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Transgender Care within Family Medicine: Focusing on Feminizing Hormone Therapy

Stellar Levy
University of Vermont

Transgender Care within Family Medicine

Focusing on feminizing hormone therapy

Stellar Levy, MS3

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Hinesburg Family Practice

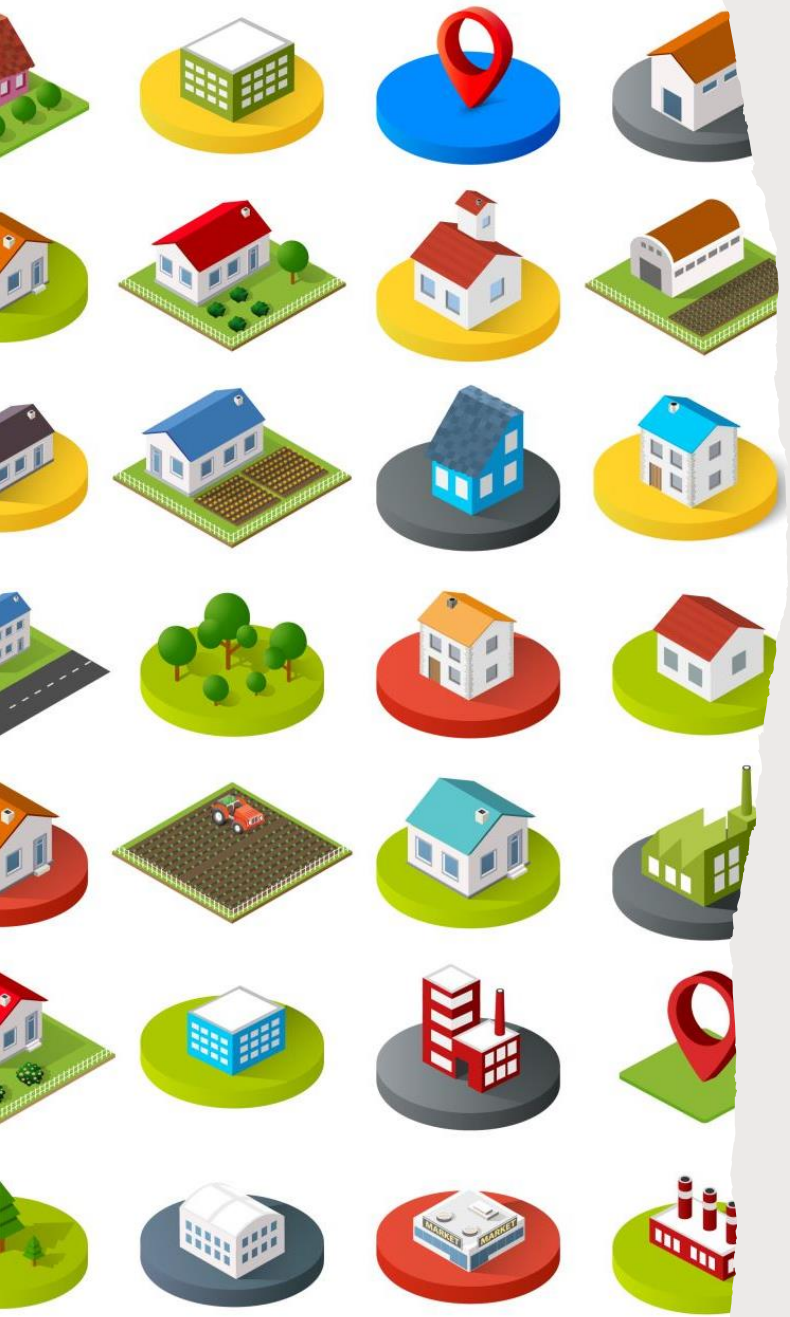
Preceptor: Dr. Michelle Cangiano

The Problem

- Lesbian, gay, bisexual, and transgender populations experience health disparities and barriers related to sexual orientation and/or general identity or expression.[1]
- Many avoid or delay care because of perceived or real homophobia, biphobia, transphobia, and discrimination by health care providers and institutions.[1]
- Providers often lack basic knowledge about people who identify as transgender and their health needs.[2]
- Some transgender women resort to injectable silicone, which is usually not medical grade, may be contaminated, and often is injected using a shared needle.[1]

Public Health Cost

- People who identify as transgender often have complicated medical needs and experience health disparities such as: depression (62%), attempted suicide (41%), daily tobacco smoking (30%), other drugs and alcohol use (26%).[5]
- Yet due to discrimination by health care providers, one in three transgender people, and 48% of transgender men, have delayed or avoided preventative health care, such as pelvic exams or STI screening.[2]
- In a nationwide survey, 50% of transgender people reported having to teach a health care provider about providing appropriate care.[2, 4]
- Sevelius's Model of Gender Affirmation describes the ways in which denial of access to gender affirmation is associated with high-risk behaviors, increased rates of HIV infection, and disengagement from medical care.[6]



Community Perspective

From Hinesburg Family Medicine physicians:

"One of the largest barriers [to transgender care] is figuring out where they can get the comprehensive care they need. I can prescribe their hormonal treatment, but counseling can be hard to obtain. In addition, they need to "check a lot of boxes" if they are interested in surgery- which include meeting with a mental health clinician and potentially seeing psychiatry (2 things that are HARD to do). In addition, because I don't refer too often for gender affirming surgery, I can never remember what the requirements are… so that's annoying!"

"Depending on the comfort level of the provider, most primary care needs can be addressed within our clinic, but patients may have to switch to a different PCP within our clinic for gender affirming hormone therapy."

"I worry a bit about messing up their pronouns; I worry about asking triggering questions; I have used one of my patient's "dead name" before—didn't realize this was frowned upon (I knew them before they transitioned)…. So I'm always learning!! And I thank them when I learn something from them. I also want to make sure we don't forget to do appropriate screening—i.e. a transman who still has a cervix still needs cervical cancer screening—can't forget that!"

"For bottom surgery, I had a trans female go to Pennsylvania for her care. I'm not sure how much bottom surgery is being done around here (if any), honestly."

"UCSF trans guidelines are very thorough and helpful (though long…). It would be nice to have a designated person to run questions by, but it would be nice to have a more formalized system for this (and they should get "credit"/compensation for helping)."

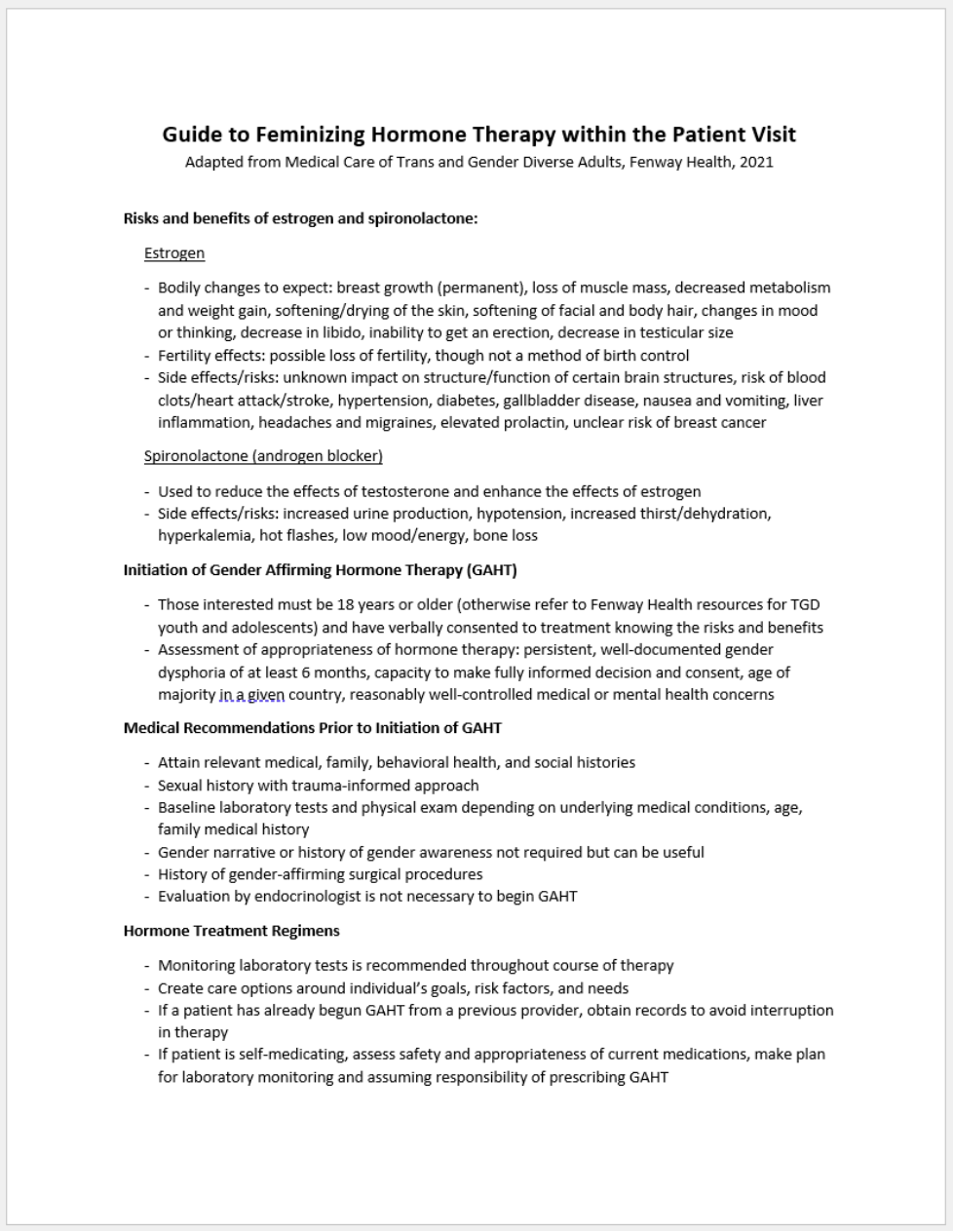
"I think it's our role to be an advocate and ally for the trans community (and LGBTQ+ community as a whole). It's our role to continue lifelong learning around this very important (and ever growing) topic in medicine."

Intervention and Methodology

- A simplified guide to healthcare for transgender women was created as a resource designed to be reviewed by providers before a patient encounter.
  - Review gender affirming hormone therapy (GAHT) and risk/benefits of estrogen or spironolactone use
    - Review medical recommendations prior to starting GAHT
    - Review treatment regimens and different estrogen/anti-androgen options
    - Review appropriate follow-up care
  - Review relevant health care maintenance
    - Place careful attention on specific health risk factors and healthcare disparities relevant to transgender and non-binary people

Results

- Consolidated guide created to simplify care for transgender patients on GAHT
- Includes information on GAHT risks/benefits, initiation, and follow-up, as well as relevant healthcare maintenance
- Designed to ensure comprehensive and informed care
- For recommended lab tests and GAHT dose guidelines, refer to Fenway Health, *Medical Care of Trans and Gender Diverse Adults*



Guide to Feminizing Hormone Therapy within the Patient Visit

Adapted from Medical Care of Trans and Gender Diverse Adults, Fenway Health, 2021

Risks and benefits of estrogen and spironolactone:

Estrogen

- Bodily changes to expect: breast growth (permanent), loss of muscle mass, decreased metabolism and weight gain, softening/drying of the skin, softening of facial and body hair, changes in mood or thinking, decrease in libido, inability to get an erection, decrease in testicular size
- Fertility effects: possible loss of fertility, though not a method of birth control
- Side effects/risks: unknown impact on structure/function of certain brain structures, risk of blood clots/heart attack/stroke, hypertension, diabetes, gallbladder disease, nausea and vomiting, liver inflammation, headaches and migraines, elevated prolactin, unclear risk of breast cancer

Spironolactone (androgen blocker)

- Used to reduce the effects of testosterone and enhance the effects of estrogen
- Side effects/risks: increased urine production, hypotension, increased thirst/dehydration, hyperkalemia, hot flashes, low mood/energy, bone loss

Initiation of Gender Affirming Hormone Therapy (GAHT)

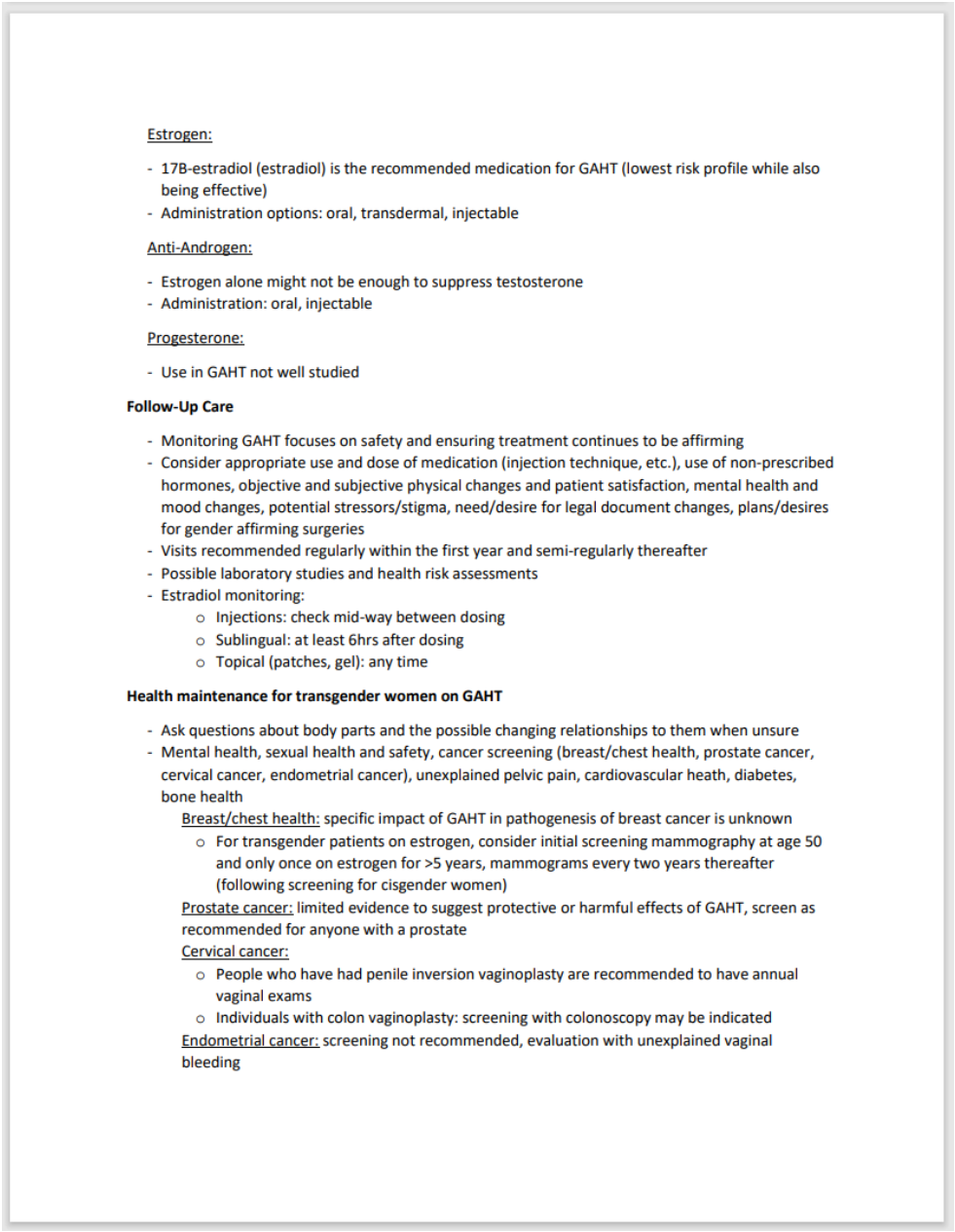
- Those interested must be 18 years or older (otherwise refer to Fenway Health resources for TGD youth and adolescents) and have verbally consented to treatment knowing the risks and benefits
- Assessment of appropriateness of hormone therapy: persistent, well-documented gender dysphoria of at least 6 months, capacity to make fully informed decision and consent, age of majority in a given country, reasonably well-controlled medical or mental health concerns

Medical Recommendations Prior to Initiation of GAHT

- Attain relevant medical, family, behavioral health, and social histories
- Sexual history with trauma-informed approach
- Baseline laboratory tests and physical exam depending on underlying medical conditions, age, family medical history
- Gender narrative or history of gender awareness not required but can be useful
- History of gender-affirming surgical procedures
- Evaluation by endocrinologist is not necessary to begin GAHT

Hormone Treatment Regimens

- Monitoring laboratory tests is recommended throughout course of therapy
- Create care options around individual's goals, risk factors, and needs
- If a patient has already begun GAHT from a previous provider, obtain records to avoid interruption in therapy
- If patient is self-medicating, assess safety and appropriateness of current medications, make plan for laboratory monitoring and assuming responsibility of prescribing GAHT



Estrogen:

- 17B-estradiol (estradiol) is the recommended medication for GAHT (lowest risk profile while also being effective)
- Administration options: oral, transdermal, injectable

Anti-Androgen:

- Estrogen alone might not be enough to suppress testosterone
- Administration: oral, injectable

Progesterone:

- Use in GAHT not well studied

Follow-Up Care

- Monitoring GAHT focuses on safety and ensuring treatment continues to be affirming
- Consider appropriate use and dose of medication (injection technique, etc.), use of non-prescribed hormones, objective and subjective physical changes and patient satisfaction, mental health and mood changes, potential stressors/stigma, need/desire for legal document changes, plans/desires for gender affirming surgeries
- Visits recommended regularly within the first year and semi-regularly thereafter
- Possible laboratory studies and health risk assessments
- Estradiol monitoring:
  - Injections: check mid-way between dosing
  - Sublingual: at least 6hrs after dosing
  - Topical (patches, gel): any time

Health maintenance for transgender women on GAHT

- Ask questions about body parts and the possible changing relationships to them when unsure
- Mental health, sexual health and safety, cancer screening (breast/chest health, prostate cancer, cervical cancer, endometrial cancer), unexplained pelvic pain, cardiovascular heath, diabetes, bone health
  - Breast/chest health: specific impact of GAHT in pathogenesis of breast cancer is unknown
    - For transgender patients on estrogen, consider initial screening mammography at age 50 and only once on estrogen for >5 years, mammograms every two years thereafter (following screening for cisgender women)
  - Prostate cancer: limited evidence to suggest protective or harmful effects of GAHT, screen as recommended for anyone with a prostate
  - Cervical cancer:
    - People who have had penile inversion vaginoplasty are recommended to have annual vaginal exams
    - Individuals with colon vaginoplasty: screening with colonoscopy may be indicated
  - Endometrial cancer: screening not recommended, evaluation with unexplained vaginal bleeding

Fenway Health, *Medical Care of Trans and Gender Diverse Adults*, 2021, https://www.lgbtqiahealtheducation.org/publication/medical-care-of-trans-and-gender-diverse-adults-2021/

Evaluation of Effectiveness & Limitations

- A survey could be used and scored to determine usefulness of this tool. The survey could be completed by both providers and patients to assess satisfaction with receiving/delivering care before and after the guide was used.
- The number of patients at Hinesburg Family Practice who identify as transgender is limited, making trialing this resource within the timeframe of a clinical rotation challenging, and making the long-term impact of this tool difficult to assess.
- This resource is also limited in that it provides useful clinical information but does not help providers practice the careful conversations involved in healthcare for individuals who identify as transgender.
- The amount of information about healthcare for transgender women is vast, and this resource is limited in scope for the sake of simplicity – it is not an exhaustive guide.

Future Directions

- Expand resource to include information about gender affirming surgeries and the healthcare provided by a PCP surrounding those interventions.
- Develop a workshop or training in which providers can practice the conversations needed to deliver compassionate and complete healthcare to individuals who identify as transgender.
- Provide more information on the impact of GAHT on health maintenance interventions (bone density, cervical cancer screening, etc.)
- Follow-up on utility of this resource and its long-term implementation.

Resources

1. Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients, Gay and Lesbian Medical Association, 2006. https://www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf.
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5. American Medical Student Association (AMSA), Transgender Health, https://www.amsa.org/action-committee/gender-and-sexuality/transgender-health/
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7. Centers for Disease Control and Prevention, Lesbian, Gay, Bisexual, and Transgender Health, https://www.cdc.gov/lgbthealth/Transgender.htm
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9. Fenway Health, *Medical Care of Trans and Gender Diverse Adults*, 2021, https://www.lgbtqiahealtheducation.org/publication/medical-care-of-trans-and-gender-diverse-adults-2021/