Transgender Lives
Stigmatization
Learning Objectives

- Define “transgender” and other terms related to transgender lives, health, and experiences
- Identify the primary health concerns of transgender individuals
- Discuss approaches to providing primary care for transgender patients
- Discuss approaches for helping transsexual patients achieve gender affirmation
- List strategies for improving the clinical environment for transgender patients
Sex, Gender Role, and Gender Identity

- **Sex**: Biological or anatomical (phenotype) characteristics used to determine if a person is male or female or intersex.

- **Gender Role**: Traditional behavioral differences between men and women as defined by a culture (masculine and feminine)

- **Gender Identity**: A person’s sense of their own gender: “Do I feel I am male or female?” “Do I feel I am something other than male or female?”
Transgender Definitions

- People who persistently identify and/or express their gender as the opposite of their biologic birth sex and often have hormonal and surgical treatment (sometimes called transsexualism)

- People who define their gender outside the construct of male/female – e.g., having no gender, being androgynous, or having elements of multiple genders (some use the term genderqueer)

- People who enjoy the outward manifestations of various gender roles and cross dress to varying extents (some use the term cross-dresser)
Alternative Constructs of Gender Identity: Terminology Follows Concept

Identity Begins Here

Individual Construct: Gender Affirmation

Medical Construct: Gender Reassignment or Transitioning

Identity Begins Here
Medical Terminology: Pros and Cons

- Gender Dysphoria
- Gender Identity Disorder
- Gender Difference/Variation
Gender Identity Disorder-DSM IV

- Strong desire and persistent cross-gender identification – not just a desire for social or cultural advantages of the other sex.
- Persistent discomfort with one’s sex or sense of inappropriateness in the gender role of that sex. Manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics or belief that one was born the wrong sex.
- The disturbance is not concurrent with a physical intersex condition.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Uncouple Sexual Orientation from Gender Identity

- Sexual orientation and gender identity are separate concepts, and it is important to understand both.
- A transgender person might consider themselves straight, gay, lesbian, bisexual, neither, other, etc. This can evolve over time.

Sexual Orientation

Gender Identity
Intersex / Variations of Sex Development

- Traditionally – individuals born with ambiguous genitalia
- Broader definition – individuals with a variety of conditions involving anomalies of the sex chromosomes, gonads, reproductive ducts, and genitalia
- Intersex conditions may only become apparent later on, during puberty
- Preferred terminology varies: Intersex, Disorders or Variations of Sex Development
- Unique ethical, medical, surgical concerns
- Some intersex individuals identify as transgender; most do not
Sexual and Gender Minorities

- The terms “sexual and gender minorities” are used increasingly
- Why “minority”?  
  - Research / epidemiology: important to define population groups experiencing health disparities  
  - Policy change: minority group membership important for achieving protections against discrimination  
- Some LGBT people dislike being called a “minority.”
Demographics: Transgender

- No reliable data on number of transgender people
- Estimated prevalence rates of transsexualism:
  - 1:500 – 1:2000 MTF (Olyslager, Conway, 2007)
  - 1 in 11,900 MTF; 1 in 30,400 FTM (Bakker, 1993, Netherlands) - hormonally and surgically treated only
- Number of people who fall under broader definition of transgender is thought to be much larger
A Stigmatized Population: Clinicians Can Help

- Many maintain assigned gender role for fear of stigmatization
- Many won’t easily discuss with caregivers
  - MN Study - 45% did not inform family physician they were transgender (Bockting, 2000)
- Significant emotional and behavioral health issues
- Almost anything goes!
Healthcare of Transgender Individuals

- Two categories
  - General health conditions
  - Issues specific to transgender individuals

- Increasing amount of care provided by primary care providers working as part of a team or collaborative effort

- Complex emotional, behavioral, medical, surgical, ethical issues
Standards of Care

- WPATH: Standards of Care
  - www.wpath.org

- Vancouver Coastal Health (UBC)
  - http://www.celebratevgh.ca/transhealth/

- Endocrine Society
  - http://www.endo-society.org/guidelines
Clinical Areas of Concern: Multidisciplinary Approach

- Mental Health Assessment
- Real Life Experience
- Hormonal Therapy
- Surgical Treatment
- Continuing Care
Clinician as Gatekeeper

- Is seeing clinician a hurdle or a gateway?
- Whose choice?
- Whose standards?
- How to establish rapport while sorting out complex issues?
Initial Mental Health Evaluation

- Initial evaluation: clinical interview sessions with a new client
- The goals of the initial evaluation are to
  - build therapeutic rapport,
  - discuss client and assessor goals and expectations,
  - record client history and objectives,
  - evaluate current psychological concerns and capacity to consent to care, and
  - form an initial clinical impression. (Bockting et al, 2006)
Some Example Discussion Points

- Have you ever had any concerns relating to your gender? Do you currently have concerns or questions relating to your gender?
- How do you feel about being transgender? Are there any cultural or religious conflicts for you as a transgender person?
- Have you ever pursued any changes to your appearance or body to bring it closer to your sense of self? Do you have any concerns relating to this now?
- Have you ever sought to change your body through hormones/surgery? Is this something you have thought about pursuing in the future? (Bockting et al., 2006)
Mental and Emotional Health

- Difficulty with self definition (not all struggle with gender identity issues)
- Impact of stigmatization
  - Experience with traumatized friends, colleagues
- Deciding the right expression
  - Dress
  - Cosmetic
  - Hormonal
  - Surgical
- Recommending Treatment
- Finding Social Support
- Helping family members get support too
  (Bockting et al., 2006)
The Impact of Stigma on Mental and Behavioral Health: The Research

- Majority of studies on transwomen (MTF) only
- Suicidal thoughts (54%) attempts (31%) (Herbst et al., 2008)
- Depression (62%) (Clements-Nolle et al., 2001)
- Substance abuse
  - IDU (12%)
  - Crack or other Illicit drugs (27%)
- HIV prevalence: (Herbst et al., 2008)
  - ~16% white and Hispanic
  - 56% African-American
Real Life Experience

- Trial of Real Life Experience (RLE): “The act of fully adopting a new or evolving gender role or gender presentation in everyday life.”
- Not a diagnostic test, but a way to experience “resolve” and “capacity to function in preferred gender role”
- Seen from some perspectives as a necessity before being “eligible” for genital surgery
- To have RLE as a male, breast surgery may be necessary. Impossible to make RLE a requirement
- Not necessary for hormone or breast/chest/facial/voice altering therapies
- From an individual perspective, terminology is often viewed negatively

“What Has Life Been If Not Real?”
Hormone Therapy

- Suppression or blocking of endogenous hormone production
- Use of exogenous agents to induce feminization/masculinization
- Variation in desirability of use
  - Some may prefer maximum expression
  - Some may prefer more androgynous expression
- Initiation and maintenance
- Follow up for effect and side effects
- See Endocrine Treatment of Transsexual Persons: Clinical Practice Guidelines
Feminization Hormonal Therapy (MTF)

- Usually estrogen plus androgen antagonist (spironolactone/androcur)
- Many variations
- Androgen antagonists prevent male pattern hair loss
- Reduction in libido, erectile function
- Most changes are reversible
- Fertility may be permanently affected (sperm-banking recommended)
- PSA levels may be falsely low; digital rectal exams recommended
Masculinization Hormonal Therapy (FTM)

- Formulation of testosterone
- Direct stimulation of receptors
- Antigonadotropin effect in high doses
- Increase in libido
- Voice, hair changes not reversible
- Infertility may persist, but do not assume contraceptive effect when on testosterone
- Testosterone can adversely affect a developing fetus
Monitoring

- Monitor as you would any patient taking hormonal therapies
- Few evidence-based studies on adverse effects or natural history of hormonal therapy for gender affirmation
- Use accumulating clinical experience and extrapolation from what is known about hormone use in other clinical situations
Maintenance Prior to Genital Surgery

- Monitoring related to age and other medical conditions
- Consider alterations prior to surgery
  - Risk of thromboembolic events from estrogens
- Dosing may vary over time
Gender Affirmation Surgery (GAS)
Sex Reassignment Surgery (SRS)
Genital Reconstruction Surgery (GRS)

- Surgery has proven to be an effective intervention for the patient with gender dysphoria

- Patient satisfaction following surgery is high (Lawrence 2003), and reduction of gender dysphoria following surgery has psychological and social benefits

- As with any surgery, the quality of care provided before, during, and after surgery has a significant impact on patient outcomes

- Not for everyone! Is the patient ready?

- Insurance coverage often difficult to obtain
Surgery for Affirmed Women

- Facial feminizing surgery
- Voice pitch elevating surgery
- Other feminizing surgery/laser therapy
- Breast augmentation (mammoplasty)
- Vaginoplasty (several procedures)
Surgery for Affirmed Men

- Mastectomy with masculine chest reconstruction
- Hysterectomy and oophorectomy
- Genital reconstruction
  - Phalloplasty
  - Metoidioplasty
Concerns About Gender Identity Can Occur at Any Age

- **Children**
  - Transient or Persistent
  - How to discuss

- **Adolescents**
  - GnRH Blockers when Tanner 2
  - Hormonal Treatment
  - Age for Surgical Treatment

- **Adults**
  - Wide spectrum of expression
    - Point in Time
    - What will Satisfy One’s Needs and Life Situation
In the Primary Care Setting
Specific Issues in Medical Care

- Sensitivity to physical issues must be considered
  - Unless critical, best to have good rapport with patient before examining sensitive areas (e.g., pelvic exams)
  - Important to explain why examinations are important

- Remember the hormones
  - Risk of taking estrogens, testosterone?
  - Risk of taking blocking hormones?
  - Other medications?

- Remember the sexual history
  - Who, What, How to stay safe?
  - Sexual function
Specific Issues in Medical Care

- Remember the anatomy
  - An affirmed woman will have a prostate gland
  - Risk of breast cancer from residual breast tissue
  - Higher risk of breast cancer in MTF patients receiving hormone therapy
  - Does an affirmed man still have a uterus and ovaries?
Bridging Hormonal Treatment

Patients already on therapy:
- If uncomfortable providing long-term, can continue short supply
- Obtain medical records
- Assess safety
- Establish limits of bridging therapy
Behavioral Health

- What to do before initiating therapy?
- Issues related to stress of living a life in the shadows
Consider the Environment: Caring and Working

- Educate self and staff about transgender identity and health
- Train all staff to use clients’ preferred names and pronouns
- Post non-discrimination policies in highly visible areas
- Include transgender, intersex, and other as options on intake forms, or ask for “Gender: ____________”
- Offer unisex bathrooms
- Listen to the terms your patients use to describe themselves and their needs
Resources

- Gender Education and Advocacy
  - [www.gender.org](http://www.gender.org)

- Gender Spectrum Education and Training
  - [www.genderspectrum.org](http://www.genderspectrum.org)

- WPATH: World Professional Assoc for Transgender Health
  - [www.wpath.org](http://www.wpath.org)

- Vancouver Coastal Health: Transgender Health Program
  - [www.celebratevgh.ca/transheath/](http://www.celebratevgh.ca/transheath/)

- See Handout 7-A for more