Transgender Youth and Young Adults

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Outline

- Terminology
- Prevalence
- Etiology
- Unique Health Needs
- Health concerns
- Medical Intervention
- Preintervention Assessment
- Other issues for transgender AYAs

Disclaimer

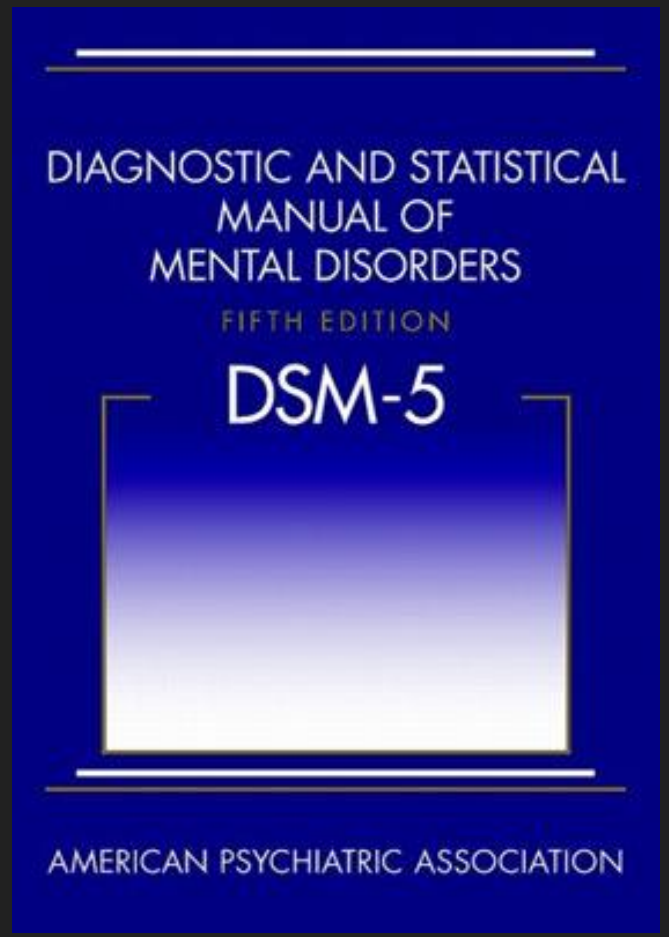
- In general, a paucity of data exist RE: transgender youth
- The majority of the stuff I will share today is from research
- Will also include some experiential advice
- Most importantly, I am a cisgender individual
- The Planners and Presenters for this activity have no financial relationships to disclose.

General Considerations

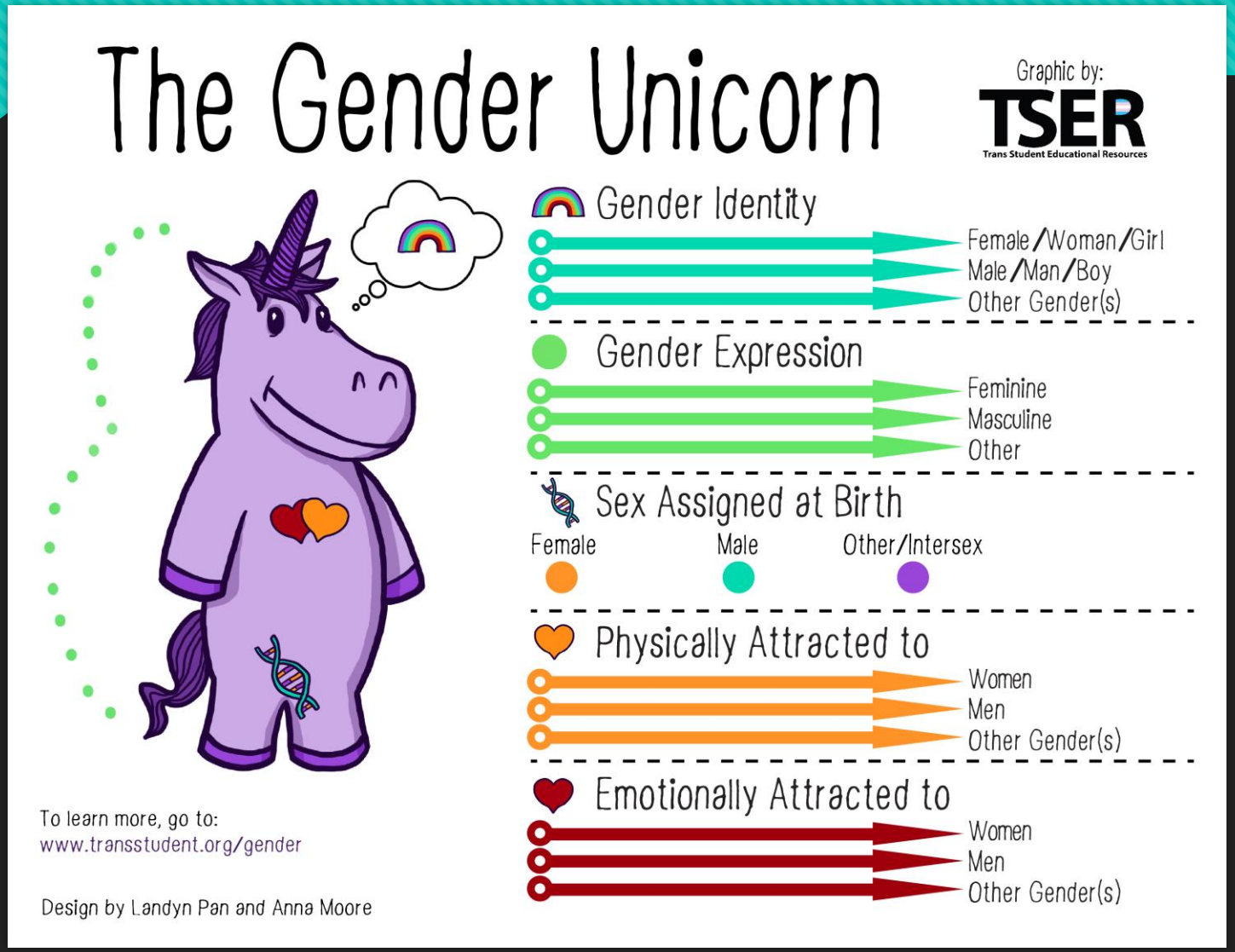
- Transgender:
  - Individuals who experience incongruence between their assigned gender at birth and their internal sense of “maleness” or ”femaleness”
- Gender Dysphoria:
  - Persistent distress about misalignment of assigned gender and experienced gender
- Last decade has seen a large increase in the number of youth seeking services in the US, Canada and Europe
- Historically little formal education about the care of these youth are incorporated into medical school and residency curricula

General Considerations, cont.

- In the past, experience of gender incongruence has been assigned diagnostic codes that fall under psychopathological term
- 2013: gender identity disorder changed to gender dysphoria in DSM-V
- Transgender experience should not be viewed as pathological
- Distress that results from incongruence may lead to functional problems that should be addressed, ideally w/ a medical and a mental health provider



Terminology

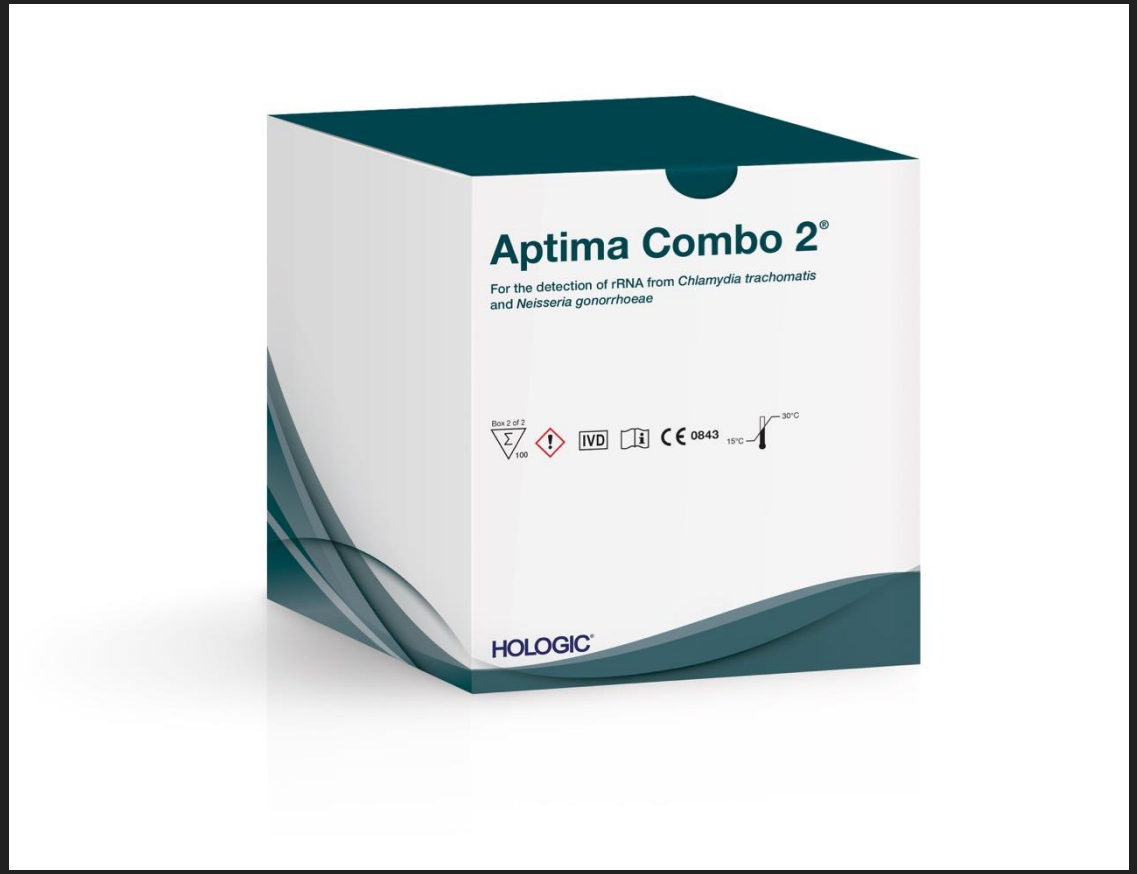


Terminology, Cont.

- Sex assigned at birth:
  - Genital anatomy at the time of birth, birth certificates
- Gender Identity:
  - Internal sense and experience of ”maleness” or “femaleness”
- Gender Expression:
  - How gender is presented, w/ clothing, hair, name, pronouns, mannerisms, gender performance
- Sexual Attraction:
  - Who an individual finds romantically and sexually attractive
- Important: NOT binary, can fall anywhere along the spectrum, not fixed

Terminology, Cont.

- Sexual attraction is often mistakenly conflated w/ gender identity
- Two separate populations: sexual minority youth (gay, lesbian, bisexual, etc.) and gender minority youth (transgender, non-binary, etc.)
- In healthcare, we tend to assign labels to help us screen; w/ these individuals this has to be done on sexual practices and anatomy (how it should be done always)



Non-Binary

- This has become an increasingly common label
- Reject the traditional gender binary categories of male and female
- Instead consider themselves both, neither or something else entirely
- Vulnerable group who presents some challenges medically, especially if placed on Lupron

Prevalence

- Studies from around the world report a broad range from 1:200 to 1:100,000
- Exact number is truly unknown due to a variety of factors
- Most recent data from American College Health Association's National College Health Assessment (2012), 0.2% respondents identified as transgender

Etiology

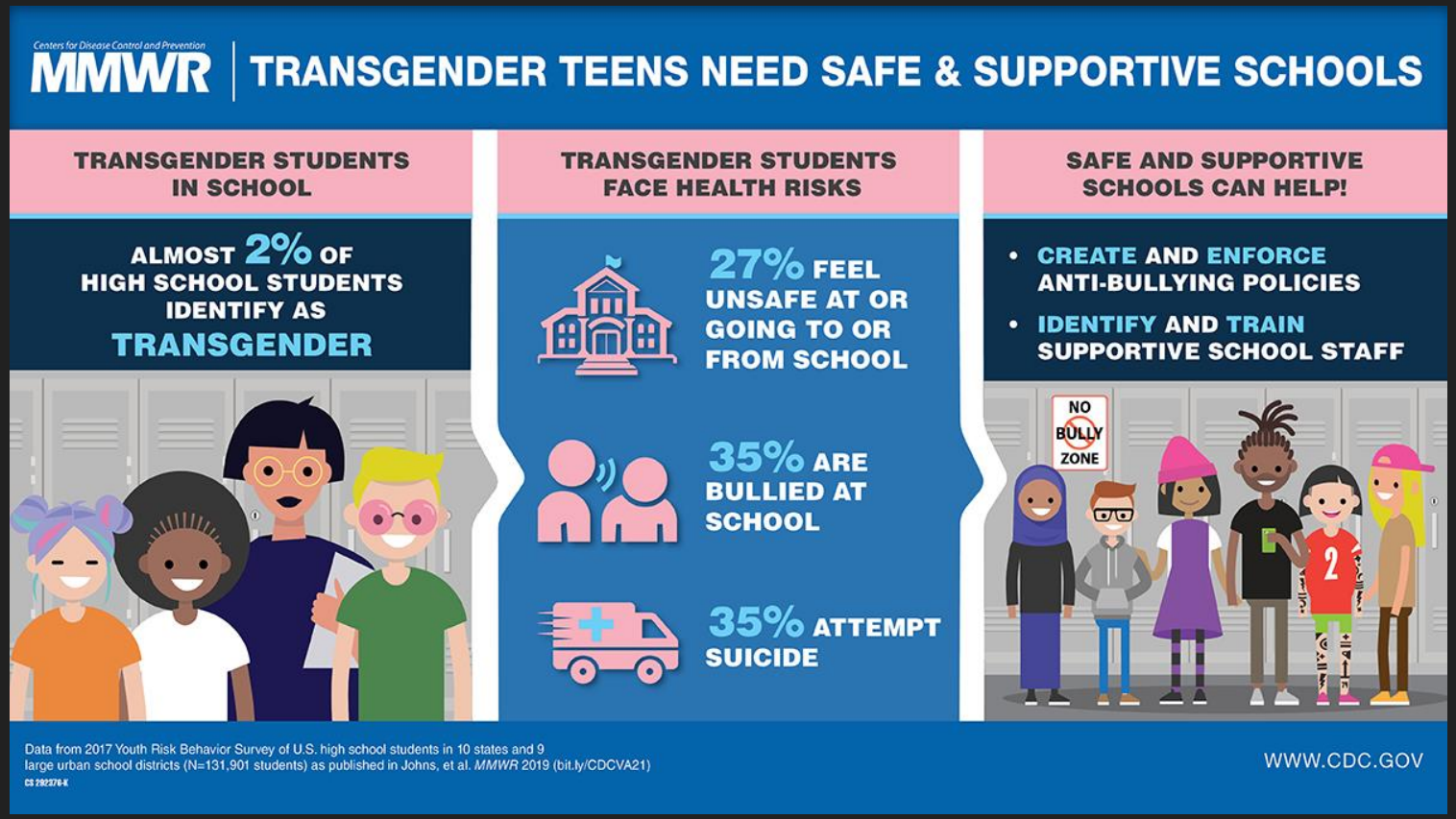
- Many theories have attempted to explain:
  - Hormone imbalance in utero
  - Parental psychopathology
  - History of trauma
- To date, no clear etiology has been identified that adequately provides a causal explanation for the transgender experience

Coming Out Process

- Wide range of experiences for transgender individuals prior to coming out
- Some will just feel different, but cannot adequately explain it
- Body becomes gendered at puberty, we do see a peak at that time
- For youth who discover this identity in adolescence, disclosure usually is close friends, parents and then extended family
- **Parent/Caregiver response to disclosure is critical to the well-being and future of these youth; support, acceptance and support portend fewer risks during adolescence and later in life**

Unique Health Risks

- On the subsequent slides, will present some data on entities that transgender youth are at an elevated risk for, but the most important take away is this: **transgender youth are NOT inherently at increased risk for anything, but it is the <u>social isolation/stigma/rejection</u> that contributes to their heightened risks**

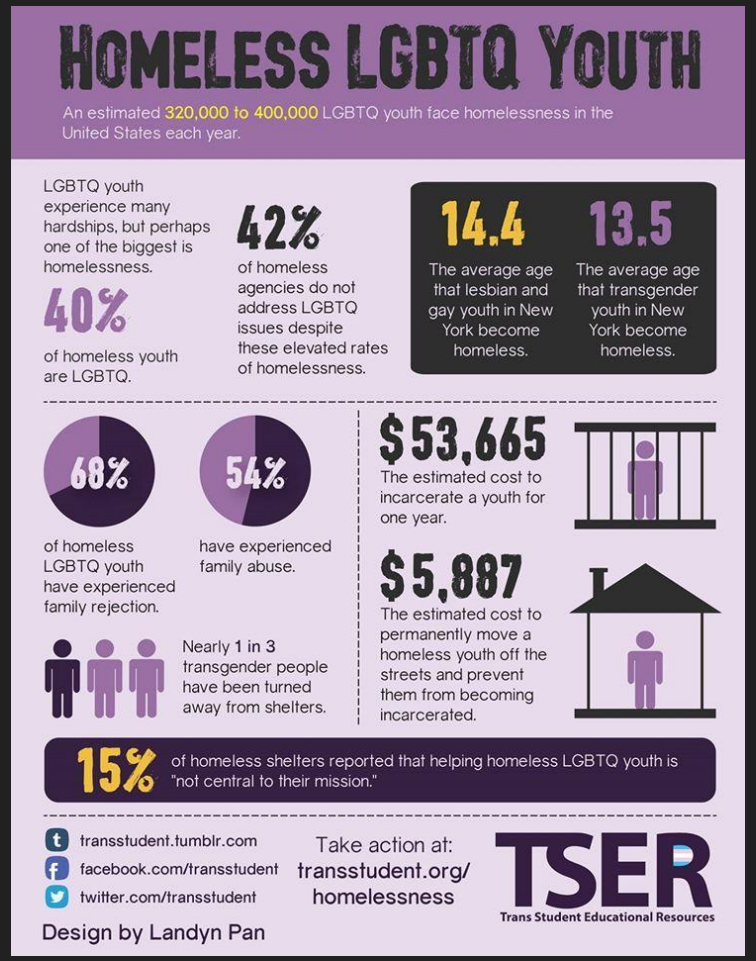


Emotional and Behavioral Health

- Mood Disorders and Anxiety:
  - Intimately entangled in their feelings of gender incongruence
  - Many are engaged in mental health services, often prescribed psychotropic medications
  - Not a reason not to initiate therapy w/ Lupron or gender-affirming hormone
  - In fact, anecdotal evidence shows that youth are able to wean and discontinue their psychotropic medications after initiating therapy for their gender dysphoria

Homelessness

- Transgender AYAs are disproportionately represented in these numbers
- Often rejected from their families of origin
- Foster care: more likely to leave homes and end up in group homes
- Homelessness is destructive to AYAs: increases risk of
  - Violence, poverty, drug use, HIV, survival sex, exposure environmental hazards



Violence

- Commonly report being victims of:
  - Violence, hate crimes, sexual assault, harassment, bullying, physical assault
- Occurs in the following settings:
  - Schools, communities, places of employment, in their own home

Suicide

- Have heard some who work in this field as calling it "suicide prevention"
- Extraordinarily high rates, **77% over age of 16 had seriously considered, 43% reporting an attempt;** 1/3 had attempted before the age of 15 (Bauer, Pine, Francino, et al, 2013)
- Suicidality should be discussed openly and often
- Needs to occur even for those who have undergone medical transition
- Gender incongruence is a permanent state even if phenotypic gender transition is undertaken

Health Concerns

- Substance Use
  - Increased use when compared to cisgender AYAs, coping w/ anxiety and distress
- Eating Disorders
  - Body dysphoria pervasive, assess often
  - ED should not preclude the initiation of gender affirming hormones, but ED must be treated concomitantly
- Obesity
  - Excessive weight gain to hide endogenous body shape is common
  - Feminizing and masculinizing can increase appetite
  - Eating habits/regular exercise nearly impossible in someone w/ active mood disorder

Pregnancy

- Was taught that sexual health is part of transgender health
- Specific sexual acts; thoughtful and appropriate language will elucidate more accurate information RE: pregnancy risk
- Exogenous hormone use is not adequate birth control
- Transgender young women can impregnate others and transgender males can become pregnant despite testosterone use
- Always inquire RE: birth control options
- Very common for sexual behaviors to increase after initiation of gender affirming hormone, especially testosterone

Sexually Transmitted Infections

- Testosterone therapy thins and dries that vaginal walls, increasing risk of acquisition
- Adequate lubrication is needed
- HIV rate increased in transgender young women due to:
  - Unprotected sex, survival sex, unmonitored hormone injections, injection drug use
- Transgender young men may also engage in survival sex
- Concomitant use of needles for injecting hormones and drugs should not be overlooked

Medical Intervention

- Dependent on:
  - Age, sexual development
  - Social support system
  - Medical condition
  - Individual desires of the youth

Hormones

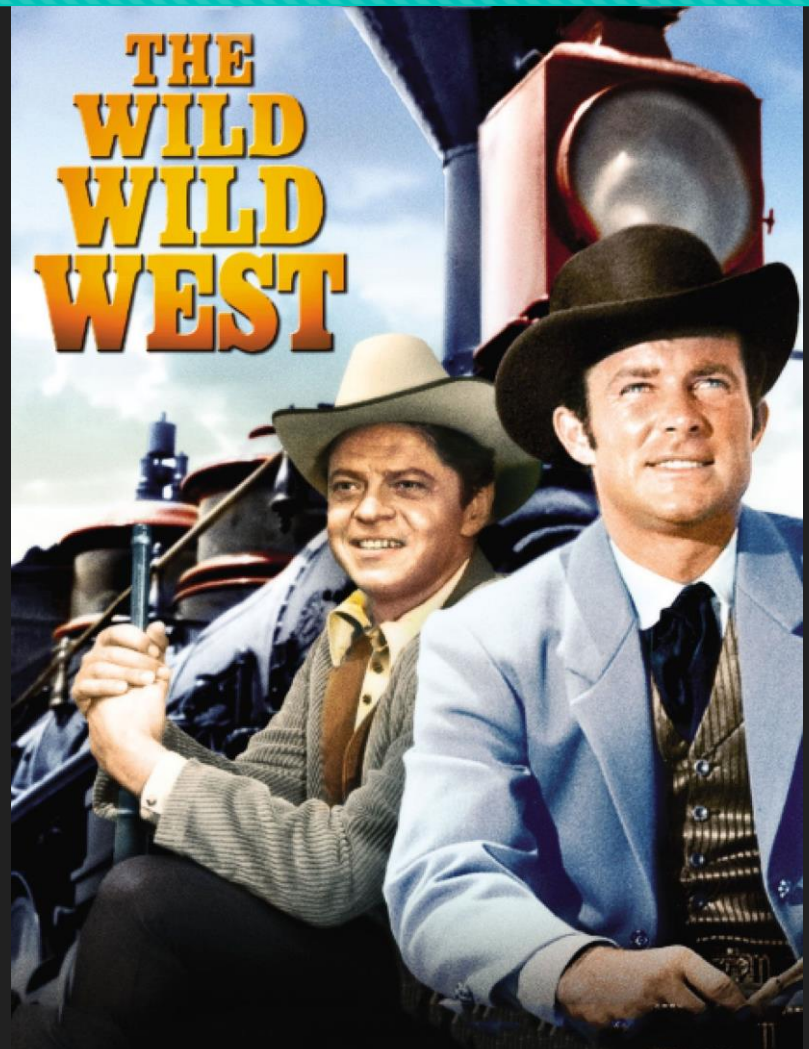
- Adolescents can be given **gonadotropin-releasing hormone analogs (GnRHa)** in early puberty (sexual maturity rating of 2 or 3) to suppress the development of undesired secondary sexual characteristics
- Older AYAs can be prescribed **cross-sex hormones** to induce secondary sexual characteristics that more closely match their internal gender identity (Hembree, 2009)

Hormone Therapy Risk

- GnRH analogs:
  - Slower accrual of bone mineral density (BMD)
  - Accrues at a pre-pubertal rate
  - Recovered after cross-sex hormones were added (Delamarre-van de Waal, 2006)
  - Emotional Instability
  - Weight gain

Cross-Sex Hormone Use

- Very little information is available
- Little is known RE; the physiologic impact of these hormones
- Potential side effects may be extrapolated w/ caution from dissimilar populations

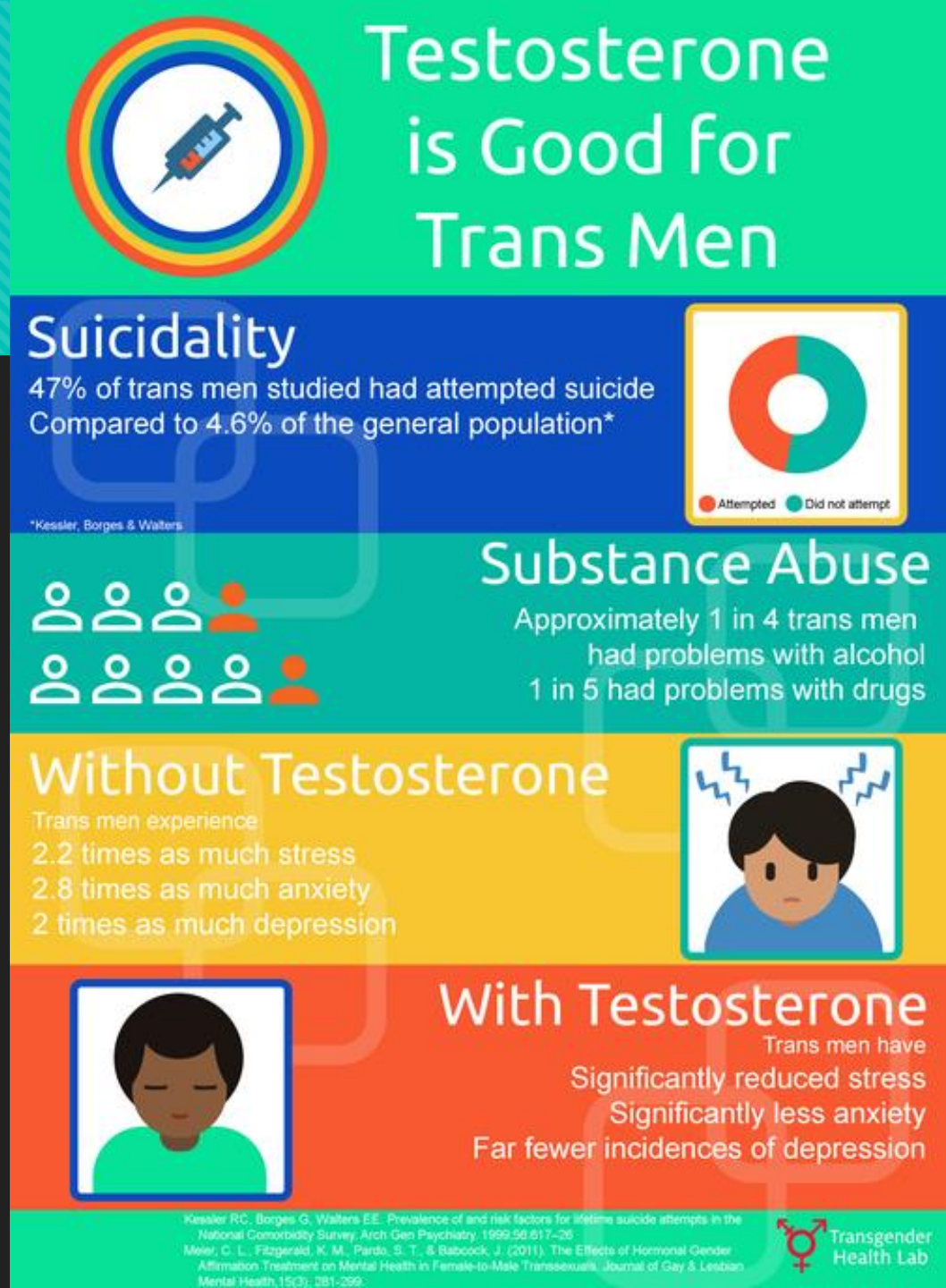


Estrogen and Androgen Blocker Therapy

- Desirable effects:
  - Breast development, softening of the skin, increased emotions, slowed growth of facial/body hair, diminished erections
- Side Effects:
  - VTE, liver damage, prolactinoma, gallstones, hyperkalemia
- Less dangerous side effects:
  - Nausea, mood swings, decreased libido, shrinking of the testicles, decreased muscle mass
- Fertility preservation – all youth must be counseled on this

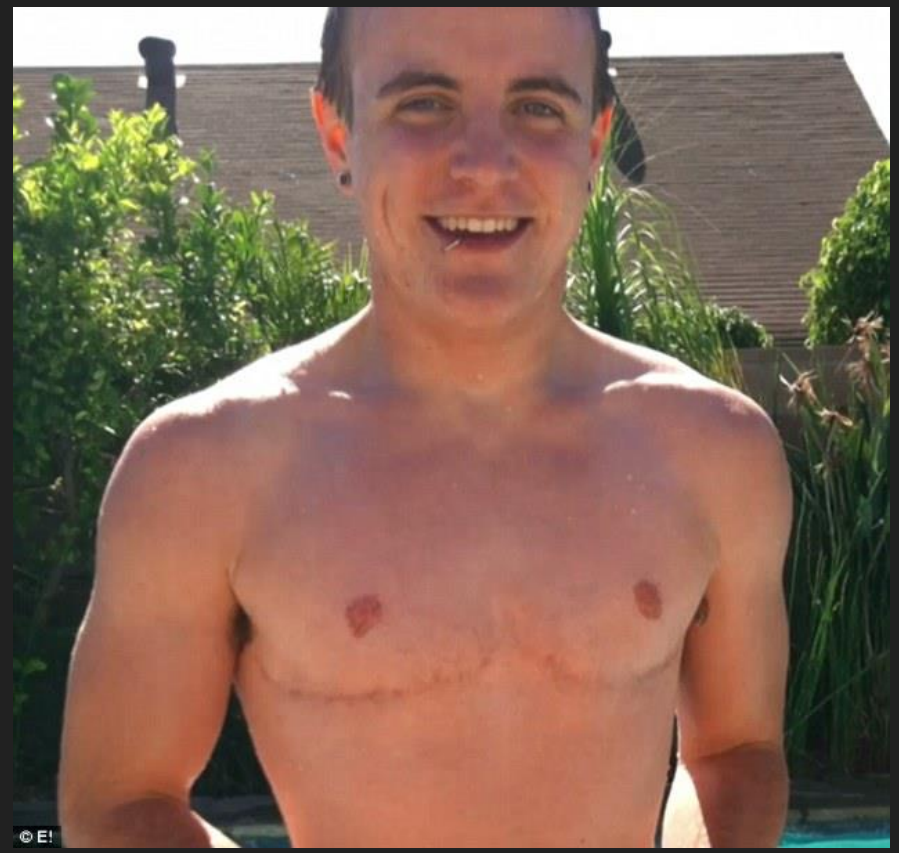
Testosterone Therapy

- Desired effects:
  - Deepening of the voice, facial hair, male pattern body hair, clitoral enlargement, increased muscle mass and strength
- Side Effects:
  - Liver damage, insulin resistance, changes in lipid profile and polycythemia
- Side Effects, less dangerous:
  - Acne, increased libido, premature thinning/balding
- Fertility is less clear in this group



Surgery

- Males:
  - Male chest reconstruction
    - Have undergone female breast development prior to intervention
    - Increasing being done on minors
  - Genital surgery for gender confirmation
    - Generally delayed until youth reaches age of 21, but not always



Surgery

- Breast augmentation
- Genital reconstruction
  - Generally delayed until patient reaches the age of 21

Preintervention Assessment

- Mental health therapist skilled in gender care to assess before initiation of medical interventions
- "Gatekeeper" model has some controversies, but most agree it is prudent
- MH therapists provide AYAs w/ toolbox of resiliency skills necessary to navigate gender transition
- Recent data show period immediately following initiation of hormones may be the most challenging

Other Issues for Transgender AYAs

- Sex-segregated facilities:
  - Many places are moving towards a sex segregation based upon the individual's gender identity
  - However, some states that have legislated appropriate access to sex-segregated locker rooms and restrooms in the K-12 settings

Electronic Records

- Most document a gender marker based on that on the birth certificate
- Struggle to solve this, no uniform approach to this yet but strides are being made
- Transgender AYAs are often having to advocate for certain changes in their EMR that others would not have to think about; if not done appropriately, can lead to transgender status being inadvertently disclosed
- In many states, birth certificates can be amended and reissued; remains a struggle for non-binary AYAs

Approach to Transgender AYA and Family

- Same dignity and respect as any other human
- Pronouns, use of specific names should be solicited and subsequently honored
- Model nonjudgmental and compassionate communication
- Needs of youth w/ gender dysphoria should be taken seriously as sequelae of untreated gender dysphoria can be life-threatening
- Remember the intricate link between parental support and well-being of transgender youth
  - Local support groups, family gender conferences, appropriate literature

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