Approach to the Patient with a Transgender Identity

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TRANS GENDER

refers to a person who is born with the genetic traits of one gender but the internalized identity of another gender

The term *transgender* may not be universally accepted. Multiple terms exist that vary based on culture, age, location, and class

Transgender Patient

- Definitions and Terminology
- Access to Care
- Cross gender therapy

Transgender Terminology

- Male-to-female (MTF)
  Born male, living as female
  Transgender woman

- Female-to-male (FTM)
  Born female, living as male
  Transgender man
Transgender People have a unique relationship with the medical system

Regardless of socioeconomic status, all transgender people experience health and health care disparities yet they are the only people who may need medical care to physically manifest their personal identities.

What is the Diagnosis?

- DSM-IV: Gender Identity Disorder
- ICD-9: Gender Disorder, NOS
  Hypogonadism
  Endocrine Disorder, NOS

Barriers to Medical Care for Transgender People

- Geographic Isolation
- Social Isolation
- Fear of Exposure/Avoidance
- Denial of Insurance Coverage
- Stigma of Gender Clinics
- Lack of Clinical Research/Medical Literature
Transgenderism

- Is not a mental illness
- Cannot be objectively proven or confirmed
- Is not a result of “super homosexuality”

Who Can Take Care of Transgender Patients?

- Any clinician who is willing to provide the care
- Hormone management can easily be integrated into a primary care/chronic care visit in any setting

Transgender Primary Care Settings

- Public Health Transgender focus clinic
  Tom Waddell Health Center
- Family Medicine residency program clinic
  Family Health Center, SFGH
- State Prison on site – specialist consultant
- Telemedicine for prisoners – specialist consultant
The goal of treatment for transgender people is to improve their quality of life by facilitating their transition to a physical state that more closely represents their sense of themselves.

Addressing Your Transgender Patient

- Avoid assumptions, let the patient self identify
- It is ok to ask respectful and relevant questions
- Ask how the patient wishes to be addressed
  - Which pronouns?
  - Name other than legal name?

Initial Visits

- History of gender experience
- Prior hormone use
- Patient goals for transition
- Safety concerns
- Social support system, family dynamic
- Assess readiness for gender transition
Sexual History

- VERY open ended
- Not just who - but what, where, how, why
- Examples:
  - Pregnant FTM?
  - Gay FTM?
  - MTF who uses penis for penetrative sex?
  - STI in post op MTF vagina?

Physical Exam

- Assess patient comfort with P.E.
- Problem oriented exam only
- Avoid satisfying your curiosity

Hormones

- Not the cause of every medical problem transgender people experience
- Not a panacea
- May not be what they need or want
Challenges of Transition - Prepare Your Patient

- Loss of family, community, friends, jobs
- Changes in sexuality and sexual orientation
- Passing, getting ‘clocked’
- Grooming and dress
- Dating
- Safety
- Self esteem and confidence
- Survival as a woman, survival as a man

Transgender Hormone Therapy

- Heredity limits the tissue response to hormones
- More is not always better
Male to Female Treatment Options

- No hormones
- Estrogens
- Anti-androgen
- Progesterone
  Not usually recommended except for weight maintenance

“Street Hormones”

- OCP
- Mail order
- Perlutal
- Herbal

Estrogen

- Estradiol Valerate injection
  20-60mg IM q2wks
- Estradiol Patch
  0.1-0.3mg every 3-7 days
- Estradiol
  2-6mg swallowed or
  1-3mg under the tongue

Estrogen Treatment May Lead To

- Breast Development
- Redistribution of body fat
- Softening of skin
- Emotional changes
- Loss of erections
- Testicular atrophy
- Decreased upper body strength
- Slowing of scalp hair loss
Risks of Estrogen Therapy
- Venous thrombosis/emboli (po)
- Hypertriglyceridemia (po)
- Weight gain
- Decreased libido
- Elevated blood pressure
- Decreased glucose tolerance
- Gallbladder disease
- Benign pituitary prolactinoma ?
- Breast cancer ?

Spironolactone
- 50-150 mg po bid
- Modest breast development
- Softening of facial and body hair
- Hyperkalemia
- Hypotension

Estrogen and Emotions
- Mood swings and hormone cycles
- More expressive, less controlled
- Heightened sense of negative stimuli
- Cry more easily
- Calming effect

Screening Labs for MTFs
- CBC
- Liver Enzymes
- Lipid Profile
- Renal Panel
- Fasting Glucose
- Testosterone level +/-
- Prolactin level unnecessary
Follow-up labs for MTFs

- Repeat labs at 3, 6 months and 12 months after initiation of hormones and annually:
  - Lipids (oral estrogen)
  - Renal panel (spironolactone)
  - Liver panel (oral estrogen)
- Hgb and Hct will decrease
  ***not anemia if within female range

Women over 35 years old

- Add ASA
- Transdermal, sublingual, or IM estradiol to reduce the risk of thromboemboli
- Minimize maintenance dose of estrogen

Treatment Considerations- MTFs

- Testosterone therapy after castration
- Libido
- General sense of well-being
- Hair loss
  - Finasteride, Minoxidil

HIV and HORMONES

- Amprenavir reduced 20% by estradiol-only significant drug interaction with ARV
- Several HIV medications change the levels of estrogens
- Cross gender hormone therapy is not contraindicated in HIV disease at any stage
Cosmetic Therapies
- Pigmentation
  - Hydroquinone 3-4% topical
- Hair Removal
  - Eflornithine cream
  - Electrolysis
  - Laser

Surgical Options for MTFs
- Orchiectomy (castration)
- Vaginoplasty
- Breast augmentation
- Tracheal shave
- Face reconstruction

Health Care Maintenance for MTFs
- Instruction in self breast exam and care
- Mammography – after 10-30+ years
- Prostate screening?
- STD screening
- Discuss silicone injection risks
- Counsel re quitting cigarettes

Post-op Care (Vaginoplasty)
- Encourage consistent dilation
- Vaginal skin care and lubrication
- Surveillance of vagina?
- Protection from HIV infection and other STDs
- Douche with white vinegar and water
Female to Male Treatment Options

- No Hormones
- IM Testosterone
  Testosterone Enanthate or Cypionate
  100-200 mg IM q 2 wks (22g x 1 ½” needles)
- Transdermal Testosterone
  2.5-10mg qd
- Testosterone Gel
  50,75,100 mg to skin qd

Testosterone Therapy
Permanent Changes

- Increased facial and body hair
- Deeper voice
- Male pattern baldness
- Clitoral enlargement
**Testosterone Therapy**

**Reversible Changes**
- Cessation of menses
- Increased libido, changes in sexual behavior
- Increased muscle mass / upper body strength
- Redistribution of fat
- Increased sweating / change in body odor
- Weight gain / fluid retention
- Prominence of veins / coarser skin
- Acne
- Mild breast atrophy
- Emotional changes

**Risks of Testosterone Therapy**
- Lower HDL
- Elevated triglycerides
- Increased homocysteine levels
- Hepatotoxicity (oral only)
- Polycythemia
- Unknown effects on breast, endometrial, ovarian tissues
- Potentiation of sleep apnea

**Testosterone and Emotions**
- Mood swings and hormone cycles
- Less expression, more control
- More tolerance of negative stimuli
- Cry less
- More energy, less patience

**Screening Labs for FTMs**
- CBC
- Liver Enzymes
- Lipid Profile
- Renal Panel
- Fasting Glucose
Follow-Up Labs For FTMs
3 months after starting testosterone and every 12 months:
- CBC 
  (Hgb and Hct in male range)
- Lipid Profile 
  (LDL +, HDL -)

Health Care Maintenance-FTMs
- PAP smears
- Mammograms
- STD screening

Treatment Considerations- FTMs
- Testosterone cream in aquaphor for clitoral enlargement
- Estrogen vaginal cream/ring/tab for atrophic symptoms
- Finasteride, minoxidil for hair loss
- Lower dose of testosterone

SURGICAL OPTIONS FOR FTMs
- Chest reconstruction
- Hysterectomy/oophorectomy
- Genital reconstruction
  Phalloplasty
  Metoidioplasty
FOLLOW-UP CARE:
- Assess physical changes
- Review medication use
- Assess patient comfort with transition
- Assess social impact of transition
- Discuss mood cycles
- Counsel regarding sexual activity
- Discuss legal issues / name change
- Beauty tips

Morbidity and Mortality in Transsexual Subjects Treated with Cross-Sex Hormones
Gooren, et.al., Clinical Endocrinology, 2008

- Retrospective study of 2236 MTF and 876 FTM transexuals treated between 1975 and 2006
- Outcome measure: Standardized mortality and incidence ratios calculated from the Dutch population

Morbidity and Mortality (cont)

Results
- Total mortality was not higher than in the general population
- Venous thromboembolism was the major complication in MTF patients treated with oral estrogens
- Cardiovascular problems greater in MTF vs FTM
- No serious morbidity was observed that could be related to androgen treatment in FTM patients
All transgender people need medical care— not just hormones

Access to Cross-Gender Hormones can:

- Improve adherence to treatment of chronic illness and preventive health care
- Improve self-esteem
- Prevent suffering and risk taking
- Lead to social change

Summary

- All transgender people are underserved
- Transgender people feel unsafe in medical settings
- Be respectful open minded
- Hormone treatment is not optional and improves quality of life
- Transgender people need a full spectrum of care that addresses social and economic barriers
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