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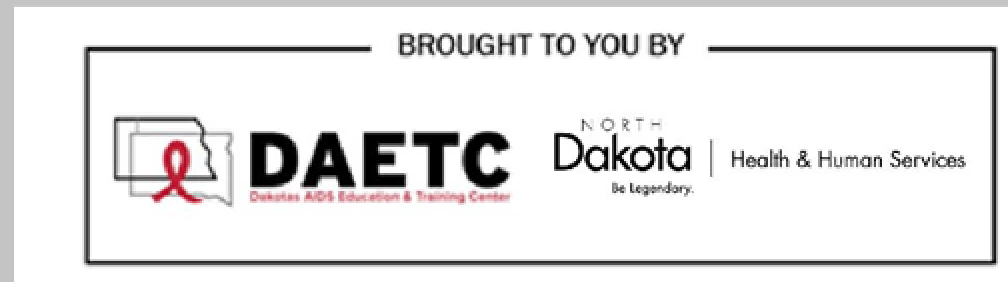


- Key LGTBQ+ terms
- Discuss health disparities among the LGTBQ+ population
- Identify recommended health maintenance and screenings
- Become familiar with feminization/masculinization hormones and surgeries

Transgender man (he/him/his)

- Trans man, trans male
- Female assigned sex at birth (FAB)

Transgender women (she/her/her)

- Trans woman, trans female
- Male assigned sex at birth (MAB)

Nonbinary (they/them/their)

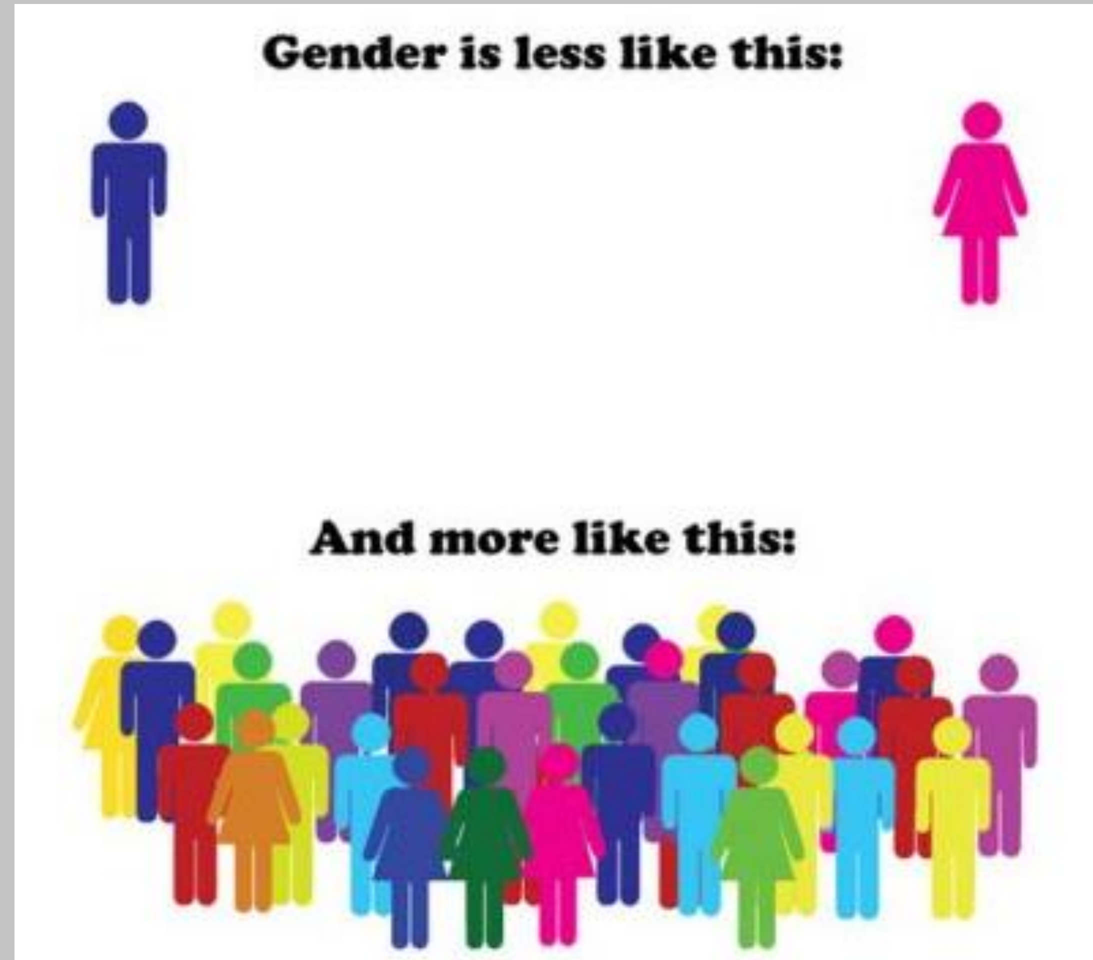
- Genderqueer, genderfluid, agender, pangender, gender expansive

KEY LGTBQ+ TERMS

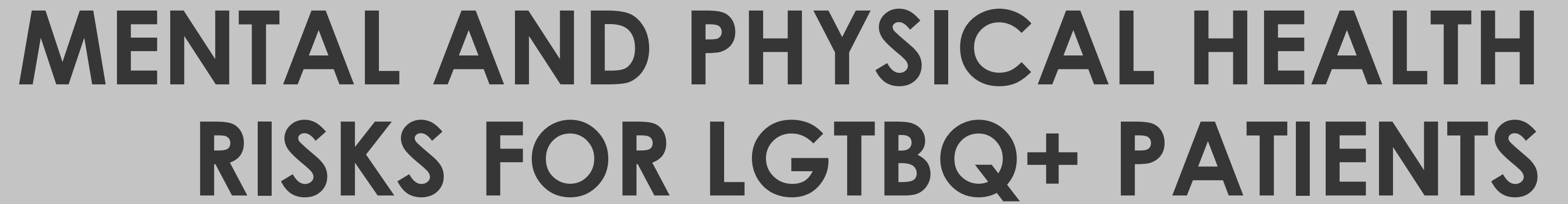
Cisgender is gender identity that is congruent with assigned sex at birth

Sexual behavior, not sexual orientation, determines STI risk

Pronouns, as a rule, should correspond to a person's gender identity



Source: Fenway Health



MENTAL AND PHYSICAL HEALTH RISKS FOR LGTBQ+ PATIENTS

- Higher risk of substance abuse
- Higher risk of STDs
- Higher risk of cancers
- Higher risk of cardiovascular diseases
- Higher risk of bullying
- Higher risk of mental health issues, such as anxiety, depression, and suicide

Source: National LGTB Health Education Center

- Poor self-rated general health
- HIV infection and other STIs
- Cancer-related risks
- Mental health conditions
- Eating disorders
- Substance use and abuse
- Violence victimization/Hate crime victims
- Delays in preventive screening and treatment
- Lack of access to culturally competent care
- Unique fertility concerns

Source: National LGTB Health Education Center

DISPARITIES IN ACCESS TO MEDICAL CARE

- Providers with limited education in medical training
- Limited clinical research in medical field
- Few targeted programs
- Few prevention efforts
- Homophobia/Transphobia
  - Limited legal protection
  - Employment discrimination
  - Poverty
  - Low self esteem
  - Social marginalization

Source: National LGTB Health Education Center

ADVERSITY RELATED TO GENDER IDENTITY

Negative experiences in health care

- 50% reported teaching their medical providers about transgender care
- 33% delayed or did not try to get preventive health care due to discrimination by health care providers
- 28% postponed necessary medical care when sick or injured due to discrimination by health care providers
- 19% refused care due to transgender or gender non-conforming status

Source: National LGTB Health Education Center

Limited access

- Many have trouble with basic access to care
  - Lack of health insurance
  - Unemployed
  - Require services not available to them

Negative experiences

- Previous experiences with discrimination and prejudice
  - Inadequately trained staff

Lack of knowledge

- Providers lack knowledge and experience caring for them

Source: National Transgender Discrimination Survey

ADVERSITY RELATED TO GENDER IDENTITY

- 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% were refused a home or apartment

Source: National Transgender Discrimination Survey

WHAT CAN WE DO AS PART OF THE HEALTHCARE TEAM?

- Expand our own LGTBQ+ knowledge
  - Free CME available: CDC, Trans-Health.com, Fenway Institute
- Be aware of key LGTBQ definitions
- Use gender-neutral language
  - Pronouns, ‘they’ can be helpful if it’s not clear initially which pronouns they prefer
- Create a welcoming environment/Safe Space
  - Rainbow flag, pink triangle, or other symbol of inclusiveness
  - Health information literature with diverse images and inclusive language
  - Posters announcing observance days such as World AIDS Day, Pride, etc.
  - Train all staff on health and competencies

YOU ARE
WELCOME
HERE

DEMONSTRATION VIDEOS

Talking About Pronouns With A Patient Who Is Non-Binary

Asking An Adolescent Patient About Sexual Orientation And Gender Identity

Asking An Adult Patient About Sexual Orientation And Gender Identity

Correcting A Peer Who Uses The Wrong Pronouns

Helping A Patient Who Does Not Understand Why They Are Being Asked About Their Sexual Orientation

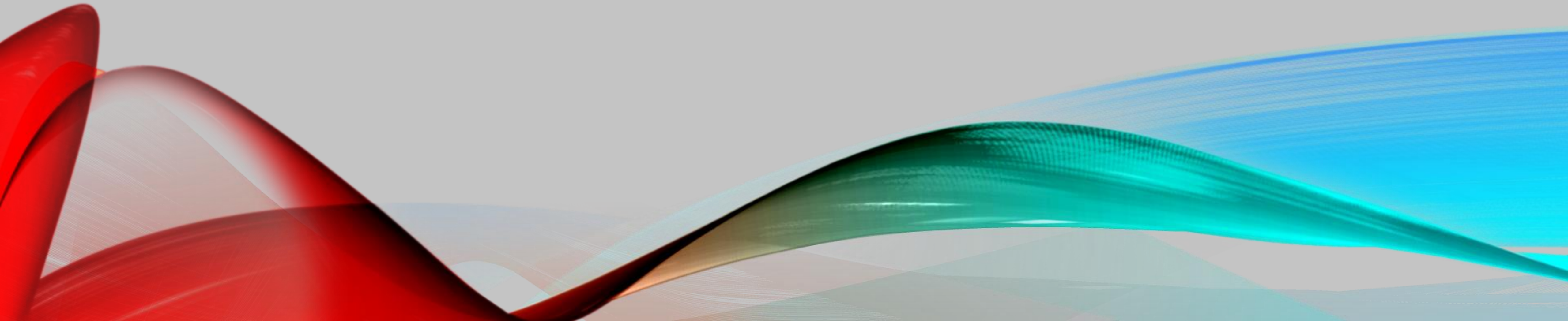
Helping A Transgender Person Who Has Changed Their Name

Responding To An Upset Patient After Using Incorrect Pronouns And How To Apologize And Recover From The Mistake

https://www.lgbtqiahealtheducation.org/courses/demonstration-videos-caring-for-lgbtqia-patients-and-clients/
** Requires login to access*

GENDER-AFFIRMING CARE

Encompasses a range of social, psychological, behavioral, and medical interventions “**designed to support and affirm an individual’s gender identity**” when it conflicts with the gender they were assigned at birth.



IMPACT OF GENDER AFFIRMING CARE

- The ability to access transition-related medical care has an overall positive impact on physical health, mental health, and quality of life
- Primary care
  - Increasing access!
- Increasing comprehensive care
  - Goal of care if to facilitate affirmation and alleviate gender dysphoria
  - Two categories:
    - General health concerns-promote and ensure physical health and emotional and social well-being
    - Issues specific to transgender people-varying emotional, behavioral, medical, surgical, and ethical issues

Source: Fenway Health

5P's APPROACH TO TAKING A SEXUAL HEALTH HISTORY

- **Partners**
- **Practices**
- **Protection from STIs**
- **Past History of STIs**
- **Pregnancy Intention**

Conversation should normalize the clinical encounter:

"We routinely discuss sexual health with all our patients, is it ok if I ask you some questions?"

Source: Centers for Disease Control and Prevention

TAKING A HISTORY OF SEXUAL HEALTH

- Ask about sexual health, sexual and gender identity
- The core comprehensive history for LGTBQ patients is the same
- Use inclusive and neutral language
- Get to know your patient as a person
- For all patients make it routine
  - Make no assumptions
  - Put in context and assure confidentiality

Source: Centers for Disease Control and Prevention

HEALTH MAINTENANCE AND PREVENTIVE HEALTH IN PRIMARY CARE

Treat the anatomy that is present

Clinical care should be based on an up-to-date anatomical inventory:

- Breasts
- Cervix
- Ovaries
- Penis
- Prostate
- Testes
- Uterus
- Vagina

STI SCREENING BY ANATOMICAL LOCATION

- Urine only checks for urethral/vaginal infection
- Patients use other body parts (mouth, rectum)
- If you only check urine for MSM, you'll miss most STI infections
- Most STIs, especially extragenital, are asymptomatic
- Women also get extragenital STIs

Source: Centers for Disease Control and Prevention

TRANSGENDER PATIENTS AND THE PHYSICAL EXAM

- The physical exam should be relevant to the anatomy that is present
- Secondary sex characteristics may present on a spectrum of development in patients undergoing hormone therapy, to some degree dependent on duration of hormone use and age of initiation
- Special considerations for the vaginal exam in transgender men
  - The pelvic exam may be traumatic and anxiety inducing
  - Essential to make clear to the laboratory the sample provided is indeed a cervical pap smear to avoid mistakes
    - Use of testosterone or presence of amenorrhea should be indicated on requisition

Source: Fenway Health

FEMINIZATION AND MASCULINIZATION HORMONE THERAPIES

Estrogen and Anti-Androgen Hormone Therapy

- Estrogen: oral, injectable, and transdermal
- Issues with injectable estrogen, not always available so access issues
- Anti-Androgens: spironolactone, 5-alpha reductase inhibitors (proscar and dutasteride), and Lupron
  - Spironolactone: potassium sparing, watch renal complications
  - Proscar and Dutasteride: block conversion of testosterone
  - Lupron: central blocking of testosterone from pituitary

Testosterone

- Injections (IM or SQ), patches, topical gels
- Long-acting formulations: pellets, AVEED

HEALTH MAINTENANCE OF LESBIAN INDIVIDUALS

Increased risk of Breast Cancer

- Fewer pregnancies
- Higher prevalence of obesity (BC risk in post menopausal women)
- Increased alcohol use

Increased risk of Cervical Cancer

- Many lesbians have had or will have male sexual partners
- HPV can be transmitted by sharing sex toys that have not been properly cleaned

Increased risk of Ovarian and Endometrial Cancer

- Decreased number of pregnancies
- Decreased use of oral contraceptives

All of these are made more substantial because of delayed diagnosis

HEALTH MAINTENANCE OF LESBIAN INDIVIDUALS

Sexually Transmitted Infections (STIs)

- Lesbian sex can transmit most STIs, it is important to offer screening to lesbian and bisexual women on the same basis as heterosexual women
- Common vaginal infections can also be spread during woman-to-woman sexual contact

Reproductive Health

- Fertility assistance

Source: Fenway Health

HEALTH MAINTENANCE FOR GAY MEN

Sexually Transmitted Infections (STIs)

- Hepatitis A and B are vaccine preventable
- Men who have sex with men (MSM) are at higher risk of both

Anal Cancer-caused by HPV

- Immunocompromised patients have higher incidence of anal cancer
- The AIDS Institute recommends yearly anal pap smears in HIV positive men
- No guidelines for anal pap smears are available outside this recommendation

FEMINIZATION AND MASCULINIZATION SURGERIES

Male to Female Therapy

- Breast implantation
- Genital surgery: Vaginoplasty
- Facial Feminization Surgery: Rhinoplasty, forehead contouring, jaw restructuring, cheek/chin augmentation, fat injection, dental feminization, tracheal shaving
- Do not have their prostate removed and still are at risk for prostate cancer

Female to Male Therapy

- Breast reduction/Mastectomy
- Genital surgery: Hysterectomy, vaginectomy, phalloplasty, metoidioplasty, salpingo-oophorectomy
- Still at risk of breast, cervical, and ovarian cancers if these organs remain

FEMINIZATION SURGERY

Vaginoplasty

- Follows embryology
  - Testicles are removed
  - Glans penis….clitoris
  - Scrotum….labia majora
  - Urethra…labia minora mucosa
  - Scrotum/penile skin…vagina
  - Cowper's glands and prostate remain

Source: Dr. Marci Bowers, MD

PREVENTIVE HEALTH FOR TRANSFEMININE INDIVIDUALS

Pelvic exam/PAP smear

- Pelvic exam to assess surgical site, and then follow ups for general genital issues or concerns
    - Initial evaluation with surgeon 4 weeks post op, internal evaluation unnecessary until 6 months post op unless concerns
    - Recommend primary care evaluate as we know the patients best, patients are comfortable with us, and we are capable
    - Have smaller/narrower specs available, anoscope works best
- Post op concerns can include granulation tissue (external or internal), recto-vaginal fistulas, or fissures
- Hair growth can occur inside vagina, even with laser treatment prior to and during surgery. We are able to evaluate and possibly remove here.
- Some surgeons recommend 1 pap smear post op, 12 months after surgery
    - Neovagina made from urethral or rectal mucosa, depending on type of surgery, and HPV has been found

Source: Fenway Health

HEALTH MAINTENANCE OF TRANSFEMININE INDIVIDUALS

- The pH and microflora of the neo-vagina
  - Differs significantly from a natal female vagina
    - 1. Lack of lactobacilli, which provides antimicrobial protection
    - 2. Alkaline environment, lower estrogen in vaginal tissue, and lack of protective mucus production
    - 3. Mixed microflora of aerobe and anaerobe species
      - More complex BV, specifically presence of anaerobes and difficult to treat
      - Consider treatment with clindamycin or amoxicillin
- Neovaginal considerations
  - Granulation tissue, condyloma, BV, syphilis, chlamydia

Source: Fenway Health

HEALTH MAINTENANCE OF TRANSFEMININE INDIVIDUALS

- Mammography and CBE
  - NO increase in incidence of malignancy over the general population
  - Studies show late detection and poor outcomes
- Risk factors for male breast cancer: BRCA mutations, obesity, androgen insufficiency, estrogen exposure
- Ductal carcinoma is most common histological subtype of CA in natal men, most cases of breast cancer in male to female were ductal
- * Recommendations: Mammograms for patients over 50 years old who have been on feminizing endocrine agents over 5 years

Source: Fenway Health

HEALTH MAINTENANCE OF TRANSFEMININE INDIVIDUALS

Prostate Exam

- As per natal men
  - Androgen antagonists may falsely decrease serum PSA levels
  - It may be appropriate to reduce the upper limit of normal for PSA testing to 1.0ng/ml
  - Feminizing hormonal therapy appears to decrease prostate volume and the risk of prostate cancer to an unknown degree
  - In natal men orchiectomy before age 40 appears to prevent prostate cancer
  - Transgender women who have undergone vaginoplasty have a prostate anterior to the vaginal wall and a digital neovaginal exam may be more effective

Source: Fenway Health

HEALTH MAINTENANCE IN TRANSFEMININE INDIVIDUALS

Bone Density Screening

- Somewhat mixed results, increase in osteopenia and osteoporosis compared with natal men, but generally preserved compared to natal women
- Recommendations: consider if over age 60 and off estrogen therapy for longer than 5 years
    - Not routinely indicated prior to orchiectomy

HEALTH MAINTENANCE OF TRANSFEMININE INDIVIDUALS

Cardiovascular Disease

- Higher cardiovascular mortality rate in trans women than the general population
- Major factors-estrogen types, cyproterone acetate, supratherapeutic hormones, smoking status, obesity, baseline CV health, and diabetes
- Exogenous estrogen can increase blood pressure
    - Spironolactone can lower BP
    - Do not use ethinyl estradiol, associated with 3-fold increased risk of CV death
    - Transdermal estrogen therapy safer than oral, consider transdermal or low-dose estrogen therapy
    - Lifestyle behaviors including healthy diet, smoking cessation, and exercise can reduce cardiovascular risk!

HEALTH MAINTENANCE OF TRANSFEMININE INDIVIDUALS

- Venous thromboembolism
  - Similar to CVD rates seen on controlled natal females using OCPs with high dose ethinyl estradiol
  - Seems to be related to use of ethinyl estradiol, which should not be used
- Diabetes
  - Higher prevalence of DM, but almost all diagnoses made BEFORE starting estrogen therapy in trans females
  - No observed direct link between estrogen treatment and development of DM

Source: Fenway Health

HEALTH MAINTENANCE OF TRANSMASCULINE INDIVIDUALS

Pap smears

- As per natal females
- Testosterone can cause atrophy of the cervical epithelium mimicking dysplasia
- Increase in 'unsatisfactory' samples seen
  - Use topical estrogen a few weeks prior to pap/pelvic
    - Increase comfort during process
    - Long term use of testosterone can cause the epithelial junction to move inward, leading to the higher incidence of unsatisfactory samples; topical estrogen a few weeks prior improves pap outcomes; please discuss this with patients prior to exam
    - * Make note on lab acquisition form that patient is on testosterone and amenorrheic
    - Please emphasize women's health providers have experience in trans care
    - We are happy to introduce ourselves to patients prior to women's health visit if that would help patients comfort
    - *Cervical cancer screening should never be a requirement for testosterone therapy
    - *HPV vaccination should be offered if appropriate

HEALTH MAINTENANCE OF TRANSMASCULINE INDIVIDUALS

- Unexplained bleeding needs to be explored and patients need to inform their providers when this occurs
  - Testosterone aromatizes to estrogen
  - Unopposed estrogen on the uterus; no increased rates of endometrial cancer
  - Progestin challenge, ultrasound, or endometrial biopsy depending on risks
  - In setting of negative work up, progestin-based treatments are most commonly used
- Pregnancy
  - Important to discuss desires and opening door to conversation
  - Ability to preserve oocytes for future fertility
- Testosterone is not an effective form of contraception
  - Recommend LARCs without estrogen:
    - Mirena, Nexplanon, Depo-Provera

Source: Fenway Health

HEALTH MAINTENANCE OF TRANSMASCULINE INDIVIDUALS

Bone Density Screening

- Testosterone appears to be overall protective
  - Increased muscle mass/mechanical loading
  - Role of aromatization of testosterone to estrogen
  - Insufficient evidence to guide recommendations. Consider > 65 years old, or post gonadectomy and off hormone therapy > 5 years

Mammogram and CBE

- As per natal females if not chest reconstruction
- Testosterone can lead to increased fibrous tissue in the breast
- In case of mastectomy, no reliable evidence exists to guide screening recommendation
  - Mammograms not technically feasible since all or most breast tissue has been removed
  - Risk of breast cancer in residual tissue after mastectomy remains unknown
  - Some guidelines encouraged annual chest wall exams

Source: Fenway Health

HEALTH MAINTENANCE OF TRANSMASCULINE INDIVIDUALS

Cardiovascular Disease

- No increased risk of cardiovascular or cerebrovascular events in several short and medium-term follow up studies
  - Increase systolic blood pressure
  - Decrease in HDL
  - Increased BMI
  - Trans men seem to have increased obesity compared to their natal male counterparts, poor lipid profile, elevated blood pressure, and potential increase in hematocrit
  - Trans men also have increased smoking rates compared to general public

All these factors put together lead to concern for possible future cardiovascular events

Source: Fenway Health

HEALTH MAINTENANCE
HEALTH CARE MEASURES

Sex-based health calculators- which way do I go?!

- Natal sex vs. affirmed gender
  - Exposure to endogenous vs. exogenous hormones
    - Length of hormone use
  - Age of initiating gender-affirming hormones
  - Calculate both, look at weighted average, shared decision making with patient

Source: Fenway Health

IN CONCLUSION

- Be non-judgmental, open, and professional
- Provide client-centered care
- Honor the patient’s gender identity, use their preferred name/pronoun
- Be an ally
- Educate yourself
- When working with colleagues - ‘see something, say something’
- When guidelines conflict regarding gender or anatomy, use the more conservative guideline