

TRANSGENDER HEALTH

Joyce Zhou
Host

Dr. OP Hamnvik
Endocrinologist

Jordan Said
Script Writer + Case Presenter

Sex A person's biological status. What can be seen, imaged, or measured. Male / Female / Intersex.

Gender Attitudes, feelings, and behaviors that a given culture associates with a person's biological sex.

Gender identity A person's sense of oneself as male, female, or something else.

Gender expression Individual's presentation, including physical appearance, clothing choice and accessories, and behavior that communicates aspects of gender or gender role.

Transgender identity Umbrella term that incorporates differences in gender identity wherein one's assigned biological sex doesn't match their felt identity.

TERMS

ESTABLISHING CARE

American Psychiatric Association (APA). (2015). Retrieved from <https://www.apa.org/pi/lgbt/programs/safe-supportive/lgbt/key-terms.pdf>

1 Environment

- Multidisciplinary
- Individualized care
- Safe and open space
- Preferred name and pronoun

2 Medical and Social History

- Current & past medical history
 - VTE & cardiovascular risk factors
- Social history
 - Trauma history
 - Stigmatization
 - Marginalization
 - Abuse
- Sexual history
 - Preferences and practices
- Fertility plans

3 Confirm the Diagnosis

- Gender history
- Assess for gender-affirming therapy (hormonal + surgical)
- Assess the risk/benefits of each therapy

4 Discussing: Preferences, Expectations, Goals, and Timeline of Care

GENDER AFFIRMING HORMONE THERAPY

Feminizing Hormone Therapy

- Usually dual therapy → Estrogen + Androgen Blockers
- **Estrogen:** oral tablets, injectables, transdermal patch
- Outcomes: breast development, skin changes, body composition, testicular atrophy, others
- Adverse Effects:
 - Worsening migraines, VTE, mood changes,
 - Worsening underlying autoimmune disorder
 - Prolactinoma, breast cancer, hormone-sensitive cancers
- **Androgen blockers:** allows for lower dose estrogen regimens
 - GnRH agonists – e.g., Leuprolide
 - Androgen receptor antagonist – e.g., Spironolactone
 - Others: 5 α -reductase inhibitors (Finasteride), Progestins

Masculinizing Hormone Therapy

- **Testosterone Therapy:**
 - Injectables, buccal tablets
 - Transdermal patch or gels
- Outcomes:
 - Hair growth pattern changes
 - Voice deepening, Δ body composition
 - Citoral enlargement, \downarrow breast tissue
 - Menses cessation, skin changes, etc.
- Adverse Effects:
 - High hematocrit/erythrocytosis,
 - Dyslipidemia, weight gain, teratogenic
 - Increase CVD risk

Monitoring and Management

- Dependent on the length of time on hormonal therapy and other medical conditions

Feminizing hormone therapy

Serum Estradiol + Testosterone

Target: 100-200 pg/mL

Target: <50 ng/dL

- Electrolytes (esp. K⁺) & creatinine if on spironolactone
- q1y: prolactin (risk of prolactinoma with estrogen)

Masculinizing hormone therapy

- Serum testosterone - Target: 400-700 ng/dL
- Hematocrit/hemoglobin
- Lipid panel, Blood Pressure
- BMP, HbA1c, HIV infection
- Routine health maintenance + screening
 - for all tissues/organs present
 - cancer, CV, DM, hyperlipidemia, etc.

Clinical Pearl

Transgender individuals are disproportionately affected by SDOH (e.g., homelessness) – a thorough social history is important.