Providing Quality Care for Sexual Minority Adolescents (Gender Health Care)

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Our Mission
Improve Adolescents’ Access and Utilization of Comprehensive Sexual and Reproductive Healthcare Services by Enhancing Knowledge, Expanding Training and Growing Advocacy Capacity of Current and Future Clinical Partners

Program Partners

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Disclosures

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I DO intend to discuss an unapproved use of a commercial product in my presentation.

(Testosterone, Estradiol and Spironolactone)
All participants are required to complete an evaluation for this activity.

Please submit one at the end of this session.
Learning Objectives

- Develop and understanding of the process for development of Gender Identity
- Develop an understanding of the gender spectrum and how to best discuss gender identity with patients
- Describe key components of LGBTQ-friendly clinical environments and medical providers
Case 1 Patient “R”

- R is an 8 y/o natal male

- During the visit, R’s parent expresses concern that:
  - “Most of his friends are female.”
  - “He hates sports.”
  - “I caught him wearing his older sister’s clothes and make-up last week.”
  - “He loves to paint his nails.”
Kohlberg’s Developmental Theory of Gender

**Gender Identity or Labelling – By Age 2**
Recognizes self as Boy or Girl and able to label others. May be recognized earlier and language dependent

**Gender Stability - By 4 years old**
Recognizes gender not variable and can express this. “Girls grow up to be women.”

**Gender Constancy - By age 5-7**
Understands gender is unchanging. Can wear clothes or engage in play associated with another gender knows gender remains same
You ask R’s mother if you can speak to R in private to ask:

- R’s feelings about their gender.
- Does R feel more like a boy, a girl, somewhere in-between?
- Does R have a preferred name?
- How could R’s parents help?
- How does R feel about parents’ concerns.
GENDER + SEXUALITY
Why Talk About Gender and Sexuality?

- Professional responsibility:
  - AAP, SAHM, AMA, AAMC, AAFP, ACOG, APA: All recommend training on LGBTQI health
- Gender Affirming Care is Patient-Centered Care, for all of us
- Sexual development and growth is a natural part of human development
- Healthy sexual expression is different than sexual risk
- Same-sex sexual behavior is included in the realm of healthy sexuality
Lesbian/Bisexual Women (3.4%) 4,007,834

Gay and Bisexual Men (3.6%) 4,030,946

Transgender Persons* (0.3%) 697,529

- 0.5% to 2.7% of the population have strong feelings of being transgender
- 0.1% and 0.5% actually take steps to transition

## LGB Prevalence in Youth, YRBS 2015

<table>
<thead>
<tr>
<th>Sexual Identity</th>
<th>%</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>88.8%</td>
<td>12,954</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>2%</td>
<td>324</td>
</tr>
<tr>
<td>Bisexual</td>
<td>6%</td>
<td>922</td>
</tr>
<tr>
<td>Not sure</td>
<td>3.2%</td>
<td>503</td>
</tr>
</tbody>
</table>
Gender, Identity, Sex, Expression, Orientation

The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don’t. Like Inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It’s okay if you’re hungry for more. In fact, that’s the idea.

Gender Identity
- Woman-ness
- Man-ness

Gender Expression
- Feminine
- Masculine

Biological Sex
- Female-ness
- Male-ness

Attraction
- Sex

For a bigger bite, read more at http://bit.ly/genderbread

Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread.
3 Components of Gender

**Biological Sex**
- Female-ness
- Male-ness

The physical sex characteristics you’re born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

**Gender Identity**
- Woman-ness
- Man-ness

How you, in your head, define your gender; based on how much you align (or don’t align) with what you understand to be the options for gender.

**Gender Expression**
- Feminine
- Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.
Sexual Orientation/Identity*: Concept of one’s self that is based on feelings, attractions, and desires

LGBT T Q IA P

Lesbian
A woman who is primarily attracted to women.

Gay
A man who is primarily attracted to men; sometimes a broad term for individuals primarily attracted to the same sex.

Bisexual
An individual attracted to people of their own and opposite gender.

Transgender
A person whose gender identity differs from their assigned sex at birth.

Transsexual
An outdated term that originated in the medical and psychological communities for people who have permanently changed their gender identity through surgery and hormones.

Queer
An umbrella term to be more inclusive of the many identities and variants that make up the LGBTQ+ community.

Questioning
The process of exploring and discovering one’s own sexual orientation, gender identity and/or gender expression.

Intersex
An individual whose sexual anatomy or chromosomes do not fit with the traditional markers of “female” and “male.”

Ally
Typically a non-queer person who supports and advocates for the queer community; an individual within the LGBTQ+ community can be an ally for another member that identifies differently than them.

Asexual
An individual who generally does not feel sexual desire or attraction to any group of people. It is not the same as celibacy and has many subgroups.

Pansexual
A person who experiences sexual, romantic, physical and/or spiritual attraction to members of all gender identities/expressions, not just people who fit into the standard gender binary.

* may or may not match up with sexual behaviors (i.e. MSM, MSW, etc.)
PROVIDER-RELATED BARRIERS TO LGBTQ CARE
Barriers to Care: Provider Attitude

- Lambda Legal survey (4,916 LGB respondents, 2009)
  - ~8% of LGB and 27% of trans/gender-nonconforming reported denied care because of gender-identity/orientation
  - 11% reported provider refused to touch them/used precautions
  - Trans/gender-nonconforming respondents reported barriers to care and discrimination 2-3 x more often than LGB respondents

How Homophobia is a Barrier to Care
- Perceived lack of confidentiality
- Fear of health care provider reaction upon disclosure
- Provider’s assumption of heterosexuality
- Internalized shame and/or guilt
Barriers to Care: Medical Training

- Most medical schools have not specifically taught on LGBT issues
- One study found most medical schools devoted 5 hours or less to teaching anything beyond asking, “What is the gender of your sexual partner?
- 1/3 of med. schools assigned no time to LGBT care
PATIENT-CENTERED LGBTQ CARE
Step 1. Confronting Personal Biases

- Understand personal biases
- Provider discomfort can be damaging
- It is an ethical obligation to refer patients for appropriate care
Step 2. Creating a Safe Space

- Train all staff
- Zero tolerance for insensitivity
- Assure Confidentiality
- Display LGBTQ-affirming materials
- Provide support resources
Create a LGBQ-Friendly Environment

- Visible nondiscrimination policy
- Staff training, openness
- Use preferred pronoun and name
- Transgender-inclusive materials
- Unisex/individual bathrooms
- Respect confidentiality, don’t “out”
Example: Front-Office Procedures

- Forms contain gender-neutral language
- EMR prompts for Alternate Names and Gender
- “Parent” versus “mother/father”
Step 3. Regularly Discuss Sexuality

- Due to discrimination and fear, many LGBTQ individuals have difficulty accessing health care.
- Asking normalizes notion that there is a range of sexual orientations and gender identities.
- How can you respectfully ask about sexual orientation?

  Are you sexually attracted to guys, girls, or both?

  When you think of yourself in a relationship is it with a guy, a girl, or both?

  If you had a crush on someone, would it be a boy, girl, neither or both?

  Do you think of yourself as male, female, both, neither?
Step 4. Ask About Sexual Behaviors

- Need to be **Sensitive AND Specific**

- Older teens
  - Have you ever had: oral sex, vaginal sex, anal sex? (Define each as needed)
  - What parts went where?
  - Did you put your penis in his/her vagina, butt, or mouth?
  - Did you take his/her penis in your vagina, butt, or mouth?
Case Study: Patient ‘K’
Case 2: Patient “K”

13 y/o natal female with male gender identify & expression, distressed by onset of puberty

K is interested in not having periods, looking as male as possible & has done some preliminary investigation of transgender

What do you do next?
Approaching Gender Identity with Patients

Ask:

When you think of yourself as a person, do you think of yourself as: male, female, somewhere in between, or another gender?
Case 2: Patient “K”

- Engage parent(s) to support their child
  - Explore parent’s concerns and priorities
  - Assess parental support and knowledge
  - Facilitate discussion and negotiations

- Establish expectations for all stakeholders
  - Incorporate: patient goals, parental expectations, management options

Transgender Care is Primary Care!
Remind Patient/Youth and Parents...
What Is Healthy?

Gender and sexual development are natural parts of human development

Gender and sexual expression vary

Gender and sexual diversity are different than risk

Open, honest communication is critical to healthy decision-making, behaviors, support, and access to care
Referrals and Seeking Specialized Care

- Many mental health and medical providers will not have expertise in transgender care

- Transgender health “specialists”
  - Variety of providers with experience and/or training in caring for transgender patients
  - Wide variety of disciplines, degrees, specialties
  - Transgender Care is Primary Care!

Progress . . .
But we still have work to do
Case 2: Patient “K”

Mental health provider
Assess/treat other mental health concerns (if any) besides Dysphoria

Medical provider
Assess and consent for hormonal Management for Gender Dysphoria

Both Providers
Consider appropriate referrals to providers with experience in transgender care or develop it
- Assess gender nonconformity
- Assess readiness for transition
Case 2: Patient “K”

- Medical and mental providers confirm:
  - Gender identity and gender needs
  - Gender dysphoria
  - Benefit from delaying puberty and/or hormones

- K’s mother is supportive

Are these recommendations in line with national consensus and/or guidelines?
Case 2: Patient “K”

- Gender identity and gender needs
- Gender dysphoria
- Benefit from delaying puberty and/or hormones
- Supportive family/environment

Are these recommendations in line with national consensus and/or guidelines?

YES!!!
TRANSITIONING
Treatment Goals

Improve quality of life by:

- Facilitating transition to physical state that more closely represents the individual’s sense of self
- Experiencing puberty congruent with gender
- Preventing unwanted secondary sex characteristics
  - Reduce need for future medical, surgical interventions
- Avoiding depression, risk-taking
- Establishing early, strong social support
Views on Treatment of Gender Dysphoria in Adolescents

- No treatment until 18 (Full pubertal experience)
- Allow some experience of puberty Until age 15–16 or Tanner 4
- Then start GnRH analogues or hormones

Gender identity stable, gender dysphoria DSM criteria met
- ✓ Start GnRH analogues Tanner 2 (age 12–13)
- ✓ Initiate hormones later more in line with typical pubertal development
Phases of Transitioning

- **Reversible**
  - toys
  - clothes
  - shoes
  - hair

- **Partially Reversible**
  - GnRH analogues
  - masculinizing/feminizing hormone therapy

- **Irreversible**
  - gender affirming surgery
Beginning Hormonal Treatment

- Assess readiness for transition
  - Physical (Tanner stage)
  - Psychological
  - Social

- Review risks and benefits of hormone therapy
  - Differentiate between reversible and irreversible physical changes
  - Establish next steps for “real life” experience
Planning for Hormonal Treatment

Prescribing provider will establish:
- Reasonable goals, expectations
- Baseline screening labs
- Set up referrals and/or follow up
- Informed consent – process/review

Provider and patient should establish:
- Sources of social support
- Impact on school, work
- Disclosure when patient is ready
Planning for Hormonal Treatment

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- Disclosure when patient is ready
Health Care Maintenance for FTM

- Emotional Well-being
- STIs
  - CDC- Screen all Exposed sites
  - Discuss Prevention
- PCOS
  - Glucose testing
- Fertility
  - Contraception
- Breast cancer screening
  - Instructions in self breast exam?
  - Mammography
- Pap cancer screening
  - Atrophy looks like dysplasia
- Dexa scans
  - Testosterone > 5 yrs
  - Age > 50
What if K was MTF Transgender?

- Mental health provider
  - Assess/treat other mental health concerns if any

- Medical provider
  - Assess and consent for hormonal management

- Consider appropriate referrals to providers with experience in transgender care
  - Assess gender nonconformity
  - Assess readiness for transition
Benefits of Early Treatment

• If transgender identified pre/early puberty consider “blocking” puberty
  – Effects fully reversible
  – “Buys time” and avoid reactive depression
  – Psychotherapy facilitated when distress eased
  – Prevent unwanted secondary sex characteristics
    • Reduces needs for future medical interventions
  – SAME General Path except hormones somewhat more complex and behavioral risk-factors may be greater
Health Care Maintenance for MTFs

- Emotional Wellbeing
- STIs
  - CDC- Screen all Exposed sites
  - Discuss Prevention
- Fertility?
  - Sperm/embryo banking
  - 40% want Children
- Contraception

- Breast cancer screening
  - Self breast exam
  - Mammography 10+ years
  - Estrogen or 50yo
- Additional screenings
  - limited evidence
  - Prostate screening for older patients?
  - Pap if neo cervix created?
References


- Kann E., Olsen EO, McManus T., Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — United States and Selected Sites, 2015. MMWR, August 12, 2016, Volume 65, No.9, pp 5-6.

- Rider GN., McMorris BJ., Gower Al., et. Al., Health Care and Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study. Pediatrics; March 2018, Volume 141 (3)
References

- https://www.itspronouncedmetrosexual.com/genderbread-person/
- http://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf
References


• Number 77 n July 15, 2014 Sexual Orientation and Health Among U.S. Adults: *National Health Interview Survey*, 2013 by Brian W. Ward, Ph.D.; James M. Dahlhamer, Ph.D.; Adena M. Galinsky, Ph.D.; and Sarah S. Joestl, Dr.P.H., Division of Health Interview Statistics
References

• James M. Dahlhamer, Ph.D.; Adena M. Galinsky, Ph.D.; and Sarah S. Joestl, Dr.P.H., Division of Health Interview Statistics


• [http://thesafezoneproject.com/about/what-is-safe-zone/#](http://thesafezoneproject.com/about/what-is-safe-zone/#)

References


• *Slide adapted from*: Olson J. Hormonal Therapy for Transgender Youth. Society for Adolescent Health and Medicine presentation, April 7, 2010. Toronto, ON.

• Testosterone does not guarantee no ovulation and can be teratogenic. Discuss Family Planning, Progestin Containing-IUD? LARCs?
References


• https://www.atria.nl/ezines/web/IJT/97-03/numbers/symposion/ijtvo06no03_02.htm
Children’s Hospital and Kids First Tiger Care
Adolescent Medicine Clinics

Adolescent Health & Gender Health Care Clinics
504-896-2888
Thank You!

- Packard Foundation
- Physicians for Reproductive Health
- Children’s Hospital
- LSU Pediatrics