

Caring For and Supporting Transgender Youth

The Cleveland Academy of Osteopathic Medicine
30th Annual Westside Seminar

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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.

- Hide Caption



NEW AT 11 PM

9 ON
YOUR
SIDE
abc wcpo.com
11:07 68°

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



Definition of Gender Identity



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

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”

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

lazerprincess



DEVELOPING STORY

TRANSGENDER TEEN'S SUICIDE PLEA: "FIX SOCIETY"

17-year-old was hit by truck on Ohio interstate

CNN

NAS -5.45

NEWSROOM

"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



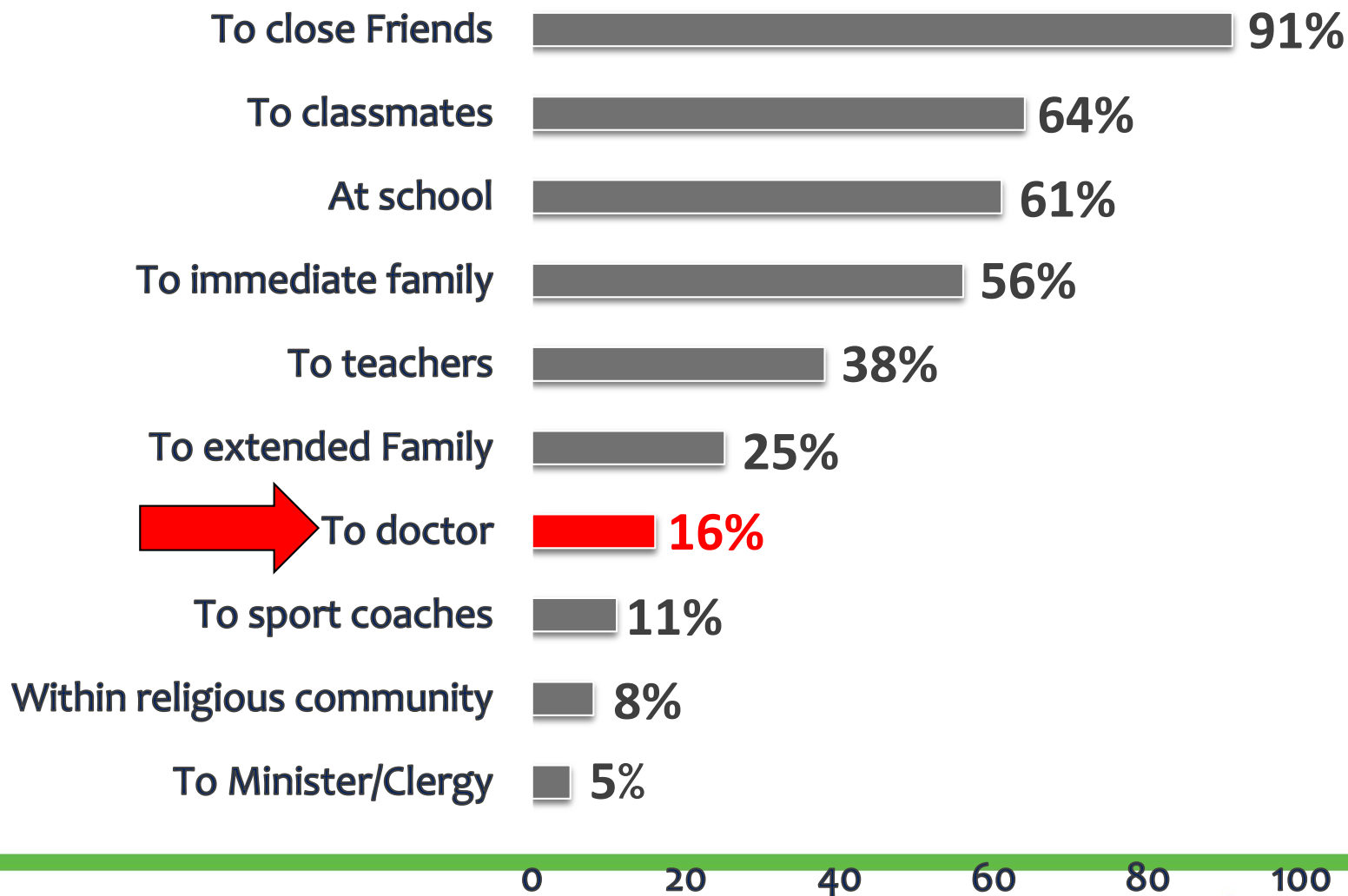
S&P ▲ 1.81

NEWSROOM

Safe Environment

Environment

- Goal is to provide a safe comfortable space to allow patients to discuss what they need to talk or ask about



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

Epic Hyperspace - CCM ADOL MED - Cincinnati Children's PLY2 Environ

Epic Home Schedule In Basket Chart

Home Doe, Jane

Doe, Jane Female, 12 y.o., 12/26/2002
Preferred Name: John

4/18/2015 visit with Buckeyes, Allison for I

Images Questionnaires Admin

Chart Review
Review Flowshe...
Results Review

History/Intake
BestPractice
Exam Room

BestPractice Adv
Population n
This pat

Patient Chart Advisories

Take notice of the following advisories for this patient before you continue.

Name	MRN
Doe, Jane	11484389

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

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
SCALE¹

1 IN 10

(11%) LGBTQ YOUTH
REPORT THAT THEY
HAVE BEEN **SEXUALLY**
ATTACKED OR RAPED
BECAUSE OF THEIR
ACTUAL OR ASSUMED
LGBTQ IDENTITY¹

88%

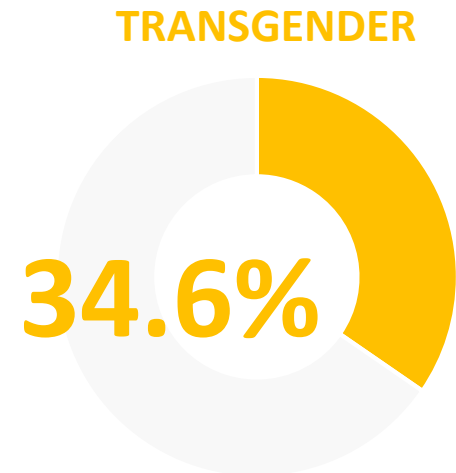
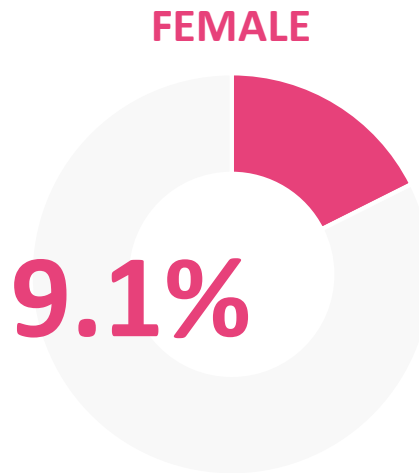
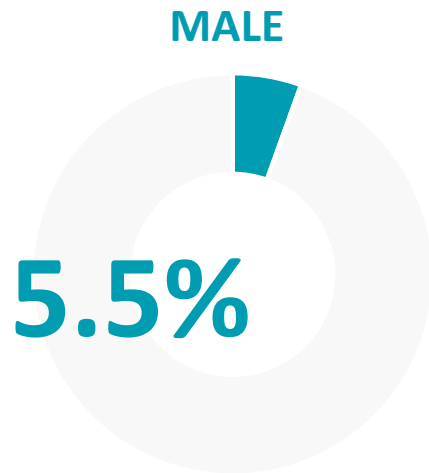
OF TRANSGENDER OR
NON-BINARY YOUTH
FELT DOWN IN THE
LAST WEEK COMPARED
TO 72% OF CISGENDER
LGBTQ YOUTH²

SOGL: Why It Matters

¹ 2018 LGBTQ Youth Report published online at: <https://www.hrc.org/resources/2018-lgbtq-youth-report>

² 2018 Gender Expansive Youth Report published online at: <https://www.hrc.org/resources/2018-gender-expansive-youth-report>

ATTEMPTED SUICIDE RATES AMONG TEENAGERS¹



SOGL: 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 **CHOSEN NAME** OF THE YOUTH WHO IDENTIFIES AS
TRANSGENDER CAN DECREASE¹

SUICIDAL
IDEATION BY

29% ↓

SUICIDAL
BEHAVIOR BY

56% ↓

SOGI: Why It Matters

¹ Published online at Journal of Adolescent Health 63 (2018) 503-505. <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

Child Development

18-24 months
Describe their
own & other's
gender

Age 2 –
Preference for
toys, games
and types of
play

Age 4 –
Gendered words
– he/him,
she/her

School-age –
view gender
and gender
roles

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

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

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.

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