TREATING YOUR TRANSGENDER PATIENT IN PRIMARY CARE

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Gender Dysphoria: DSM 5

A marked incongruence between one’s experienced/expressed gender and natal gender of at least 6 mo in duration, as manifested by at least two of the following:

1. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated sex characteristics).
2. A strong desire for the primary and/or secondary sex characteristics of the other gender.
3. A strong desire to be of the other gender
4. A strong desire to be treated as the other gender
5. A strong conviction that one has feelings typically assoc’d with the other gender
The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:
1. The condition exists with a disorder of sex development
2. The condition is posttransitional
Persistent. Insistent. Consistent.

PAMELA 1965

JOE JEFF 1970
Persistent. Insistent. Consistent.

JOSEF BURWELL 2017
Pathways to Care

Informed Consent Model:
Primary Care Providers perform the initial assessment, including physical health and any mental health risks before proceeding with care. Referrals are made, as needed, to specialists.

Behaviorial Health Model (AKA Standards Model):
A letter of referral is necessary from a psychologist to assist in the medical transition assessment.

The World Professional Association for Transgender Health (WPATH) Standards of Care Version 7 has evolved to better support the patient’s autonomy in choosing whether or not to seek a psychologist’s care for medical transition.

Psychologist letters are still required for gender confirming surgeries.
Informed Consent

Educate patients on the possible effects of treatment then make a shared decision.

Divided into permanent and impermanent changes
Patience is key. Months to notice changes.
Total changes take 3-5 years.
Informed Consent
Transgender Male: FtM

**Permanent**
- Voice changes
- Hair changes
- Primary sex characteristics
- Possible Infertility

**Impermanent**
- Menstruation
- Weight gain
- Energy and sex drive
- Changes in mood and thought process
Informed Consent
Transgender Male: FtM

Risks and Side Effects of Testosterone

❖ Loss of fertility*
❖ Increased risk of diabetes
❖ Increased risk of sleep apnea
❖ Increased risk to the liver
❖ Increases in H&H
❖ Increased sweating
❖ Weakening of tendons and risk of injury
❖ Increased HA, migraines
❖ Increased aggression
❖ Worsening of underlying psychotic or mood disorders
Informed Consent
Transgender Female: MtF

Permanent
- Breast growth
- Testicle changes

Mineral change in bone structure or voice

Impermanent
- Loss of muscle mass, changes in fat distribution
- Softer skin
- Softer, lighter body hair
- Cessation of male pattern baldness
- Reduced sex drive, erections
- Changes in mood and thought process
Informed Consent
Transgender Female : MtF

Risks and Side Effects of Estrogen Therapy

- Loss of fertility*
- Increased risk of DVT
- Increased risk of CVA, ACS
- Increased risk of HTN
- Increased risk of DM
- Nausea and vomiting

- Liver changes
- Prolactin changes
- Worsen HA
- Mood swings, Depression
- Breast, uterine CA risk
- Gallbladder disease
Informed Consent

Transgender Female: MtF

Risks and Side Effects of Androgen Blocker

- Increased urine production
- Decrease in BP, lightheaded
- Increased thirst
- Increased serum K
Treatment Guidelines

Search Engine:
Fenway Health transgender guidelines
UCSF transhealth guidelines
Mainstay Treatment

Testosterone Cypionate or Enanthate
Low dose: 20 mg Q week IM/SQ
Typical initial: 50 mg Q week IM/SQ
Typical max: 100 mg Q week IM/SQ

Prescribe
❖ 1-3 mL syringe
❖ 18g to draw
❖ 23-25g 1.25 in to inject

Other Therapies
❖ Topical Gel
❖ Testosterone Patch
Transition Snapshot

PRE-TRANSITION

11 MONTHS TESTOSTERONE
Mainstay Treatment

Estradiol Oral/Sublingual
Low dose: 1mg QD
Typical initial: 2mg QD div BID
Typical max: 8mg QD div BID

Other Therapies
❖ Estradiol transderm
❖ Estradiol valerate IM
❖ Estradiol cypionate IM

Spironolactone Oral
Low dose: 25mg QD
Typical initial: 50mg QD
Typical max: 200mg QD

Other Therapies
❖ Micronized progesterone
❖ Medroxyprogesterone acetate
Screening and Prevention
Transgender Male: FtM

Q 3 mo evaluations for first year

❖ Desired and adverse effects
❖ Check testosterone levels Q3mo: 400-900 mg/dL
❖ H&H at baseline, Q3mo x 1 year, then annually
❖ Lipids at baseline, then annual
❖ PAP screen per ACOG if cervical tissue present
❖ Osteoporosis screen for T stoppage, or if at risk
❖ Mammograms recommended until mastectomy
Screening and Prevention
Transgender Female : MtF

Q 3 mo evaluations for first year
- Desired and adverse effects
- Check testosterone Q3mo: <50 mg/dL
- Check estradiol Q3mo: 100-200 pg/mL
- If on spironolactone, K check Q3mo:
- Prostate Ca screening per guidelines
- Bone mineral density at baseline. Then at age 60 or upon D/C of hormone therapy
Gender Confirming Surgery

**Trans Male**
- Mastectomy
- Metoidoplasty
- Phalloplasty
- Scrotoplasty

**Trans Female**
- Vaginoplasty
- Clitorolabioplasty
- Mammoplasty

These surgeries are very personal. Each individual will have a different path to “complete” transition. Developing rapport is very important, so that you can help guide patients. There are many non-surgical option to achieve certain end goals. But you must first elucidate what that end goal is.
Top Surgery Progression

1 DAY POST-OP

3 MONTHS POST-OP
Online Resources

Callen-Lorde.org

Fenwayhealth.org

Transhealth.ucsf.edu

WPATH.org
Style Points

- Being transgender is still difficult, this is reality
- Incentivize positive lifestyle changes
- Utilize the community
- Be honest about where you are now

Gender Identity Terms: an incomplete list

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<thead>
<tr>
<th>Transgender</th>
<th>Genderqueer</th>
<th>Bi-Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans</td>
<td>Gender Non-</td>
<td>Two Spirit</td>
</tr>
<tr>
<td>Trans Woman</td>
<td>Conforming</td>
<td>Non Binary</td>
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<tr>
<td>Trans Man</td>
<td>Gender Variant</td>
<td>Gender Diverse</td>
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<tr>
<td>Cisgender</td>
<td>Gender Fluid</td>
<td>Agender</td>
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GSM is the new LGBTQetc...  
¿Preguntas?