19 YO F W/GENDER IDENTITY DISORDER

Jess Hwang, Endocrinology fellow

6/5/14

19 YO F W/GENDER ~~IDENTITY DISORDER~~ DYSPHORIA

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History of Present Illness

- Consultation to start hormone therapy
- Reports feeling like he was born in the wrong body
- Has felt like this since kindergarten- used to play with boy's toys and dressed like a boy since childhood.
- Had been only on Lo Estrin for a short period to reduce menstrual cycles.

History of Present Illness

- During transition
  - Wears a chest binder
  - Wears a prosthesis for urinating
  - Let axillary and leg hair grow out
  - Had hymen surgery 1 year ago
  - Calls himself “Wesley”

SOCIAL/Psychiatric History

- Saw psychiatry here in 1/2013 for transgender issues.
- No history of psychiatric hospitalizations, suicidal thoughts.
- No depression, anxiety, mania or psychosis.
- Was bullied in grade school but this went away in high school.
- Lives with parents who are very supportive. Dad is with him today.
- Freshman in college
- Not currently in a relationship but has been sexually active (only with women) in the past.

More History

- **Past Medical History**

ADHD

- **Social History**

Smokes half pack/day

Smokes marijuana daily

- **Family History**

Paternal grandfather: Heart Disease

Paternal grandmother: Blood Clots

Brother: Depression/Anxiety

- **Medications**

Lo Estrin (has not taken for months)

Review of Systems

- **General:** No weight changes.
- **HEENT:** Normal vision.
- **CV:** No chest pain, no palpitations.
- **Pulm:** No dyspnea.
- **GI:** No abnominal pain. No diarrhea or constipation.
- **MSK:** No joint pain.
- **Skin:** No rash.
- **Endo: Feels like she was supposed to be a boy.**
- **Psych: Anxious.**

Physical Exam

- **Vitals:** BMI 20.25, BP 105/59, HR 72
- **Gen:** no distress, appears stated age
- **HEENT:** no pharyngeal erythema. PERRLA.
- **Neck:** no thyromegaly, no palpable nodules.
- **CV:** regular rate and rhythm.
- **Pulm:** clear to auscultation
- **GI:** soft, non-tender/non-distended abdomen.
- **GU:** no pubic hair (shaves).
- **MSK:** normal range of motion.
- **Neuro:** alert and oriented
- **Psych:** normal mood.

Treatment

- Was started on testosterone, initially 100 mg q2 weeks.
- There was a mix-up and patient was taking 200 mg q2 weeks.

FOLLOW-UP

- Saw psych for possible mood changes associated with testosterone
- More irritable, more “down”, poor sleep.
- No suicidal thoughts.
- Working 2 jobs as well currently.

Labs

- CBC—WBC 6.6, Hb 14.7, Platelet 316
- LFTs—TP 6.1, Alb 4.1, TBili 0.4, AlkPhos 73, AST 34, ALT 25
- Testosterone 972 ng/dL (male adult ref range 348-1197)

Clinical Questions

- Gender ~~Identity Disorder~~ Dysphoria
  - Definition/Diagnostic Criteria
  - Epidemiology
  - Challenges
  - Multidisciplinary Treatment Approach

Gender Dysphoria- Definition

- Sex = physical characteristics
- Gender = identity/self-image

- Transgender people experience their gender as being different from the sex that was assigned to them at birth, otherwise referred to as gender nonconformity.
- Gender dysphoria refers to the distress that can arise from gender nonconformity.
- In the upcoming *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), people whose gender at birth is contrary to the one they identify with will be diagnosed with **gender dysphoria**.
  - Revision of DSM-IV's criteria for **gender identity disorder**

DSM-V Diagnostic Criteria

- A. Incongruence between one's experienced/expressed (E/E) gender & assigned gender (>6 months), as manifested by 2+ of the following:
  - Incongruence between one's E/E gender & 1° +/- 2° sex characteristics
  - Desire to be rid of one's 1° +/- 2° sex characteristics because of a marked incongruence with one's E/E gender
  - Desire for the 1° +/- 2° sex characteristics of the other gender
  - Desire to be of the other gender
  - Desire to be treated as the other gender
  - Belief that one has typical feelings and rxns of the other gender
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability

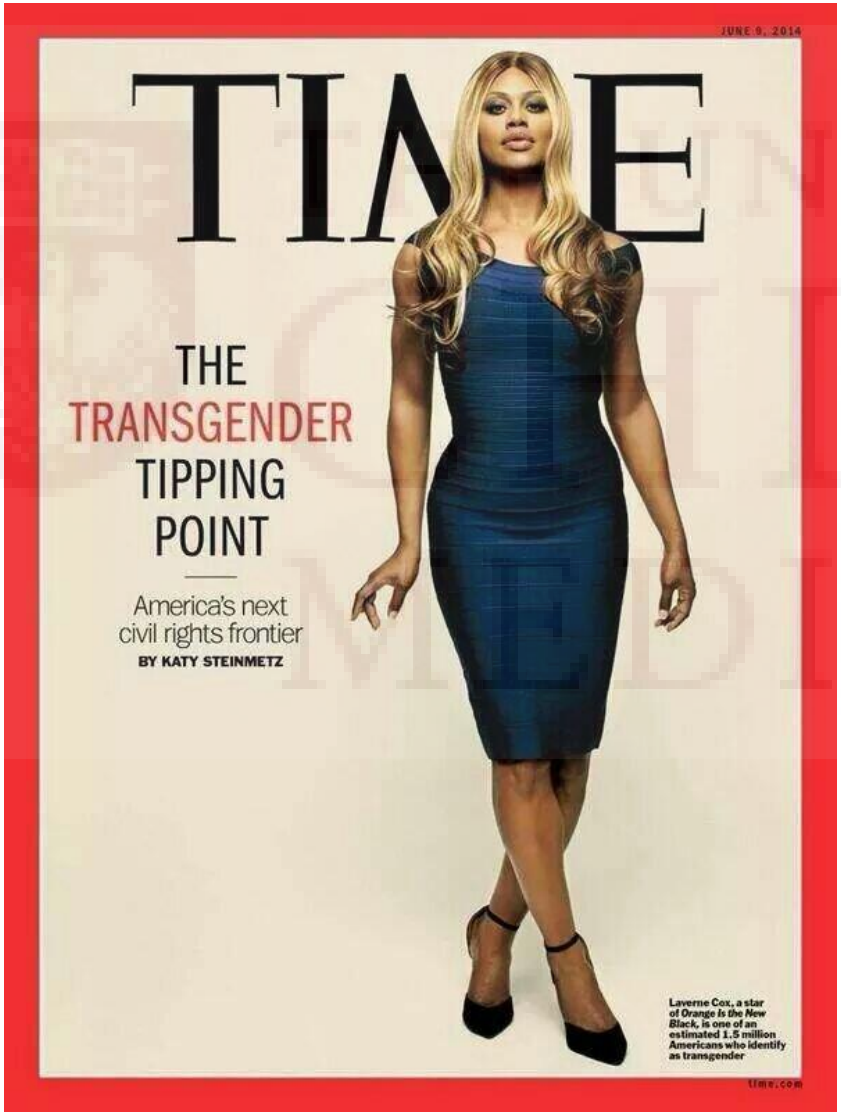
Prevalence of trans persons

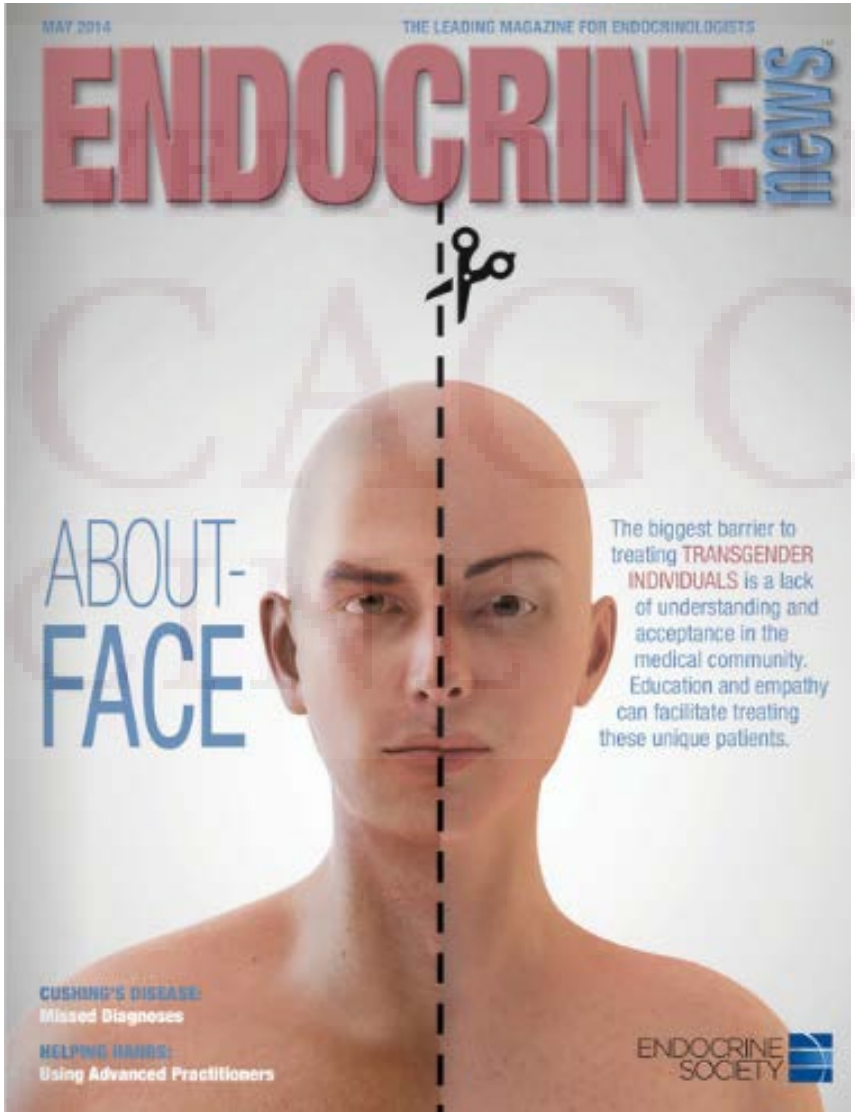
- 1:11,900 to 1:45,000 for male-to-female (MTF)
- 1:30,400 to 1:200,000 for female-to-male (FTM)

0.5% of the population (1.5 million in the US)

Minimum estimates at best

Gender Dysphoria in the news now





Challenges

- Reluctance to disclose
  - Social stigma, cultural prejudice
- Structural barriers
  - Restrooms/inpatient rooms/labs+procedures
- Financial barriers
- Lack of healthcare provider experience

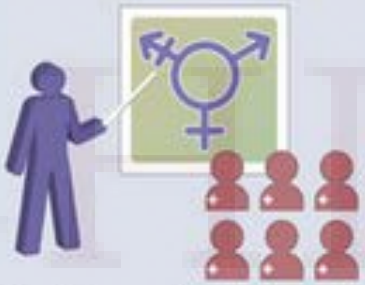
Clinical Biochemistry 2014

Fast FACTS About Transgender

Suicidality decreases from 20% – 30% pre-treatment to around 3% post-treatment.

80% – 90% of young children who experience gender identity disorder do not turn out to be transsexual in adolescence.

19% of transgender people reported being refused medical care due to their transgender status, while 28% said they had postponed medical care due to discrimination.



50% of transgender people reported having to teach their medical providers about transgender care.

Less than 1.0% in more than 400 female-to-males (FtM) expressed regret post-treatment, while 1.5% of more than 1,000 male-to-females (MtF) expressed regret.

Nearly 25% of transgender people reported being harassed, disrespected, or denied equal treatment in a doctor's office or hospital.

41% of transgender people who responded to a recent survey said they had attempted suicide.

Worldwide estimates for transwomen are one in 30,000 people, while transmen are estimated at one in 100,000 people.

Endocrine News May 2014

Other shocking statistics

- 4-fold greater risk of contracting HIV
- Prevalence of unsupervised hormone use in urban transgender populations reportedly ranges from 29% to 63%
- 48% of trans persons had delayed seeking medical care when they were sick or injured because of cost
- 14% of the trans population is unemployed, nearly twice the national average
- <1% in more than 400 FtM expressed regret post-treatment, while 1.5% of more than 1000 MtF expressed regret

Multidisciplinary Treatment

- Sex reassignment is a multidisciplinary treatment
  - Diagnostic assessment-
    - Mental health professional & endocrinologist
  - Psychotherapy or counseling
  - Real-life experience
  - Hormone therapy
    - Address medical conditions that can be exacerbated by hormone depletion/cross-sex hormone treatment
  - Surgical therapy
  - EHRs should maintain an accurate record of the patient's medical transition history and current anatomy

FtM Masculinizing effects

EFFECT	ONSET[a] (months)	MAXIMUM[a] (years)
Skin oiliness/acne	1 – 6	1 – 2
Facial/body hair growth	6 – 12	4 – 5
Scalp hair loss	6 – 12	b
Increased muscle mass/strength	6 – 12	2 – 5
Fat redistribution	1 – 6	2 – 5
Cessation of menses	2 – 6	c
Clitoral enlargement	3 – 6	1 – 2
Vaginal atrophy	3 – 6	1 – 2
Deepening of voice	6 – 12	1 – 2

Endocrine Society Guidelines 2009

FtM Long-term Care

- Evaluate patient every 2-3 months (year 1), then 1-2 times (yearly thereafter)
- Testosterone every 2-3 months
- Estradiol during the first 6 months of testosterone treatment or until there has been no uterine bleeding for 6 months
- CBC, LFTs at baseline and every 3 months (year 1) and then 1-2 times (yearly thereafter)
- Weight, BP, lipids, FBS/A1c (if h/o DM) regularly
- Consider BMD at baseline (if risk factors for osteoporosis)
- If cervix is present, annual pap smear
- Mammograms as recommended

Endocrine Society Guidelines 2009

FtM Surgery for Reassignment

- Breast/chest surgery: subcutaneous mastectomy, chest contouring
- Genital surgery: hysterectomy + salpingooophorectomy, metoidioplasty/phalloplasty +/- implantation of penile/scrotal prostheses, vaginectomy, scrotoplasty
- Virilizing procedures: liposuction, lipofilling, voice surgery, pectoral implants

Care of the transgender patient. Am J Obstet Gynecol 2014.

Controversies- What Age to Start?

- 80-90% of very young children who experience distress about their gender identity grow out of these feelings with their discomfort often resolving during puberty.
  - Gender dysphoria worsens during puberty for the remaining 10-20%.
- Clinicians can buy time for distressed adolescents to consider their options by arresting puberty using gonadotropin-releasing hormone (GnRH) analogues with ongoing counseling.

Take Home Points

- Transpatients face many barriers when it comes to basic health needs including health care
- Because of these barriers, many patients do not receive the proper health care that they need.
- Certain high-risk behaviors as well as long-term hormonal therapy, mandate different routine health care needs
- 99% of patients were happy with their gender change decision
- Biggest barrier to care for transgender patients is lack of physican comfort with the topic

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