

Overlooked, Misunderstood, and At-Risk: Health Care For The Transgender Adolescent

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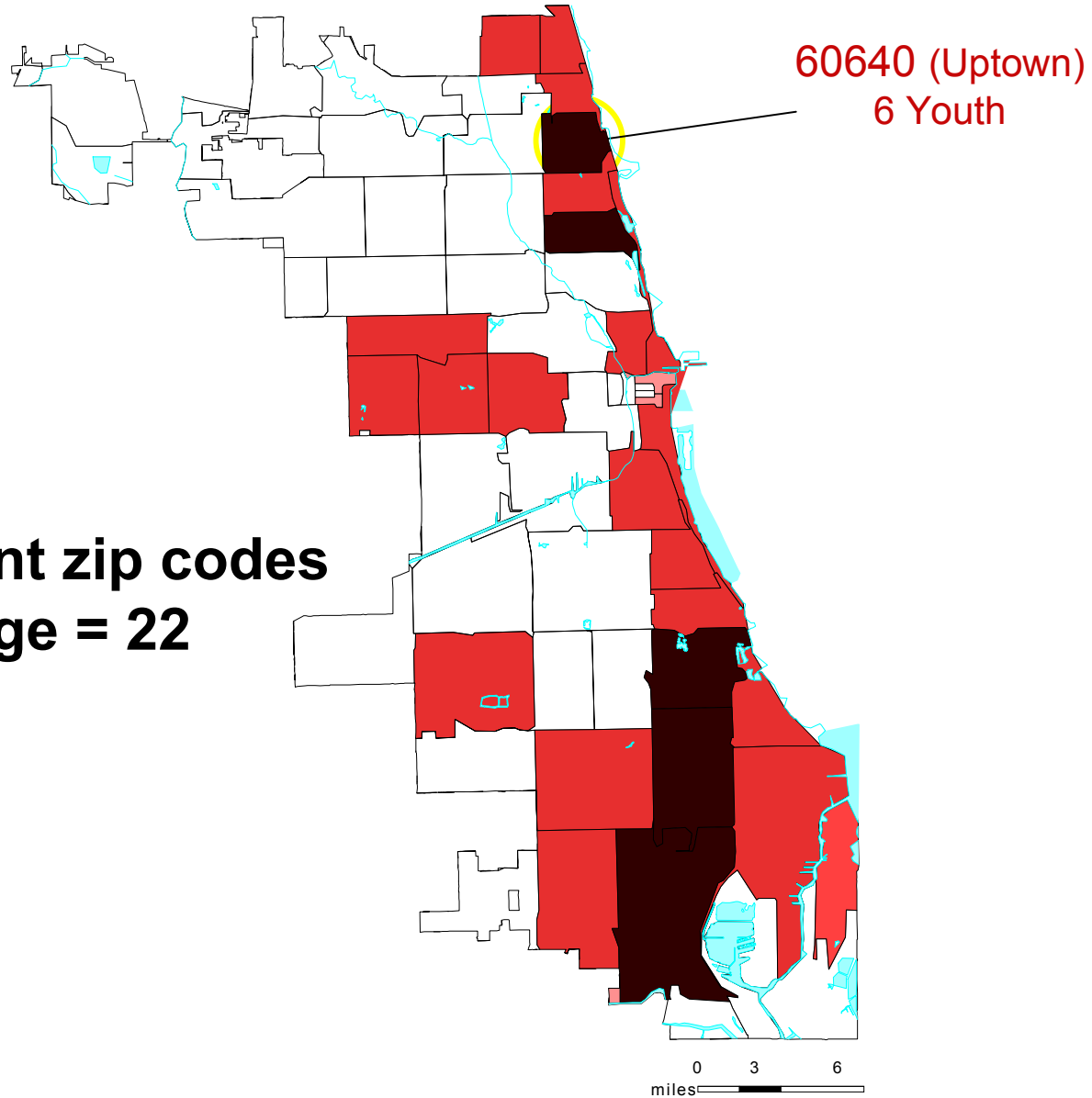
“Preventing HIV in us girls is complicated. We need jobs, places to stay, doctors. HIV is just one of the many problems that we deal with.”

-- 19 year old MTF transgender youth

Transgender Youth: Threats to Health

- Access to Care
 - Lack of cultural sensitivity, knowledgeable providers
- Violence/Victimization
- Housing
- Employment
 - Dual role of commercial sex work
- Mental Health Problems
- Substance Use
 - Traditional agents, hormones, needles
- HIV/STD (identity vs. behavior)

Chicago Transgender Youth Project (N=51)



28 different zip codes
Median Age = 22

Chicago Transgender Youth Project: Results (N=51)

Life Stressors

- 67% arrested
- 35% incarcerated
- 18% homeless
- 52% forced sex
- 63% job difficulties

Risk Behaviors

- 59% UAI
- 65% sex while high
 - Marijuana, alcohol
- 29% injected silicone
- 61% sex for resources

****22% reported being HIV positive****

****41% difficulty accessing health care****

Key to Successful Health Care: Program Design

- Multidisciplinary Team
 - Medical, Mental Health, SW, Outreach
- Harm Reduction Philosophy
- Liability Issues
- Institutional Issues/Constraints
 - Consent and confidentiality (<18 vs. >18)
 - Not just providers need training

Initial Medical Evaluation: You Can Do This!!

- Assessment of Transgender Identity
 - Duration/extent of discord with gender
 - Social support – Peers vs. Family vs. Community
- Medical History
- Past/Current Hormone Use
- HEADS Assessment (Behavioral Risks)
- Physical Exam
- **Explanation of Protocol/Process/Timeline!!!**
- Education –Hormones, Risk behaviors

Physical Exam

- Strongly Consider Deferring on First Visit
 - Build Rapport
- Breast and Genital Exam
- Consider Pelvic Exam for FTMs
- Skin (Hair and Acne)
- HIV/STDs Screening or Treatment

Initiating Hormonal Therapy

- Psychological Evaluation by Gender Specialist
 - Exact length of time unclear
 - Team Approach
 - Counseling Requirements
 - A. Adults vs. Minors
 - B. Standards of Care?
-

Harry Benjamin Society

- Adolescent “Standards of Care” (???)
 - Treatment Is Conservative
 - 6 Month Counseling Minimum
 - Rarely Initiate Hormones Prior To Age 18
 - Never Initiate Hormones Prior To Age 16
 - Initiate With GnRH Agonist or Anti-Androgen
 - ?? Role of “puberty-blocking” hormone

Good to know about...often not very helpful

Guidelines:

Treatment Initiation in Minors (<18)

- Intense Cross-Gender Identity
- Increased Discomfort With Puberty
 - i.e. Distress with menses for FTMs
- Gender Identity Adversely Affecting Adolescent Development
- Absence of Psychopathology
- Parental or Guardian Consent

Baseline Labs

MTF

- Estrogen
- Testosterone
- Prolactin
- LFTs
- Lipid Panel
- STD screen (HIV)
- ? Karyotype

FTM

- Estrogen
- Testosterone
- Prolactin
- LFTs
- Lipid Panel
- STD screen
- PAP

Other labs include: CBC, Kidney Function, Glucose

MTF Therapeutic Goals

- For The Patient --- **PASSING!!**
 - Skin Changes
 - Breast Development
 - Suppress Erections (not always – will need to ask)
 - Fat Redistribution
- For The Provider – See Above, Plus:
 - Suppress Testosterone
 - High Normal Estrogen Level (female value)
 - Use lowest dose of estrogen as possible

Medication Choices -- MTF

- Estrogens
 - Oral, Injectable, Dermal
- Progesterone
- Anti-Androgens
 - Aldactone/Spirolactone

Estrogen Effects

- Breast Development
- Reduce Coarseness of Body/Facial Hair
- Increase Fat Under Skin
- Shifting Fat to Hips
- Reduction in Erections
- Reduction in Testicular Size

Estrogen Side Effects

- Risk of Thromboembolism!! -- smoking
- Mood Swings
- Hypertension
- Loss of Libido and Erection (choices)
- Weight Gain
- Liver Disease
- Increased Risk of Breast Cancer
- Sterility

Anti-Androgens -- Effects

- Reduces Testosterone Levels
 - Blocks its effect on target tissues
- Reduces Coarseness of Facial Hair
- Reduces Male Pattern Hair Growth
- Reduces Penile Erections
- Increases Breast Development

Side Effects: weakness, fatigue, **excessive thirst or urination**

FTM Therapeutic Goals

- Male Pattern Hair Growth
- Increased Muscle Mass
- Amenorrhea (Stopping of Menstrual Period)
 - Typically within 3 months of starting hormones
- Breast Size Reduction
- Deepening of Voice

Testosterone

- Oral – not generally used as bad for liver
- Injectable
 - Administered Q 2 weeks
 - Patients may be trained to self-inject
 - Single-Use needles – counsel against re-use
- Transdermal (Patch)
 - May not be as effective for pre-surgical patients
 - May be helpful for mood swings

Testosterone Side Effects

- Increased Lipids (cholesterol/triglycerides)
 - Associated With Male Risk Of Heart Disease
 - Again – increased if also a smoker
- Male Pattern Baldness
- Mood Changes – “Roid Rages” or “Crashes”
- Weight Gain
- Acne – chest/back

Medical Monitoring – FTM/MTF

- Visits Every 1-2 Months
 - Monitor risk behaviors and adjustment to transition
 - Experience with hormones
- P/E: Monitor BP, Weight, Skin/Hair
- Labs:
 - Hormone levels at 6 months
 - to adjust dose and screen for street hormone use
 - Other labs
 - Pelvic Exams for FTM
- HIV/STD testing per behavior, but at least annually

A Word About Silicone:

- Illegal -- injection
- Commonly used by youth
 - Almost always from “black market”/pump parties
- Provide information/education
 - Non-Alarmist...remember **Harm Reduction**
- Often adulterated substances
- Serious adverse consequences
 - Allergic reactions
 - Needle risk

Transgender Health & HIV+

- Complementary
 - Can be done in concert, not opposition
- Just one of many issues
 - Difficult to manage HIV if basic needs unmet
- Monitor lab values and medication cross-reactions
- Value of multi-disciplinary team
- Think primary and secondary prevention
 - Do not assume patients have basic knowledge correct

Provider Tips

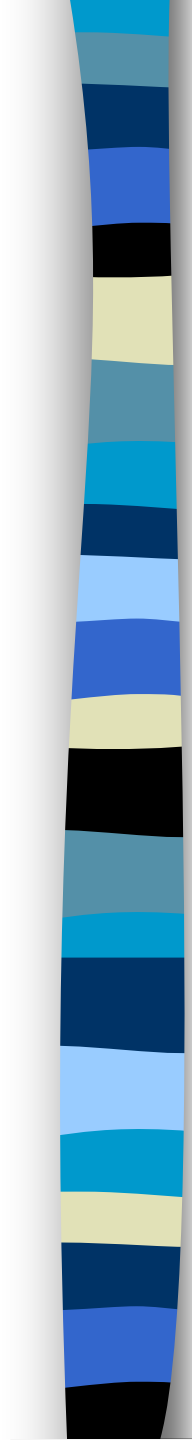
- Be Sensitive To Patients' Prior Experiences With Authority Figures and Healthcare Providers
- Be Consistent with Health Education and Plan
- Embrace Harm Reduction
- Be Adept at Managing the Pushy or Dramatic Patient
- Do Not Ignore Transformation Issues
 - Passing, Dating, Employment, HIV/STD Risk, Housing
- Communicate with the Patient and Healthcare Team
 - They Often Know More than We Do!!

Transgender Youth



Issues Affecting Access to Health Care

Dafna Wu, RN



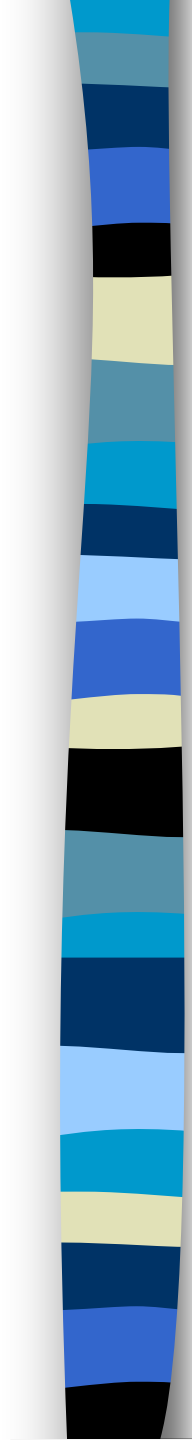
Youth generally perceive themselves as **healthy**, and **do not naturally seek out healthcare** providers.

When youth do seek out care, it is usually because they are having an **urgent medical need**.



Barriers to Care

- **Fear**
- **Knowledge Deficit**
- **Lack of Financial Resources/Insurance**
- **Inexperience / History of Bad Experience**
- **Queer/TransPhobia, Racism, Ageism**
- **Language/Cultural Barriers**



It may take several visits
to a clinic or provider **before**
a youth feels safe enough
to disclose what they need.

Be **available** and
understanding of your
client's needs.



Breaking Down Barriers

- **Trust Building**
 - meet youth where they are
 - model respectfulness
 - don't talk down to youth
 - avoid using medical-speak when possible
- **Outreach & Health Education**
 - learn where youth hang out
 - think “harm-reduction”
 - set reachable goals



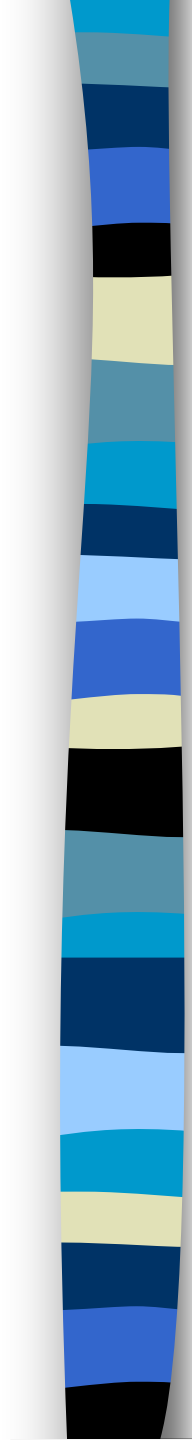
Breaking Down Barriers, cont'd

- **Utilization of Eligibility Workers**
 - youth-friendly point of entry
 - minimally intrusive
 - explain rationale when asking for personal information
- **Access and Clear Communication**
 - ask what the client needs
 - be clear about what can/cannot be provided
 - language competency/cultural competency



Breaking Down Barriers, cont'd

- **Multi-Disciplinary Collaboration**
 - mental health providers
 - substance abuse counselors
 - HIV risk counselors
 - case managers
 - outreach workers
 - language/cultural competency




Youth will return to the clinic
if they feel that they were
listened to, respected, and
given good care.



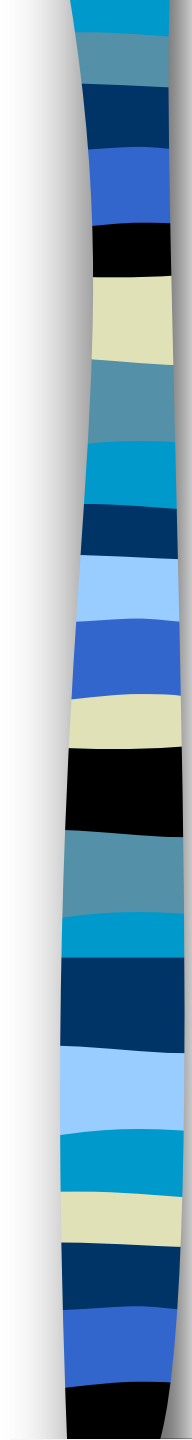
Trans Youth Friendly Clinic

- **Trained Staff**
- **Medical Charts** that can accommodate aka/gender changes/gender neutral
- **Bathrooms** for everyone
- **Trans/Gender Queer affirming** images
- **Music/Media**
- **Yummy Snacks!**

Psychosocial Issues of Transgender Youth



(And you thought your teenage
years were challenging . . .)



**Transgender Youth of
Color** are among the **most
marginalized** persons in
our society



Psychosocial Issues of Trans Youth of Color

- **Identity/Body Image**
 - discordance
 - feelings of inadequacy related to body
 - exaggeration of gender expression
- **Family vs. Peers**
 - potential shift/loss of emotional support
 - loss of financial support, housing
 - loss of peer group, friends
- **School/Education**
 - high risk of school failure
 - physical/emotional safety



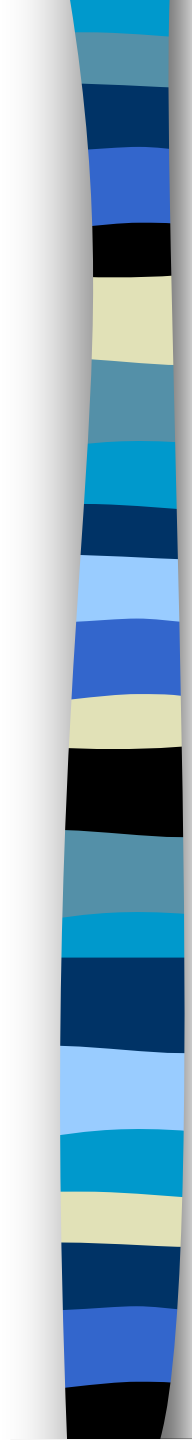
Psychosocial Issues, cont'd

- **Sexuality/Dating**
 - coming out issues for queer youth
 - fear of disclosure for heterosexuals
 - at higher risk for sexual abuse
- **Job Discrimination**
 - racism, ageism, queer/transphobia
 - job retention when transitioning



Psychosocial Issues, cont'd

- **Maladaptive Coping Mechanisms**
 - isolation
 - substance abuse
 - cutting/self harm (seen more in FTM's)
 - sexual promiscuity (more in MTF's)
 - risk-taking behavior (youth in general)



How do we partner
with transgender youth to
support them **in achieving**
optimum health and wellness?



Provider as Ally

- **Acknowledge and Validate**
 - notice and admire desired physical changes
 - reality testing re: reasonable expectations
- **Encourage maintenance of supportive networks**
 - ask about family when appropriate
 - check-in about peer support
 - inquire re: job safety
- **Be available to consult**
 - school counselors, teachers
 - community advocates
 - other providers



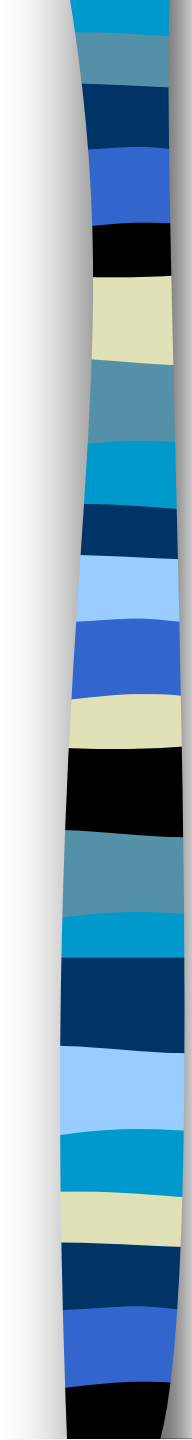
Provider as Ally, cont'd

- **Apply Harm Reduction Model**
 - unhealthy family/peer relationships
 - unsafe sexual practice/dating
 - school failure
 - sex work/survival sex
- **Nurture**
 - healthy family/peer relationships
 - safe sexual practice/dating
 - school success/education
 - job success

The Provider Parent Relationship



Potential Allies

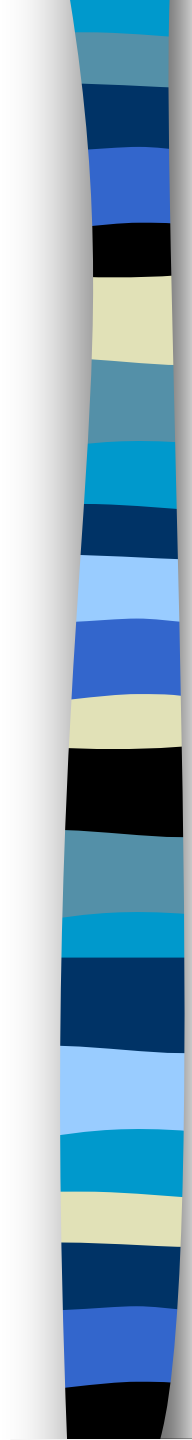


While **some transgender youth are rejected** by their families of origin, **many have loving and supportive parents**



Provider and Parents

- **Parental consent for under 18 unemancipated**
- **Assess client/parent relationship**
- **Minor Consent Laws**
- **Adhere to Confidentiality Laws**
 - sensitive services
 - *reproductive services/sex
 - *substance abuse
 - *mental health
- **Include parent when appropriate**



Transgender youth have the same basic needs as all youth, and **deserve the best healthcare** that we can provide