Trans Health Overview: Language and US Trans Survey Highlights

LGBT HealthLink, a program of CenterLink
Community Advisory Council 2017 E-Summit, Session 5
Tuesday, May 16, 2017, 4pm EST
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Sheryl Zayas, DO - Gilead
Introduction to Gender Identity & US Trans Survey Overview

Shor Salkas, MPH
2017 LGBT HealthLink E-Summit
Agenda

Brief overview of language and terminology related to gender identity

US Trans Survey: A few tidbits

Caring for transgender and gender non-conforming people with Dr. Zayas
About Shor

• They – Them – Their or my name

• Public health and community health practitioner in LGBTQ communities for over 10 years

• Therapist in training

• Facilitator, coach, and trainer

• Enjoy building power and resilience through art, food, nature, and connection
Identities and lived experiences are personal and crucial to working effectively with clients who are trans and gender non-conforming.

There are many words, identity labels, and ways of talking about gender identities...this is not a test to see who can memorize them all.

Being consciousness, aware, open to feedback, and knowing how to ask questions will likely increase dialogue.
Sexual Orientation  
Sex Assigned / Gender Assigned

Gender Identity  
Gender Expression
Sexual Orientation

- Bisexual
- Lesbian
- Gay
- Queer

Sex Assigned / Gender Assigned

- Male
- Female

Gender Identity

- Transgender
- Trans woman
- Trans man
- Two spirit

Gender Expression

- Feminine
- Masculine
- Androgynous
- Fluid

Pansexual
- Straight
- Asexual
The **gender binary** refers to a set and system of cultural norms, expectations, and expressions that reinforce the idea that there are two gender categories (male and female) that align with sex assigned at birth.
Gender identities, both binary and non-binary, should not be assigned to a person.

These are identities that are expressed and named by the person.
Language

Trans
Genderqueer
Ag Aggressive
Non-binary
MTF
Neutral Nuetros
Intergender
FTM
Two Spirit
Gender fluid
Cisgender
Language

Pronouns are so very important

Person first language

When you are not sure how someone identifies:

Think about why you need to know

If you need to know, ask in an open and affirming way

Create infrastructure in your practice to ask these questions if and when it is appropriate
Language

When you mess up

- Apologize
- Acknowledge that you messed up
- Move on
- Try not to do it again
There is no such thing as a single-issue struggle because we do not live single-issue lives.

Audre Lorde
Contact information

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The **2015 U.S. Transgender Survey (USTS)** is the follow up to the National Transgender Discrimination Survey, the largest survey ever devoted to the lives and experiences of trans people.

The study was developed and conducted by the National LGBTQ Task Force and the National Center for Transgender Equality in 2008-2009, and the results were released in the 2011 report: *Injustice At Every Turn*.

As the single-most cited study about trans people—cited by media over 15,000 times—it has dramatically changed how the public and policymakers understand the challenges facing trans people.
Gender Identity

Table 4.1: Gender Identity terms

<table>
<thead>
<tr>
<th>Gender Identity terms</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender</td>
<td>65%</td>
</tr>
<tr>
<td>Trans</td>
<td>56%</td>
</tr>
<tr>
<td>Trans woman (MTF, male to female)</td>
<td>32%</td>
</tr>
<tr>
<td>Trans man (FTM, female to male)</td>
<td>31%</td>
</tr>
<tr>
<td>Non-binary</td>
<td>31%</td>
</tr>
<tr>
<td>Genderqueer</td>
<td>29%</td>
</tr>
<tr>
<td>Gender non-conforming or gender variant</td>
<td>27%</td>
</tr>
<tr>
<td>Gender fluid/fluid</td>
<td>20%</td>
</tr>
<tr>
<td>Androgynous</td>
<td>18%</td>
</tr>
<tr>
<td>Transsexual</td>
<td>18%</td>
</tr>
<tr>
<td>Agender</td>
<td>14%</td>
</tr>
<tr>
<td>Two-spirit</td>
<td>7%</td>
</tr>
<tr>
<td>Bi-gender</td>
<td>6%</td>
</tr>
<tr>
<td>Butch</td>
<td>5%</td>
</tr>
<tr>
<td>Crossdresser</td>
<td>5%</td>
</tr>
<tr>
<td>Multi-gender</td>
<td>4%</td>
</tr>
<tr>
<td>Third gender</td>
<td>4%</td>
</tr>
<tr>
<td>Intersex</td>
<td>3%</td>
</tr>
<tr>
<td>Drag performer (king/queen)</td>
<td>2%</td>
</tr>
<tr>
<td>A.G. or aggressive</td>
<td>1%</td>
</tr>
<tr>
<td>Stud</td>
<td>1%</td>
</tr>
<tr>
<td>Travesti</td>
<td>1%</td>
</tr>
<tr>
<td>Bulldagger</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Fa'afa'afine</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Mahu</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>A gender not listed above</td>
<td>12%</td>
</tr>
</tbody>
</table>

Figure 4.2: Gender Identity

- 29% Transgender men
- 33% Transgender women
- 35% Non-binary people
- 3% Crossdressers

% of respondents
Access to health care

25% of respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.

More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied.

One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender, with higher rates for people of color and people with disabilities. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
Psychological distress

Thirty-nine percent (39%) of respondents experienced serious psychological distress in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale), compared with only 5% of the U.S. population.

40% have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%).

7% attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%).
Tobacco Use

57% of respondents reported that they had smoked all or part of a cigarette at any point in their lives, lower than the rate in the U.S. population (63%).*

22% were current smokers, meaning that they smoked at least one cigarette or part of a cigarette within thirty days of taking the survey, which compares to 21% of the U.S. population.**

Respondents who were currently working in the underground economy were more than twice as likely as the overall sample to have smoked tobacco within the past month, with 51% reporting current tobacco use.

*Results from the 2015 National Survey on Drug Use and Health: Detailed Tables. Table 2.28B. See note 36.

**Results from the 2015 National Survey on Drug Use and Health: Detailed Tables. Table 2.16B.
Tobacco Use

29% of current users smoked tobacco on 4 days or fewer in the past month, and one-quarter (24%) smoked tobacco on 5–20 days.

More than one-third (38%) of current smokers smoked tobacco daily during the past month, compared to 59% of current smokers in the U.S. population.*

Among daily smokers, nearly one-third (32%) smoked one or more packs each day.

Smoking more than one pack a day was more likely to be reported by daily smokers aged 45–64 (54%) and 65 and over (50%), as well as American Indian (44%) and white (40%) respondents.

*Results from the 2015 National Survey on Drug Use and Health: Detailed Tables. Table 6.7B.
Statistics: Mental Health Outcomes

Trans people have higher rates of:

- Anxiety
- Depression
- Suicidal ideation
- Suicide attempts
- Eating disorders

All the surveys of trans people, ever. (2017)
Statistics: WHY?

• 57% family rejection
• 53% verbally harassed or disrespected in a place of public accommodation (e.g., hotel, restaurant, bus, etc)
• 40% harassed when presenting ID
• 26% lost a job
• 19% refused a home or apartment
• Income: 4x more likely to live on < $10,000 annually compared to average American
• Unemployment: 2x the rate of unemployment compared to U.S. rate

Grant et al. (2011). Injustice at Every Turn: Report on National Transgender Discrimination Survey.
Statistics: WHY?

Bullying
Racism
Institutional and systemic discrimination
Systemic violence
Stress of poverty
Stress of unemployment
Lack of role models in popular culture
Bullying
Family Support
Binaries
Racism
Cissexism
Dysphoria
Misgendering
Jails and prisons
Historical and person trauma
Institutional and systemic discrimination
Contact information

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Transgender Medicine

Sheryl Zayas D.O.
Medical Director, Family Physician
LGBT HealthLink E-Summit
May 16, 2017
Introduction

• Gender identity is a fundamental human attribute that has a profound impact on personal well-being.

• Transgender individuals are those whose lived and identified gender identity differs from their natal sex.

• Various etiologies for transgender identity have been proposed, but misconceptions that gender identity can be altered persist.

• However, clinical experience with treatment of transgender persons has clearly demonstrated that the best outcomes for these individuals are achieved with their requested hormone therapy and surgical sexual transition as opposed to psychiatric intervention alone.

Transgender Medicine

• Epidemiology
• Pathophysiology
• Diagnosis
• Clinical presentation in Childhood, Adolescence
• Associated Concerns, Child Safety
• Benefits and Risks of treatment
Epidemiology

• Depends how you ask

• In studies that included only individuals who had undergone hormone therapy, gender- affirming surgery, or had diagnostic codes documenting transgender, the reported prevalence of transgender was 7 to 9 per 100,000 people.

• However, studies that include transgender status based upon self-report indicate a prevalence of transgender of approximately 871 per 100,000 people.

Pathophysiology

Sexual differentiation of the brain
• Traditionally considered psychological
• Evidence for a biologic basis for gender identity

● Data on gender identity in intersex individuals (also known as differences of sex development [DSD]).
● Neuroanatomical differences associated with gender identity
● Gender identity may be influenced by prenatal androgen

Further research is necessary!

The bed nucleus of the stria terminalis on MTF; female pattern

Guidelines

Standards of Care for the diagnosis and treatment of transsexual individuals

World Professional Association for Transgender Health (WPATH) 2012

An Endocrine Society Clinical Practice Guideline 2009: Endocrine Treatment of Transsexual Persons:
Gender dysphoria in the DSM-5

Used to be Gender Identity Disorder in DSM-4
Removes the connotation that it is a pathological process and focuses on the dysphoria
Criteria in both documents, diagnosed by a MHP, the child must prove:
• Long-standing discomfort with assigned gender and
• Interference with social, school, or other areas of function.

There are many gender-nonconforming persons for whom a diagnosis of gender dysphoria is neither accurate nor appropriate.
• Disease model promotes access to care
Initial presentation

• Most transgender present in adulthood or late adolescence.

• Can be with mental health providers, PCPs, endocrinologists....

• Typically adults report gender incongruence throughout their lives, starting well before puberty.

• Straightforward vs mental health concerns

• Diagnosis of gender dysphoria should be made by providers who are well versed in diagnostic criteria and familiar with differentiation

• Parallel to the greater exposure in public media, greater societal acceptance, and greater access to care, transgender individuals now tend to present at a younger age than in the past

Problems with identifying dysphoria in Childhood

Children may not be dysphoric due to lack of understanding
  • may develop as they understand constancy of assigned gender
  • unable or unwilling to express it
  • Strong social pressures; self-suppression
  • Interests are redirected to be more socially acceptable
  • Children who do not have the language or sophistication to express gender concerns
  • mood or behavior problems

The majority of prepubertal children do not continue to have a cross-gender identity during adolescence.
  • Many will instead identify as gay or lesbian

2. Rosenthal Transgender Youth: Endocrine Considerations J Clin Endocrinol Metab, December 2014 99(12): 4379-4389
In contrast, gender nonconformity in adolescents

The physical changes of puberty usually are exceptionally difficult for gender-nonconforming youth.

- **betrayal of one’s body**, the final confirmation that they must live in an adult version of a body that is not reflective of their true self.
- Difficulty functioning academically and socially; anxiety, depression, suicidality and dangerous behavior
- Youth have lived “gender neutral” childhoods may only realize that they are transgender at the onset of puberty

Puberty has diagnostic value

In contrast to prepubertal children with gender nonconformity, gender dysphoria that intensifies with the onset of puberty rarely subsides.

1. Rosenthal Transgender Youth: Endocrine Considerations J Clin Endocrinol Metab, December 2014 99(12): 4379-4389
Importance of treatment: High Risk Youth

- 2006 convenience sample (n = 51) of ethnic-minority MTF transgender youth aged 16-25 years completed an anonymous questionnaire. The median age of participants was 22 years, and 57% were African-American.

- **RESULTS:**
  - 22% reported being HIV+.
  - 37% history of incarceration
  - 18% homelessness
  - 59% sex in exchange for resources
  - 52% forced sexual activity
  - 63% difficulty finding a job
  - 41% difficulty accessing health care
  - Within the past year,
    - 49% had unprotected receptive anal intercourse, and
    - 53% had sex under the influence of drugs or alcohol.
    - 29% used injection liquid silicone in their lifetime.
    - Substance use within the past year was common,
      - with marijuana (71%) and alcohol (65%) most frequently reported


Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth.
Rationale for therapy with GnRH analogs; Pubertal Suppression

• Suppression of pubertal hormones should begin when patients first exhibit physical signs of puberty and the onset of puberty; Tanner stage 2

• Stops torment of further development
  • Will suspend development of sex characteristic of the “wrong” gender

• “buys time”; can more fully explore his or her gender identity
  • With a trained mental health professional

• Time to develop resiliency tools
  • to help them cope with the stressors and challenges of hormonal transition in addition to the other challenges of adolescent development.

• Time and counseling for parents
  • may help parents come to terms with a different future for their child than the one they may have envisioned

Pubertal suppression benefits

• Complete reversibility of the effects on secondary sexual characteristics;
  • the youth will progress through endogenous puberty normally—including retained ability to ovulate or produce sperm
• Easier, less costly physical transition with improved physical outcome
Evidence of treatment benefit

A 2010 meta-analysis of 28 studies that enrolled 1833 transgender individuals (1093 transgender women, 801 transgender men) who underwent transgender treatment that included hormones, the percentage of patients reporting improvements in symptoms included:

- Gender dysphoria – 80 percent
- Psychological symptoms – 78 percent
- Quality of life – 80 percent
- Sexual function – 72 percent

Risks Pubertal Suppression

GnRH analogs are preferred because of their efficacy, safety profile, and clinical experience in treating children with precocious puberty

• No studies on long-term effects of GnRH when used among gender-nonconforming youth

• Alters the timing of the pubertal growth spurt and delays fusion of the growth plates, which affect adult height.

• Decreases bone density however it is regained after cessation

• Genotypic females who have already begun menstruation will experience menopausal like symptoms

• Youth treated GnRH analogs to suppress puberty in Tanner stage 2 and then switched to cross-gender hormones will not develop sperm or oocytes that are viable for reproduction.
Cross sex hormones MTF:

**Benefits**
- Development of breasts (irreversible)
- Female fat distribution pattern (reversible)
- Softening of the skin (reversible)
- Maintenance of a higher pitch voice
  - provided that puberty was blocked; estrogen will not cause a voice change if the voice has already deepened
- Decrease/avoidance of male pattern body and facial hair (partially reversible)
- Decrease in testicular mass (irreversible)

**Risks**
- Deep venous thrombosis
- Hyperprolactinemia
- Prolactinoma (in case reports)
- Hypertension
- Elevated liver enzymes
- Decreased libido
- Increased risk of breast cancer (same risk as biological women)
- Infertility

J Pediatrics 2014: Case series of 24 adolescents no severe complications were noted with estrogen therapy and electrolytes, urea, and creatinine remained normal in patients receiving spironolactone.

Cross sex hormones FTM, benefits

Benefits:
• Suppression of menstruation and breast development (reversible)
• Clitoral enlargement (irreversible)
• Deepening of the voice (irreversible)
• Development of male pattern body and facial hair (partially reversible)
• Increase in lean muscle mass (reversible)

Risks:
• Hyperlipidemia
• Polycythemia
• Male pattern baldness
• Acne
• Infertility
• Elevated liver enzymes
• Testosterone administration alone will not prevent pregnancy. Condom use is recommended to prevent pregnancy as well as sexually transmitted infections.

*J Pediatrics* 2014 In one case series of 39 adolescents receiving female-to-male cross-gender hormone therapy, 12 (32 percent) developed *minor adverse effects*, including acne requiring treatment with isotretinoin (seven patients), male pattern baldness (one patient), mild dyslipidemia (three patients), and mood swings (one patient). However, none permanently discontinued cross-gender hormone therapy.
Surgery

• Gender confirmation surgery (also referred to as gender-affirming surgery) is often the last (and most considered) step in the treatment process.

• Individuals can and do live successfully in their preferred gender role without genital surgery

• Important to counsel the patient to acknowledge the limitations of what gender confirmation surgery can achieve.

**FTM:**
- Hysterectomy
- Bilateral
- Oophorectomy
- Metoidioplasty
- Phalloplasty

**MTF:**
- Breast Augmentation
- Facial Feminization (FFS)
- Gluteal and hip augmentation
- Orchiectomoy
- Vaginoplasty
- Labiaplasty
- Clitoroplasty
### Sex reassignment surgery eligibility and readiness criteria

<table>
<thead>
<tr>
<th>Individuals treated with cross-sex hormones are considered eligible for sex reassignment surgery if they:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are of the legal age of majority in their nation.</td>
</tr>
<tr>
<td>2. Have used cross-sex hormones continuously and responsibly during 12 months (if they have no medical contraindication).</td>
</tr>
<tr>
<td>3. Had a successful continuous full-time real life experience (RLE) during 12 months.</td>
</tr>
<tr>
<td>4. Have (if required by the mental health professional [MHP]) regularly participated in psychotherapy throughout the RLE at a frequency determined jointly by the patient and the MHP.</td>
</tr>
<tr>
<td>5. Have shown demonstrable knowledge of all practical aspects of surgery (e.g., cost, required lengths of hospitalizations, likely complications, postsurgical rehabilitation, etc).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individuals treated with cross-sex hormones should fulfill the following readiness criteria prior to sex reassignment surgery:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrable progress in consolidating one’s gender identity.</td>
</tr>
<tr>
<td>2. Demonstrable progress in dealing with work, family, and interpersonal issues, resulting in a significantly better state of mental health.</td>
</tr>
</tbody>
</table>

Barriers to healthcare

• Transgender individuals are less likely to have insurance
• SRS and hormones often not covered
• Difficulty finding knowledgeable providers
• Lack of transgender medical education
• Majority teach gender identity, only 1/3 teach about hormonal and surgical transitioning (and is it adequate?)

Curr Opin Endocrinol Diabetes Obes 2013, 20:553 - 558
Thank you!!!

• Questions?

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