GENDER CARE

NMAFP WINTER REFRESHER

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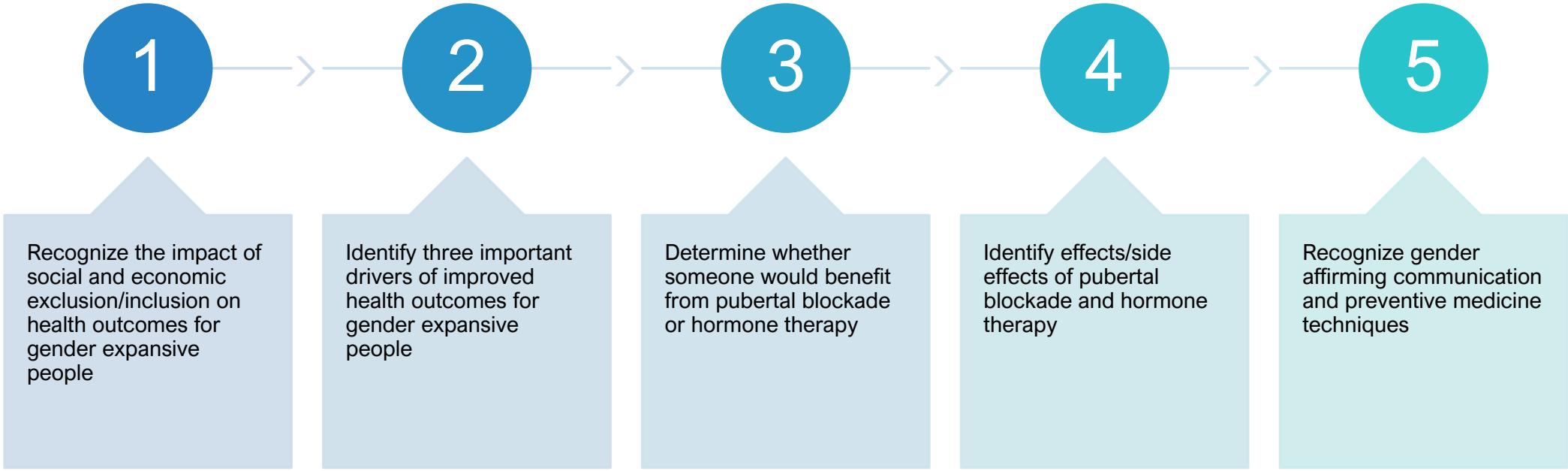
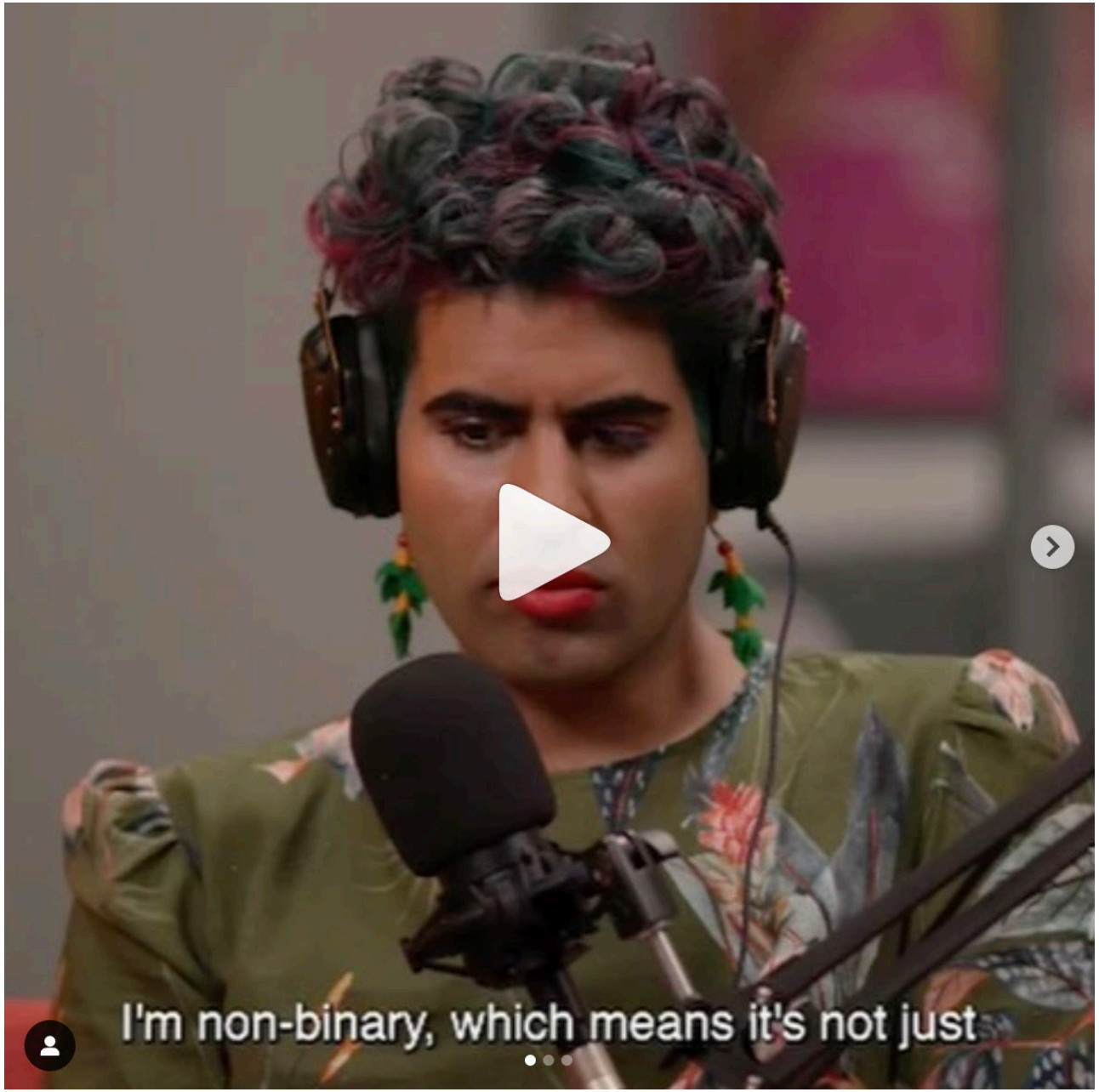
disclosures

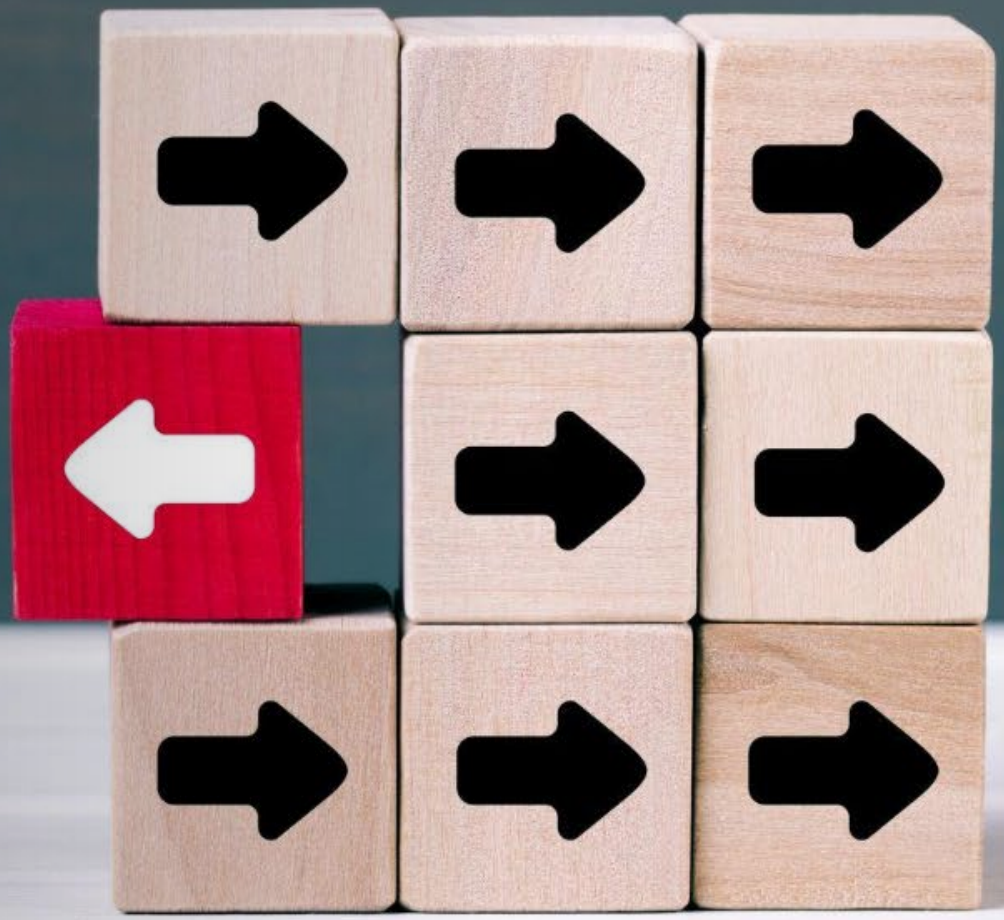
none to report


1
Recognize the impact of social and economic exclusion/inclusion on health outcomes for gender expansive people
2
Identify three important drivers of improved health outcomes for gender expansive people
3
Determine whether someone would benefit from pubertal blockade or hormone therapy
4
Identify effects/side effects of pubertal blockade and hormone therapy
5
Recognize gender affirming communication and preventive medicine techniques

objectives


I'm non-binary, which means it's not just

power of social and economic exclusion



structural violence

THE REPORT OF THE

2015 U.S. TRANSGENDER SURVEY

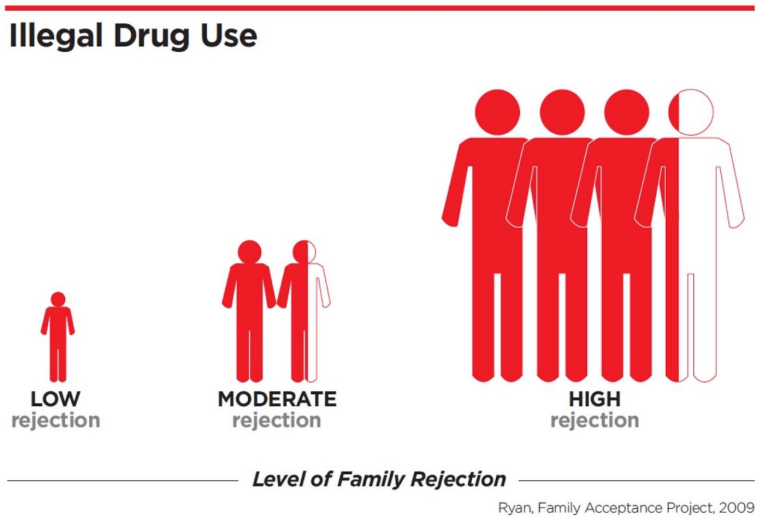
National Center for TRANSGENDER EQUALITY

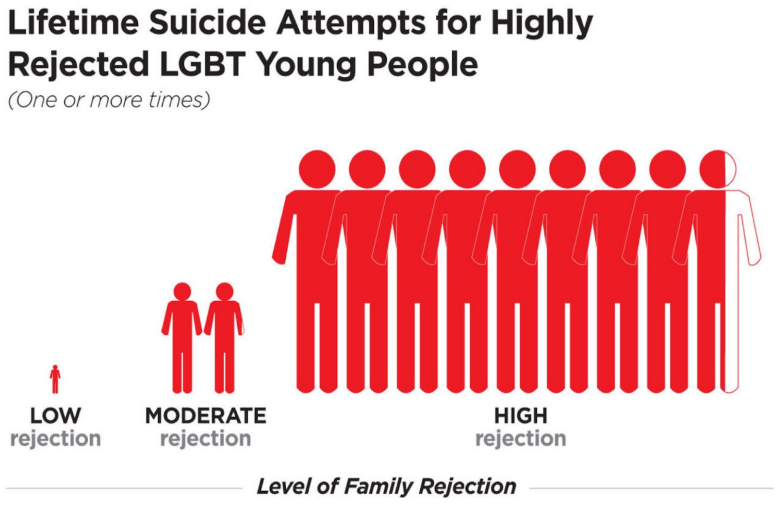
2015 National Transgender Discrimination Survey

HEALTHCARE

+ 20% were refused care
+ 50% have had to teach their doctors
+ HIV 5 X rate of general population (1.4% compared to 0.3% gen pop)
+ 28% postponed care for fear of discrimination
+ 40% ATTEMPTED suicide (4.6% gen pop)


power of
affirmation
and
inclusion





POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents

Jason Rafferty, MD, MPH, EdM, FAAP, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE, SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS

the power of family affirmation

power of pronouns

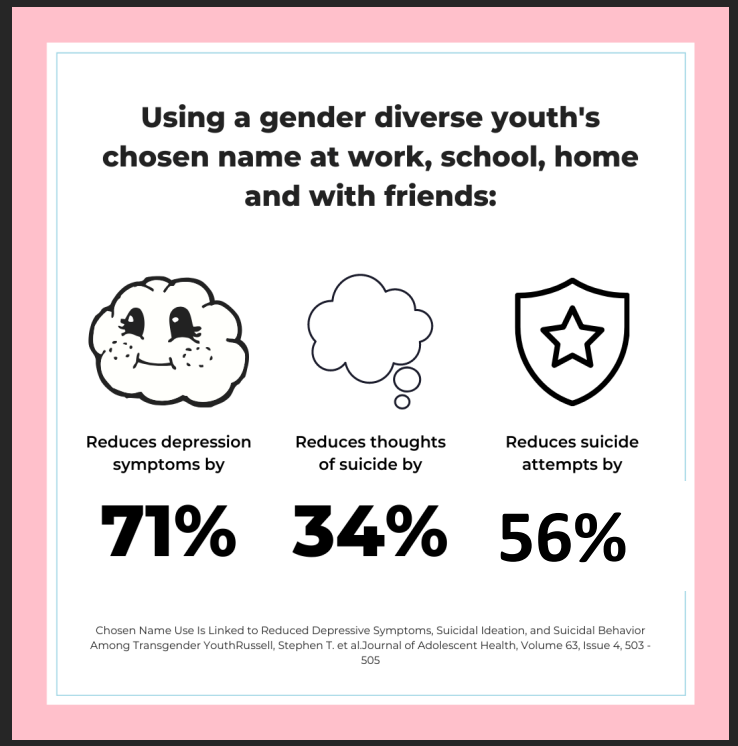
power of access to medications

Journal of Adolescent Health
Volume 63, Issue 4, October 2018, Pages 503-505

Adolescent health brief

Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth

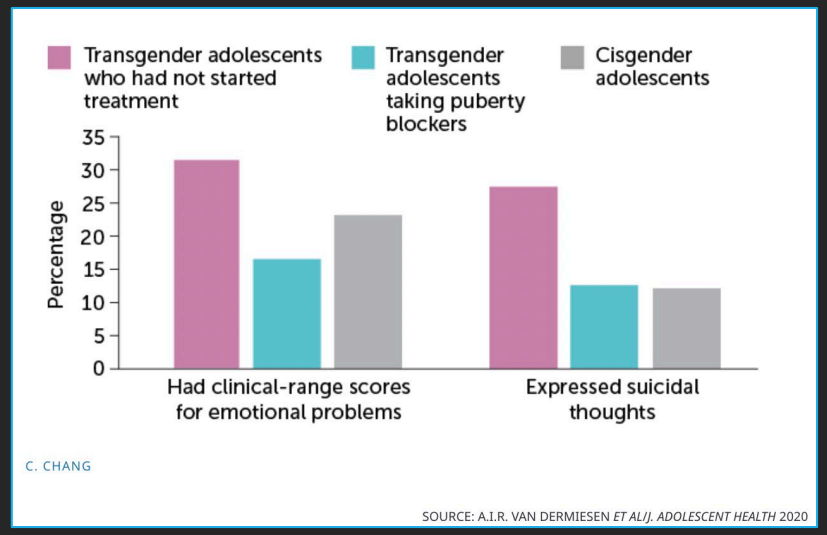
Stephen T. Russell Ph.D. [a], Amanda M. Pollitt Ph.D. [a], Gu Li Ph.D. [b], Arnold H. Grossman Ph.D. [c]



power of family affirmation

power of pronouns

power of access to medications



Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation

Jack L. Turban, MD, MHS,[a] Dana King, ALM,[b] Jeremi M. Carswell, MD,[c] Alex S. Keuroghlian, MD, MPH[a,b]

power of family affirmation

power of pronouns

power of access to medications


pubertal blockade OR hormone initiation

pubertal blockade

Tanner stage II/III

GnRH agonists

CRITERIA FOR GENDER-AFFIRMING HORMONE THERAPY FOR ADOLESCENTS
According to the World Professional Association for Transgender Health

Adolescents are eligible for ***GnRH agonist treatment if:***

A. a qualified health professional has confirmed that:
[ ] The adolescent has demonstrated a long lasting and intense pattern of gender nonconformity or gender dysphoria (whether expressed or suppressed)
[ ] Gender dysphoria worsened with the onset of puberty
[ ] A coexisting psychological, medical, or social problems that could interfere with treatment (or treatment adherence and) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment
[ ] The adolescent has sufficient mental capacity to give informed consent to this (reversible) treatment

B. and the adolescent:
[ ] Has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility
[ ] Has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent through the treatment process

C. and a pediatric endocrinologist or other clinician experienced in pubertal assessment:
[ ] Agrees with the indication for GnRH agonist treatment
[ ] Has confirmed the puberty has started in the adolescent (Tanner stage greater than or equal to G2\B2)
[ ] Has confirmed that there are no medical contraindications to GnRH agonist treatment

hormone therapy

CRITERIA FOR GENDER-AFFIRMING HORMONE THERAPY FOR ADOLESCENTS
According to the World Professional Association for Transgender Health

Adolescents are eligible for ***sex hormone treatment if:***

A. a qualified health professional has confirmed:
[ ] Persistence of gender dysphoria
[ ] Any coexisting psychological, medical, or social problems that could interfere with treatment (or treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start sex hormone treatment
[ ] The adolescent has sufficient mental capacity (which most adolescents have by age 16 years) to estimate the consequences of this (partly) irreversible treatment, weighted benefits and risks, and gives informed consent to this (partly) irreversible treatment,

B. and the adolescent:
[ ] Has been informed of the (irreversible) effects and side effects of the treatment (including potential loss of fertility and options to preserve fertility)
[ ] Has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting adolescent through the treatment process,

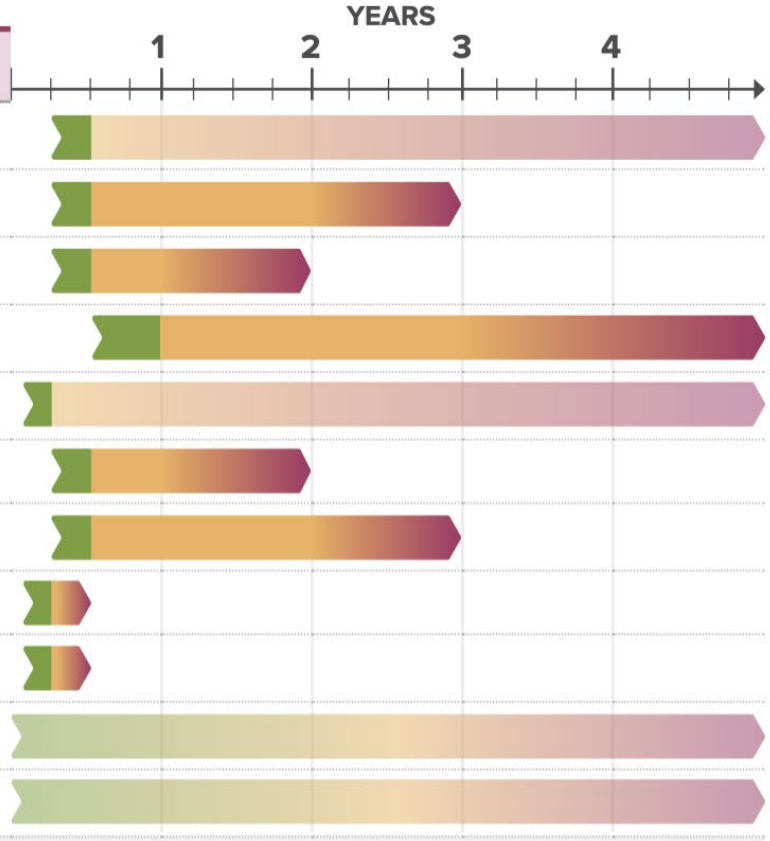
C. and a pediatric endocrinologist or other clinician experienced in pubertal induction:
[ ] Agrees with the indication for sex hormone treatment
[ ] Has confirmed that there are no medical contraindications to sex hormone treatment

feminizing

EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES

The degree and rate of physical effects are largely dependent on patient-specific factors such as age, genetics, body habitus and lifestyle, and to some extent the dose and route used (selected in accordance with a patient's specific goals and risk profile).[8]

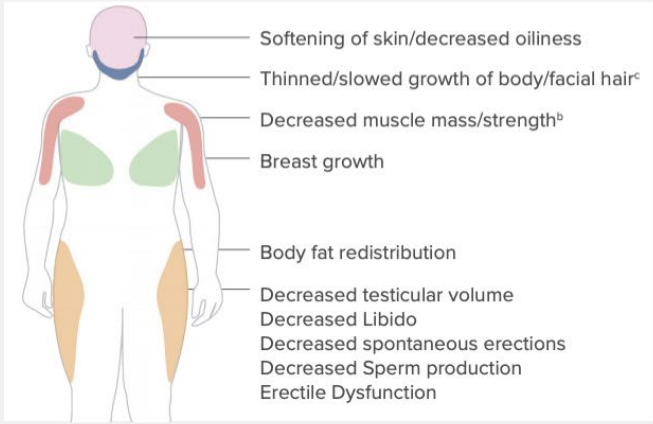
Physical Effects	Reversibility	Onset[a]	Expected maximal effect[a]
Softening of skin/ decreased oiliness	Reversible	3-6 months	Unknown
Body fat redistribution	Reversible/ Variable	3-6 months	2-3 years
Decreased muscle mass/strength[b]	Reversible	3-6 months	1-2 years
Thinned/slowed growth of body/facial hair[c]	Reversible	6-12 months	>3 years
Scalp hair loss (loss stops, no regrowth)	Reversible	1-3 months	Variable
Breast growth	Irreversible	3-6 months	1-2 years
Decreased testicular volume	Variable	3-6 months	2-3 years
Decreased libido	Variable	1-3 months	3-6 months
Decreased spontaneous erections	Variable	1-3 months	3-6 months
Decreased sperm production	Variable	Variable	Variable
Reduced erectile function	Variable	Variable	Variable



Keep in mind: Use patient preferred terminology. "Testicular" and "erections" may be upsetting to some but not all.

Physical changes related to androgen blockade and estrogen may take months to appear and are generally considered to be complete after 2-3 years on hormone therapy. Breast growth is an aspect of feminization to which many transfeminine patients assign great importance. The degree of breast development is dependent on many factors, but most transfeminine patients experience modest breast development (average cup size <A, at a developmental Tanner stage of 2-3).[9,10] Feminizing therapy does not affect the pitch of the voice in transfeminine patients.

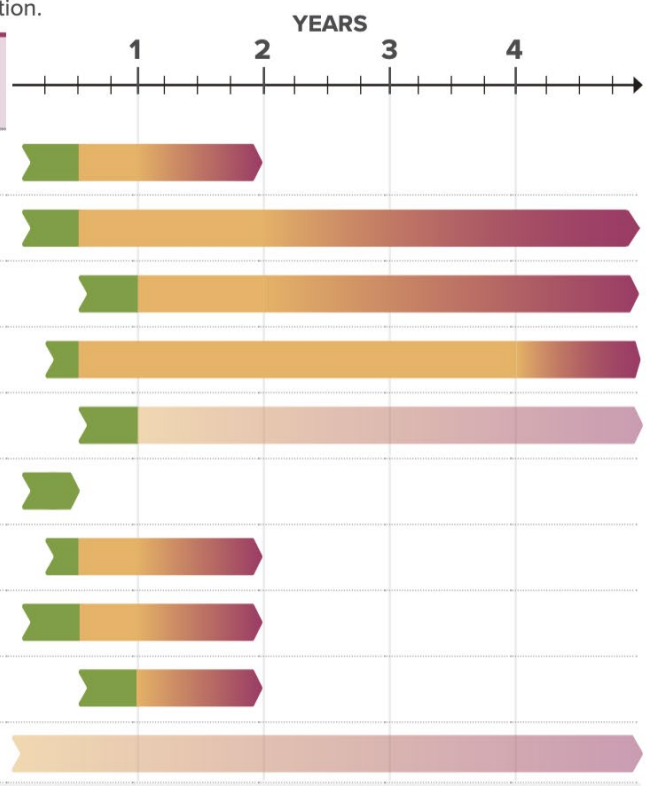
a) Estimates represent unpublished clinical and published observations[11,12,13]
b) Significantly dependent on amount of exercise;
c) Complete removal of facial hair requires electrolysis, laser treatment, or both



EFFECTS AND EXPECTED TIME COURSE OF TESTOSTERONE

The degree and rate of physical effects is dependent on the dose and route of administration,[2] as well as patient-specific factors such as age, genetics, body habitus and lifestyle. Hormone therapy results in both reversible and irreversible masculinization.

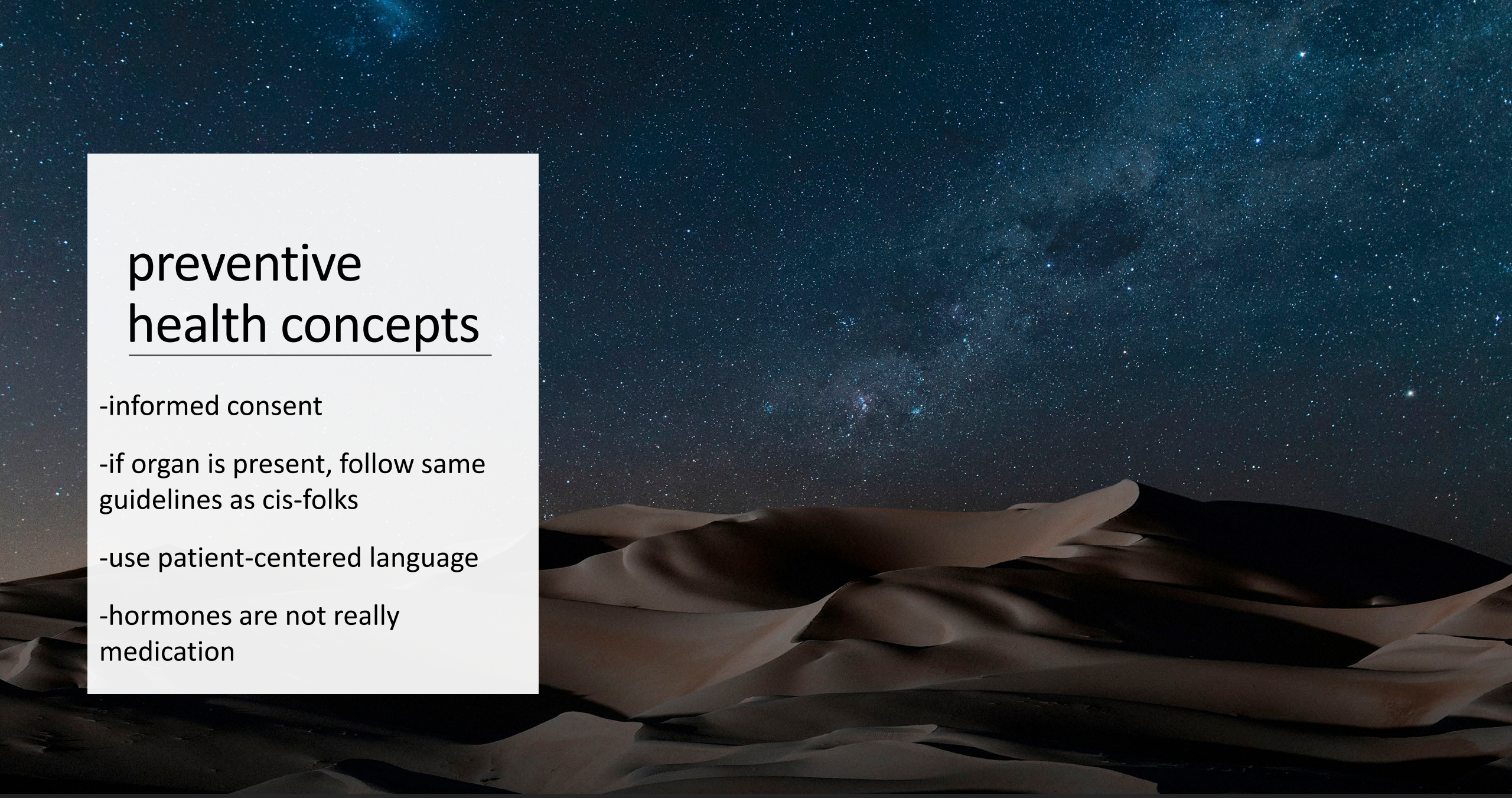
Physical Effects	Reversibility	Onset[a]	Expected maximal effect[a]
Skin oiliness/acne	Reversible	1-6 months	1-2 years
Body fat redistribution	Reversible/ Variable	1-6 months	2-5 years
Increased muscle mass/strength[b]	Reversible	6-12 months	2-5 years
Facial/body hair growth	Irreversible	3-6 months	4-5 years
Scalp hair loss	Irreversible	6-12 months[c]	Variable
Cessation of menses	Reversible	1-6 months	n/a
Clitoral enlargement	Irreversible	3-6 months	1-2 years
Vaginal Atrophy	Reversible	1-6 months	1-2 years
Deepened voice	Irreversible	6-12 months	1-2 years
Infertility	Variable	Variable	Variable



Keep in mind:
Use patient-preferred terminology. Terminology such as “clitoral” and “vaginal” may be upsetting to some but not all.

Desired androgenic effects of testosterone therapy include deepened voice, cessation of menses, clitoral growth, increased muscle mass, and hair growth in androgen dependent areas including facial hair. Breast tissue may lose glandularity, but generally does not lose mass or hemi circumference. Typically, patients taking

masculinizing



preventive health concepts

-informed consent

-if organ is present, follow same guidelines as cis-folks

-use patient-centered language

-hormones are not really medication


affirming communication tips

community resources

01

GROUP MEET UPS

02

NAME CHANGES

03

LEGAL ISSSUES

04

JOB HUNTING

clinical resources

"UNM FM wiki transgender"

http://unmfm.pbworks.com/w/page/126203630/Transgender%20Health%20Clinic

UCSF PRIMARY CARE GUIDELINES

https://transcare.ucsf.edu/guidelines


thank you

references

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6636681

https://transcare.ucsf.edu/guidelines

http://unmfm.pbworks.com/w/page/126203630/Transgender%20Health%20Clinic

https://academic.oup.com/jcem/article/102/11/3869/4157558

https://www.rainbowhealthontario.ca/TransHealthGuide/pdf/QRG_femHT_2020.pdf

https://www.rainbowhealthontario.ca/TransHealthGuide/pdf/QRG_mascHT_2020.pdf