician, Billings Clinic Heights; Co-Chair of the LGBTQ+ subcommittee of the Diversity and Inclusion group at Billings Clinic
- Disclosures: no financial disclosures

Objectives

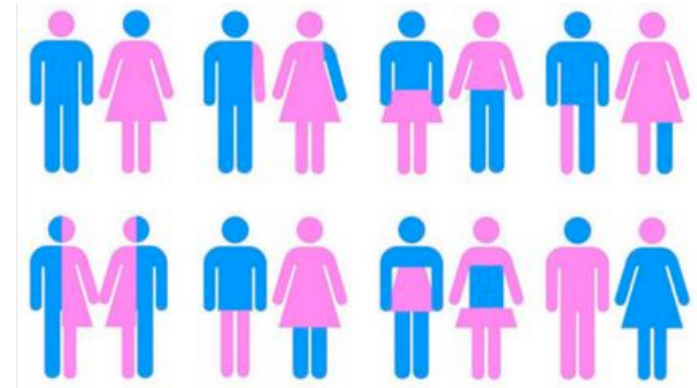
- Terminology: Sex, Gender, Transgender and More
- Transgender Social and Health Disparities
- Case Review and Q&A

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Sex, Gender, Sexual Orientation

- **Sex:** assigned at birth and often refers to one's biologic status (anatomy, chromosomes, genes)
- **Gender:** social and cultural distinctions that go along with male or female sex
- **Gender Identity:** refers to an individual's identification as male, female or other. It is one's deeply held core sense of being male, female, some of both or neither, and does not always correspond to biological sex
- **Cisgender:** sex and gender identity are congruent
- **Sexual Orientation:** to whom you are attracted (heterosexual, homosexual, bisexual, etc)



Transgender (Trans)

- Gender identity or expression different than assigned sex at birth
 - **Trans feminine (TF):** transgender women, trans women, trans female, male-to-female (MTF), transgender girls → male assigned sex at birth
 - **Trans masculine (TM):** transgender men, trans men, trans male, female-to-male (FTM), transgender boys → female assigned sex at birth
 - **Cultural Variations:** Two Spirit (Native American), Hijra (East Indian), Travesti (South American), Waria (Indonesian)
- About 25 million people worldwide (about 0.3% of worldwide population)
- In the United States, about 150,000 youth and 1.4 million adults identify as transgender*

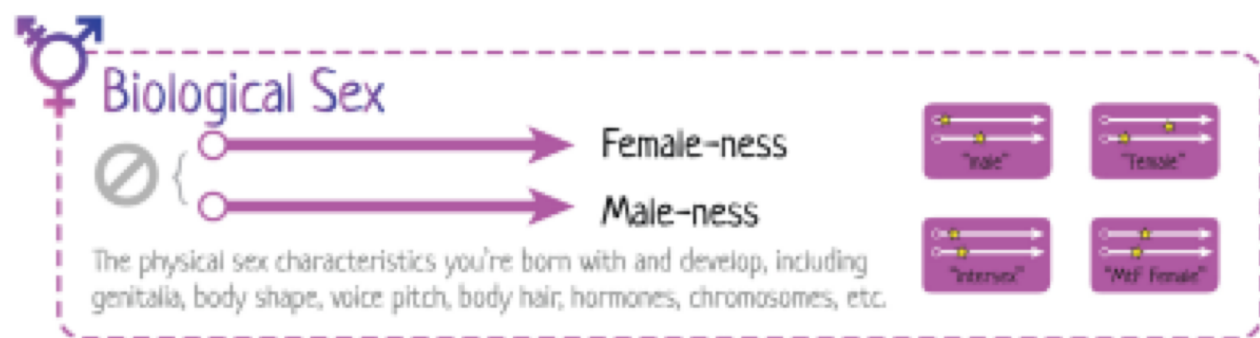
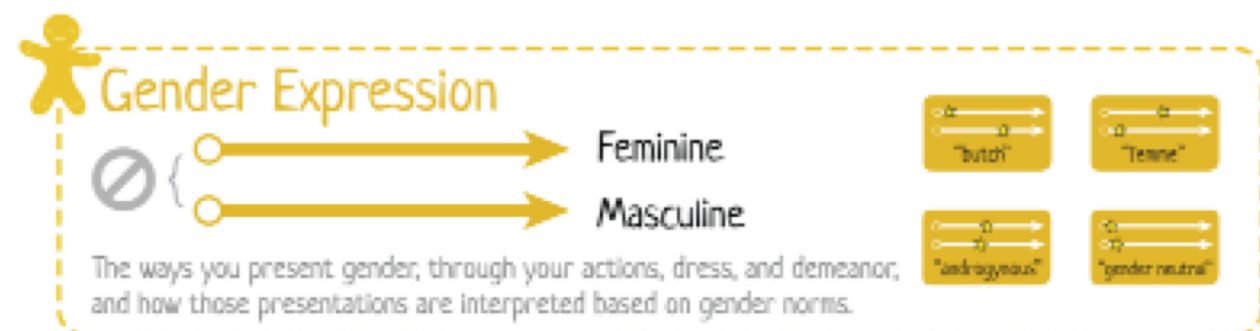
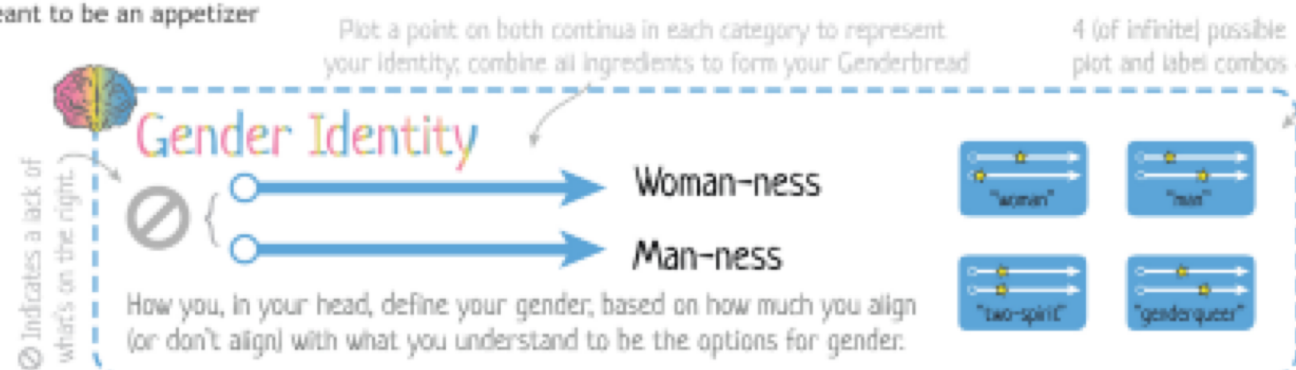
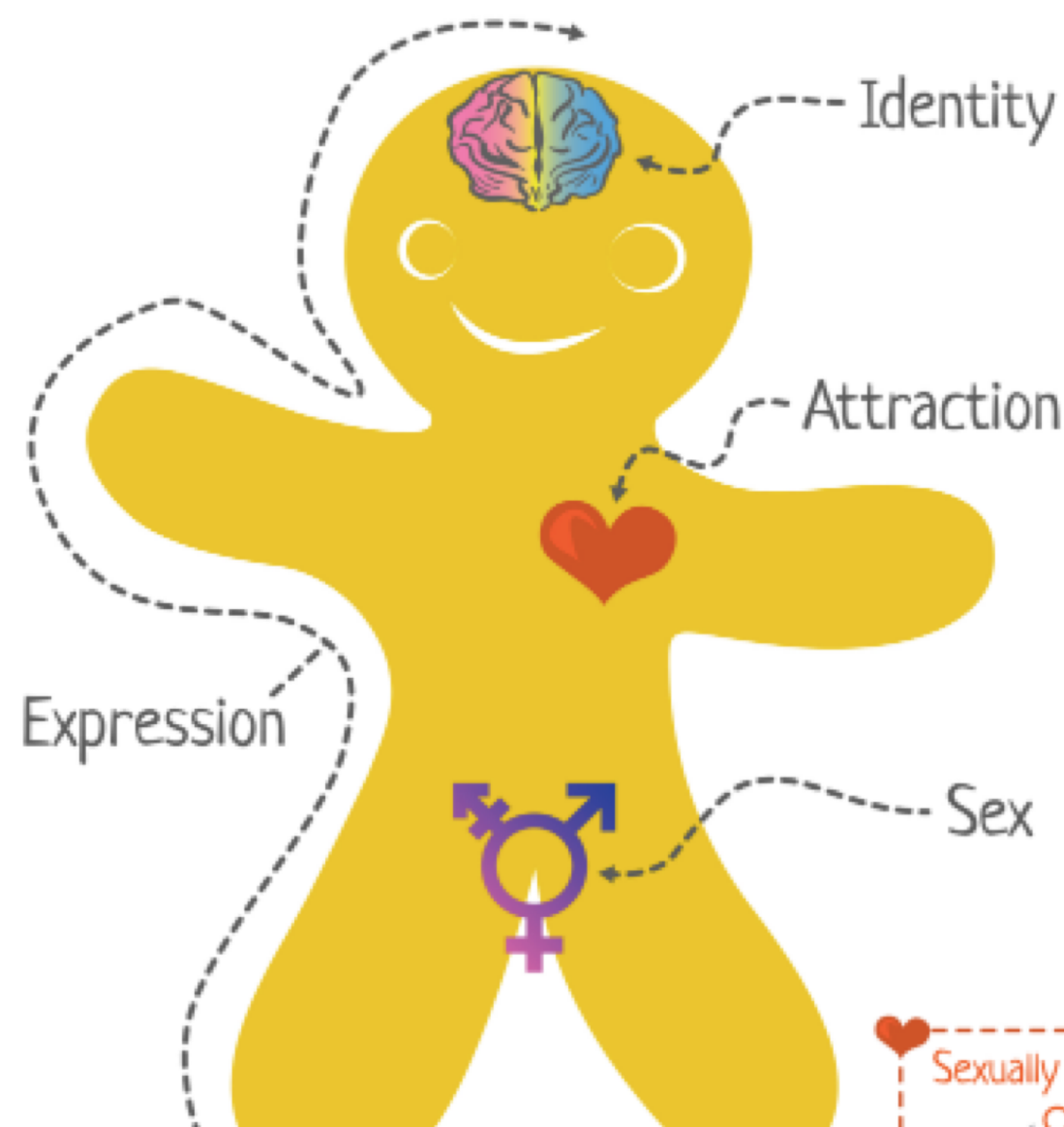
Nonbinary (NB) Gender Identity

- Gender Identity is not exclusively male or female
 - Identify outside traditional male-female binary
 - Identify as more than one gender (pangender)
 - Identify as no gender (agender)
 - Examples: Genderqueer, gender fluid, gender expansive

The Genderbread Person v3.3

by its pronounced **METROsexual**.com

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.



Gender nonconforming vs dysphoria

- **Gender nonconformity** refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Institute of Medicine, 2011).
- **Gender dysphoria** (as a general term) refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010b)
- Only some gender nonconforming people experience gender dysphoria at some point in their lives.

DSM 5: Gender Dysphoria (adolescent/adult)

- In adolescents and adults gender dysphoria diagnosis involves a difference between one's experienced/expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six months and is shown by at least two of the following:
 - A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
 - A strong desire to be rid of one's primary and/or secondary sex characteristics
 - A strong desire for the primary and/or secondary sex characteristics of the other gender
 - A strong desire to be of the other gender
 - A strong desire to be treated as the other gender
 - A strong conviction that one has the typical feelings and reactions of the other gender

Pediatric DSM5

- In children, gender dysphoria diagnosis involves at least six of the following and an associated significant distress or impairment in function, lasting at least six months.
 - A strong desire to be of the other gender or an insistence that one is the other gender
 - A strong preference for wearing clothes typical of the opposite gender
 - A strong preference for cross-gender roles in make-believe play or fantasy play
 - A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender
 - A strong preference for playmates of the other gender
 - A strong rejection of toys, games and activities typical of one's assigned gender
 - A strong dislike of one's sexual anatomy
 - A strong desire for the physical sex characteristics that match one's experienced gender

Paradigm Shift in Transgender Health

1973

- Homosexuality removed from DSM

1980

- Transsexualism added DSM-III

1994

- Gender Identity Disorder DSM-IV

2000

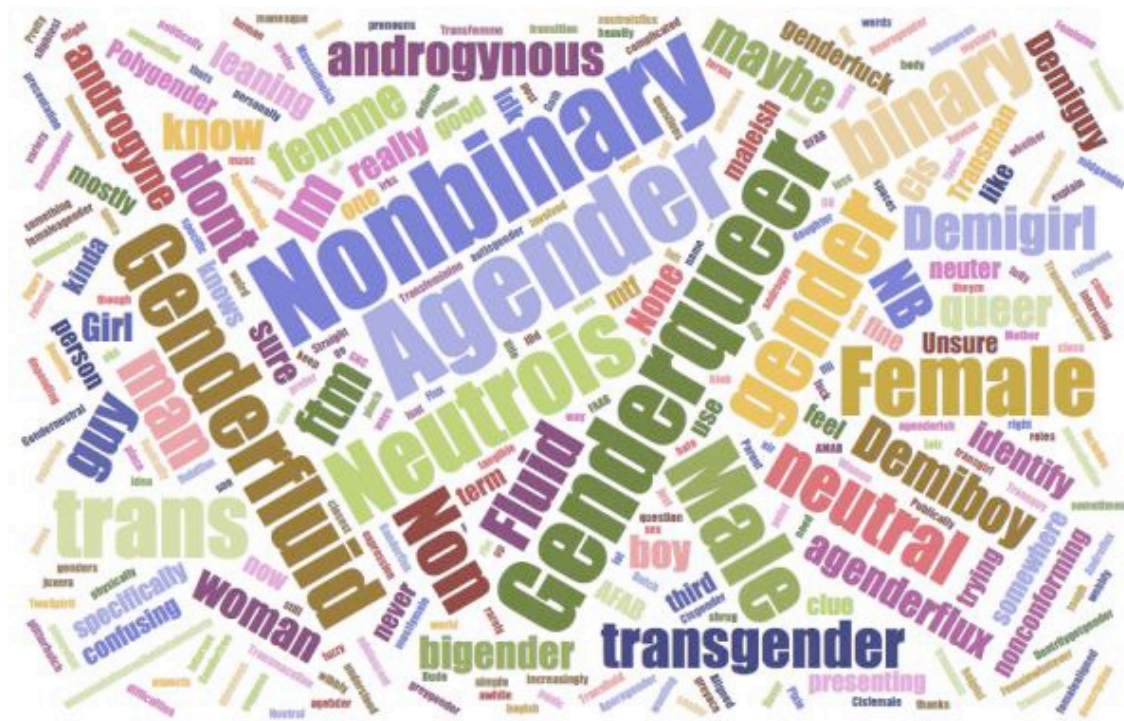
- Gender Identity Disorder DSM-IV-TR

2013

- Gender Dysphoria DSM-5

Binary vs Spectrum

- Both sexual orientation and gender identity can be fluid
- Acknowledge your own (likely) binary biases
- White, Cis-gender heterosexual female



Gender

Friends

a

- Agender
- Androgyne
- Androgynous
- Male to Female
- Pangender
- Trans
- Trans Female
- Trans Male
- Trans Man
- Trans Person

Interested In

Me

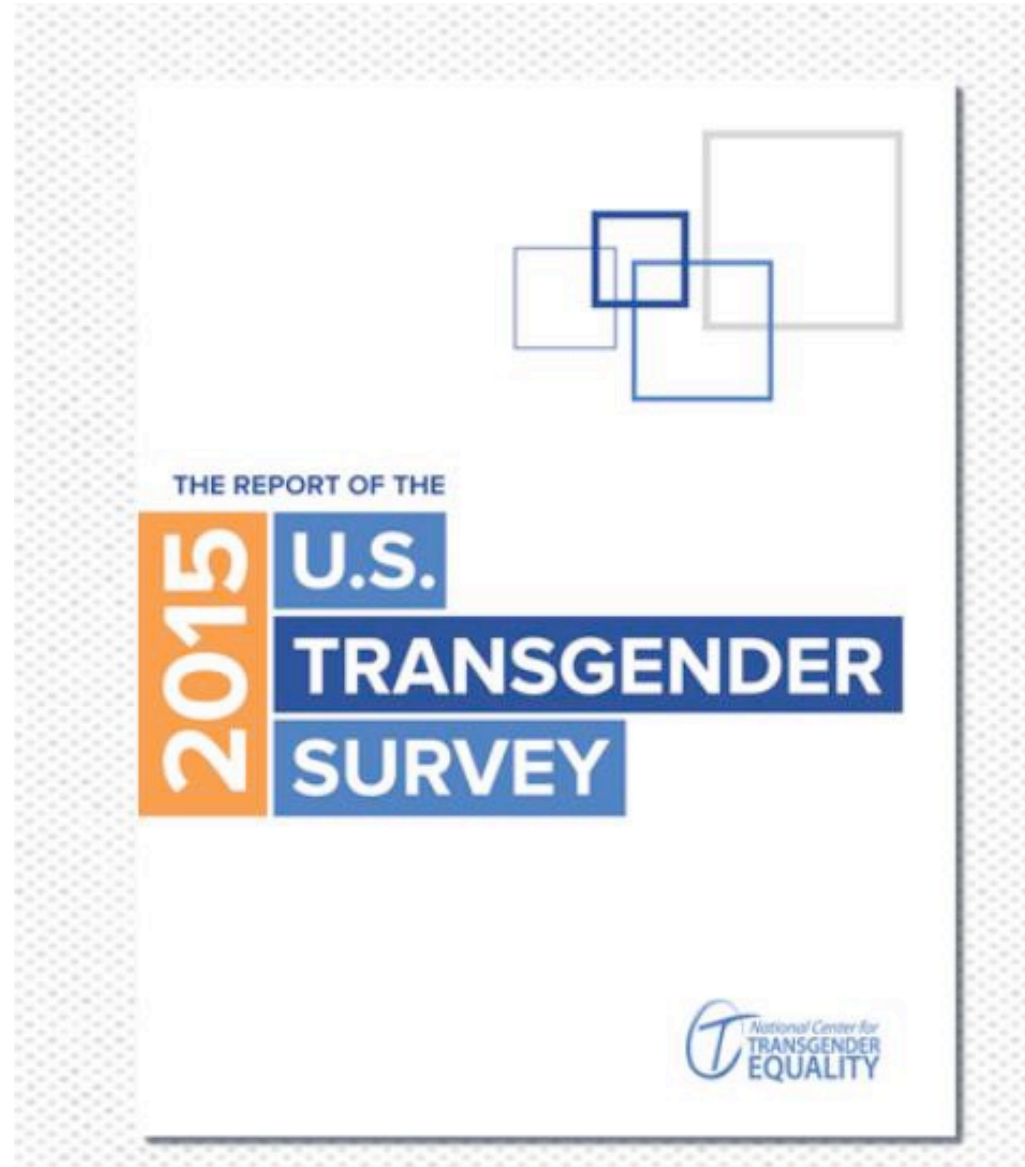
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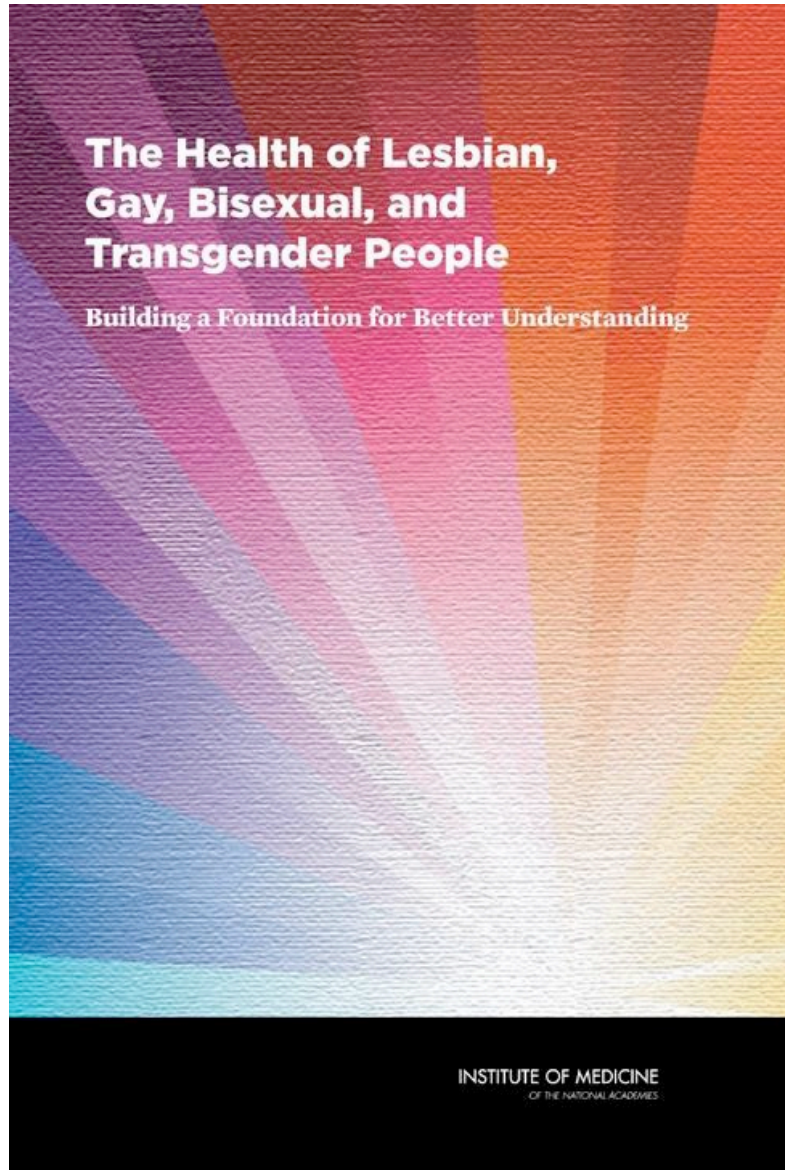
Gender Affirmation

- Process by which individuals are affirmed in their gender identity or expression
 - Social
 - Psychological
 - Medical
 - Legal

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The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding (IOM, 2011)

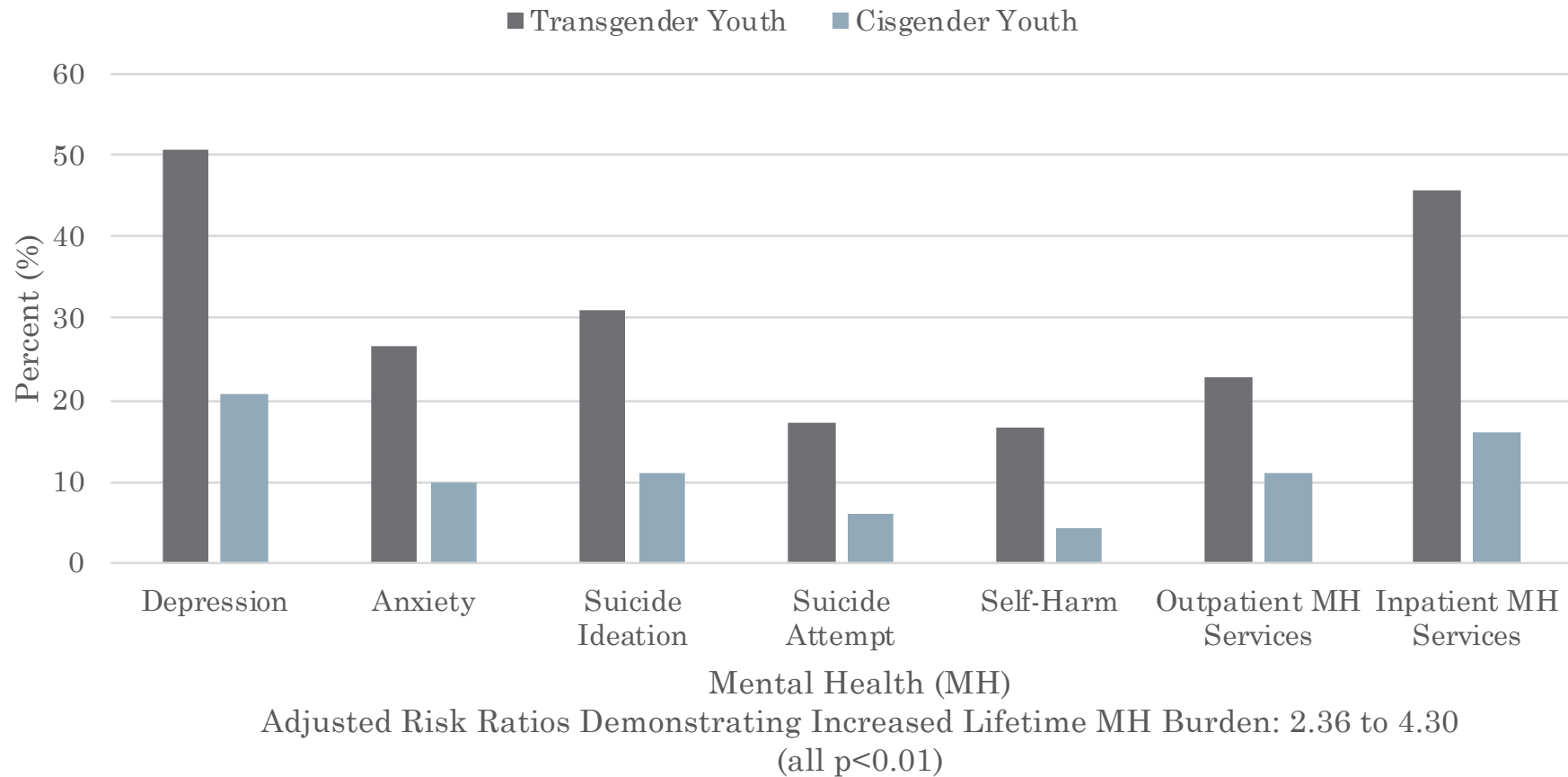
National
Institutes of
Health (NIH)
2016 Designation
of Sexual and
Gender Minorities
(SGM) as a
Health Disparity
Population

- **NIH Health Disparity Populations**
 - Blacks/African Americans
 - Hispanics/Latinos
 - American Indians/Alaska Natives
 - Asian Americans
 - Native Hawaiians and other Pacific Islanders
 - Socioeconomically disadvantaged populations
 - Underserved rural populations
 - **Sexual and gender minorities**

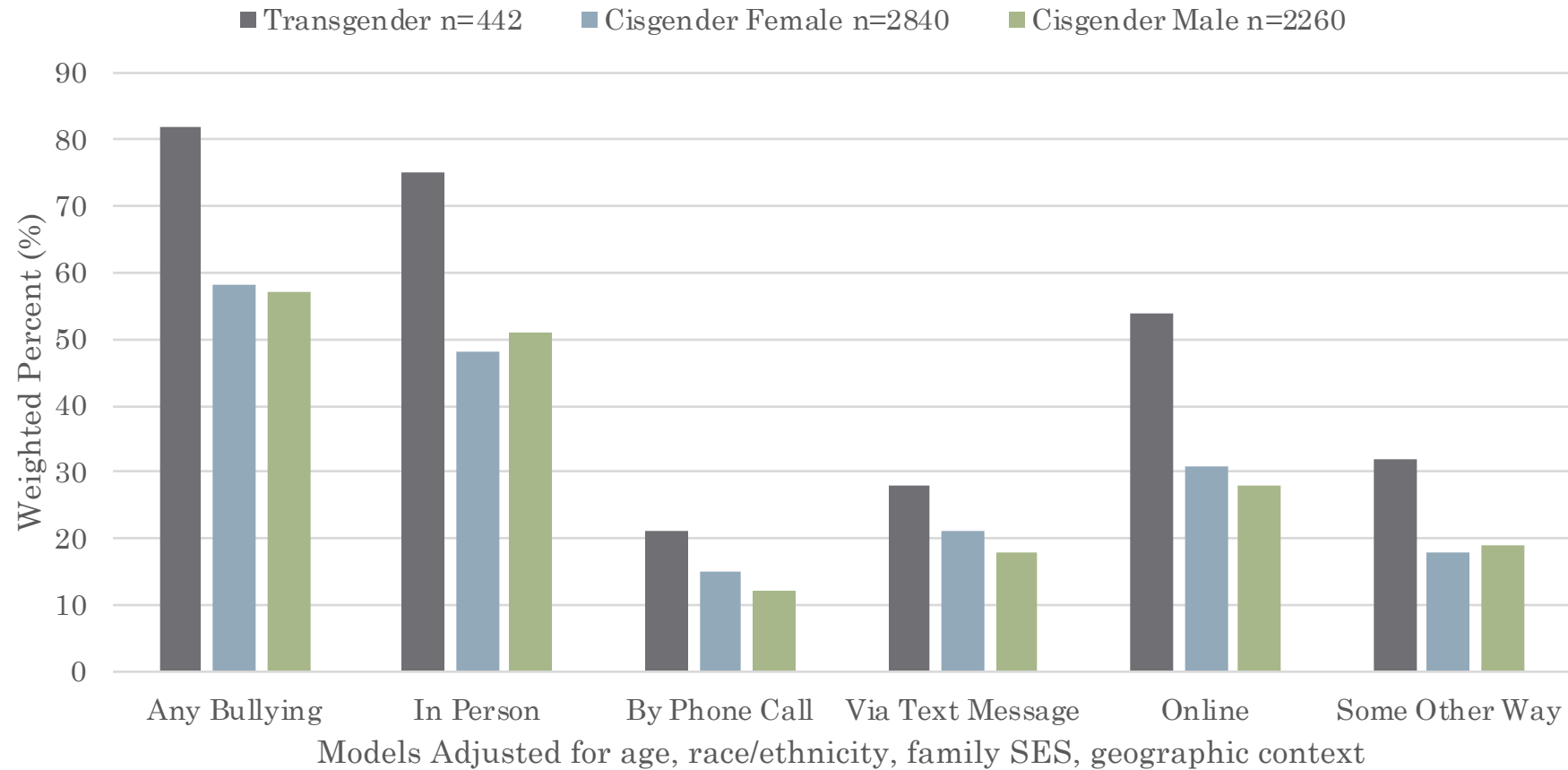
Transgender Health Disparities

- Poor self-rated general health
- HIV infection and other STIs
- Mental health
- Substance use and abuse
- Violence/victimization
- Disordered weight and shape control behaviors/eating disorders
- Homelessness, incarceration
- Lack of access of culturally competent care

Mental Health of Transgender Youth: A Matched Retrospective Cohort Study (n=360; mean age=19.6)



Past 12-Month Bullying Victimization in a U.S. National Sample of Transgender Youth, Ages 13-18 (n=5542)



Discrimination and Stigma in Healthcare: 2015 U.S. Transgender Survey (USTS, n>22,000 adults)

- 33% negative experience with a healthcare provider due to being trans
 - Verbal harassment, refusal of treatment, had to teach provider to receive appropriate care
- 23% did not see a doctor when needed due to fear of being mistreated



Current Mental Health in a Sample of Socially Transitioned Transgender Children

- Prepubescent trans children who had socially transitioned (mean age 7.7)
- Controls matched by gender identity and age within 4 months (mean age 7.8)
- Siblings closest in age to the trans child (mean age 8.3)

	Transgender (<i>n</i> = 73)	Controls (<i>n</i> = 73)	Siblings (<i>n</i> = 49)	<i>P</i>
Depression	50.1	48.4	49.3	.320
Anxiety	54.2 ^a	50.9	52.3	.057
Depression by gender ^b				.979 ^c
Natal boys	49.8 (trans-girls)	48.0	48.9	
Natal girls	50.8 (trans-boys)	48.5	49.9	
Anxiety by gender				.664 ^c
Natal boys	53.7	51.1	52.8	
Natal girls	55.3	50.8	51.5	

^a This is the only value that is significantly above the national average (50), although it is still substantially below the clinical (>63) or even preclinical (>60) range.

^b Transgender children who are natal boys and live with a female gender presentation are often called transgender girls or trans-girls; transgender children who are natal girls living with a male gender presentation are often called transgender boys or trans-boys.

^c Significance value of interaction between natal sex and group.

Pediatrics
October 2014, Vol
134/Issue 4
De Vries,
McGuire, et al.

- Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment
- **RESULTS:** After gender reassignment, in young adulthood, the GD was alleviated and psychological functioning had steadily improved. Well-being was similar to or better than same-age young adults from the general population. Improvements in psychological functioning were positively correlated with postsurgical subjective well-being.
- **CONCLUSIONS:** A clinical protocol of a multidisciplinary team with mental health professionals, physicians, and surgeons, including puberty suppression, followed by cross-sex hormones and gender reassignment surgery, provides gender dysphoric youth who seek gender reassignment from early puberty on, the opportunity to develop into well-functioning young adults.

[Transgend Health](#). Author manuscript; available in PMC 2016 Sep 2.
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[Transgend Health. 2016 Jan; 1\(1\): 21–31.](#)
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A Systematic Review of the Effects of Hormone Therapy on Psychological Functioning and Quality of Life in Transgender Individuals

Jaclyn M. White Hughto^{1,2,*} and Sari L. Reisner^{1,3,4}

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The publisher's final edited version of this article is available at [Transgend Health](#)
See other articles in PMC that [cite](#) the published article.

Abstract

Go to: 

Objectives

To review evidence from prospective cohort studies of the relationship between hormone therapy and changes in psychological functioning and quality of life in transgender individuals accessing hormone therapy over time.

Data Sources

MEDLINE, PsycINFO, and PubMed were searched for relevant studies from inception to November 2014. Reference lists of included studies were hand searched.

Results

Three uncontrolled prospective cohort studies, enrolling 247 transgender adults (180 male-to-female [MTF], 67 female-to-male [FTM]) initiating hormone therapy for the treatment of gender identity disorder (prior diagnostic term for gender dysphoria), were identified. The studies measured exposure to hormone therapy and subsequent changes in mental health (e.g., depression, anxiety) and quality of life outcomes at follow-up. Two studies showed a significant improvement in psychological functioning at 3–6 months and 12 months compared with baseline after initiating hormone therapy. The third study showed improvements in quality of life outcomes 12 months after initiating hormone therapy for FTM and MTF participants; however, only MTF participants showed a *statistically* significant increase in general quality of life after initiating hormone therapy.

Medical Gender Affirmation Improves Mental Health and Quality of Life

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Patient Stories

- Sam's Story



406 Pride Parade

Billings, MT September 8th, 2018

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