



LGBTQ+ Health and Healthcare

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Objectives

1. Review terminology related to LGBTQI+ individuals
2. Review health and healthcare disparities faced by LGBTQI+ individuals
3. Provide participants information and tools to help improve knowledge of and comfort with LGB, Intersex, Transgender, and Non-binary patients
4. Provide overview of clinical topics relevant to certain populations within the LGBTQI+ community

LGBTQI+ Terminology

Terms and Definitions

Gender expression	External display of gender identity through appearance (e.g., clothing, hairstyle), behavior, voice, or interests
Gender identity	Internalized sense of self as being male, female, or elsewhere along or outside the gender continuum; some persons have complex identities and may identify as agender, nonbinary, pangender, genderqueer, or gender fluid
Sexual orientation	<ul style="list-style-type: none">• Term describing an enduring physical and emotional attraction to another group; sexual orientation is distinct from gender identity and is defined by the individual• Attraction, Behavior, and Identity• Asexual, Bisexual, Gay, Lesbian, Pansexual, Straight
Pronouns	They/them Neutral pronouns used by some transgender and GNB persons Merriam-Webster's 2019 word of the year

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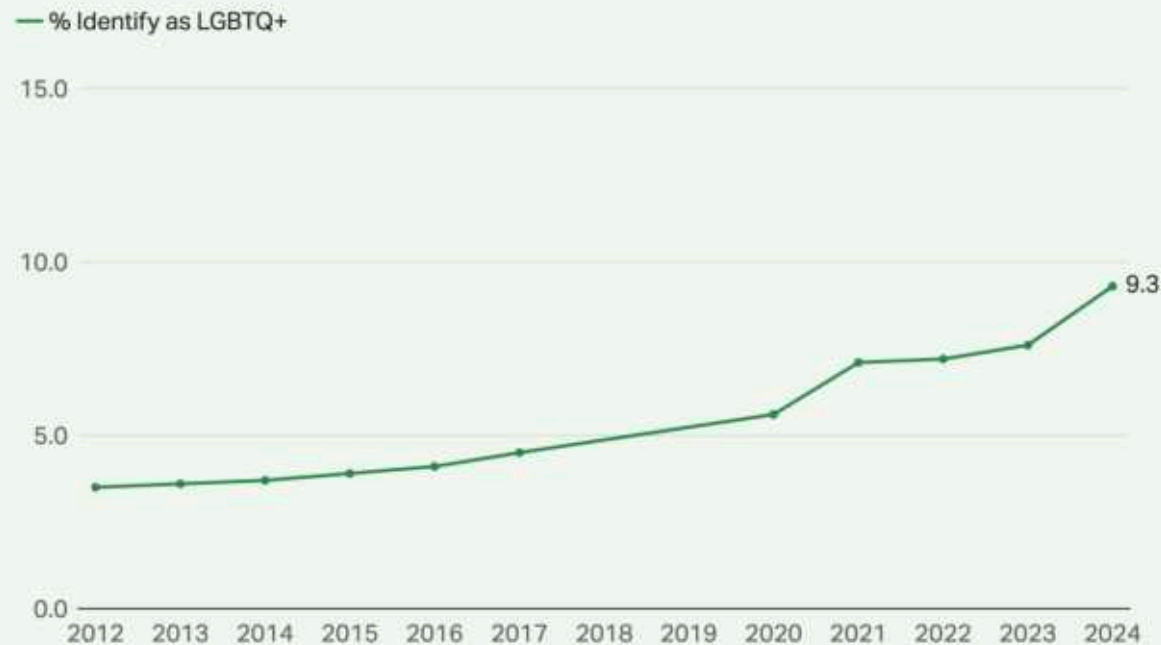
- **Sex assigned at birth**
 - The sex (male or female) assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Sometimes referred to as birth sex, natal sex, biological sex, or sex
- **Gender**
 - A set of societal norms dictating what types of behaviors are considered acceptable, appropriate, or desirable for a person based on their actual or perceived gender. These roles change with time, culture, context, and interpersonal relationships.
- **Gender dysphoria**
 - Distress or impairment resulting from incongruence between one's experienced or expressed gender and sex assigned at birth
 - DSM-5 criteria for adults include at least six months of distress or problems functioning due to at least two of the following:
 - Marked incongruence between one's experienced gender and sex characteristics
 - Strong desire to be rid of one's primary and/or secondary sex characteristics
 - Strong desire for the sex characteristics of the other gender
 - Strong desire to be of the other gender
 - Strong desire to be treated as the other gender
 - Strong conviction that one has the typical feelings and reactions of the other gender

LGBTQ+ Demographics

LGBTQ+ Demographics United States

Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual, 2012-2024

Which of the following do you consider yourself to be? You can select as many as apply.
Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender



Respondents who volunteer another identity (e.g., queer; same-gender-loving; pansexual) are recorded as "Other LGBTQ+" by interviewers. These responses are included in the LGBTQ+ estimate.

Data were not collected in 2018 and 2019.

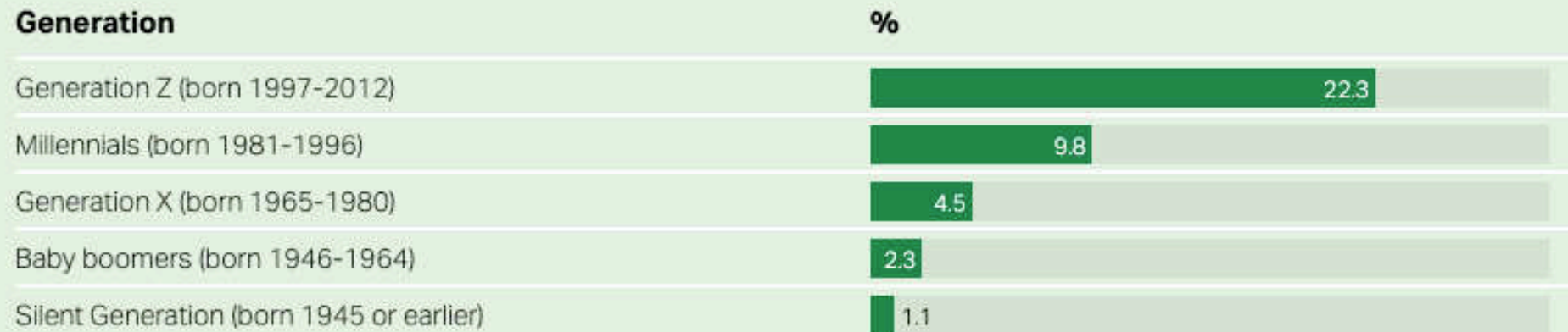
2012-2013 wording: Do you, personally, identify as lesbian, gay, bisexual or transgender?

- LGBTQ+ population continues to rise
- Now nearly 1 in 10 Americans identify as LGBTQ+
- Up from 3% in 2012
- Driven largely by younger generations

LGBTQ+ Demographics United States

U.S. Adults' Self-Identification as LGBTQ+, by Generation, 2023

Figures are the percentage who consider themselves to be Lesbian; Gay; Bisexual; Transgender; or something other than heterosexual.



Based on aggregated data from 2023 Gallup telephone polls.

[Get the data](#) • [Download image](#)

GALLUP

LGBTQ+ Demographics United States

LGBTQ+ Identity Among U.S. Adults and LGBTQ+ Adults, 2024

Which of the following do you consider yourself to be? You can select as many as apply.
Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender

	U.S. adults	LGBTQ+ adults
	%	%
Lesbian	1.4	14.6
Gay	2.0	21.1
Bisexual	5.2	56.3
Transgender	1.3	13.9
Pansexual (vol.)	0.1	1.0
Asexual (vol.)	0.1	1.2
Queer (vol.)	< 0.1	0.5
Other LGBT	0.3	3.7

Sum of categories may exceed 100% or the total because respondents can choose multiple identities.

(vol.) = Volunteered response

Based on aggregated data from 2024 Gallup telephone polls

[Get the data](#) • [Download image](#)

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LGBTQ+ Health Disparities

Health/healthcare disparities in Gender and Sexual Minority (GSM) individuals

- Determinants of health disparities
 - Bias in healthcare
 - Societal discrimination
 - Social determinants of health
- While being LGBTQAI means one is at higher risk for various health issues, they are not at higher risk because they are LGBT

Risk Factors and Disparities- *Healthy People 2020-2030*

- LGBT youth are 2 to 3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- LGBT populations have the highest rates of tobacco, alcohol and other drug use.
- Gay men are at higher risk of HIV and other STIs
- Lesbians and bisexual females are more likely to be overweight or obese.
- Lesbians are less likely to get preventive services for cancer.
- Transgender individuals have a high prevalence of HIV/STIs, victimization, mental health issues, and suicide
 - less likely to have health insurance than heterosexual or LGB individuals.
- Elderly LGBT individuals face barriers to health because of isolation and a lack of social services and culturally competent providers.

Survey of Transgender People

- National Transgender Discrimination Survey 2008-9
 - 2011 Injustice at Every Turn Report
 - 6450 transgender and gender non-conforming respondents from all US states, DC, Guam, US VI, PR
 - <https://rhyclearinghouse.acf.hhs.gov/library/2011/injustice-every-turn-report-national-transgender-discrimination-survey>
- United States Transgender Survey 2015
 - 27,715 respondents
 - All US states, DC, Guam, PR, American Samoa, US military bases overseas
 - Cover topics that reflects the lives of trans people
 - Unemployment, housing
 - health care, HIV/AIDS, disabilities
 - immigration, sex work, and police interactions

- National Transgender Discrimination Survey 2008
 - 24% of transgender persons report unequal treatment in health care
 - Lack of provider knowledge and discrimination:
 - 19% report refusal of care due to gender status
 - 28% postponed necessary medical care due to discrimination
 - 33% did not seek preventive services
 - 50% reported they taught transgender care to health care professional
 - Transgender people of color experienced even higher levels of discrimination
 - Anti-transgender bias coupled with structural racism
- US Transgender Survey 2015
 - 25% experienced a problem in past year with insurance related to being transgender
 - 40% attempted suicide in their lifetime, nine times the rate in the U.S. population (4.6%)

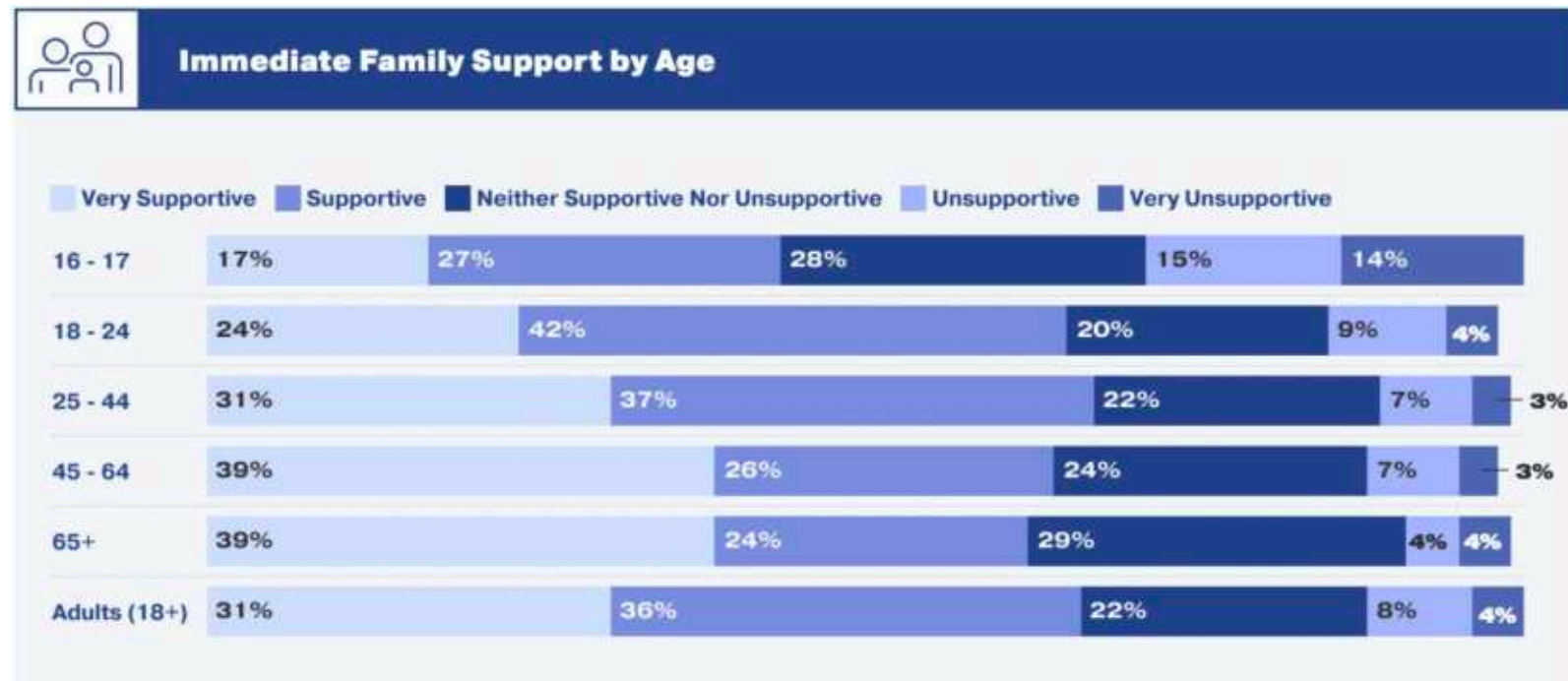


2022 US Transgender Survey

- Survey of 92,329 respondents, the largest survey to date to examine the experiences of binary and nonbinary transgender people in the US
- **General Health and Experiences w/ Health Care Providers**
 - Approximately 2/3 rated health as good, very good, or excellent
 - More than ¼ did not see a doctor when they needed to in the last year due to cost
 - Nearly ¼ did not see a doctor when they needed to for fear of mistreatment
 - Of those who saw a HCP in the past year, nearly ½ reported having at least one negative experience because they were transgender
 - Refusal of health care, being misgendered, having a provider use harsh or abusive language when treating them, or having a provider be physically rough or abusive

2022 US Transgender Survey

- Health Insurance:
 - 87% had health insurance
 - 26% had at least one issue with their insurance company, such as being denied coverage for hormone therapy, surgery, or another type of healthcare related to their gender identity
- Family Life



2022 US Transgender Survey

- Family Life
 - More than 1 in 10 of adult respondents reported that they had a family member while growing up be violent towards them because they were transgender, and 8% were kicked out of the house
- Income, Employment, Housing Stability
 - More than 1/3 were experiencing poverty
 - More than 1/10 said they had been fired, forced to resign, lost the job, or been laid off because of gender identity or expression
 - 30% had experienced homelessness in their lifetime

2022 US Transgender Survey

- Impact of Unequal Treatment
 - 47% had thought about moving to another state because their state government considered or passed laws that target transgender people for unequal treatment (bathroom access bans, health care or sports), 5% had actually moved out of state because of such state action
- Harassment and Violence
 - 30% reported they were verbally harassed in the past year because of gender identity or expression
 - 3% reported they were physically attacked in the last 12 months because of gender identity or expression

Threat and reality of physical violence

- Acts of violence are often not reported and misreported
 - Victim is not noted as being transgender
 - Misgendered
 - Not considered a hate crime related to gender identity
- GLAAD has recorded over 1,850 incidents of anti-LGBTQ+ violence
 - Including bomb threats to gender affirming healthcare providers and children's hospitals, property damage and arson to LGBTQ+ centers, businesses, and bars, anti-LGBTQ+ protests and gatherings..
- 2023 saw the highest number of anti-LGB and anti-trans and gender-expansive hate crimes recorded by the FBI to date
- HRC tracking 2013-2024 At least 400 transgender and GNB individuals victims of fatal violence
- In last 12 months, 36 deaths recorded
- 50% Black transgender women
 - Denali Berries Stuckey 29, fatally shot in North Charleston July 20, 2019
 - Pebbles LaDime "Dime" Doe, 24, killed in Allendale County, SC on August 4, 2019
- Murder rate general population 1 in 19,000 per year
- For Black transgender women 1 in 2600!

Local LGBTQ Community Assessment (2018)

- Conducted in 2018 by the **Alliance for Full Acceptance**
 - Charleston organization working toward social justice for LGBTQ persons
 - 1436 respondents, lowcountry tri-county area
- 51% reported their partner not treated like family by their doctor
- Doctors did not know:
 - Sexual orientation 41%
 - Gender identity (non-cisgender) 50%
- >1/3 said doctors did not know the answers to their questions
- 10.5% of respondents transgender/gender non-binary
 - 50% reported doctors did not know their gender identity
 - 52% reported doctors did not how to answer their questions (cisgender 32.7%)
 - 12% reported their doctor did not know where to send them for help (cisgender 3.8%)
- 81.4% transgender participants delayed medical care (cisgender 45.6%)
- 25% of all respondents said they thought about killing themselves
 - 5 times the South Carolina average

LGBTQ+ Youth Mental Health

- Trevor Project 2022 National Survey on LGBTQ Youth Mental Health
- 34,000 LGBTQ Youth ages 13-24
- 45% LGBTQ youth of color, 48% transgender or Nonbinary



LGBTQ+ Youth Mental Health

LGBTQ youth who found their school to be LGBTQ-affirming reported **lower rates of attempting suicide**.

Share:



60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.



Share:



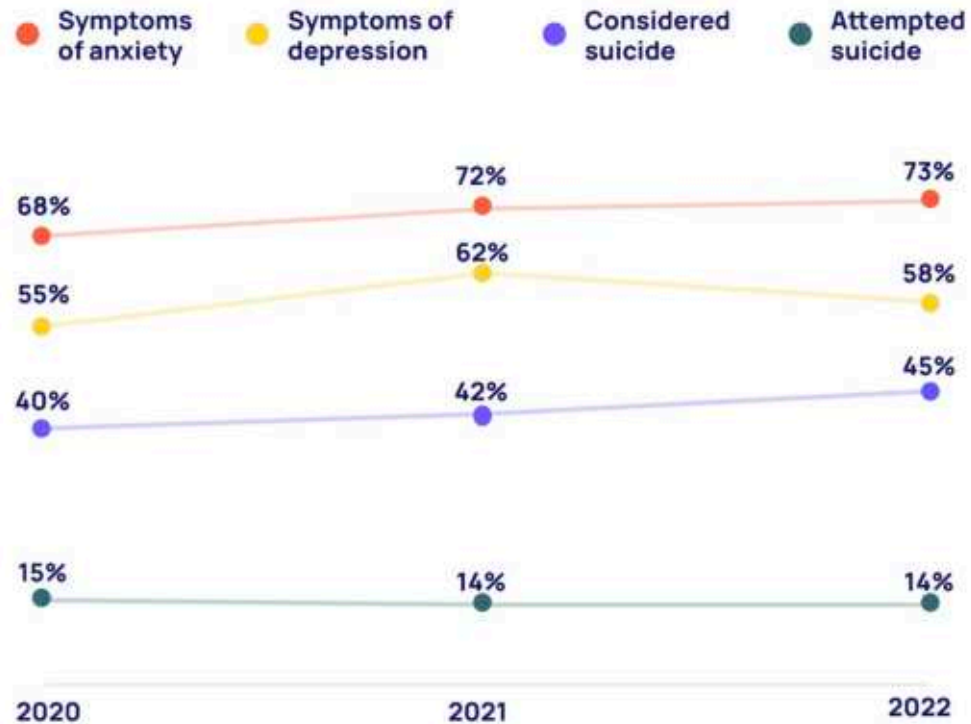
LGBTQ youth who live in a community that is accepting of LGBTQ people reported **significantly lower rates of attempting suicide** than those who do not.

Share:

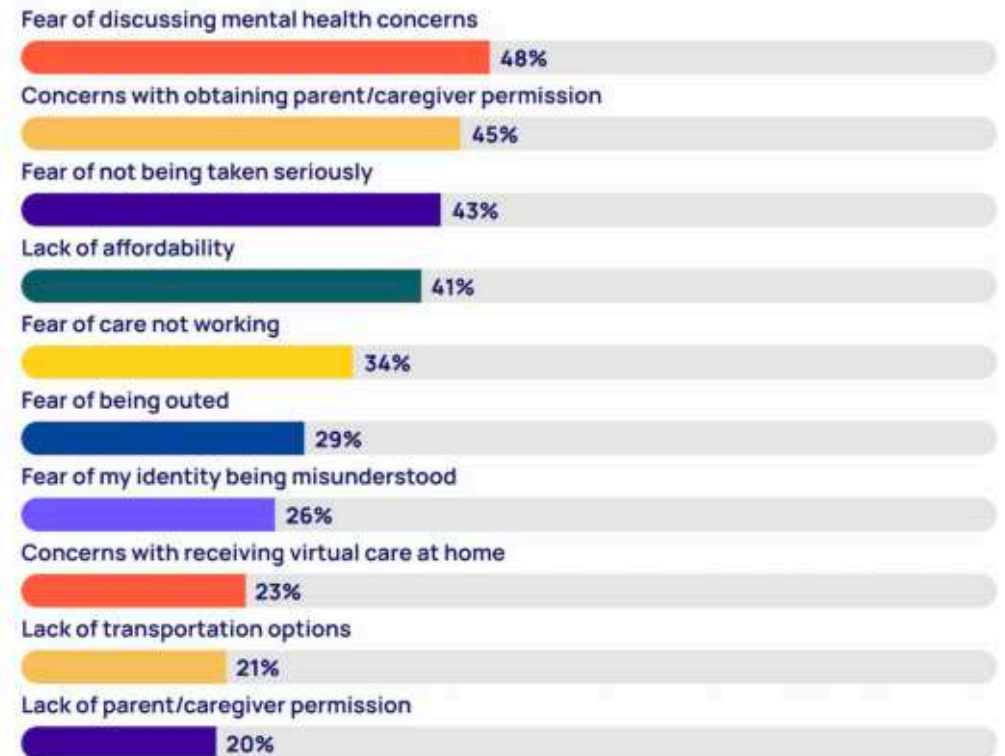


LGBTQ+ Youth Mental Health

Trends in LGBTQ youth mental health & suicide risk from 2020-2022



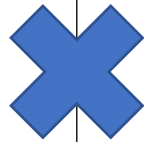
LGBTQ youth who wanted mental health care but were unable to get it cited the following top ten reasons



Barriers to Medical Care

- Geographic isolation
- Stigma and discrimination
- Lack of insurance coverage
- Lack of research and limited medical literature
- Limited training and knowledge of medical staff and providers
- Lack of employment and legal protections

Gender Identity/Sexual Minority



Poorer health outcomes

discrimination/stigma
lack of training
invisibility (willful and unintended)
denial of resources

Lesbians and Women who have sex with women (WSW)

Mental Health

Depression, anxiety

- Lesbians are more likely to report depression and antidepressant use
- Mood and anxiety disorders are more common in bisexual women
- Sexual minority youth in particular face disparities related to depression, social anxiety, and other mental health issues.

Eating disorders

- Lesbian and bisexual girls are at higher risk of eating disorders

Suicide

- Risk factors include prejudice or discrimination associated with being LGBT
- Bisexual women were more likely to report prior suicide attempts (21.3%) than lesbians (16.7%) and heterosexual females (10.2%)*

*Pompili M, Lester D, Forte A, et al. Bisexuality and suicide: a systematic review of the current literature. J Sex Med. 2014;11(8):1903-1913.

WSW & Substance Use

Alcohol and drugs

- LGB adolescents have higher rates of substance use, including a higher likelihood of using multiple substances, and increasing usage with age.
- Lesbian women report higher alcohol consumption than gay men, and bisexual women are more likely than heterosexual women to binge drink.

Tobacco

- The 2012–2013 National Adult Tobacco Survey found that the proportion of bisexual women (36.0%) and lesbians (22.2%) who smoke is significantly higher than heterosexual women (14.3%)
- WSW begin smoking at a younger age and are three times more likely to smoke e-cigarettes, hookahs, and cigars
- bisexual women in particular start younger, smoke more, and have fewer attempts to quit than heterosexual women.

Establishing trust with WSW and creating a welcoming clinical environment

- establish trust in a nonjudgmental, open environment
 - begin with an explanation that frank questions about sexual activities, behavioral health, and substance use are routine, and that the answers are confidential.
- extra focus on an environment of trust and screening for health issues that disproportionately affect WSW
- Clear communication is supported through questions that focus on behavior (“**Do you have sex with women, men, all genders, other genders?**”) rather than labels such as lesbian or bisexual because self-identity and sexual behaviors are not always strongly correlated

STIs and HIV Risk

- Some MSM groups are at higher risk of STIs (viral and bacterial), including human immunodeficiency virus (HIV) infection
- Risk factors for HIV in MSM
 - anal sex (receptive or insertive) without a condom
 - having another STI
 - having sex with anonymous partners without a condom
 - using methamphetamines or other drugs to enhance sexual performance
- Increased sexual risk-taking in MSM may be traced to a variety of factors, including depression and sexual minority stress

History taking for Gay and MSM

- A thorough patient history for MSM includes the same elements as for other male patients
 - focus on establishing trust through nonjudgmental communication and screening for health issues that are disproportionately represented in the MSM population.
- Not all MSM describe themselves as gay
- Some self-identify as heterosexual, although they have sex with men, and some are bisexual
 - Ask questions about behavior (e.g., “Who do you have sex with?”), type of sex (body part used)
 - Explicit questions about sexual behavior are necessary to determine risk for STIs
 - ask these questions face to face or provide forms for patients to fill out in advance.



Taking a Sexual History

- Creating a welcoming environment
- Some patients may not be comfortable talking about sexual history, in some cases offering all testing options may be best approach
- Dialogue w/ patient:
 - May I ask you a few questions about your sexual health and practices? I understand that these questions may be personal, but they are important for your overall health.
 - I ask these questions to all my patients regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health.
 - Do you have any questions or concerns about your sexual health?



Taking a Sexual History

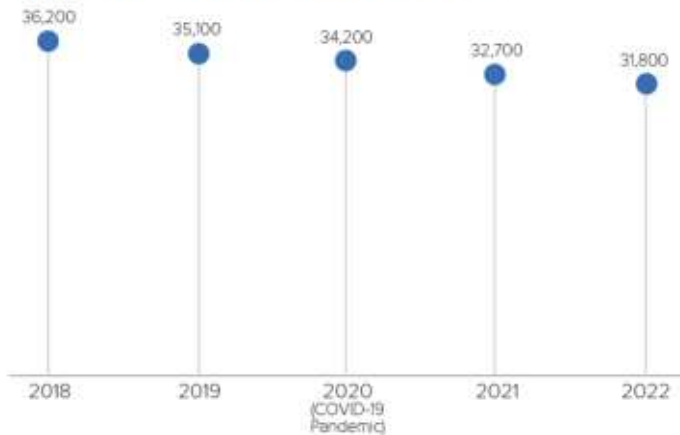
- The Five “P”s
 - Partners
 - Are you currently having sex?
 - In the past year, how many sex partners have you had?
 - What are the gender(s) of your sex partners
 - Practices/Parts
 - What kind of sexual contact do you have? What parts of your body are involved when you have sex
 - Protection from STIs
 - If you use prevention tools, what methods to you use?
 - Can ask about vaccines and Prep
 - Past history of STIs
 - Have you been tested for STIs and HIV? Would you like to be tested?
 - Have you been diagnosed in the past? Did you get treatment?
 - Pregnancy Intention
 - Do you think you would like to have children (or more children) at some point?
 - Is pregnancy prevention important to you at this time?

HIV Disparities

National HIV Data

- ~1.2 million people in the U.S. are living with HIV (HIV.gov)
 - 13% are unaware

Progress in HIV prevention continues with an overall 12% decline in estimated HIV infections from 2018 to 2022.

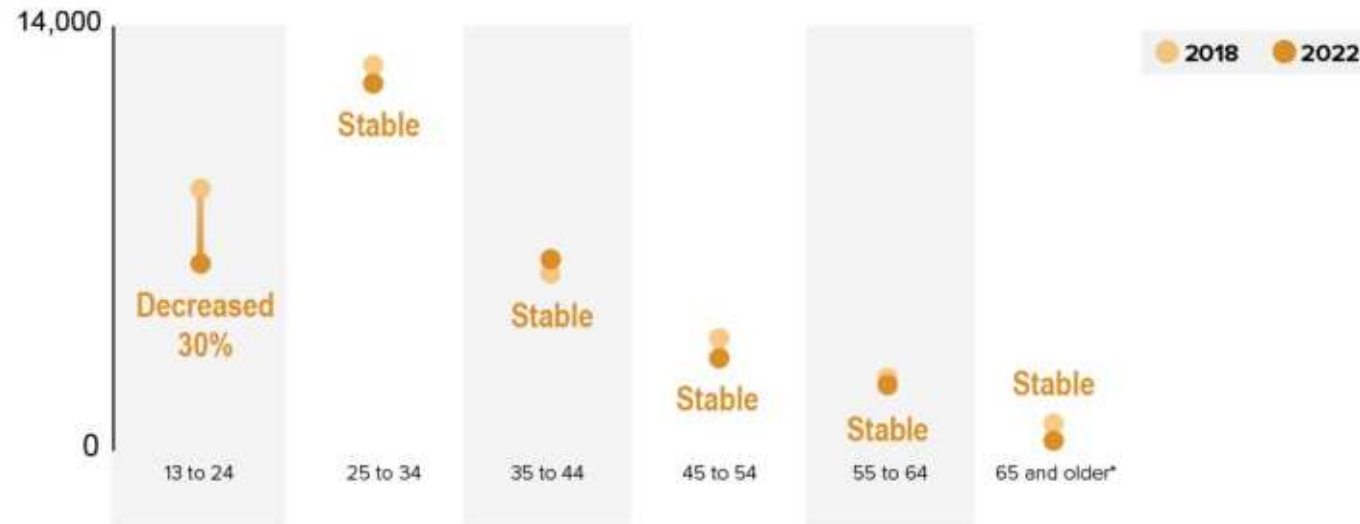


Ending
the
HIV
Epidemic

Overall Goal: Decrease the estimated number of new HIV infections to 9,300 by 2025 and 3,000 by 2030.



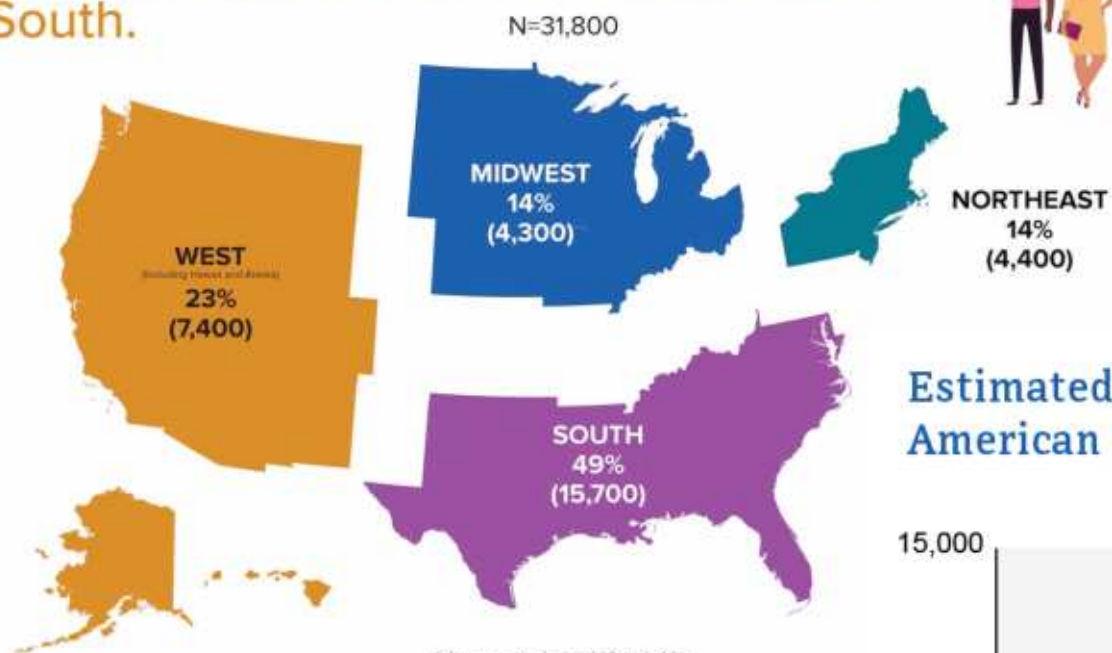
The overall decline in estimated HIV infections was driven by a significant decrease (30%) among young people aged 13 to 24.



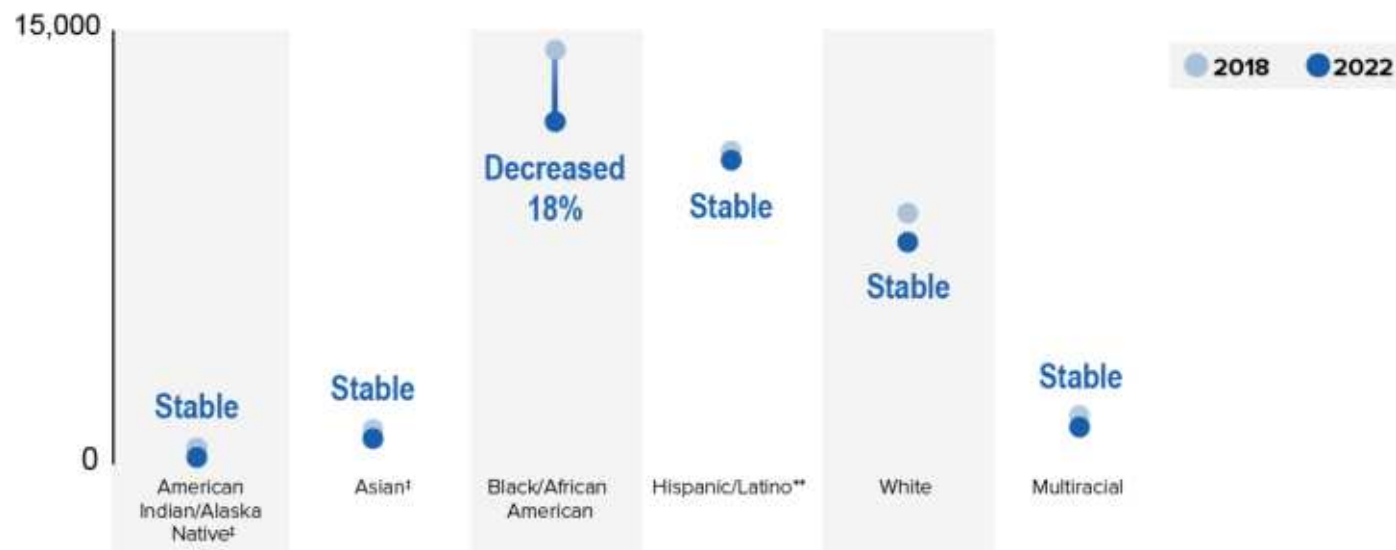


Estimated HIV infections in the US by region, 2022*

Nearly half (49%) of new HIV infections were in the South.



Estimated HIV infections decreased 18% among Black/African American people. However, racial and ethnic differences persist.



* Among people aged 13 and older.

Source: CDC. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report*

Estimated HIV infections in the US by transmission category, 2022

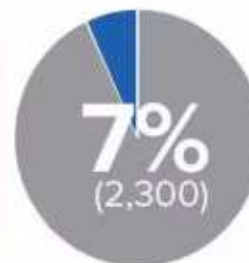
There were **31,800** estimated new HIV infections in the US in 2022. Of those:



were among gay, bisexual, and other men who reported male-to-male sexual contact*



were among people who reported heterosexual contact



were among people who inject drugs

* Includes infections attributed to male-to-male sexual contact *and* injection drug use (men who reported both risk factors).

Source: CDC. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report*, 2024; 29(1).

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HIV in South Carolina

18,442 People living with HIV in South Carolina, 2022

Efforts to improve awareness and reduce new infections are critical to ending the HIV epidemic. Understanding HIV at the local level better equips communities to develop targeted HIV prevention and treatment efforts.

Here is a high-level overview of the HIV epidemic in **South Carolina**:

PREVALENCE RATE

410 cases/100K, 2022

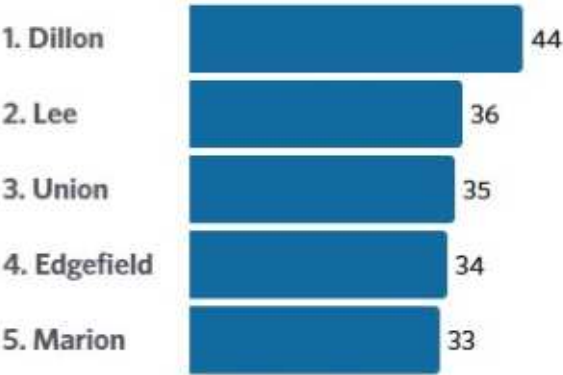
1.7% of people living with HIV in the nation are in this location

NEW DIAGNOSES RATE

16 cases/100K, 2022

1.9% of people newly diagnosed with HIV in the nation are in this location

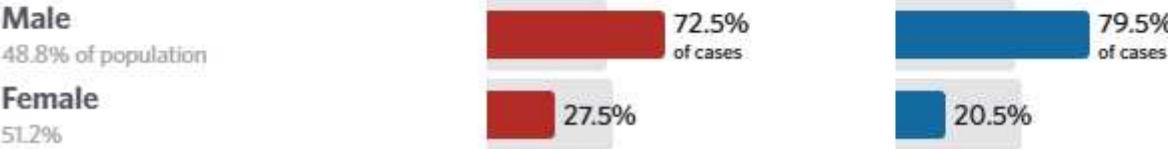
TOP AREAS: NEW DIAGNOSES RATE PER 100K, 2022



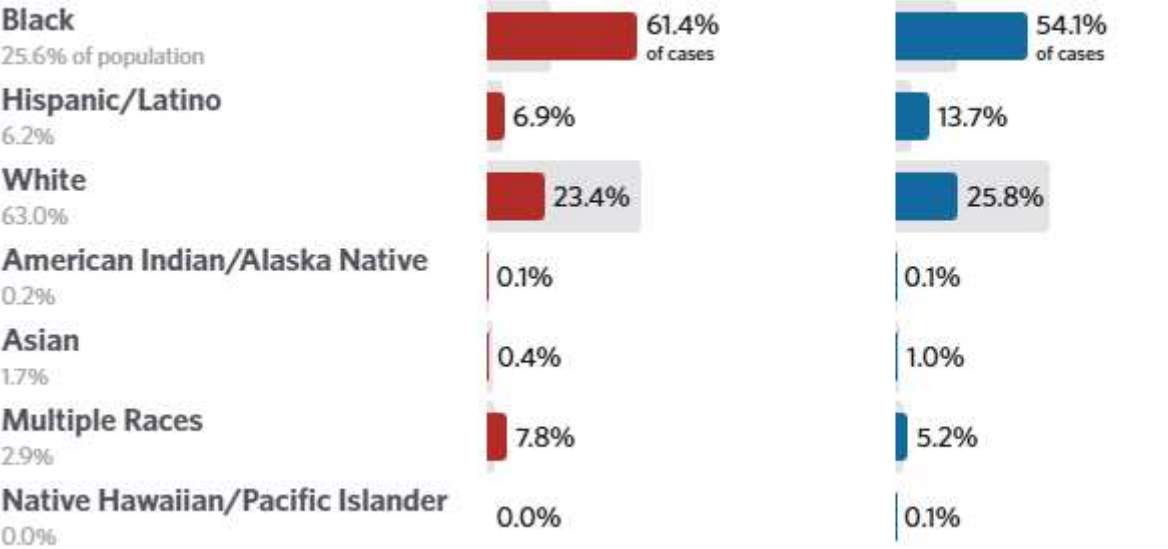
PROPORTION OF CASES BY DEMOGRAPHIC GROUP, 2022



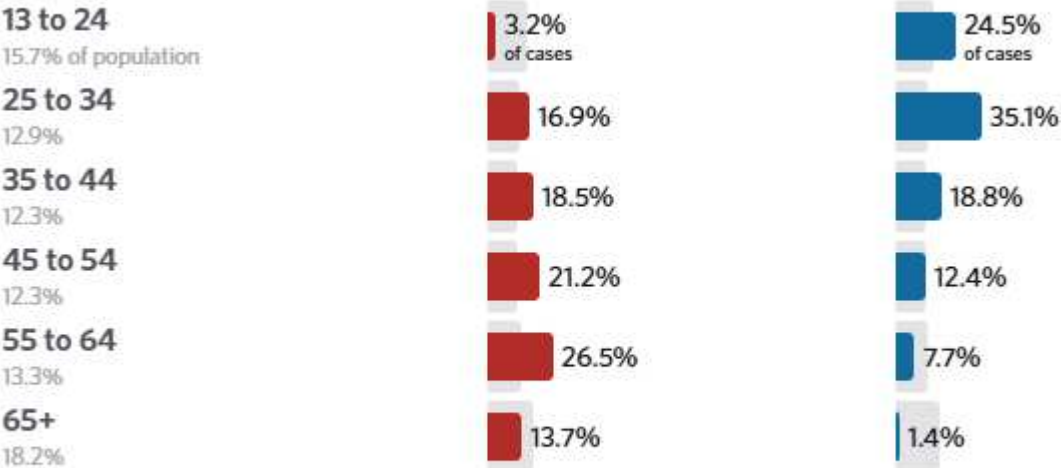
SEX



RACE/ETHNICITY



AGE



PROPORTION OF CASES BY TRANSMISSION CATEGORY, 2022

MALE CATEGORIES	PREVALENCE	CASES	NEW DIAGNOSES	CASES
	PROPORTION		PROPORTION	
Male-to-Male Sexual Contact	74.3%	9,937	86.8%	495
Male-to-Male Sexual Contact & Injection Drug Use	5.3%	715	2.8%	16
Injection Drug Use	6.5%	871	4.0%	23
Heterosexual Contact	12.9%	1,731	6.3%	36
Other/Unknown*	0.9%	121	0.2%	1

FEMALE CATEGORIES	PREVALENCE	CASES	NEW DIAGNOSES	CASES
	PROPORTION		PROPORTION	
Injection Drug Use	14.4%	730	12.9%	19
Heterosexual Contact	82.9%	4,200	87.1%	128
Other/Unknown*	2.7%	138	0.7%	1

HIV in South Carolina

HIV Prevalence Rate Ratios, by Race/Ethnicity, 2021



The rate of **Black males** living with an HIV diagnosis is 6.0 times that of **White males**.



The rate of **Hispanic/Latino males** living with an HIV diagnosis is 2.9 times that of **White males**.



The rate of **Black females** living with an HIV diagnosis is 10.6 times that of **White females**.



The rate of **Hispanic/Latina females** living with an HIV diagnosis is 3.6 times that of **White females**.

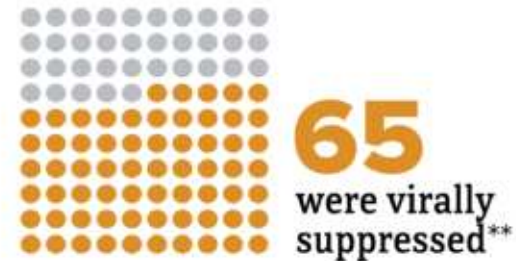
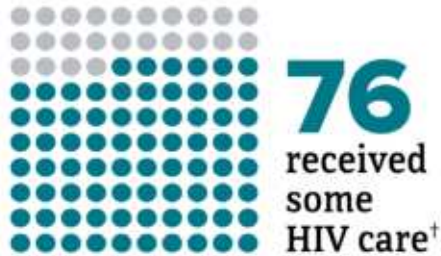
Ending the HIV Epidemic



Ending the HIV Epidemic

Challenges, including structural barriers such as housing instability, poverty, or transportation access, may prevent people from getting and staying in HIV care.

For every 100 people with diagnosed HIV in 2022:



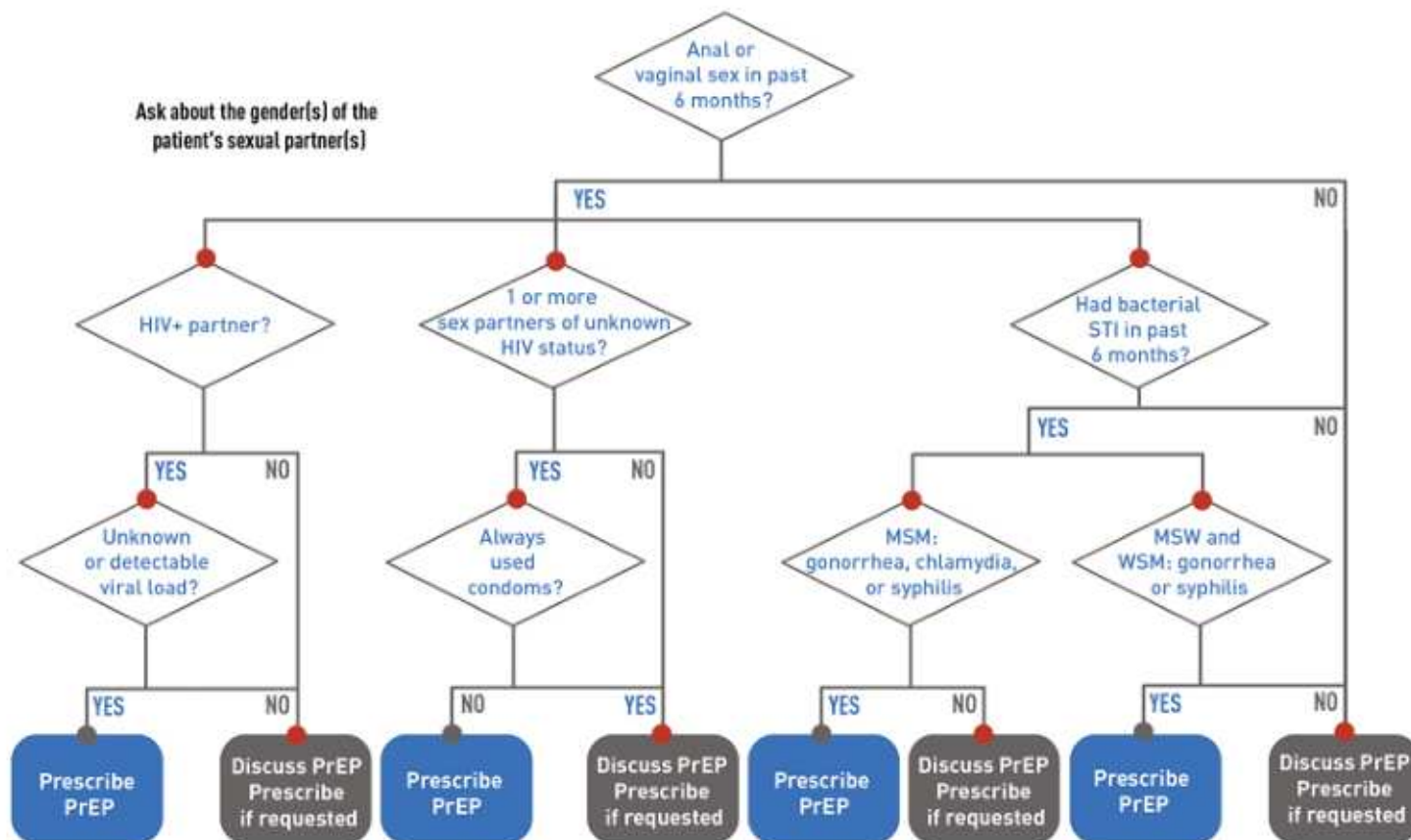
Ending
the
HIV
Epidemic

Overall Goal: Increase the percentage of people with diagnosed HIV who are virally suppressed to at least 95% by 2025 and remain at 95% by 2030.



PreExposure Prophylaxis for HIV

- Medication taken to prevent HIV for those at highest risk
- Two FDA approved daily oral medications, one long-acting injectable form
 - Emtricitabine + tenofovir fumarate (**Truvada**)
 - Emtricitabine + tenofovir alafenamide (**Descovy**)
 - Not yet studied for HIV prevention for cisgender women
 - Cabotegavir (**Apretude**) – injection



MSM: gay, bisexual, and other men who have sex with men

MSW: men who have sex with women

STI: sexually transmitted infection

WSM: women who have sex with men

Transmission Route	Effectiveness Estimate	Interpretation
Sexual	~99%	Very high levels of adherence to PrEP ensures maximum effectiveness.
Injection drug use	74% – 84%	These estimates are based on tenofovir alone and not necessarily when taken daily. The effectiveness may be greater for the two-drug oral therapy and if used daily.

For more information on evidence related to daily, consistent, and on-demand PrEP use, visit <http://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html>.

PrEP eligibility

Sexually-Active Adults and Adolescents	Persons Who Inject Drugs
<p>Anal or vaginal sex in the past 6 months; and HIV-positive sexual partner (especially if partner has unknown or detectable viral load); or Recent bacterial STI; or History of inconsistent or no condom use with sexual partner(s)</p>	<p>HIV-positive injecting partner; or Shares drug preparation or injection equipment</p>
<p>Documented negative HIV test result before prescribing PrEP; and No signs/symptoms of acute HIV infection; and Normal renal function; and No contraindicated medications</p>	

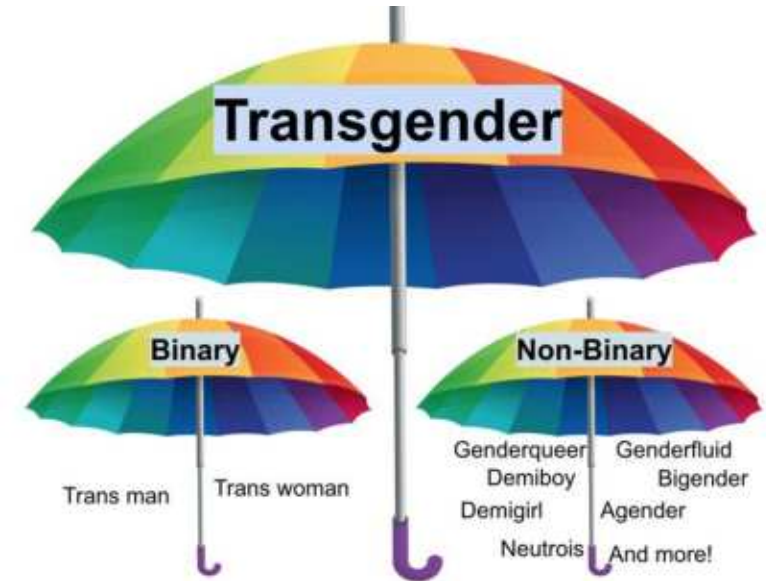
Care for Transgender populations

Gender Affirmation

- Gender transition/ gender affirmation – the process of coming to recognize, accept, and express one's gender identity.
- Most often, refers to the period when a person makes changes that others can see (e.g., changes to appearance, changes to their name and gender presentation).
- Called gender affirmation, because it allows people to affirm their gender identity by making outward changes.
- Involves social, medical, legal components.
- Gender affirmation can greatly improve a person's mental and general well-being.
- There is no one way to affirm one's gender.
- 60 years of off-label use for hormone therapy for patients in Europe and the US

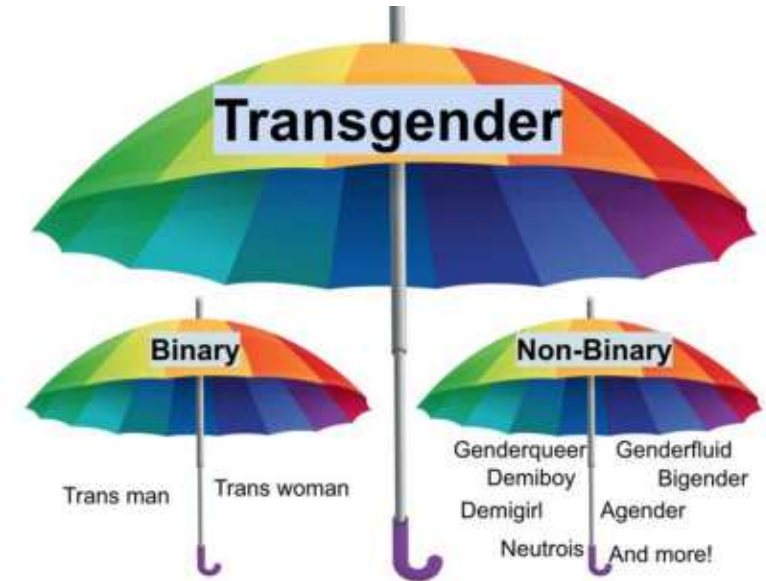
Transgender and Nonbinary health

- MOST healthcare for trans/GNB people is the same as for cis-gender people
- Healthcare and screening is based on risk factors, anatomy present, and hormone status
- Not all transgender or gender-diverse persons require or seek hormone therapy. However, those who receive treatment generally report improved quality of life, self-esteem, and anxiety
- The good news is that gender-affirming care can create very positive health outcomes for TGD people.



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Life Satisfaction Since Transitioning Gender

A Lot More Satisfied 79%

A Little More Satisfied 15%

Neither More Nor Less Satisfied 3%

A Little Less Satisfied 1%

A Lot Less Satisfied 2%



Life Satisfaction With Receiving Hormone Treatment

A Lot More Satisfied 84%

A Little More Satisfied 14%

Neither More Nor Less Satisfied 1%

A Little Or A Lot Less Satisfied <1%

Role of Physicians and Providers

- Dependent on legal parameters at a state and institution level
- Active role in the patient's gender-related care by:
 - Evaluating gender dysphoria and managing hormone therapy, or
 - an adjunctive role by monitoring well-being and providing primary care and referrals
- Doesn't require endocrinologist. Trained PCPs may initiate and manage hormone therapy
- Increasing comprehensive care and routine preventative health measures
- Goal of care is 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

Physical Exam

- Examinations should be based on the patient's specific needs for the visit and current anatomy
- Avoid gendered-language.
 - Avoid: Gyn exam, women's health, breast exam
 - Use: pelvic exam, chest exam
 - Can ask patient what anatomy terms they prefer
- Explain, chaperone, and stop as indicated by the patient's comfort level.
 - may experience discomfort during the physical examination because of ongoing dysphoria or negative past experiences.

Hormone replacement therapy

- The only absolute medical contra-indication to estrogen or testosterone therapy is an estrogen- or testosterone-sensitive cancer.
- Fertility assessment and interest in fertility preservation should be conducted PRIOR to starting hormones
 - There is a chance of permanent infertility; however, patients should use contraception if there is a possibility of sperm meeting egg
- **Multidisciplinary team** (primary care, therapist, dermatology, surgery, social workers, psychiatrist, endocrinologist, voice therapy)
 - Psychiatrist is not necessary unless there is a condition that may cloud judgment and insight (ie active psychosis, uncontrolled conditions)
 - Often benefits to have gender competent therapist

Trans Woman (MtF)

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
- ↓ libido
- Breast growth
- ↓ testes, ↓ sperm
- ↓ body hair
- Redistrib body fat

Surgery

- Breast augmentation
- Orchiectomy
- Vaginoplasty

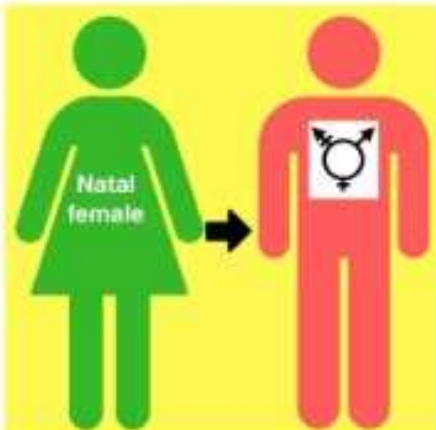
Trans Man (FtM)

Hormone Treatment

- Testosterone (IM, SQ, gel, patch)

Check q3mo then 1-2x yearly

- CBC, Wt, BP, lipids
- Testosterone goal 400-700 ng/dL



FtM Body Changes

- ↑ Muscle mass
- Oily skin, acne
- ↑ libido
- ↓ 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 Dysphoria/Gender Incongruent Phenotype, An Endocrine Society Clinical Practice Guideline

Cancer Screening in Transgender and gender nonbinary patients

- "Screen what you have" - discuss pros/cons of screening organs that patient has
- Avoid terms like "well woman exam"
- Ask patient how they want you to refer to their natal anatomy
- Be mindful of sexual trauma history
- Discuss prior gender affirming surgeries and organs that still need screening

Cancer screening considerations

- Breast cancer screening in transgender women with long term hormone therapy use, also in transgender men unless all breast tissue has been removed
- Anal pap smears for high risk populations
- Cervical cancer screening unless cervix removed
 - Ideal to get first pap smear before testosterone therapy, can cause cervical atrophy
- Follow guidelines for prostate cancer screening similar to cisgender men
- Consider bone density screen for transgender women on HRT for long duration

Medical Care Recommendations

- Published transgender-specific level 1 evidence is essentially non-existent.
- No long-term, prospective studies for most transgender-specific health issues
 - preventive care recommendations based primarily on expert opinion
- Data collection weaknesses further impacting the marginalization of transgender people
 - lack of researcher access to the population, lack of cohesive community networks within the population, disagreement with terminology used to refer to the population

Mental Health

- The TGD community has significant disparities in mental health and wellbeing compared to the general population
- Despite access to gender affirming care and services, daily overwhelming stressors can continue to be negatively impactful for many individuals.
- Increased incidences of depression and anxiety
- high rates of violence victimization, suicidal ideation, suicide attempts and lower rates of social and familial supports compared to the general population.
- Continuing to screen for mental health issues, even after accessing gender-affirming care is strongly encouraged in order to provide support and services when needed.

Trans inclusive clinics

Improving care and Trans affirming offices

- Establish a safe and welcoming environment for transgender patients
 - emphasis on establishing and maintaining rapport
 - patient may need to educate you
 - “Although I have limited experience caring for gender-diverse persons, it is important to me that you feel safe in my practice.”
 - “I will work to give you the best care possible.”
- Waiting areas may be more welcoming if transgender-friendly materials and displayed graphics show diversity.
- Gender neutral facilities/bathrooms
- Intake forms: include gender-neutral language and use the two-step method
 - two questions to identify chosen gender identity and sex assigned at birth
- Training clinicians and ALL staff in culturally sensitive terminology and transgender topics

Respectful Communication

- Avoid specific gender markers such as "sir, ma'am, Mr., Ms." Instead ask "How may I help you today?"
- Politely ask if you are unsure about a patient's preferred name or pronouns "What name and pronouns would you like me to use?"
- Ask respectfully about names "Could your chart be under another name?"
Avoid: "What is your legal name? What is your real name?"
- Did you goof? Sincerely and briefly apologize "I apologize for using the wrong pronoun. I did not mean to disrespect you." (Don't dwell)
- Gender neutral language Use "they" instead of "he" or "she"
- Only ask information that is required Ask yourself: What do I want to know?
What do I need to know? ? How can I ask in a sensitive way?

Identification in EHR

- Patients may wish to be labeled 'Male' or 'Female' based on
 - gender identity/expression
 - legal status-- legal name is required for billing/insurance
 - registered with their insurance carrier
- Epic is used at MUSC
 - Allows for “Preferred Name” or “Updated name”
 - Pronouns (avoid “preferred” pronouns)
 - SOGI function available

Epic

Sexual Orientation and Gender Identity SmartForm

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

Patient's sexual orientation:

Straight

Bisexual

Something else

Don't know

Choose not to disclose

Gay

Lesbian

Legal Information

Legal first name:

Conan

Legal last name:

Zzztest

Legal sex:

Female

Male

Unknown

Gender Identity

Autofill with default responses for:

Cisgender female

Cisgender male

Patient's gender identity:

Female

Male

Transgender Female

Transgender Male

Other

Choose not to disclose

Non-Binary

Patient's sex assigned at birth:

Female

Male

Unknown

Not recorded on birth certificate

Choose not to disclose

Uncertain

Patient pronouns:

she/her/hers

he/him/his

they/them/theirs

patient's name

decline to answer

unknown

not listed

Affirmation steps patient has taken, if any:



presentation aligned with gender identity

preferred name aligned with gender identity

legal name aligned with gender identity

legal sex aligned with gender identity

medical or surgical interventions

Patient's future affirmation plans, if any:



Insert SmartText



100%

Sex and Gender Questions

1. **What sex were you assigned at birth?**

- Female
- Male
- Intersex
- Decline to answer

2. **What is your current gender identity?**

- Male
- Female
- Transgender Man
- Transgender Woman
- Non-binary
- Additional category (please specify):
- Decline to answer

3. **What are your pronouns?**

- **Ask** patients how they define themselves, and **Use** their preferred self-definitions

Maintain open communication
with the promise of
confidentiality

Do not assume patients are ready
to disclose their gender identity to
family members

Establish openness to discuss
sexual and reproductive health
concerns

Inquire about or look up unfamiliar
terminology to prevent
miscommunication

Minimize threats to confidentiality
(e.g., at the pharmacy, through
billing practices, calling patients
back)

Medical Education on SGM Issues

- Teaching in medical schools and GME has improved
- Still limited for LGBTQI+ patients
- Study of internal medicine residents (2017)
 - 97% believed in the value of learning comprehensive care skills for transgender patients
 - 45% had any prior education on these issues
- Survey internal and family medicine in a large Midwest health system (2018)
 - 85.7% of respondents noted a willingness to provide care to transgender patients
 - 48% reported lack of training as a barrier
 - 31% reported not feeling capable of providing routine care to transgender patients

Resources

- Center of Excellence for Transgender Health
 - Developed transgender care guidelines
 - <http://transhealth.ucsf.edu/>
- National LGBT Health Education Center (Fenway)
 - <https://www.lgbthealtheducation.org/>
- World Professional Association for Transgender Health
 - <http://www.wpath.org/provider/search>
- National Center for Transgender Equality
 - <http://transequality.org/>
- Trans Lifeline (hosts a call-in line for transgender persons in crisis)
 - <https://www.translifeline.org/>