

Project Echo: Transgender Care

Colleen Wood, MD

Kristen Prewitt, DO

10/14/2020

Endocrine society guidelines

- Ages differ based on procedure
 - Gonadectomy/hysterectomy > 18 years old
 - “We suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual. There is insufficient evidence to recommend a specific age requirement.”
- Behavioral health provider and clinician and patient agree surgery would be beneficial
- Genital surgery after 1 year of hormone therapy (if on hormones)

Hembree, W.C. et al. J Clin Endocrinol Metab, 2017, 102(11):1–35.

Criteria for Genital Surgery (Two Referrals)

The criteria for genital surgery are specific to the type of surgery being requested.

Criteria for hysterectomy and salpingo-oophorectomy in FtM patients and for orchiectomy in MtF patients:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled.
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before the patient undergoes irreversible surgical intervention.

These criteria do not apply to patients who are having these procedures for medical indications other than gender dysphoria.

Criteria for metoidioplasty or phalloplasty in FtM patients and for vaginoplasty in MtF patients:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be well controlled;
5. 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).
6. 12 continuous months of living in a gender role that is congruent with their gender identity.

Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.



Masculinizing surgeries

Surgery

- Chest masculinizing surgery/ mastectomy
- Genital surgery:
 - hysterectomy/salpino-oophorectomy
 - Vaginectomy
 - Scrotoplasty
 - Testicular prostheses
 - Metoidioplasty
 - Phalloplasty

HEALTH TRANSITION

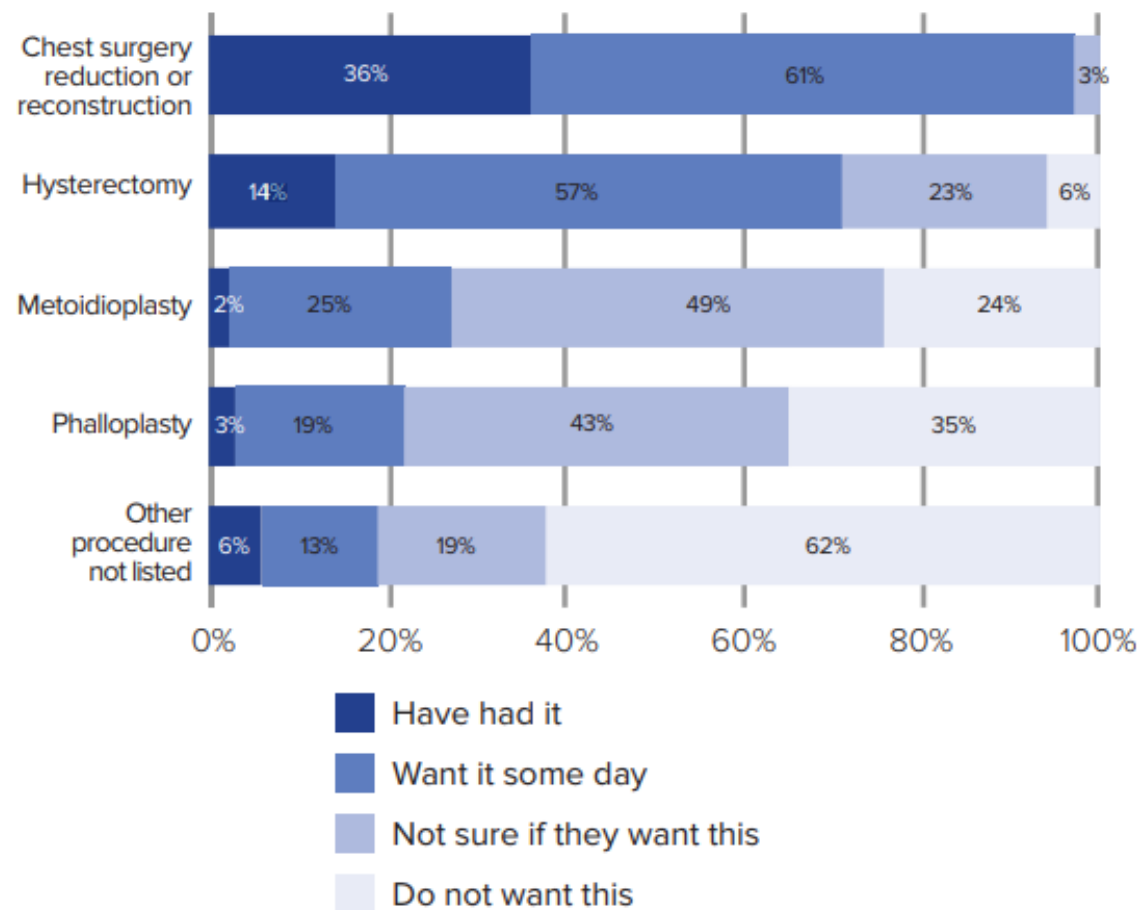
**Transgender people seek coverage of procedures
insurers call cosmetic**



For decades, insurers have denied coverage for procedures to help transgender people transition. For many of them, becoming who they truly are is worth fighting over what is “medically necessary.”

Table 7.4: Procedures among respondents with female on their original birth certificate

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Chest surgery reduction or reconstruction	21%	52%	17%	10%
Hysterectomy	8%	44%	28%	19%
Metoidioplasty	1%	15%	37%	47%
Phalloplasty	1%	11%	31%	56%
Other procedure not listed	3%	7%	13%	77%

Figure 7.12: Procedures among transgender men



Feminizing surgeries

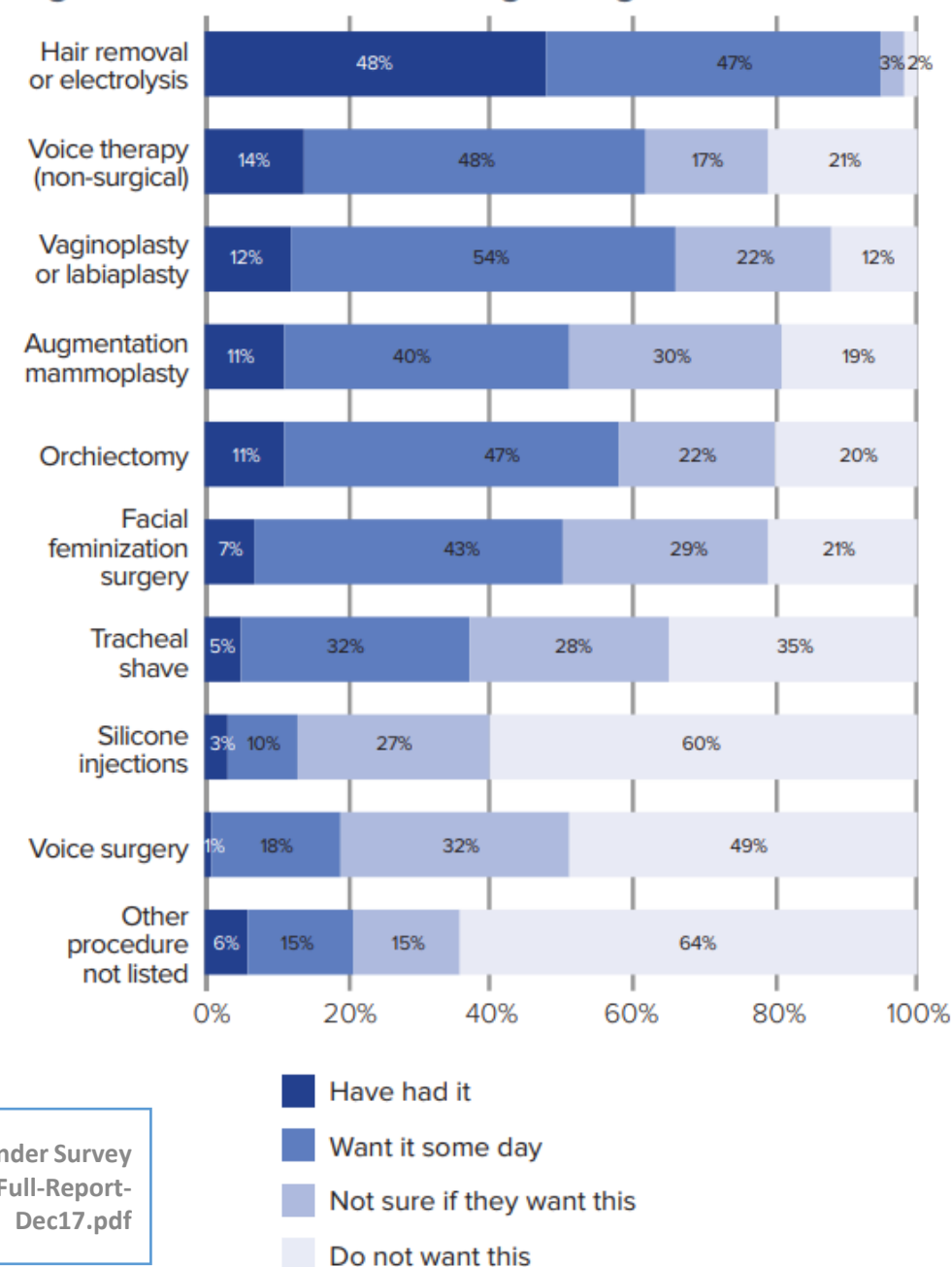
Surgery and other procedures

- Laser hair removal
- Genital surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty
- Breast/chest surgery
- Others:
 - Facial feminization surgery
 - Tracheal shave/ thyroid cartilage reduction
 - Many others

Table 7.5: Procedures among respondents with male on their original birth certificate

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Hair removal or electrolysis	41%	49%	5%	5%
Voice therapy (non-surgical)	11%	46%	19%	24%
Vaginoplasty or labiaplasty	10%	45%	23%	22%
Augmentation mammoplasty	8%	36%	31%	24%
Orchiectomy	9%	40%	24%	27%
Facial feminization surgery	6%	39%	30%	25%
Tracheal shave	4%	29%	29%	38%
Silicone injections ²⁸	2%	9%	27%	61%
Voice surgery	1%	16%	32%	51%
Other procedure not listed	5%	13%	15%	67%

2015 U.S. Transgender Survey
<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

Figure 7.14: Procedures among transgender women

Gender Affirming Clinical Care

- Use the patient's preferred names and pronouns and use preferred pronoun--
-if you are unsure, just ask!
- Don't assume a patient wants to medically affirm their gender
- Don't assume a person's sexual orientation based on gender identity
- Assess for social stressors
- Avoid asking intrusive questions about surgical status, legal gender if these are not relevant to the patient's current visit

Transgender Friendly Concepts for Clinicians

- **Goal: Advocate for the patients in the community**
 - Foster sources of social support, including the patient's family and/or community, if allowed by the patient
 - If you are unable to provide care for transgender patients, refer them to clinicians who are comfortable doing so
 - Provide patients with information on transgender-friendly community resources

Transgender Friendly Concepts for Clinicians, Cont.

- **Goal: Approach the patient with sensitivity and awareness**
 - Avoid imposing a binary view of gender identity, sexual orientation, sex development, or gender expression
 - Be aware that interventions to change gender identity are unethical
 - Build rapport and trust by providing nonjudgmental care
 - Examine how aspects of one's identity (e.g., gender, sexual orientation, race, ethnicity, class, disability, spirituality) intersect in creating one's experience, and how coping strategies are influenced by marginalization experiences
 - Treat all patients with empathy, respect, and dignity

Transgender Friendly Concepts for Clinicians, Cont.

- **Goal: Create a Transgender Friendly Clinical Environment**
 - Adopt and disseminate a nondiscrimination policy
 - Ask staff to perform a personal assessment of internal biases
 - Consider including the two-step method (two questions to identify chosen gender identity and sex assigned at birth) to collect gender identity data
 - Ensure that intake forms and records use gender-neutral or inclusive language (e.g., partnered instead of married)
 - Provide care that affirms the patient's gender identity
 - Provide inclusive physical spaces (e.g., display brochures with photos of same-sex couples, designate at least one gender-neutral restroom, display LGBT-friendly flags)
 - Use gender-inclusive language, such as:
 - “Are you currently in a romantic or sexual relationship?”
 - “How does your partner identify?”
 - “What have you done sexually with your partner(s)?”

Transgender Friendly Concepts for Clinicians, Cont.

- **Goal: maintain open communication with the goal of confidentiality**
 - Do not assume patients are ready to disclose their gender identity to family members
 - Establish openness to discuss sexual and reproductive health concerns
 - Inquire about unfamiliar terminology to prevent miscommunication
 - Minimize threats to confidentiality (e.g., at the pharmacy, through billing practices)

Transgender Friendly Concepts for Clinicians, Cont.

- **Goal: Provide Culturally Sensitive Adolescent Care**
 - Be aware of state-specific minor consent and confidentiality laws
 - Ensure timely referral for puberty suppression and mental health services
 - Obtain an age-appropriate and confidential psychosocial history

Improving Mental Health-Familial and Societal Support for Children

Background

- 1.8% of high school youth identify as transgender
- 1.6% are not sure
- 2017 Youth Risk Behavior Survey (YRBS, 10 states, 131,901 students)
- Prior estimates: 0.7% of youth ages 13-17 years

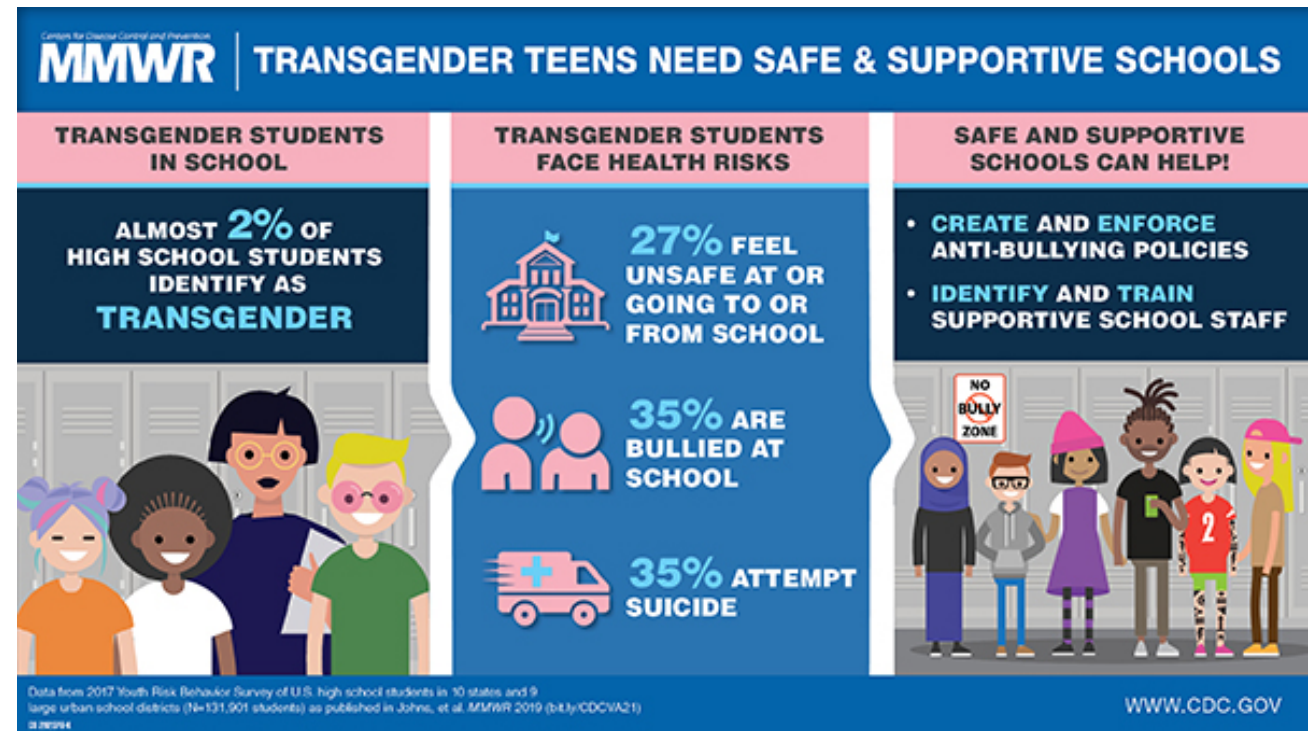
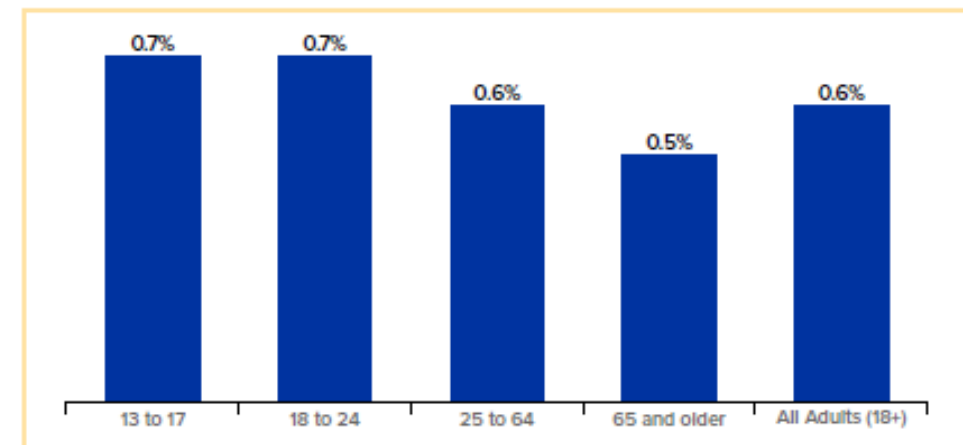


Figure 1. Percentage of Individuals Who Identify as Transgender by Age



Referrals in the US and Europe are rising

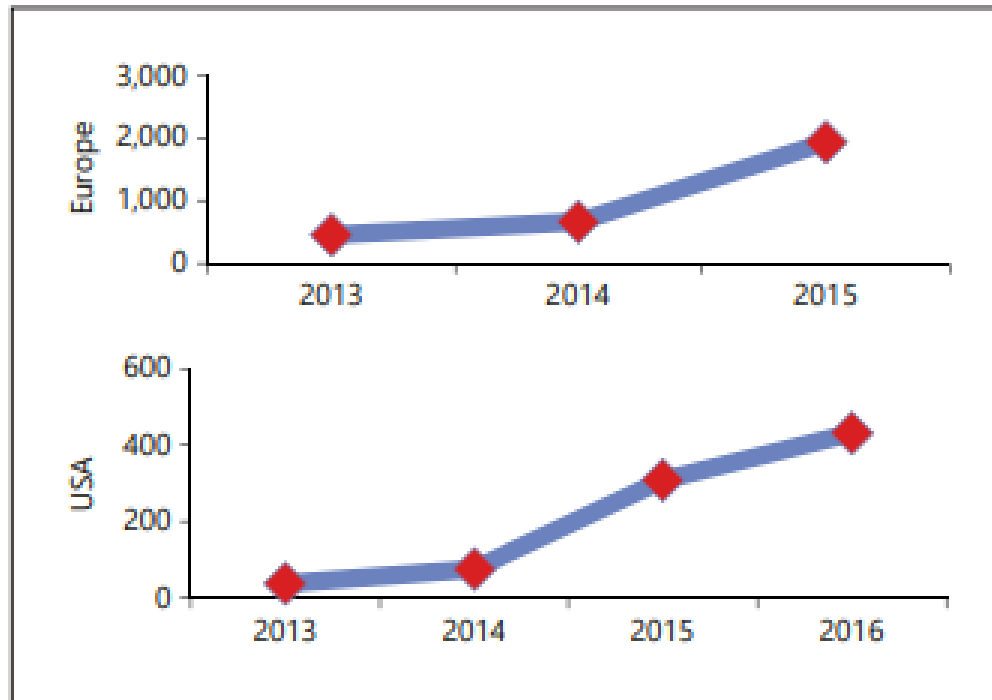
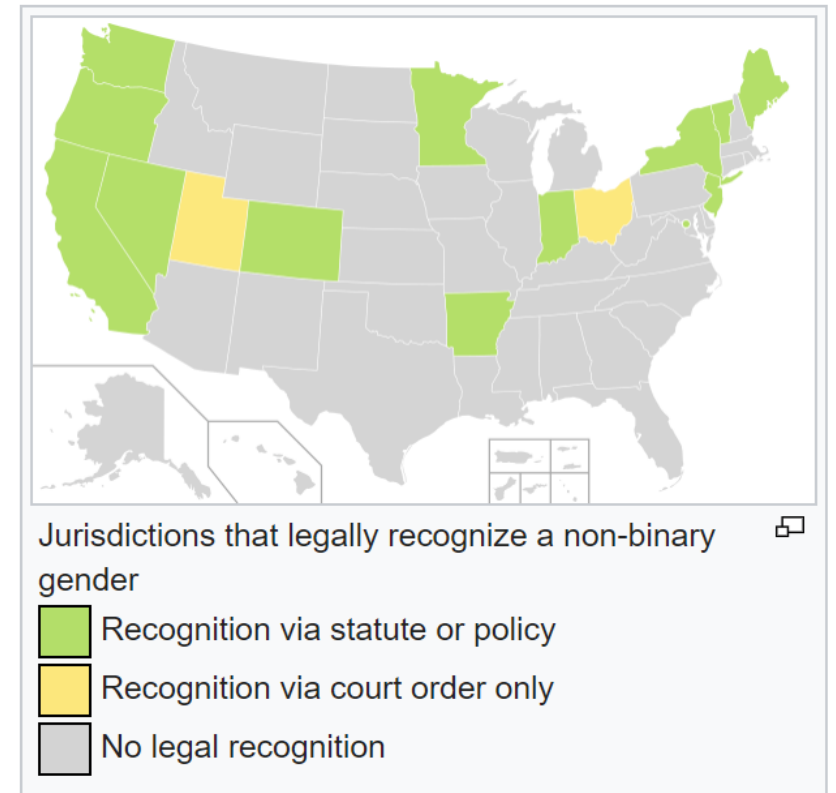


Fig. 1. The increasing number of new referrals to the participating endocrine European and US centers in the past 3 years is shown.



DMV in Colorado

As of 11/30/18, option X on driver's license



https://en.wikipedia.org/wiki/Legal_recognition_of_non-binary_gender

I am a licensed medical/behavioral healthcare provider for the above named individual. Consistent with the requirements in Division of Motor Vehicles - Driver License Section 1 CCR 204-32 Rules 1 and 2, and after reviewing the requirements of the rule, the sex designation on the Colorado Driver License or Identification document that is most consistent with the individual identified above is:

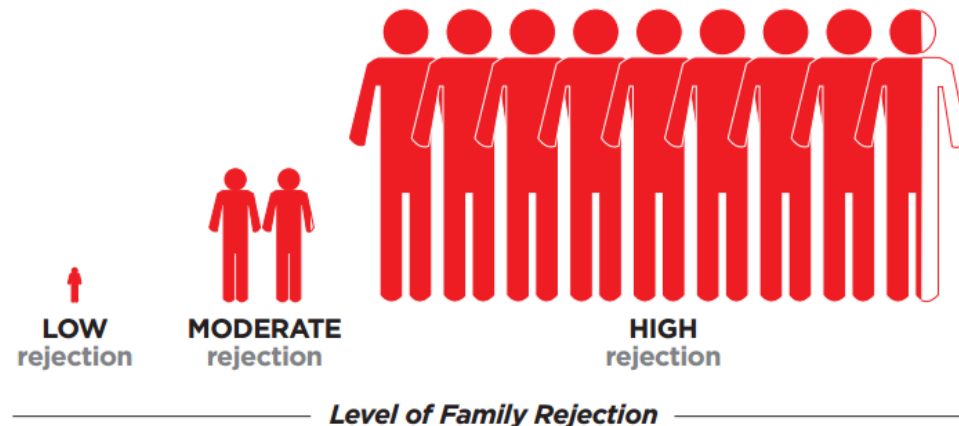
☐ Male ☐ Female ☐ X

Family Acceptance Project for LGBT youth

- Young people rejected by their families were
 - 8x as likely to have attempted suicide
 - 6x as likely to report high levels of depression
 - 3x as likely to use illegal drugs
 - 3x as likely to be at high risk for HIV and sexually transmitted diseases

Lifetime Suicide Attempts for Highly Rejected LGBT Young People

(One or more times)



Ryan, Family Acceptance Project, 2009

Mental health in socially transitioned transgender youth

Olson, *Pediatrics*, 2015

TABLE 3 Anxiety and Depression *t* Scores by Sex and Sample

	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.

Summary & take-home messages

1. Using someone's affirmed name and pronoun is very important
2. There are medications available, supported by guidelines to prevent a young person from developing secondary sex characteristics that do not align with gender identity.
3. Gender-affirming hormone therapy can be started in mid-adolescence
4. Youth with strong parental support have vastly better mental health

Questions? Cases?