Caring for the Gender Non-binary Patient

The Primary Care Approach to Diagnosis, Management, and Referral.

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Learning Objectives

By the end of this discussion, you will be able to:

- Describe the Gender Spectrum
- Explain how gender impacts care
- Implement the stages of gender affirming care, including recognizing limitations
- Negotiate the needs of Gender Non-binary Patients
- Reflect on application of these skills in your clinical environment

Conflict of Interest Disclosures

- None to report

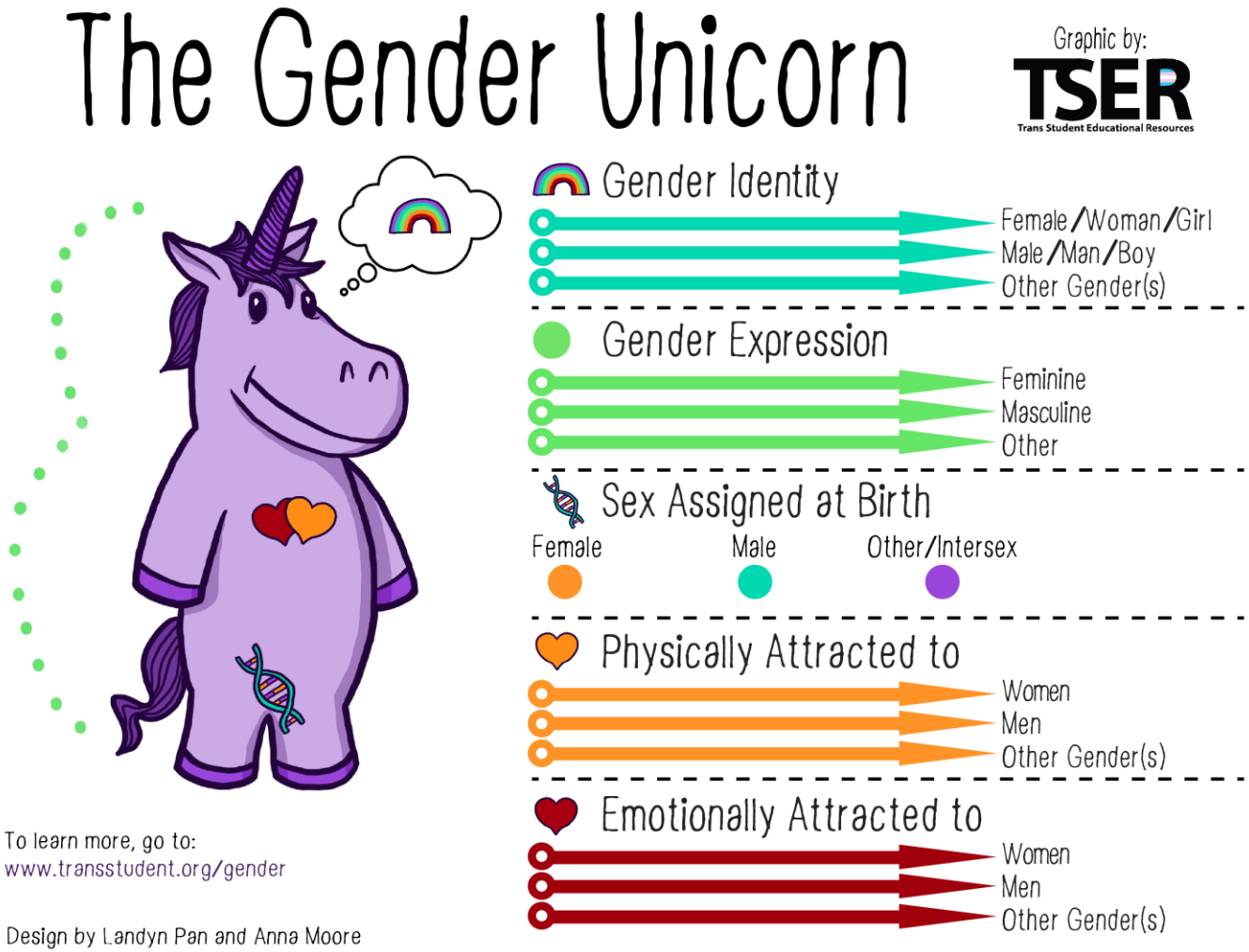
Use Statement

References

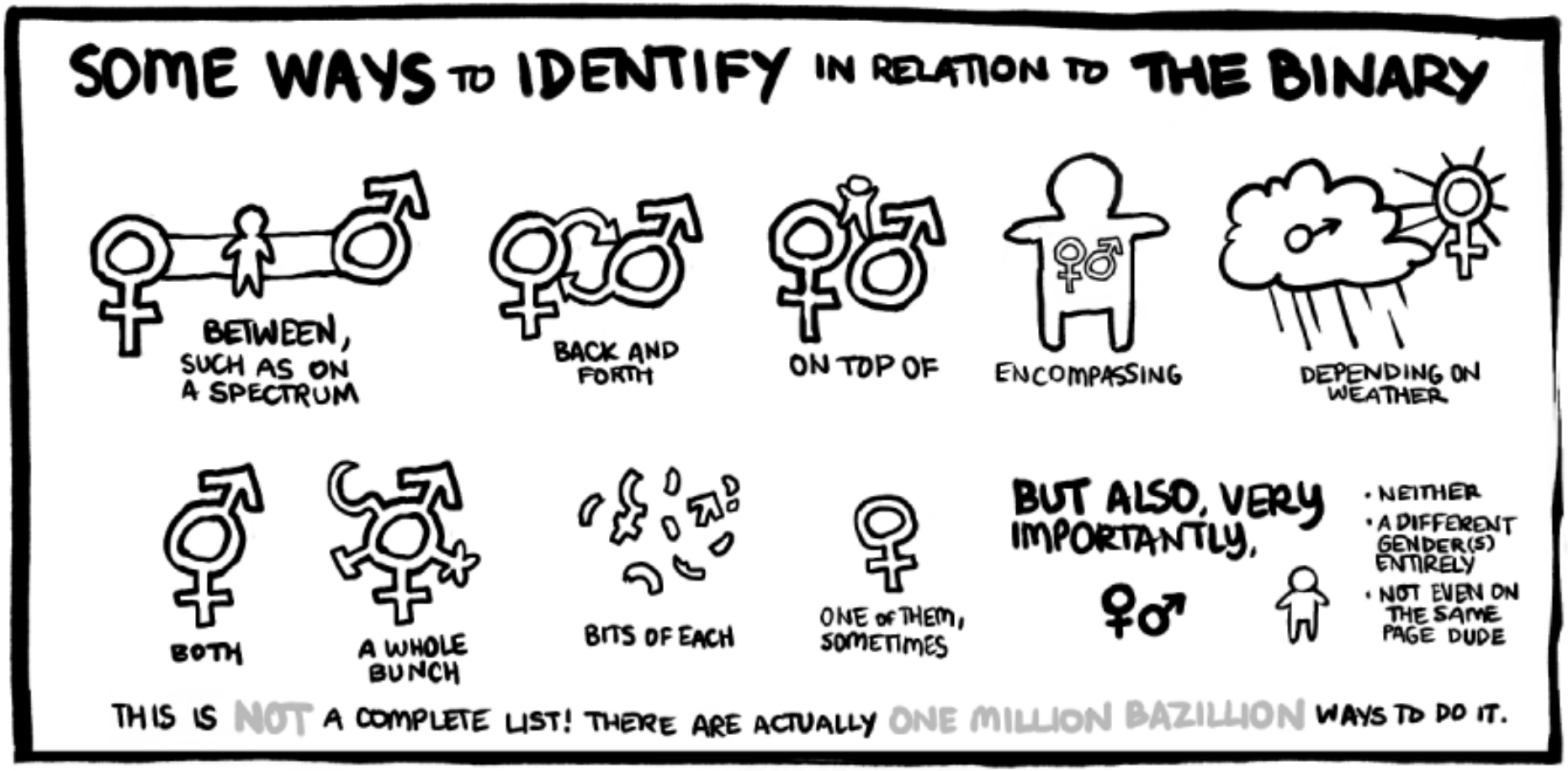
- WPATH GUIDELINES
  https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?_t=1613669341
- UCSF TRANS*CARE GUIDELINES
  https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf
- National LGBT Health Education Center

THE GENDER SPECTRUM

What is the Gender Spectrum?



What does it mean to be genderqueer or gender non-binary?



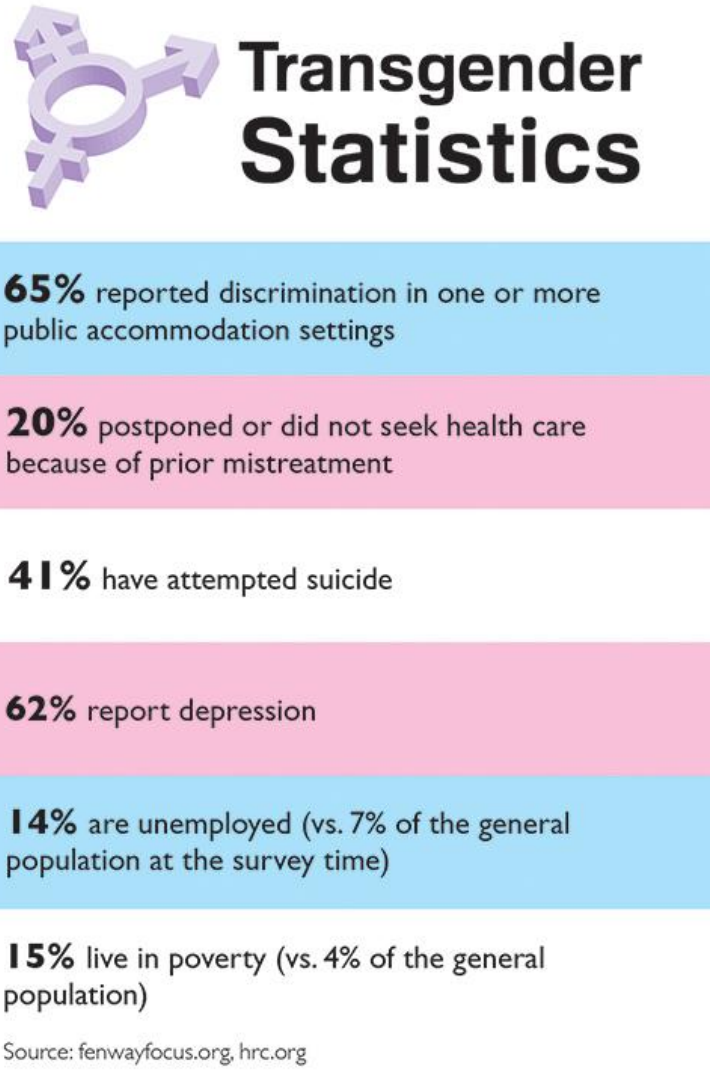
QUESTIONS

On the Gender Spectrum

What does it mean to be transgender or transitioning?

Offering gender affirming care reduces pain and reduces risk.

The intersection between gender and social determinants of care and trauma is complex and early interventions to affirm gender appear to reduce the associated harms – especially SI, homelessness, substance abuse, and employment.



QUESTIONS

On the Gender Trauma, Risk

IDENTIFYING GENDER IDENTITY DISORDER

How is gender identity disorder diagnosed?

"the expression of gender characteristics, including identities, that are not stereotypically associated
with one's assigned sex at birth is a common and culturally diverse human phenomenon [that]
should not be judged as inherently pathological or negative."

Diagnosis made to justify treatments, code for payment, order diagnostic evaluations, and make referrals.

- Be cautious with use of GENDER DYSPHORIA
- Consider using:
  - GENDER IDENTITY DISORDER, unspec (F64.9)
  - GENDER ROLE DISORDER, child (F64.2)
  - GENDER ROLE UNCERTAIN (F66)

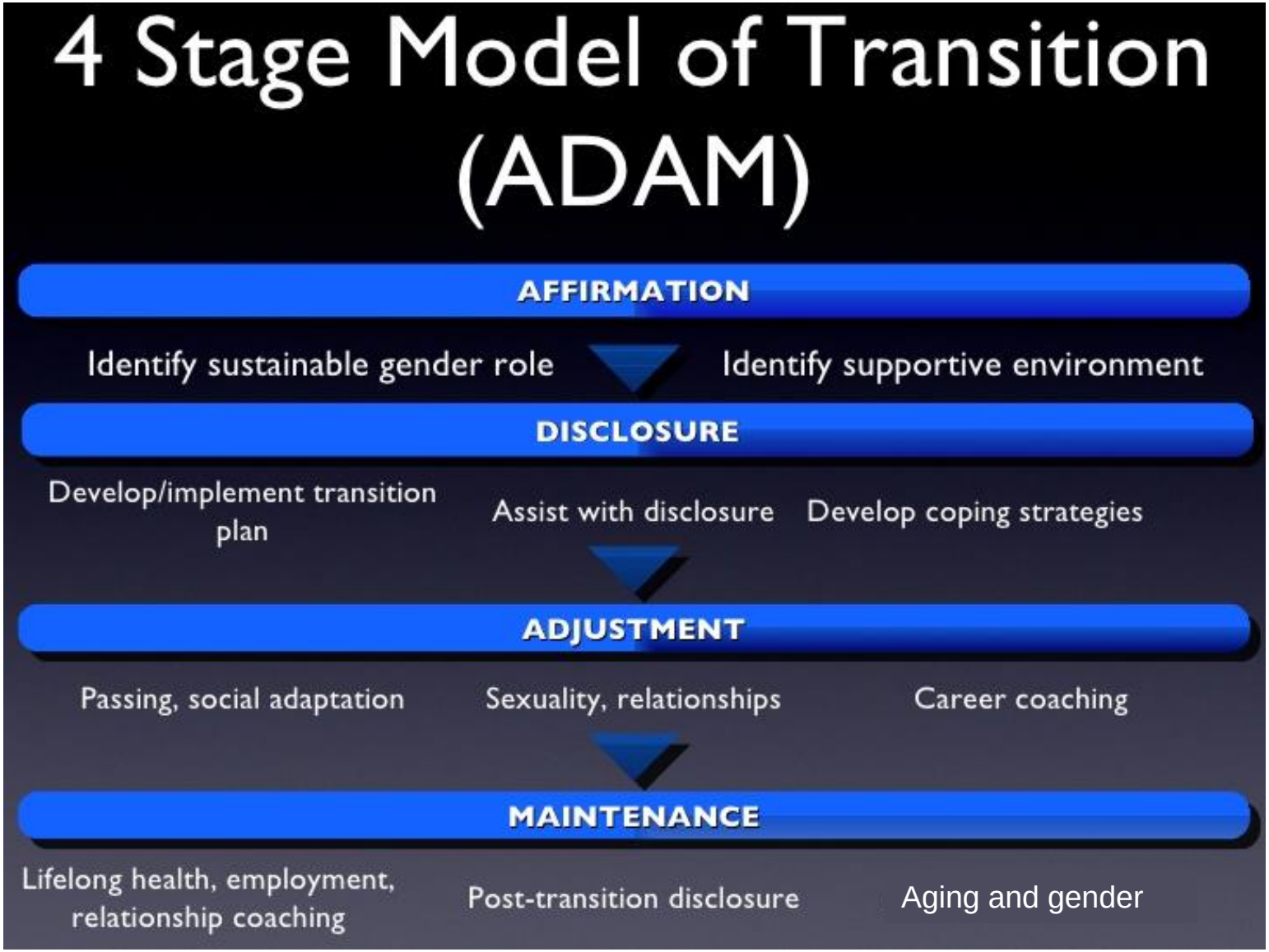
QUESTIONS on Diagnosis

GENDER AFFIRMING CARE

Gender Affirming Care: Exploring Goals

PATIENT CENTERED SHARED DECISION MAKING

- "If you could wave a magic wand and be exactly who you really are, what would change?"
  - Social
  - Psychological
  - Cosmetic
  - Physical (Medical, Surgical)
  - Legal


4 Stage Model of Transition (ADAM)
AFFIRMATION
Identify sustainable gender role
Identify supportive environment
DISCLOSURE
Develop/implement transition plan
Assist with disclosure
Develop coping strategies
ADJUSTMENT
Passing, social adaptation
Sexuality, relationships
Career coaching
MAINTENANCE
Lifelong health, employment, relationship coaching
Post-transition disclosure
Aging and gender

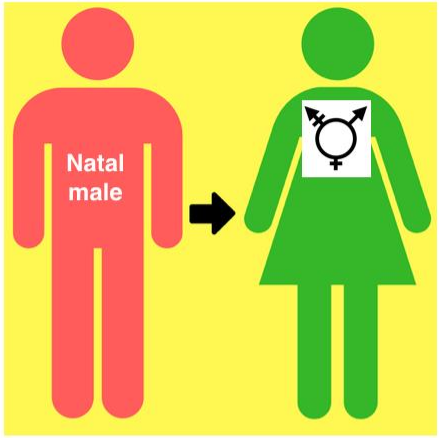
Gender Affirming Treatments

THE CURB SIDERS INTERNAL MEDICINE

FEMINIZING TREATMENTS

Hormone Treatment
- Spironolactone 100-300 mg/day
- Estradiol (IM, oral, transdermal)
- Voice training

Check q3mo then 1-2x yearly
- BMP, K+
- Estradiol goal 100-200 pg/mL
- Testosterone goal < 50 ng/dL



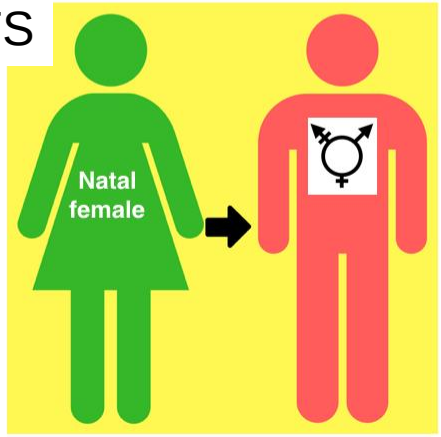
MtF Body Changes
- Scalp hair growth varies
- ↓ Muscle mass
- Soft skin, ↓oil
- ↓ labido
- Breast growth
- ↓ testes, ↓ sperm
- ↓ body hair
- Redistrib body fat

Surgery
- Breast augmentation
- Orchiectomy
- Vaginoplasty

MASCULINZING TREATMENTS

Hormone Treatment
- Testosterone (IM, SQ, gel, patch)
- Menstrual Suppression (LARC)

Check q3mo then 1-2x yearly
- CBC, Wt, BP, lipids
- Testosterone goal 400-700 ng/dL



FtM Body Changes
- ↑ Muscle mass
- Oily skin, acne
- ↑ labido
- ↓ Breast size
- ↑ body, ↓scalp hair
- Deep voice
- Clitoral enlarge't
- vaginal atrophy
- cessation menses

Surgery
- Mastectomy
- Oophorectomy
- Hysterectomy
- Metoidioplasty
- Phalloplasty

IM=intramuscular, SQ=subcutaneous, CBC=complete blood count, Wt=weight, BP=blood pressure, MtF=male to female, FtM=female to male

Source: Endocrine Society Clinical Practice Guidelines 2017 Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline

Gender Affirming Treatments: SOCIAL

APPLICABLE TO ANY PATIENT, REGARDLESS OF AGE OR TRANSITION GOALS

- What is their source of support?
- Where are they most comfortable being authentic? Why?
- Where are they least comfortable being authentic? Why?
- What name and pronouns best support their authentic self?
- When and where do they get to use that name and pronouns?
- Are they ready to legally change their name and gender markers?
- *When this is a source of distress, consider referral to a social case worker (SPECTRUM) or counselor with gender affirming skills (GRAIN).*

QUESTIONS
on
Social Support

Gender Affirming Treatments: PSYCHOLOGICAL

APPLICABLE TO ANY PATIENT, REGARDLESS OF AGE OR TRANSITION GOALS

- How much distress does the incongruence between sex assigned at birth and gender create?
- What has the patient done to cope with that pain?
- What mental health issues are part of the picture?
- *WPATH recommends a psychosocial assessment with a training mental health professional before considering medical or surgical therapy.*

QUESTIONS
on
Psychological Support

Gender Affirming Treatments: COSMETIC

MOVING TOWARDS “MASCULINE” CHARACTERISTICS

- Diminish “feminine” features:
  - Binding chest
  - Cutting hair
  - Clothing
- Enhancing “masculine” features:
  - Groin packing

- *UCSF Guidelines include non-medical options to support gender non-binary and fluid individuals.*

Gender Affirming Treatments: COSMETIC

MOVING TOWARDS “FEMININE” CHARACTERISTICS

- Diminish “masculine” features:
  - Tucking
- Enhancing “feminine” features:
  - Chest padding or prosthesis
  - Hip, buttocks padding or prosthesis
  - Growing hair
  - Clothing
  - Makeup

- *UCSF Guidelines include non-medical options to support gender non-binary and fluid individuals.*

QUESTIONS
on
Cosmetic Treatments

Initiating Hormone Therapy, Considerations

Assessing Readiness

- Referral letter from mental health provider traditional
- Informed consent pathway (risks, benefits, alt, unknowns, limits, risk of no treatment)
  - No regrets, No lawsuits, Any provider

Step wise approach, time for desired effects

- Patient centered care, shared decision making
- Allow for at least 3 months for effects before making change

Initiation of hormones in children (pre-pubertal) has risks; highly recommend consultation with pediatric endocrinology or sexual development clinic.

QUESTIONS
on
Consent to Medical Treatment

Gender Affirming Treatments: MEDICAL

MOVING TOWARDS "MASCULINE" HORMONAL EFFECTS

- Downregulate estrogenic effects: no hormone suppression
- Upregulate androgenic effects:

Androgen	Initial – low dose[b]	Initial - typical	Maximum - typical[c]	Comment
Testosterone Cypionate[a]	20 mg/week IM/SQ	50mg/week IM/SQ	100mg/week IM/SQ	For q 2 wk dosing, double each dose
Testosterone Enthanate[a]	20mg/week IM/SQ	50mg/week IM/SQ	100mg/week IM/SQ	"
Testosterone topical gel 1%	12.5-25 mg Q AM	50mg Q AM	100mg Q AM	May come in pump or packet form
Testosterone topical gel 1.62%[d]	20.25mg Q AM	40.5 – 60.75mg Q AM	103.25mg Q AM	"
Testosterone patch	1-2mg Q PM	4mg Q PM	8mg Q PM	Patches come in 2mg and 4mg size. For lower doses, may cut patch
Testosterone cream[e]	10mg	50mg	100mg	
Testosterone axillary gel 2%	30mg Q AM	60mg Q AM	90-120mg Q AM	Comes in pump only, one pump = 30mg
Testosterone Undecanoate[f]	N/A	750mg IM, repeat in 4 weeks, then q 10 weeks ongoing	N/A	Requires participation in manufacturer monitored program[f]

"low dose" for GNB/Genderqueer folks.

Topical gel dosing is limited to a pump or a packet intervals

Creams are formulated at compounding pharmacies.

Test Und rare cases of oil pulm microembolism

Androgen Therapy, Monitoring Levels

Therapy	Comments	Baseline	3 months*	6 months*	12 months*	Yearly	PRN
Lipids	No evidence to support lipid monitoring at any time; use clinician discretion	Based on USPSTF guidelines					X
A1c or fasting glucose	No evidence to support lipid monitoring at any time; use clinician discretion	Based on USPSTF guidelines					X
Estradiol							X
Total Testosterone			X	X	X		X
Sex Hormone Binding Globulin (SHBG) **			X	X	X		X
Albumin **			X	X	X		X
Hemoglobin & Hematocrit		X	X	X	X	X	X

** Used to calculate bioavailable testosterone

QUESTIONS
on
Testosterone Therapy

Gender Affirming Treatments: MEDICAL

MOVING TOWARDS “FEMININE” HORMONAL EFFECTS

- Downregulate androgenic effects:
  - Anti-androgens
    - Spironolactone 200-400 mg/d, check K
    - Finasteride 1 mg/d, Dutasteride 0.5mg/d
  - Progestens
    - Medroxyprogesterone 2.5mg/qhs

In some cases, desired outcomes can be achieved with androgen blockage only.

Gender Affirming Treatments: MEDICAL

MOVING TOWARDS "FEMININE" HORMONAL EFFECTS

- Upregulate estrogenic effects:
  - Estrogen initiated only after androgen block

Estrogen				
Estradiol oral/sublingual	1mg/day	2-4mg/day	8mg/day	if > 2mg recommend divided bid dosing
Estradiol transdermal	50mcg	100mcg	100-400 mcg	Max single patch dose available is 100mcg. Frequency of change is brand/product dependent. More than 2 patches at a time may be cumbersome for patients
Estradiol valerate IM[a]	<20mg IM q 2 wk	20mg IM q 2 wk	40mg IM q 2wk	May divide dose into weekly injections for cyclical symptoms
Estradiol cypionate IM	<2mg q 2wk	2mg IM q 2 wk	5mg IM q 2 wk	May divide dose into weekly injections for cyclical symptoms

Estrogen Therapy, Monitoring Levels

Test	Comments	Baseline	3 months*	6 months*	12 months*	Yearly	PRN
BUN/Cr/K+	Only if spiro used	X	X	X	X	X	X
Lipids	No evidence to support monitoring at any time; use clinician discretion	Based on USPSTF guidelines					X
A1c or glucose	No evidence to support monitoring at any time; use clinician discretion	Based on USPSTF guidelines					
Estradiol			X	X			X
Total Testosterone			X	X	X		X
Sex Hormone Binding Globulin (SHBG)**			X	X	X		X
Albumin**			X	X	X		X
Prolactin	Only if symptoms of prolactinoma						X

** Used to calculate bioavailable testosterone

QUESTIONS

on

Anti-androgen and Estrogen Therapy

Gender Affirming Treatments: COMPLICATIONS

MANAGING THE COMPLEXITIES OF GENDER AFFIRMING CARE

- See UCSF Guidelines

- *This could be an excellent topic for another session.*

Gender Affirming Treatments: SURGICAL

MOVING TOWARDS "MASCULINE" CHARACTERISTICS

- Diminish "feminine" features, especially those that cause distress:
  - Uterine bleeding (IUD, hyst, oophorectomy)
  - Mastectomy
- Building functional "masculine" features to improve authenticity:
  - Phalloplasty
  - Metaoidioplasty

- *WPATH guidelines recommend at least a year of stable hormone therapy before consideration of phalloplasty/metaoidioplasty.*

Gender Affirming Treatments: SURGICAL

MOVING TOWARDS "FEMININE" CHARACTERISTICS

- Diminish "masculine" features, especially those that cause distress:
  - Orchidectomy (several indications)
- Building functional "feminine" features to improve authenticity:
  - Vaginoplasty
  - Breast augmentation

- *WPATH guidelines recommend at least a year of stable hormone therapy before consideration of vaginoplasty.*

QUESTIONS
on
Surgical Affirmation

Gender Affirming Treatments: OTHER

SURGICAL AND PROCEDURAL AFFIRMING CARE

- Facial cosmetic surgeries for preferred features
- Body contouring options for preferred features
- Hair removal

OTHER AFFIRMING CARE

- Prosthesis (breast or groin)
- Speech therapy for alteration of vocal range
- Physical therapy for non-verbal communication coaching

QUESTIONS
on
Other Affirming Care

Gender Affirming Treatments: LEGAL

CHANGE OF NAME and/or GENDER

- State specific rights and processes
- Identification documents (passport, drivers license)
- Social security card, Birth certificates
- Work documents
- Incongruencies with insurance policies can cause coverage issues

SEX SEGRAGATION

- Bathrooms, changing rooms, locker rooms
- Shelters and housing programs

Consider connecting with legal assistance; pro-bono and cost limited clinics available.

QUESTIONS
on
Legal Aide

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Thoughts & Questions Welcome!

Thank You!!

ENRICHMENT: CASES

Apply Skills to GNB/TG Patient Care

- Walk through clinical case examples.
- Real cases that are fully deidentified.
- Interactive, please discuss openly.
- No perfect answer, experiment here.

Case 1: Sam

- Sam is a 24-year-old being admitted for an asthma exacerbation attributed to poor air quality (fire season).
- Viral panel is negative, including influenza and COVID.
- During intake, Sam notes that their gender is non-binary.
- What history do you need to help manage Sam's complaint and why?

Case 1: Sam

- Sam's gender identity may be helpful to assign a room if your setting is still utilizing double occupancy.
- Many hospitals have revised and updated policies on gender segregation of rooms and how this effects gender non-binary and transgender patients' safety.
- Otherwise, there is little to no connection between asthma and gender identity, medically.
- Be aware when exploring gender is medically indicated vs your own curiosity.

Case 2: Jamie

- Jamie is a 35 year old presenting with complaints of painful bleeding.
- On Jamie's chart you notice they take testosterone cypionate 75 mg IM every Saturday and topical triamcinolone cream prn.
- Their last labs note normal values for CMP, SHBG, and Lipids but their testosterone level is 687 ng/dl and hemoglobin is 9.9 g/dl
- Upon taking Jamie's history, you learn that they identify as a transgender man but still have vaginal and uterine tissue and use their vaginal tissue sexually.

Case 2: Jamie

- What additional history would you want to understand Jamie's complaint?
- What is on your differential diagnosis list for Jamie?
- What treatment options may be most helpful to treat this issue?

**review the UCSF guidelines for approached to manage bleeding in trans*men

Case 3: Alex

- Alex is a 17 year old assigned male at birth who is presenting to their primary family physician requesting help transitioning to female presenting.
- Alex has a long standing history in your practice and has had hospital admissions for suicidality and symptoms concerning for eating disorder.
- Today, they present with a friend, River, who identifies as “genderqueer”. River enthusiastically does most of the talking for Alex.

Case 3: Alex

- What additional history would you want to know about Alex before affirming their gender?
- Alex is 17. Do you need their parental/guardian consent to initiate gender affirming care?
- Would you utilize patient consent pathway to treatment or recommend mental health consultation first? Why?
- What are you goals in treating Alex? Why?
- Who should share those goals and why?

Case 4: Kelli

- 47 year old presents to emergency room with painful R shoulder after a fall during roller derby
- They have been transported by EMS
- Kelli is in obvious discomfort but VS are stable, so you assist in completing intake forms
- You appreciate that Kelli's chart and insurance card note two different genders

Case 4: Kelli

- Why does Kelli's gender identity matter in this case?
- What can be done to rectify the incongruence?
- What additional history is important as you care for Kelly? Why?

Case 5: Pax

- Pax is a 10 year old assigned female at birth
- He is presenting with their parents in follow up after consultation with a physician at Seattle Children's Clinic for Differences in Sexual Development. He started a GnRH analog to suppress puberty and are now presenting himself in school as his preferred male gender.
- The specialists recommend waiting until age 16 to start testosterone and Pax is concerned about safely navigating the boy's bathroom at school. He is also thinking about joining the swim team but is worried.

Case 5: Pax

- What other history would you want to know about Pax to support him and the adults who care about him?
- What are Pax's rights at school?
- Can Pax swim? What challenges will he and his family need to consider?
- Why do the specialists recommend delaying the initiation of testosterone?
- When would Pax need to wear a chest binder? What special considerations are recommended?

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