Caring For and Supporting Transgender Youth

The Cleveland Academy of Osteopathic Medicine
30th Annual Westside Seminar

Saturday, September 21, 2019
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Division of Adolescent and Transition Medicine
Disclosures and Conflicts of Interest

• Dr. Conard has no relevant financial relationships to disclose or conflicts of interest to resolve.

• Dr. Conard will be discussing off-label uses of medications in the treatment of gender dysphoria.
  • Puberty blockers – leuprolide and histrelin
  • Estrogen
  • Antiandrogen - spironolactone
  • Testosterone
  • Progesterone
Educational Objectives

• Describe common transgender terminology, prevalence, and epidemiology
  • To provide appropriate and accurate information to patients and their families

• Adapt the current practice environment to create a welcoming and safe place for transgender and gender nonconforming youth to receive health care

• Assess risk and protective factors to formulate a treatment plan for these patients
How family support, Children's Hospital helped transgender teen Allison Kurtz save her own life

'Everything in life was an effort. Now everything in life is a gift'

Posted: 10:32 PM, Jun 20, 2019  Updated: 12:49 AM, Jun 21, 2019

By: Tanya O’Rourke , Sarah Walsh

At 15, Allison Kurtz thought she would kill herself before the age of 20. Children's Hospital and its Transgender Health Clinic helped her loved ones see her for the first time.
TERMINOLOGY: TRANS* 101
Trans* 101: Terminology

• Transgender
• Gender
  Nonconforming
• Non-binary
• MTF/FTM
• AMAB/AFAB
• Transsexual
• Intersex
Trans* 101: Gender & Sexual Identity

http://itspronouncedmetrosexual.com/
Definition of Sex

• Based on genitalia – assigned at birth
• Male, female, intersex
Definition of Gender Identity

Male ———— Female
Definition of Gender Identity

Male

Female
Gender

• Cisgender
  • Sex assigned at birth and sense of gender identity match

• Transgender
  • Sex assigned at birth and sense of gender identity do not match

• Gender dysphoria
  • Discomfort or distress because there's a mismatch between their biological sex and gender identity
Gender Non-conforming

- Gender Expansive
  - Masculine girls and feminine boys who may not be transgender

- Gender Fluid
  - Person who does not have a fixed gender identity
  - May be more masculine one day and more feminine another

- Non-Binary
  - People who do not identify as male or female or identify as a blend of both
Definitions of Sexual Attraction

Females       Bisexual/Pansexual       Males
             Asexual                  Questioning
Definition of Sexual Behaviors
Introducing Zay
Background
Prevalence

- Depends on definition
  - Gender variant 1:500
    - 2-5%
  - Transitioned 1:20,000
    - 0.25 – 1%
- Youth Risk Behavior Survey (YRBS)
  - 2011, 1.3% of Middle School Students
- Human Rights Campaign (HRC)
  - 2012, 9% of Adolescents ages 13-17
Prevalence in the US

- Transgender
  - 0.7% of youth ages 13 – 17
  - 0.7% of young adults ages 18 – 24
  - 0.6% of adults ages 25 – 64
  - 0.5% of adults ages 65 and older
  - Mirroring the relative population size of U.S. states
    - Largest populations in CA, TX, NY and FL
    - Smallest populations are found in ND, VT, and WY

- Gender non-conforming
  - 27% (796,000) youth in California, ages 12 – 17
  - Viewed by others as gender nonconforming at school
Etiology – Multifactorial

- Culture
- Genetic
  - Family clusters
- Biological
  - Brain differences
- Hormonal
  - Prenatal androgen exposure
- Environmental
  - No evidence that parenting style, abuse, or other events influence orientation/gender
Top Health Risks for LGBTQ Adolescents

• HIV/AIDS – 4 X
• Substance abuse
• Depression & Suicide
• Sexually transmitted infections
• Abuse & Victimization
  • Bullying
  • Harassment
    • 78% at school
    • 44% felt unsafe at school
• Stigma & Heterosexism
• Racism
• Eating disorders & Obesity
• Homelessness/Foster Care
  • Violence from a family member
• Access to care

Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health, Family Acceptance Project
Common Mental Health Issues

• Depression/Suicide
  • > 8 times as likely to attempt suicide
  • 6 times as likely to be depressed

• Anxiety

• Eating and body image disorders

• Substance abuse
  • > 3 times as likely to use drugs
  • 2 times as likely to use tobacco

• “Reparative therapy”

Ryan, Family Acceptance Project, 2009
Suicide Attempts

• 41% lifetime suicide attempts
  • 4.6% for the general population
• Ages 18 to 24 – 45%
• Those who had experienced family rejection – 57%
• Health care provider refused to treat them – 60%
• Mental health condition that affects a major life activity – 65%
• Those who had been homeless – 69%
Sexual Minority Youth of Color

- Pressure to choose between ethnic and sexual identities
- Less likely to come out to parents
- Mental health issues
- Homelessness
- > 60% had traded sex for money or resources
- Higher HIV rates
DEVELOPING STORY

TRANSGENDER TEEN’S SUICIDE PLEA: "FIX SOCIETY"

17-year-old was hit by truck on Ohio interstate
"Please don't be sad, it's for the better. The life I would've lived isn't worth living in... because I'm transgender....

(Leelah) Alcorn
Suicide Note on Tumblr
Safe Environment
Environment

• Goal is to provide a safe comfortable space to allow patients to discuss what they need to talk or ask about
LGBT teens who are ‘out’

- 61% to close friends
- 56% to classmates
- 56% to immediate family
- 38% to teachers
- 25% to extended family
- 16% to doctor
- 11% to sport coaches
- 8% within religious community
- 5% to minister/clergy

HRC Survey, 10,030 youth participants, 2012
Environmental Scan

• Waiting rooms and common areas should reflect the patients we serve and be inclusive
• Non-discrimination policy
• Posters, brochures
• Information and resources
• Stickers for badges
Environment

• Staff training
Patient Chart Advisories
Take notice of the following advisories for this patient before you continue.

<table>
<thead>
<tr>
<th>Name</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Jane</td>
<td>11484389</td>
</tr>
</tbody>
</table>

Patient has an FYI of type Transgender Tracking Indicator
This patient identifies as transgender. Please call HIM JOHN and use MALE pronouns (he, him, his). If you have any questions, page Dr. Conard at (513) 303-1226.
Accepting Practices

• Call patient by preferred name and pronouns – even when they are out of sight

• Recent study found that chosen name use in more contexts was associated with lower depression, suicidal ideation, and suicidal behavior

• Try not to use Dead Name when at all possible

Journal of Adolescent Health, February, 2018
Accepting Practices

- Correct staff
- How to identify
  - Phone calls
  - In person
- Name band identification
- Remember that patients often have body dysmorphia
85% of LGBTQ youth rate their average stress level as ‘5’ or higher on a 1-10 scale\(^1\)

1 in 10 (11%) LGBTQ youth report that they have been sexually attacked or raped because of their actual or assumed LGBTQ identity\(^1\)

88% of transgender or non-binary youth felt down in the last week compared to 72% of cisgender LGBTQ youth\(^2\)

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ATTEMPTED SUICIDE RATES AMONG TEENAGERS

- **Male**: 5.5%
- **Female**: 9.1%
- **Transgender**: 34.6%

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**SOGI: Why It Matters**

1 U.S. High School students grades 9-12. Published online from HHS/CDC: MMWR. January 25, 2019. 68(3);67–71
USING THE **CHOOSEN NAME** OF THE YOUTH WHO IDENTIFIES AS TRANSGENDER CAN DECREASE¹

**SUICIDAL IDEATION** BY 29% ↓

**SUICIDAL BEHAVIOR** BY 56% ↓

1 Published online at Journal of Adolescent Health 63 (2018) 503-505. [https://doi.org/10.1016/j.jadohealth.2018.02.003](https://doi.org/10.1016/j.jadohealth.2018.02.003)
How to Ask?

• CDC
  • Natal Gender
  • Current Gender
  • May not be appropriate for adolescents

• Gender Expansive
  • 66% do not identify as “Transgender”

• Our Method
  • Do you consider yourself male, female, somewhere in between or other?
APPROACH to the child or early adolescent
Developmental Approach

• Fluid, flexible view of gender
• Cognitive and developmental perspective
  • Development of identity
  • Exploration of cultural roles
  • Successful integration into adulthood
• Careful screening of gender experiences
<table>
<thead>
<tr>
<th>Age 18-24 months</th>
<th>Age 2 – Preference for toys, games and types of play</th>
<th>Age 4 – Gendered words – he/him, she/her</th>
<th>School-age – view gender and gender roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe their own &amp; other’s gender</td>
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</table>

Child Development
Younger Children

• Some are quite clear about their gender identity

• Some may not have the capacity to verbalize or conceptualize
  • Behavior, mood and social problems
Things to watch/listen for:

- Consistent, Persistent, Insistent
- Bathroom behavior
- Swimsuit aversion
- Type and style of underwear
- Type of toys
- I am a boy versus I wish I were a boy
Social Transitioning

• Externally presenting in one’s authentic gender
• Entirely reversible

Interventions For Younger Children

• No medical intervention
• Child needs to progress to Tanner II or III
  • See every 6 months or at first sign of puberty
• Therapist to help explore gender – as needed
• Social Transition
• Family support and resources
• SAFE Letter
PUBERTY BLOCKERS
Zay “I’ve always known I was a girl”
Rationale for Puberty Blockers in TG

• GnRH agonist treatment prevents experiencing puberty of undesired sex, thereby limiting acute distress
  • “Buys Time” for ongoing exploration and longer term treatment discussions
  • Allows youth to present socially in desired gender role
  • Results in more satisfactory physical treatment outcomes as adults
  • Fully reversible!
Goals of Puberty Blockers

• Prevent psychological harm
• Relief of gender dysphoria
• Better psychological and physical outcomes
• Slight development of sex characteristics will regress or be halted
  • Natal girls – breast changes, no periods
  • Natal boys – virilization will stop, testicles will get smaller
Approach to the adolescent
Adolescents

• 2 Groups
  • Persistence from childhood
  • Onset in adolescence – more psychopathology

• Recommendation for staged gender transition
  • Social transition
  • Puberty blockers
  • Gender Affirming hormones
  • Surgery
  • But may be different for each patient

APA, 2011
Gender-affirming hormones
Gender-Affirming Hormones

- Appropriate diagnosis by a mental health professional
- Eligibility and readiness criteria
- Discussion of fertility
- Evaluate and treat for medical conditions that can be exacerbated by hormone depletion and gender-affirming hormone therapy
- Starting at age 16?
- Partially reversible
Menstrual suppression contraception AND FERTILITY
Menses

• May be associated with significant anxiety

• Don’t assume anything!
  • Discuss the impact of periods on the patient’s life

• Goals of treatment
  • Reduction in the duration or frequency of menses
  • Complete amenorrhea
    • Don’t make promises you can’t keep … VERY difficult to obtain!
Contraception and STI testing

• What types of sex is the patient having?
• Do they need contraception or menstrual suppression?
• Do they need STI testing?
Menstrual Suppression Options

- Progestin-only
  - Depo Provera shot
  - Progestin-only pill
  - Nexplanon (implant)
  - Mirena (IUD)

- Estrogen-containing
  - Birth Control pills
  - Patch
  - Ring
Risk of Pregnancy

• Though fertility is compromised:
  • Puberty suppression can be associated with sperm production and ovulation
  • Testosterone is NOT birth control
    • Natal females can become pregnant while on testosterone
      • 25/41 pregnant FTM were on T at the time of pregnancy
        • Light et.al. 2014
    • Ovulation may occur even without regular menses
    • Can induce permanent anatomic changes in the developing embryo or fetus
  • Natal males may still produce sperm and impregnate female partners

Light, Obstet Gynecol, 2014 Medialiteracyproject.com
Surgery

• Meet readiness criteria
• Over the age of 18?
• Top Surgery
• Facial Feminization Surgery
• Genital surgery
  – Some people are fine without it
  – For others it is essential and medically necessary to alleviate gender dysphoria
Other Important Things to Discuss

• Stand to Pee devices
• Packing
• Binders
• Silicon
OUTCOMES
Pediatrics, October 2014

- 55 Young Transgender Adults
- Assessed
  - Before pubertal suppression
  - When gender affirming hormones were started
  - At least one year after surgery
- Gender dysphoria was alleviated, psychological functioning had steadily improved and well-being was similar to or better than same-age young adults from the general population.

De Vries, 2014
Zay going to transgender clinic
Web Sites For Health Care Providers

• Human Rights Campaign – www.hrc.org
  • LGBT Cultural Competence

• GLMA: Health Professionals Advancing LGBT Equality – www.glma.org
  • Cultural Competence Webinars

• Physicians for Reproductive Health - prh.org
  • E-learning modules

• Advocates for Youth – www.advocatesforyouth.org
  • Publications for working with LGBT youth
Questions