5 aspects of care for trans* and gender-diverse people: outcomes evidence every provider must know

Dr. Sue Zinck, MD, FRCPC

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FEAR Conference

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Disclosures

	Company/Organization Name	Affiliation Details
I am a member of an advisory board or equivalent with a commercial organization.	1) Doctors Nova Scotia 2) Dalhousie CPDME	1) Member of the Professional Support Program Advisory Board
I am a member of a speakers' bureau.		
I have received payment from an organization (including gifts, other consideration, or in-kind compensation).		
I have received/will be receiving a grant or an honorarium from a for-profit or not-for-profit organization.	Canadian Urological Association	Paid $1000 honorarium for invited talk given on February 13th, 2024
I hold a patent for a drug, product, or device.		
I hold investments in a pharmaceutical organization, medical device company, or communications firm, or not-for-profit organization.		
I am currently participating, or have participated within the past two years, in a clinical trial.	Treatment Interrupts Depression Early (TIDE)	Co-investigator
I have a relationship with one or more other for-profit or not-for-profit organizations that fund this program.	Dalhousie University Faculty of Medicine	Associate Professor, Department of Psychiatry

Privilege

I am a white cis-gender woman, invited to speak about care on behalf of 2SLGBTQIA+ patients and families and a close loved one of a trans adult.

Objectives

1. Understand the prevalence of 2SLGBTQIA+ identities in Canada and unique health needs
2. Review evidence for the 5 aspects of care of gender-diverse persons
3. Understand the roles clinicians have in improving health of 2SLGBTQIA+ persons

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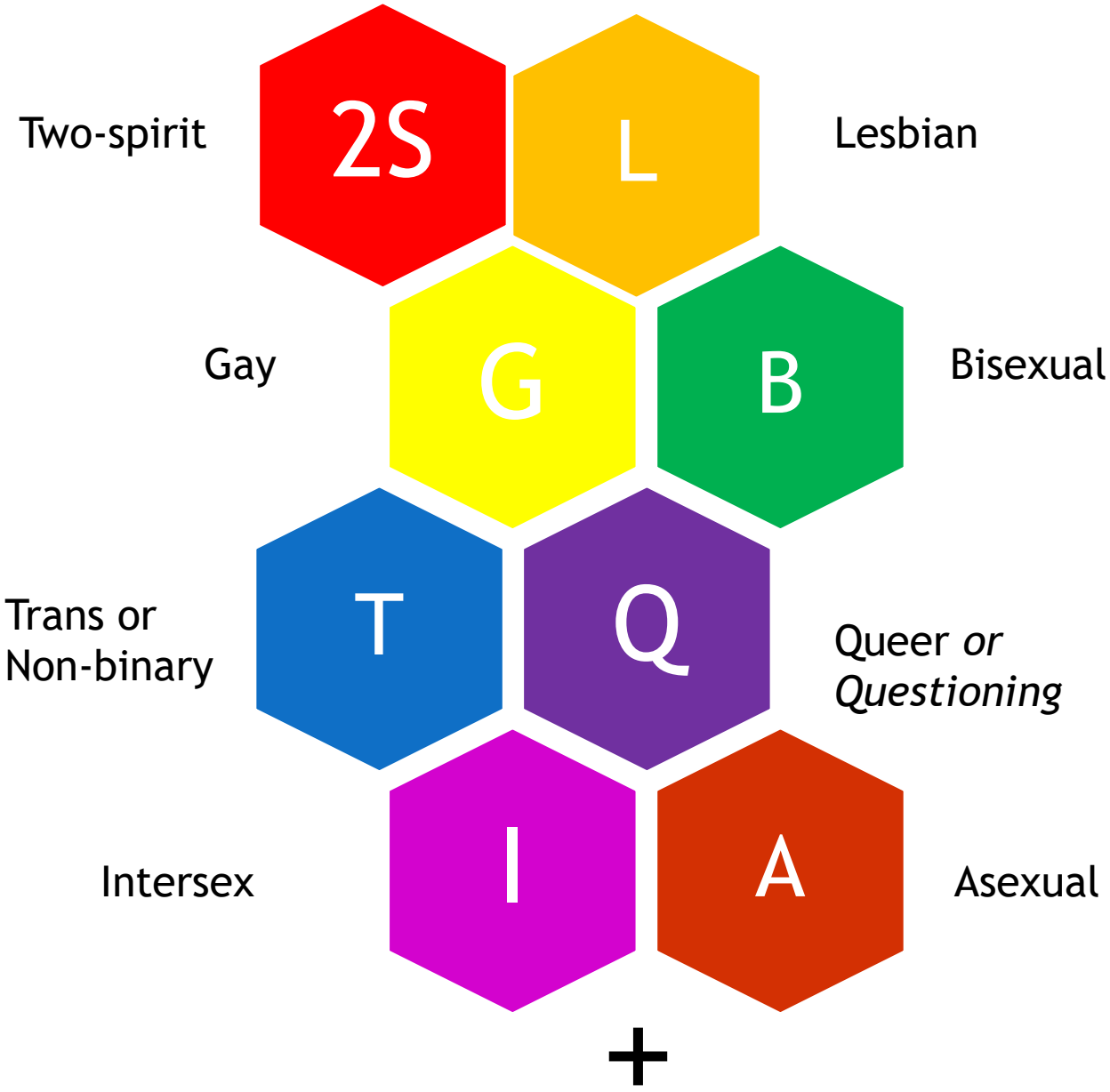
2SLGBTQIA+ identities in Canada & the U.S.


Two-spirit
2S
L
Lesbian
Gay
G
B
Bisexual
Trans or
Non-binary
T
Q
Queer *or*
Questioning
Intersex
I
A
Asexual
+

Is Gender a societal and psychological construct?

Yes.

Gender is based on the expectations and stereotypes about behaviours, actions, and roles linked to being a "man" or "woman" within a particular culture or society. The social norms related to gender can vary depending on the culture and can change over time.

Does it have biological underpinnings? **Yes, of course.**
While gender identity is most often congruent with chromosomal sex, in between 0.2-1.3% of adults, it is not.

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Inspiring Minds

https://www.rainbowhealthontario.ca/news-publications/glossary/#gender

Gender is more complex than a linear spectrum.

Sex itself is not a binary.

TRANSGENDER AND NON-BINARY PEOPLE

Prevalence of LGBTQ2S+ identities in Canada

An estimated 1 million people in Canada are lesbian, gay, bisexual, or of another sexual orientation than heterosexual - **4% of the Canadian population aged 15 years and older**

100,815 people in Canada are transgender (59,460) or non-binary (41,355), **0.33% of the population aged 15 years and over.**

Stats Can 2021

Non-binary identities **38%**

of all 92,329 respondents in the 2022 U.S. Transgender Survey

James, SE, Herman JL, Durso, LE & Heng--Lehtinen, R (20204) Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Equality, Washington, D.C.

N=433 respondent-driven sampling

59% knew that their gender did not match their body before the age of 10.

80% had this knowledge by age 14

Be the advocate your patient needs.

TransPulse survey Bauer et al., 2015

https://transpulseproject.ca/wp-content/uploads/2015/06/Trans-PULSE-Statistics-Relevant-for-Human-Rights-Policy-June-2015.pdf

Cis- and trans-children have similar gender development: no significant differences (N= 317)

Table 1. Descriptive statistics* of participants' scores for each measure

Task	Control	Transgender	Sibling
Toy preferences (0–100)	68.42 (20.18)	67.64 (21.63)	70.92 (19.94)
Clothing preferences (0–100)	82.74 (17.67)	87.97 (15.43)	81.63 (18.36)
Peer preferences (0–100)	80.88 (21.67)	79.92 (22.39)	78.34 (24.39)
Similarity to own gender (1 to 5)	4.11 (0.75)	4.20 (0.84)	4.14 (0.91)
Similarity to other gender (1 to 5)	2.12 (0.81)	2.08 (0.88)	2.01 (0.88)
Implicit gender identity (~ −2 to ~ +2)†	.39 (.47)	.26 (.45)	.38 (.43)
Current gender identity, %	83	84	87
Future gender identity, %	79	80	85
Outfit at appointment (1–5)	4.10 (0.55)	4.17 (0.55)	4.07 (0.55)

Higher scores on all measures indicate greater alignment with current gender identity.
*Means (SDs) reported for all measures, except the current and future gender identity measures, which report the percentage of participants who responded with their current gender.
†Technically, implicit gender identity scores could range above or below ± 2; however, in reality they seldom do.

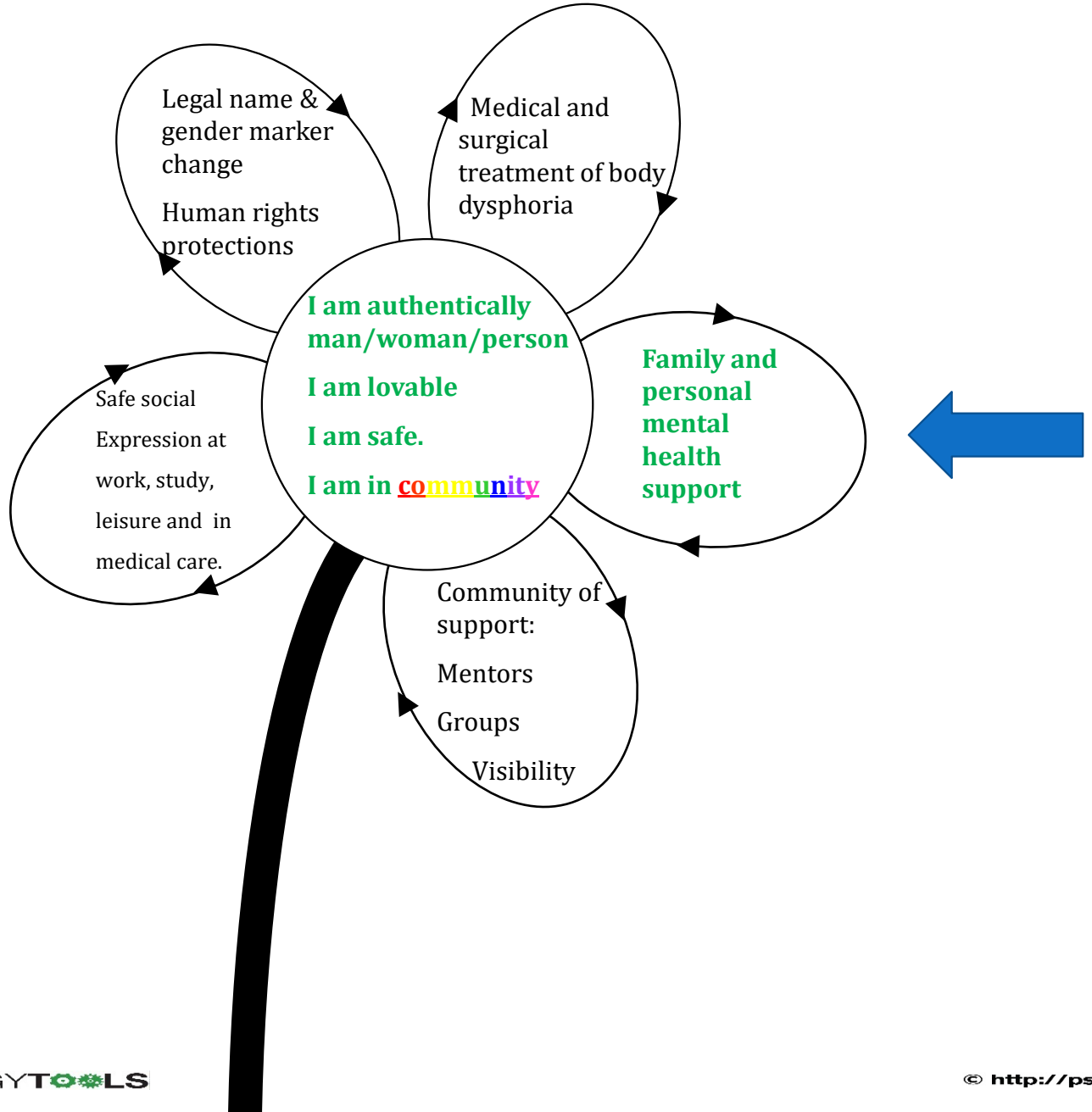
PNAS 2019 116(49): 24481-24485

What are the 5 aspects of care for gender-diverse persons?

5 elements of care

- Personal support and mental health support for gender exploration and identity evolution and transition care for family and partners
- Social transition (self-expression: style of dress/hair, pronouns, preferred name) in safe spaces
- Legal documentation
- Hormones
- Surgery

The 5 aspects of care of gender diverse persons



Safe & inclusive spaces

How common are discrimination, violence and structural barriers for trans people?

58% could not get academic transcripts with the correct name/pronoun

31% of those who changed their legal names and lived genders have not changed sex designations on any legal ID

20% have been physically or sexually assaulted for being trans

13% Were fired for being trans (another 15% were also fired, but were unsure if this was why)

10% of trans emergency room patients reported having care stopped or denied

https://transpulseproject.ca/wp-content/uploads/2015/06/Trans-PULSE-Statistics-Relevant-for-Human-Rights-Policy-June-2015.pdf

General Health and Experiences with Health Care Providers

- Approximately two-thirds of respondents reported that their health status was “good” (36%), “very good” (24%), or “excellent” (6%). One-quarter (25%) rated their health status as “fair,” and 9% said it was “poor.”
- More than one-quarter of respondents (28%) did not see a doctor when they needed to in the last 12 months due to cost.
- Nearly one-quarter of respondents (24%) did not see a doctor when they needed to in the last 12 months due to fear of mistreatment.
- Forty-four percent (44%) of respondents experienced serious psychological distress in the last 30 days (based on the Kessler 6 Psychological Distress Scale).
- Seventy-nine percent (79%) of respondents saw a doctor or health care provider within the last 12 months, and 9% saw a provider between 1 and 2 years ago.
- Of those who saw a health care provider within the last 12 months, nearly one-half (48%) reported having at least one negative experience because they were transgender, such as being refused health care, being misgendered, having a provider use harsh or abusive language when treating them, or having a provider be physically rough or abusive when treating them.

James, SE, Herman JL, Durso, LE & Heng--Lehtinen, R (20204) Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Equality, Washington, D.C.

Experiences in Restrooms

In the last 12 months,

- 4% were denied access to a restroom in a public space, at work, or at school.
- 6% had been verbally harassed, physically attacked or faced unwanted sexual contact when accessing or using a restroom.

Intersectionality increases and amplifies the impact of microaggressions

Core Inclusion Practices for Working with Trans People

Share your own pronouns and name in your introduction and on your name tag or hospital ID

Ask your front desk staff to do the same

Apologize for mistakes without asking for their response

Do not ask patients to educate you about their experiences. Do ask what they need.

https://www.ourspectrum.com/wp-content/uploads/2021/10/Suicide-Prevention-Resources-For-Service-Providers.pdf

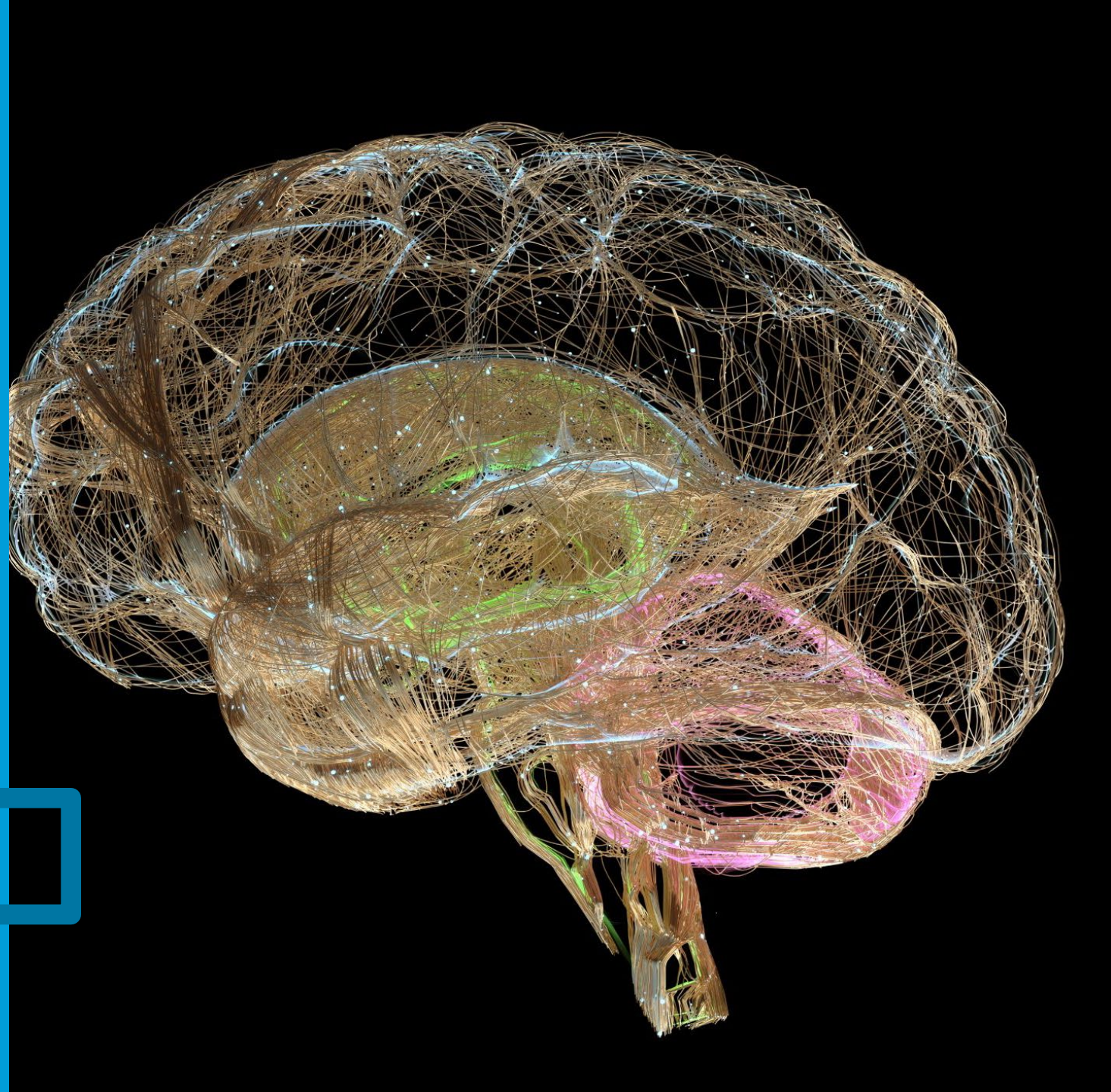
The Micropedia of Microaggressions - the first encyclopedia of microaggressions.

Make your clinic a space that welcomes 2SLGBTQIA+people

- Ensure your clinic staff are knowledgeable of 2SLGBTQIA+ identities
- Refer to patients by their **preferred name as opposed to legal name**
- Make gender neutral washrooms available and signed
- Display signage, posters, art, magazines & brochures relevant to LGBTQI2S+ patients
- Develop inclusive and respectful data gathering and information management systems, both online and in print, to include space for preferred name and pronoun and more than two gender identity categories.
- Download resources at: Information for Health Care Providers - Navigating Trans and Gender-diverse Health Care - LibGuides at Nova Scotia Health (nshealth.ca)

- Non-binary and trans* people have unique bathroom risks

Mental Health & Support



Common mental health issues to inquire about

Anxiety: worry about others' reactions; access to treatments; will I be loved?

Depression: gender dysphoria plus genetics &/or withdrawal

Substance use and misuse: include sexual enhancement use

Self-harm: overwhelmed coping; despair; feeling trapped or unloved

Disordered eating:

- Intake? Influence of beliefs about menstruation*, curves, height or cultural expectations of body type.

Work and School attendance and success barriers and post-traumatic stress

- Misgendering; verbal slurs; physical or sexual assault
- Voice dysphoria
- No or poor access to all-gender facilities

https://familyproject.sfsu.edu/publications

Table 2. Components of the Family Acceptance Project's Family Support Model

ASSESSMENT Integrate FAP assessment questions and measures into intake process, individually for parent and child/ youth.	**1.** Assessment occurs individually with the parent and child. **2.** Assess family strengths, identify cultural and religious values and beliefs. **3.** Assess knowledge and attitudes about sexual orientation and gender identity. **4.** Identify family behaviors toward LGBTQ/gender diverse child (rejecting + accepting behaviors) and underlying issues that affect capacity for family support.
PSYCHOEDUCATION Psychoeducation should be ongoing to reframe parent's perceptions of child/youth's identity and to support positive behavioral change and affirmative parenting.	**1.** Provide accurate information about sexual orientation, gender identity and child development. **2.** Educate parents on the impact of family accepting/ rejecting behaviors on their child's risk and well-being, aligned with the family's cultural foundation. **3.** Educate child/youth to identify rejecting and accepting behaviors and impact on their risk behaviors and relationships. **4.** Family rejecting behaviors contribute to suicidality, self-harming behaviors, depression, drug use, and risky sexual behaviors. **5.** Family accepting behaviors protect against suicide, depression, and substance abuse, and promote overall health, self-esteem, and positive development.
COUNSELING AND SKILL BUILDING Counseling is provided individually and for the parent and child together.	**1.** Address underlying issues that impact family support. **2.** Provide counseling and family therapy that builds self-observation skills, increases empathy and communication, develops advocacy skills, and increases affirmative parenting and connectedness between parent and child. **3.** Continue to assess growth and change.
PROVIDE ACCESS TO CULTURALLY RELEVANT PEER SUPPORT Decrease isolation, increase peer support and reframe perceptions of child's LGBTQ identity and life course	**1.** Connect caregivers with other caregivers who are learning to support their SGM children, particularly parents who share language, cultures, and faith traditions to decrease the parent's isolation and build a positive new reference group.

Emotion-focused and trauma-informed family approaches

- Meet together then meet with parents/guardians as needs differ
- Listen
- Validate emotions and fears
- Acknowledge parents' grief and loss while youth is gaining authenticity
- Ask permission to discuss and refer to community parent group
- Address fears with facts and allow time to ask questions
- Acknowledge risks and benefits of all treatments and individual risk of no treatment
- Keep listening
- Dialectical approach to value conflict
- Healthy communication

Mental Health of transgender Children who are supported in their identity

To cite: Olson KR, Durwood L, DeMeules M, et al. Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics.* 2016;137(3):e20153223

TABLE 3 Anxiety and Depression *t* Scores by Sex and Sample

	Transgender (n = 73)	Controls (n = 73)	Siblings (n = 49)	*P*
Depression	50.1	48.4	49.3	.320
Anxiety	54.2[a]	50.9	52.3	.057
Depression by gender[b]				.979[c]
Natal boys	49.8 (trans-girls)	48.0	48.9	
Natal girls	50.8 (trans-boys)	48.5	49.9	
Anxiety by gender				.664[c]
Natal boys	53.7	51.1	52.8	
Natal girls	55.3	50.8	51.5	

[a] This is the only value that is significantly above the national average (50), although it is still substantially below the clinical (>63) or even preclinical (>60) range.

[b] Transgender children who are natal boys and live with a female gender presentation are often called transgender girls or trans-girls; transgender children who are natal girls living with a male gender presentation are often called transgender boys or trans-boys.

[c] Significance value of interaction between natal sex and group.

Gender-Affirming Transition

Transforming:

Social Transition

Expressing self & gender

- Fashion, hairstyle
- Disguising existing sexual characteristics
  - Binding of breasts with a binder or trans tape (AFAB)
  - Tucking of penis and testicles with a gaff or other method (AMAB)
- Voice pitch & pattern

Gender-Affirming Transition

Majority of gender dysphoric youth *in prospective (teen to adulthood) clinical samples* seek gender affirmation either through hormones, surgery or both (75-100%)*

Most adult samples are close to 100%

*JM Wallein and P Cohen-Kettenis, JAACAP, 2008

Clinicians can help trans* and non-binary persons access legal name and gender marker change

Gender Marker Change via Nova Scotia Vital Statistics

- Free for all first-time applicants
- Self-declaration for age 16 and up
- Parental consent if age 15 or younger (as with name change)
- Professional statement to support change of marker if under age 16

change-sex-indicator-15-years-age-or-younger-en.pdf (novascotia.ca)

Considerations for non-binary patients

Research suggests that at least 20% of trans people do not have a binary gender identity.

People who identify as non-binary have an equally valid claim to their identities, and the same range of needs for and entitlement to gender-affirming hormone therapy and surgeries as binary-identified cis and trans people.

It is important to discuss the desired configuration of primary and secondary sex characteristics and expectations regarding outcomes with non-binary patients.

Some non-binary people may express the need for contrasting masculine and feminine characteristics, such as breasts and facial hair, to align with their experienced gender.

Deutsch M. Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people [...]. Centre of Excellence for Transgender Health. 2016. Available from: http://transhealth.ucsf.edu/protocols

Grant J, Mottet L, Tanis J. Injustice at every turn: A report of the National Transgender Discrimination Survey. Washington, D.C.: National Centre for Transgender Equality; 2011 p. 228.

Koehler A, Eyssel J, Nieder T. Genders and individual treatment progress in (non-)binary trans individuals. J Sex Med. 2018;15(1):102–13.

Gender Transition outcomes

Treatment seeking:
Majority of gender dysphoric youth *in prospective (teen to adulthood) clinical samples* seek gender affirming treatments of hormones, surgery or both (75-100%)*

*JM Wallein and P Cohen-Kettenis, JAACAP, 2008

Identity:
N=317 trans* youth (208 trans girls; 109 trans boys) Mean age 8.1 years at start of study
Average of 5 years after social transition, 7.3% had retransitioned at least once.

94% binary transgender (this includes 1.3% who retransitioned to another identity before returning)
3.5% non-binary
2.5% cisgender

KR Olson et al. JAAP 2022 Pre-publication release

Retransition

U.S. Transgender Survey (2015)

Cross-sectional non-probability study

N=27,715 trans* and gender non-conforming adults

Asked: “Have you ever de-transitioned? In other words, have you ever gone back to living as your sex assigned at birth, even for a little while?”

8% responded that they had. 62% only temporarily.

Of that **5% who had not temporarily**:

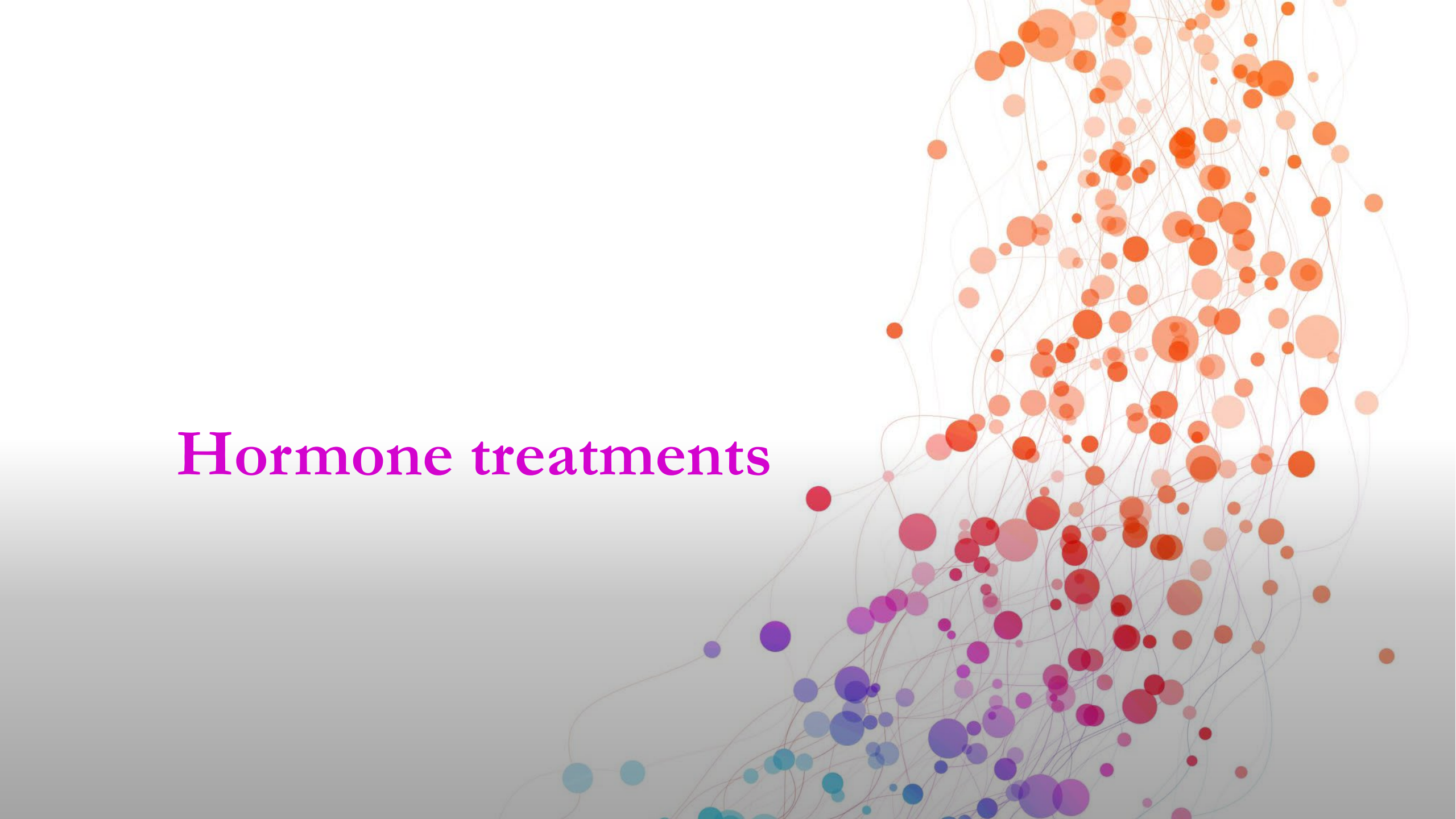
- 11% were trans-women; 4% were trans-men

Reasons given:

- Pressure from a parent (36%)
- Transitioning was too hard (33%)
- Too much harassment or discrimination (31%)
- Trouble getting a job (29%)

https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Hormone treatments



WPATH SOC version 8 (2022)

"Eligibility"

- Gender dysphoria that has been consistent, insistent and persistent
- Social transition/presentation: anytime, in person or online
- Tanner Stage 2 of puberty for reversible puberty-blocking with leuprolide IM
- Age 14+ (or 2 years on leuprolide) and ability for informed consent for cross-sex hormone treatments
- Age: 16-18+ and ability for informed consent for gender-affirming surgery
- Mental Health clinician recommended for children and adolescents for identity evolution support

Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (tandfonline.com)
E. Coleman et al.(2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

"Readiness"

- Further consolidation of the evolving gender identity
- Improving well-being with coming out & any social transition
- Improved functioning in the new or confirmed gender role
- If any mental health or substance abuse problems present, these only need be understood and stable enough to not impact informed consent or interfere with physical safety of treatment significantly
- Stable housing and post-op support person for surgeries

Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (tandfonline.com)

E. Coleman et al.(2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

Suppressive hormones

GnRH analogues (Lupron)

- Aim to stop unwanted further development (includes bone density, fertility)

Progestins

- Suppress menses

Spironolactone

- Suppress unwanted erections or nocturnal emissions

GnRH analogues mental health benefits

de Vries AL, et al. Pediatrics. 2014; 134(4):696–704

Turban, J et al., Pediatrics. 2020 February ; 145(2)

No progression of unwanted secondary sex characteristics that are irreversible except with surgery

Decreased CBCL externalising scores (“acting out”)

Decreased distress, depression and suicidality

After adjustment for demographic variables and level of family support for gender identity, those who received treatment with pubertal suppression, when compared with those who wanted pubertal suppression but did not receive it, had lower odds of lifetime suicidal ideation (adjusted odds ratio = 0.3; 95% confidence interval = 0.2–0.6).

Pubertal Suppression: Risks

Puberty suppression is reversible, but:

- Effects on bone health: can reduce density and should be measured annually or q2years; start of cross-sex hormone within 2 years of suppression or stop suppression recommended.

- Fertility preservation
  - Natal Males - early in puberty is sperm production insufficient for sperm banking
  - Natal Females – in early puberty, ovaries not mature enough for available procedures

E. Coleman et al.(2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

Mental health outcomes of cross-sex hormone treatment with estrogen or testosterone

- Improved self-esteem as body changes reflect the gender
- Increased mood (lower scores on anxiety and depression rating scales)
- Decreased body dysphoria
- Decreased distress
- Able to shift attention and energy to dealing with living in the world from survival
- 60% lower odds ratio of depression
- 73% lower odds ratio suicidal ideation

B Achille et al., (2020) Int J. Ped Endocrinol. (1)
A deVries et al. (2021) Int J. Tran Health 22(3)
D Tordoff et al. (2022) JAMA Network 5(2)

Table 10. Medical Risks Associated With Sex Hormone Therapy

Transgender female: estrogen

Very high risk of adverse outcomes:

- Thromboembolic disease

Moderate risk of adverse outcomes:

- Macroprolactinoma
- Breast cancer
- Coronary artery disease
- Cerebrovascular disease
- Cholelithiasis
- Hypertriglyceridemia

Transgender male: testosterone

Very high risk of adverse outcomes:

- Erythrocytosis (hematocrit > 50%)

Moderate risk of adverse outcomes:

- Severe liver dysfunction (transaminases > threefold upper limit of normal)
- Coronary artery disease
- Cerebrovascular disease
- Hypertension
- Breast or uterine cancer

doi: 10.1210/jc.2017-01658 J Clin Endocrinol Metab, November 2017, 102(11):3869–3903

Gender-affirming surgery

Post Op Adult Outcomes	Quality of life	Dysphoria	Satisfaction	Regret	Mental Health
Amsterdam 2018 Cohort n=6,793[1]				MtF =0.6% FtM =0.3%	
Meta-analysis 2010 n=1093[2]	Improved	Decreased			Improved
Review of Vaginoplasty 2017[3]	Improved	Decreased			Improved body image relationships functioning
Review of Mastectomy 2017[4]	Improved	Decreased	70 to 100%	0-3%	Decreased suicidality
Review of Meto/Phallo 2017[4]	Improved to gen popn.	Decreased	83 to 100%	0-3%	Psychopathology same as gen pop, decreased suicidality
ENIGI study 2018 n=136[5]	Improved Similar to Gen popn.	Decreased	94 to 100%	0% major regret, 6% minor regret	

Post-op Adolescent to Adult	Samples	Surgery	Outcomes
Cohen-Kettenis et al. 1997	19 trans-males 4 trans-females	TF had vaginoplasty, TM had chest Sx. and gonadectomy	GD resolved no regret
Smith et al. 2001	20 surgical trt (7 trans females) 14 nonsurgical	TF had vaginoplasty, TM had chest Sx and n=3 had bottom Sx	GD significantly decreased no regret
DeVries et al. 2014	33 trans-males 22 trans-females	TF had vaginoplasty, TM had chest Sx and gonadectomy	GD alleviated Psychological function improved
Marinkovic et al. 2017	14 trans-males	Chest Surgery	All patients satisfied with surgery. Low complication rate
Olson-Kennedy et al. 2018	68 surgical treated 68 non-surgical	Chest Surgery	Chest dysphoria significantly improved. Complication rate same as adults

Thank you.

suzanne.zinck@dal.ca