I have no financial relationships to disclose

This topic is solely personal

TRIGGER WARNINGS, sensitive info inside
How do we define gender?

Is it solely based on chromosomes?

How many of you have friends, family, patients that are gender questioning?

“To me, understanding the evolution for the X and Y is so important because we need to understand that there are all of these variations in the genetics of sex determination. ...and this DNA (X & Y) swapping may in turn, blur rigid chromosomal interpretations of sexual identity”

-Melissa Wilson Sayres, ASU assistant professor
Life Threatening Concerns

- 40% of transgender and nonbinary individuals experience health care discrimination
- 40% of the above avoid the health care system
- 59% experience rape/sexual crimes
- 62% experience gender harassment
- 83% verbal harassment, 36% physical

More Life Threatening Concerns

- 47-50% consider suicide
- The actual suicide rate is 10 times the national average

NEVER FORGET
31% of trans’ people commit suicide
50% attempt it by the time we turn 20
It’s not just gay teens you need to worry about.
More Life Threatening Concerns

- In 2015, 21 people were victims of fatal violence

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AT LEAST 21
TRANSGENDER PEOPLE HAVE BEEN MURDERED IN THE UNITED STATES IN 2015.

Papi Edwards
Lnni Beaul
Tj Underwood
Yazmin Vaz-Playne
Taji Gabrielle DeJesus
Penny Proud
Kristen Gomez Reinwald
Keysha Bigne
London Chanel
Mercedes Williams
James Collins
Ashley O'Hara
India Clarke
K.C. Haggard
Shade Schuler
Amber Monroe
Kendra Caper
Elisha Walker
Tamara Dominguez
Kisha Jenkins
Zeena Zane

Source: hrc.org/resources/addressing-end-transgender-violence-and-violence-against-girls

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Biosocial Definitions

- Terminology
  - 1. gender identity
  - 2. sexual/romantic orientation
  - 3. gender nonconforming
  - 4. transgender, cisgender
  - 5. gender dysphoria
  - 6. sex/natal sex
  - 7. nonbinary and gender queer
Being Transgender or Gender Nonconforming Is a Matter of Diversity, Not Pathology

“The expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative.”


Gender Identity-
- a person’s sense of being a boy, girl, agender, genderfluid, etc.

Transgender-
- those who do not identify with their assigned gender at birth (trans men, trans women). Does not imply sexual orientation. May still be straight, gay, bisexual, etc.

Cisgender-
- do identify with their assigned gender at birth
Sexual romantic orientation - Attraction to other people

Gender Identity and Sexual Orientation are not equal

Gender nonconforming
- who do not follow stereotypes on how they should look or act (based on assigned gender at birth)
- Gender expression-
  - how they present themselves (behavior, voice, hair, clothes)
Terminology cont

- Gender dysphoria - discomfort with one’s assigned gender (not experienced by all trans people)
  - Genderqueer or nonbinary - identify as neither male or female, does not confirm to social norms of gender. (sometimes use pronouns such as they/them, xe/xem, etc)
  - Some nonbinary identities include: genderfluid, agender, demiboy, demigirl

Barriers to Health Care & Solutions

- Health Care Practitioner (HCP) does not respect their identity
- Forms, legal name, preferred name, pronouns example: I identify my gender as..., my preferred pronouns are...
- Accept their gender identity and use the preferred pronouns
- Have a protocol for preferred names/gender/pronouns (for all staff)
- Gender neutral language (they) and bathrooms

What sex were you assigned at birth, on your original birth certificate?
- Female
- Male

How do you describe yourself?
- Female
- Male
- Transgender
- Do Not Identify as Female, Male, or Transgender

[Image of a gender neutral restroom sign]
Promote the idea that discrimination will not be tolerated. According to the National Transgender discrimination Study 2010, 28% experience verbal harassment in health care.

Post a nondiscrimination policy, have LGBT educational material, post LGBT posters

Don’t make assumptions! Don’t assume: heterosexual, sexual orientation or identity by clothing or behavior, behavior or identity hasn’t changed since the last visit, identity is a phase, that transgender patients are straight, gay or bisexual.

Self reflect on how I react when someone expresses their identity different from the social norms. How do I feel/react to the LGBT community.

Adapted from The Fenway Instutite 2009 http://fenway health.org
Overcoming Barriers...

- Promote services for the transgender individuals
- Outreach to LGBT events
- Put your practice in listings

Barriers cont..

- Limited providers—according to the National Transgender Discrimination Study 2010, 50% reports HCP lack of knowledge. Educate yourself and your staff
- Only 30-40% of transgender individuals access health care, 40% are under or not insured. Most insurances do not cover care related to transgender health

Barriers...

- Genital Exams
- Psycho-social issues related to their identity
- Consider putting off genital exam to another visit, after patient is more comfortable with you (if medically indicated)
- Consider policies on chaperones
- Consider patient discomfort with this, try to allow for more time and explanations
Health Concerns Unique to transgender people

- 40% more likely to smoke
- Higher HIV rates, esp in the AMAB group, some as high as 1:4
- Increase risks of depression, alcohol and drug abuse, physical inactivity, obesity
- Dysphoria issues
- Shared needle use from unsupervised hormones
- Reproductive health concerns
- Homelessness and social isolation

Primary care issues:

- Cardiovascular
  - Bp qyear after age 18
  - Lipid disorders - start screening at age 20
Primary care issues

- Diabetes/Endocrine
  - Annual screening regardless of age
  - Check Vitamin D level and Ca+ (esp after gonadectomy and trans masculine on testosterone)
  - Prolactin levels
  - Yearly thyroid if on Hormones

More Primary Care

- Osteoporosis
  - Transgender women q10 years after age 65 or younger if increased fracture risk or if stopped hormones
  - Transgender men q10 years after initiation of testosterone, consider younger based on fracture risk and/or + oophorectomy

Primary Care...

- HEPATIC
  - Annual bloodwork for liver function
  - Consider liver ultrasound every other year for those on oral HRT
  - Consider cbc to check for polycythaemia
Sexual Health

- Sexual history, past and current, gender(s)
- Be aware sexual orientation may change, esp with the addition of hormones, evaluate qvisit
- Review risk behaviors- including sharing needles for HRT, if + risky behaviors screen for HIV, Hep. B/C q6months -yearly
- Screen for gonorrhea, chlamydia and syphilis also, remember if neovagina need culture not PCR for gc/ct
- Hep B vaccine up to date

Primary Care Continued..

- Screen for mental health issues, including self harm and suicide risks.
- Also screen substance abuse, higher rates of generalized SA including smoking and etoh
- Higher risk of obesity due to inactivity and body dysphoria (ie. to hide breasts)

More Preventive Care

Cancer Screening

- “if they have it, Check it” prostate, breast, uterus/ovaries, cervix
- Pelvic organs
- Colon
- “When guidelines conflict in regard to gender or anatomy use the more conservative guideline”
Cancer Screening Prostate
- Have the discussion with trans women over 50 reviewed risks and benefits
- PSA not advised, recommend prostate PE either rectal or transvaginal

Cancer Screening Breast
- Trans men >40 - mammograms every other year, or yearly, then yearly after 50
- Consider breast US if chest reconstruction but obvious breast tissue still present
- Yearly clinical breast exam
- Trans women screening mammogram >50 on HRT or other risk factors

Cancer Screening Colon
- Same guidelines as for cisgender people
- Low risk starting at age 50 flexible sigmoidoscopy q5 yr or colonoscopy q10 yr
- For trans female with a neovagina consider a vaginoscopy at the same time
Cancer Screening Pelvic Organ

- Trans men-Pap routine according to ASCCP guidelines
- No exact guidelines for endometrial or ovarian screening; some say none for asymptomatic pts, other advise pelvic US q2 yrs for those on testosterone
- EMB is indicated for any vaginal bleeding after cessation of menses
- Trans women with neovagina-exam yearly for HPV

Resources

- For Health Care Providers
  - WPATH
  - UCSF Center for excellence for transgender health
  - Endocrine treatment of transgender individuals
  - GLMA (gay and lesbian medical association)
  - HRC.Org-Human Rights Campaign
  - The Fenway Institute
  - Nickgorton.org
  - Callen-lorde.org
  - There are many more, and don't forget ACNM, ACOG and AAP

Resources

- For patients and families (again this list is not all inconclusive)
  - HRC
  - GLMA
  - GLAAD
  - PFLAG
  - Youth resource
  - Transbasics
  - Transgender Civil rights project
  - National center for transgender equality
  - National Suicide prevention lifeline 800-273-talk
Family resources continued

- It gets better
- Trans youth family alliance
- Don’t forget to check your local resources too, these are national, many areas have their own

School issues
- GLSEN-
- GSA
- Campus Pride
- Point Foundation