Adolescent and Young Adult Transgender Healthcare

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Pronouns- he/him/his
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Clinical Director of Adolescent and Young Adult Medicine
Medical Director Seattle Children’s Gender Clinic
Objectives

Recognize the health disparities faced by transgender youth and the need for specialized care.

Discuss current clinical guidelines and new research that may lead to updated guidelines.

Recognize the importance of using a transgender patient’s preferred name and pronoun.

Describe ways to incorporate using preferred name and pronoun in your daily practice.
Outline

1) Background
2) Identifying patient
3) Clinical guidelines for youth
4) Seattle Children’s Gender Clinic
Definitions

- **Transgender**: someone whose gender identity is different from the sex they were assigned at birth. For example:
  - Someone assigned male at birth, who now identifies their gender as female
  - Someone assigned female at birth, who now identifies their gender as genderqueer or non-binary

**Cisgender**: someone whose gender identity is the same as the sex they were assigned at birth.
The Gender Unicorn

**Gender Identity**
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

**Gender Expression/Presentation**
- Feminine
- Masculine
- Other

**Sex Assigned at Birth**
- Female
- Male
- Other/Intersex

**Sexually Attracted To**
- Women
- Men
- Other Gender(s)

**Romantically/Emotionally Attracted To**
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan
Prevalence of transgender youth

The Williams Institute (UCLA School of Law)

Estimated 0.6% of US adults identify as transgender
New study finds that 0.7% of youth ages 13-17 identify as transgender
What happens when one’s gender identity is incongruent with one’s biological sex?

Slide used by permission from Dr. Laura Edwards-Leeper
Psychological Profile of Children and Adolescents with Gender Dysphoria

Symptoms of depression and anxiety
Social isolation and rejection
Low self-esteem/self-worth
Self-harming behaviors
Suicidality
Perception of being completely misunderstood and alone
Autism Spectrum Disorders?

Slide used by permission from Dr. Laura Edwards-Leeper
Health disparities

- Transgender youth experience higher levels of bullying, discrimination, violence, family and peer rejection, and homelessness.
- Increased risk of issues including substance abuse, depression, and anxiety.
- Nine-fold increased risk of eating disorders.
- More than 40% of transgender young people attempt suicide.

Protective factors

Importance of support from family, schools, & providers

• Recent UW study showed that trans youth who are supported by their families have similar levels of anxiety and depression compared to their cisgender siblings and peers

Increasing number of multidisciplinary gender clinics around the country; an effective way to provide coordinated care for transgender youth
Identifying patients
Assessing Youth/Young Adults

- Home
- Education/employment
- Activities
- Development/maturity
- Drugs
- Safety
- (P)sych
- Sexuality/gender

MAINTAINING CONFIDENTIALITY

Part 1
The Patient Interview

Take history as a dialogue

Treat sensitive topic, i.e. sex substance use, as routine questions with non-judgmental tone and body language
Asking about Sexual and Gender Identity

“...questions about yourself and I want you to tell me how you feel, not how you think others see you or how others think you should feel. These are questions I ask all my patients.

- Are you attracted to boys, girls, or both?
- How do you feel about your attractions?
- What words do you use to describe your sexual identity?
- What gender do you consider yourself to be?
  - By gender I mean how you think of yourself regardless of what body parts you may have
- How do you feel about your gender?
Preferred name and Pronouns
Background on preferred/chosen names

• Using a patient’s preferred name provides a welcoming and trusting environment for all patients and families, especially those who are transgender

• Ruling dated 7/18/2016 of Section 1557 of the Affordable Care Act – specifies consistently using a patient’s legal name could be considered sex discrimination for transgender patients who go by a different name
A patient’s preferred name (and pronoun) appears in the Epic banner at Seattle Children’s.
A patient’s preferred name appears in the CIS banner at Seattle Children’s.

Note: Very important to maximize your CIS window, otherwise it is possible that the preferred name will be cut off, especially for patients with long or multiple names.
Clinical guidelines
Gender-affirming care

Social and emotional support

Puberty blockers (GnRH analogs)

Cross-sex hormones

Affirming primary care environment

Surgeries
Beginning Treatment

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

Medical history

Review risks and benefits of pubertal suppression and hormone therapy
  • Irreversible physical changes
  • Fertility
  • Metabolic changes
Pubertal suppression: GnRH analogs

- GnRHa
  - Lupron
    - Initiate with 22.5 mg IM q 3 months and titrate as needed to keep LH < 4.5 mIU/mL
  - Histrelin
    - Surgical consult to discuss risks and benefits and plan placement
    - SQ implant placed q 1-1.5 years
  - Triptorelin
    - 3.75 mg SQ q 4 weeks with goal LH < 4.5 mIU/mL
Guidelines for Treatment of GID

Endocrine Society

- Suppression of puberty at Tanner stage 2
- Treatment for youth < 16 with GnRH analogues
- Followed by cross gender hormone therapy *around* age 16
GnRH analogs: Supprelin LA® (Histrelin)
**Spironolactone**

- Fully reversible
- Dose: 100 mg - 200 mg/day
- Cost: $15/month
- Gynecomastia!!!!!
- Can cause hyperkalemia
- Patients must be counselled about d/c with vomiting
- Obtain electrolytes, BUN, Creatinine 4 weeks after initiations and every 6 months thereafter
Menstrual suppression

Done when periods are major stressor
Much cheaper than Lupron Depot
No menopausal symptoms
Can use:

- LARC (IUD or Nexplanon)
- Continuous OCPs
- Extended-cycle OCPs (i.e. Seasonale®)
- Depot medroxyprogesterone (Depo-Provera)
- Medroxyprogesterone
### Estrogen Patches

- 6.25 mcg (1/4 of a 25 mcg patch) for 2 months
- 12.5 mcg (1/2 of a 25 mcg patch) for 2 months
- 25 mcg for 4 months
- 37.5 mcg for 4 months
- 50 mcg for 4 months
- 75 mcg for 4 months
- 100 mcg for 4 months
- Increase dose as needed to target serum estradiol level
- GnRHα should be continued until serum estradiol is >40 pg/mL

### 17-β estradiol

- increasing the dose every 4-6 months
  - 5 µg/kg/d
  - 10 µg/kg/d
  - 15 µg/kg/d
  - 20 µg/kg/d
  - Adult dose 2 mg/d
Starting cross sex-hormones after pubertal suppression-FTM

Induction of male puberty with IM or SQ testosterone, increasing the dose every 6 months

- 25 mg/m² per 2 week IM/SQ
- 50 mg/m² per 2 week IM/SQ
- 75 mg/m² per 2 week IM/SQ
- 100 mg/m² per 2 week IM/SQ
- GnRHa should be continued until serum testosterone > 100 ng/dL
# Cross-sex Hormones: MTF

<table>
<thead>
<tr>
<th>Estrogen</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral: estradiol</td>
<td>2.0-6.0 mg/d</td>
</tr>
<tr>
<td>Transdermal: estradiol patch</td>
<td>0.1-0.4 mg twice weekly</td>
</tr>
<tr>
<td>Parenteral: estradiol valerate or cypionate</td>
<td>5-20 mg IM every 2 wks 2.10 mg IM every week</td>
</tr>
<tr>
<td>Androgens</td>
<td></td>
</tr>
<tr>
<td>Spironolactone</td>
<td>100-200 mg/d</td>
</tr>
<tr>
<td>Cyproterone acetate a</td>
<td>50-100 mg/d</td>
</tr>
</tbody>
</table>

*a Not available in the United States

Hembree et al J Clin Endocrinol Metab. Sept. 2009
Monitoring: MTF

1. 2-3 months first yr then 1-2 times a year.
2. Testosterone and estrogen: baseline and every 3 months. (<55 ng/dl; <200 pg/ml).
3. Electrolytes at baseline then every 2-3 months first year.
4. Prolactin level at baseline and every 2-3 months first year.
Monitoring: MTF

Weight, blood pressure should be monitored
Glucose and lipid metabolism monitors and managed according to established guidelines
Consider DEXA at time of cross hormone start if risk factors for osteoporosis present
  • Prolonged hypogonadism, glucocorticoid use and family history
Yearly Ca, Phos, Vit D is recommended. Discussion of weight bearing exercises and bone health should be ongoing.
# Cross-sex Hormones: FTM

<table>
<thead>
<tr>
<th>Testosterone</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral:</strong></td>
<td></td>
</tr>
<tr>
<td>testosterone undecanoate</td>
<td>160-240 mg/d</td>
</tr>
<tr>
<td><strong>Parenteral:</strong></td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate</td>
<td>100-200 mg IM/SQ every 2 wk or 50% weekly</td>
</tr>
<tr>
<td>or enanthate</td>
<td></td>
</tr>
<tr>
<td>Testosterone undecanoate a</td>
<td>1000 mg IM every 12 wks</td>
</tr>
<tr>
<td><strong>Transdermal:</strong></td>
<td></td>
</tr>
<tr>
<td>Testosterone gel 1%</td>
<td>2.5-10 g/d</td>
</tr>
<tr>
<td>Testosterone patch</td>
<td>2.5-7.5 mg/d</td>
</tr>
</tbody>
</table>

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Hembree et al J Clin Endocrinol Metab. Sept. 2009
Monitoring: FTM

- 2-3 months in first yr then 1-2 times per yr.
- Testosterone baseline then every 2-3 months-physiological male range (350-700 ng/dl).
- Estrogen first 6 months or no uterine bleeding for 6 months (<50 pg/ml).
- CBC and ALT every 3 months first yr then 1-2 times a yr.
- BMD if osteoporotic risk.
- Other
- Annual pap per recommendations
- Weight, BP, lipids, fasting glucose (if family history) and Hbg A1C (if diabetic)
About 275 families have contacted us since we opened in October 2016

Tuesdays at Springbrook Building (Seattle Children’s Adolescent Medicine Department)

Patients up to 21 years old

Care coordination

- Care Navigator
- Case conferences weekly

Multidisciplinary

- Readiness assessments (SCH Psychiatry Department and community mental health therapists)
- Puberty blockers (Endocrinologists Dr. Salehi and Dr. DiVall)
- Cross-hormones (Clinic Director Dr. Breland)
Seattle Children’s Gender Clinic, cont.

RN and MA support

Educational opportunities
  • Medical students, residents and Fellows

Community Advisory Board

Research/Adult transition

To refer a patient, contact:

ADO scheduling
206-987-2028

Care Navigator
206-987-8319
Education/resources for providers

Webinars and information
- Cardea Services
- UCSF’s Center of Excellence for Transgender Health
- Human Rights Campaign

Ingersoll Consult Group listserv
Gender Odyssey Conference (Seattle, every August)
Resources for families

Seattle Children’s Gender Clinic
Gender Diversity support groups
Camp Ten Trees
Q Card project
The Q Card

- The Q Card is tri-fold pocket communication resource designed to simultaneously empower LGBTQ youth to advocate for themselves and educate healthcare providers.

- It allows youth to fill in their sexual orientation, gender identity, preferred gender pronouns, and any specific concerns.
Questions

Thank you for listening!!
We Care for All Families

Seattle Children's

Hope. Care. Cure.™