Transgender Youth and HIV

It's Not Only About Hormones!!!!!

A Program Model for Transgender and HIV Treatment

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Basic Terms and Definitions:

Transsexual

Transvestite

Transgender

Gender Identity Disorder of Childhood, Adolescence or Adulthood

Gender Identity Disorder Not Otherwise Specified

Intersex/Hermaphrodite

Gender Queer

Ballroom Terms

Other Community Terms- "gender blenders"

Sources: World Professional Association for Transgender Health (www.wpath.org)

DSM III and DSM IVR

Transsexual:

Term first coined by David Cauldwell, D. O. in 1949 in an article, Psychopathia transexualis, in the journal *Sexology*.

This description was first introduced into the DSM-III in 1980

1) The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment;

2) The transsexual identity has been present persistently for at least two years;

3) The disorder is not a symptom of another mental disorder or a chromosomal abnormality.

Used to describe to a transgender person who is “post op” or one with surgical intentions

Transvestite:

Considered by many to be an outdated term.

Dual-role Transvestism (from DSM-IV, 1994):

The individual wears clothes of the opposite sex in order to experience temporary membership in the opposite sex;

There is no sexual motivation for the cross-dressing;

The individual has no desire for a permanent change to the opposite sex.

Transgender:

Between the publication of DSM-III and DSM-IV, the term "transgender" began to be used in various ways. Some employed it to refer to those with unusual gender identities in a value-free manner -- that is, without a connotation of psychopathology. Some people informally used the term to refer to any person with any type of gender identity issues. Transgender is not a formal diagnosis, but many professionals and members of the public found it easier to use informally than GIDNOS, which is a formal diagnosis.

Some prefer the use of the term “gender variant” to be more inclusive of a wider range of gender non-conforming people

Are Gender Identity Disorders Mental Disorders?

- To qualify as a mental disorder, a behavioral pattern must result in a significant adaptive disadvantage to the person or cause personal mental suffering. The DSM-IV and ICD-10 have defined hundreds of mental disorders which vary in onset, duration, pathogenesis, functional disability, and treatability.

- The designation of gender identity disorders as mental disorders is ***highly controversial*** in that it defines a person's gender identity as an illness and suggests that suggests that pathology is present when that is usually not the case.

- However, from a clinician's perspective, it is a necessary evil. Its use is essential in being able to bill health insurance for providing transgender medical and mental health services and being able to access hormonal treatment. It should NOT be used as a license for stigmatization, or for the deprivation of gender patients' civil rights.

Gender Identity Disorder of Childhood, Adolescence or Adulthood

Depending on a person's age, those with a strong and persistent cross-gender identification and a persistent discomfort with their sex or a sense of inappropriateness in the gender role of that sex are diagnosed as Gender Identity Disorder of Childhood, Adolescence, or Adulthood.

Gender Identity Disorder Not Otherwise Specified

This category includes a variety of individuals, including those who desire only castration or penectomy without a desire to develop breasts, those who wish hormone therapy and mastectomy without genital reconstruction, those with a congenital intersex condition, those with transient stress-related cross-dressing, and those with considerable ambivalence about giving up their gender status.

Endocrine Disorder, Not Otherwise Specified

The Five Elements of Treatment

Professional involvement with patients with gender identity disorders involves the following five elements:

- diagnostic assessment
- psychotherapy
- real-life experience
- hormone therapy
- surgical therapy

From the World Professional Association for Transgender Health Standards of Care (http://www.wpath.org/documents2/socv6.pdf)

Basic Elements of Comprehensive Transgender Care for Youth

•Transgender assessment-self identification by name and gender; history of gender expression; hormone history; access of past medical or mental health services; family issues; explanation of treatment protocol

•General Adolescent Health History (eg. HEADSS assessment) including HIV counseling and testing

•Mental health screening/intake and ongoing counseling
Screening for general mental health diagnoses, assessing impact of psych morbidity on gender transitioning and vice versa and establishing rapport for ongoing psychotherapy during transitioning

Basic Elements of Comprehensive Transgender Care for Youth

- Medical Screening- establishing rapport with medical provider, blood tests for hormone levels, liver function tests, STD screening, physical exam, hormonal treatment, harm reduction approach

- Case management- insurance, gender identity on documents, housing, education, etc.

Young people should be ideally engaged in a mental health protocol for transgender treatment prior to initiating hormonal therapy!!!!!!!!!!!

A young person's request to be given hormones should NOT override safety and health concerns!!!!!!!!!!!!!!

Risks of Hormonal Therapy NOT Under a Doctor's Care

- Young person may only be questioning their gender and may only be experimenting with gender identity issues
- Risk behaviors involved in being able to buy hormones; often very expensive $$$
- Sex work often involved in youth being able to afford street hormones involves physical safety issues completely separate from health concerns

Risks of Hormonal Therapy NOT Under a Doctor's Care

- Not sure of quality or exact content of illicitly procured hormones;
- Just because a doctor is willing to write a prescription doesn't mean he or she cares knows about transgender health
- Examples of street hormones often purchased illicitly: "German hormone", "pure hormone",
- Youth who use street hormones are often involved in buying silicon from illicit sources; unique risks involved

Risks of Hormonal Therapy NOT Under a Doctor's Care

- Needle sharing/"hormone parties"/"pumping parties"- Hep B, Hep C and HIV
- Bacterial infection from non-sterile technique/supplies
- Liver damage; blood clotting problems, deep vein thrombosis
- Interactions with other medications such as HIV and psychiatric medications may have serious side effects
- Untreated mental illness

What about providing treatment to minors?

•Age of consent for minors can be a tricky issue for medical providers if they are living at home. In general, parental consent is required for minors to access medical treatment.

•Under current New York State laws, a minor cannot consent for their own transgender medical treatment but may be able to engage in transgender mental health or case management services . A minor's ability to consent for their own medical treatment must be considered on an individual basis and medical facility risk management concerns must be taken into consideration.

•Every state has different laws and regulations about a minor's right to consent for different types of healthcare.

Potential Benefits for Transgender Youth in Following a Medical Protocol

- Having a doctor, psychiatrist, therapist, etc. who knows your specific issues and with whom youth can develop a rapport
- Mental health follow up is essential in monitoring for mood changes and other effects related to hormonal therapy
- Routine health care
- STD screening: Gonorrhea, chlamydia, herpes, HPV, hepatitis A, B and C, HIV
- For HIV positive transgender youth, addressing both HIV and transgender hormonal treatment in a single setting is essential

Potential Benefits for Transgender Youth in Following a Medical Protocol

- Access to case management services: housing, education, health insurance
- Referral for legal services: changing legal identity, other legal problems
- Prevention AND Harm Reduction Counseling
- Many youth providers will get you hormone free of charge, via nominal fees or paid by Medicaid
- Can also jointly treat HIV and/or Hepatitis B/C if present; treatment of these diseases may have multiple drug interactions with hormones and are best done under a physician's supervision

Case Management Concerns for Transgender Youth:

- Homelessness/Housing
- Education
- Health Insurance Coverage
- Advocacy-gender on identification cards/other legal documents/health insurance cards; legal name change process
- Support Groups

What Are Some Male to Female Transgender Hormone Regimens That Can Be Used in Adolescent and Young Adult Patients?????

Basic Goals of Hormonal Therapy

- Reducing masculinizing effects of testosterone as early as possible-requires anti-androgens or “testosterone blockers”
- Maximum feminization in the shortest period of time
- Avoiding undesirable side effects

Physical interventions fall into three categories or stages:

Fully reversible interventions: These involve the use of LHRH agonists or medroxyprogesterone to suppress estrogen or testosterone production, and consequently to delay the physical changes of puberty.

Partially reversible interventions: These include hormonal interventions that masculinize or feminize the body, such as administration of testosterone to biologic females and estrogen to biologic males. Reversal may involve surgical intervention.

Irreversible interventions: These are surgical procedures.

Fully Reversible Interventions: Adolescents may be eligible for puberty-delaying hormones as soon as pubertal changes have begun.

Biologic males should be treated with LHRH agonists (which stop LH secretion and therefore testosterone secretion), or with progestins or antiandrogens (which block testosterone secretion or neutralize testosterone action).

Biologic females should be treated with LHRH agonists or with sufficient progestins (which stop the production of estrogens and progesterone) to stop menstruation.

Examples of Anti-Androgens or “Testosterone Blockers”

Oral anti-androgens:
spironolactone (e.g., Aldactone®), 100-300 mg daily in divided doses; advantages are that it has been used the most extensively, therefore the most is known about its safety; also comes in generic form and is therefore relatively inexpensive

OR

cyproterone acetate (e.g., Androcur®), 100-150 mg daily.
$$$$$$$$; not available in the US

OR

Finasteride* (Propecia, Proscar). One approach is 2-3 mg twice daily
$$$$$$$$

OR

Depo-Provera 150 mg injection monthly

Partially Reversible Interventions: Adolescents may be eligible to begin masculinizing or feminizing hormone therapy, as early as age 16, preferably with parental consent. In many countries 16-year olds are legal adults for medical decision making, and do not require parental consent.

Mental health professional involvement is an eligibility requirement for triadic therapy during adolescence. For the implementation of the real-life experience or hormone therapy, the mental health professional should be involved with the patient and family for a minimum of six months.

Estrogen is the most important part of any feminizing regimen. Some typical initial estrogen dosages for preoperative transsexual women who have not undergone SRS or orchiectomy (castration) are as follows:

Oral estrogens: estradiol (e.g., Estrace® or Estrofem®), 6-8 mg daily; **OR**

estradiol valerate (e.g., Progynova®), 6-8 mg daily; **OR**

conjugated equine estrogens (e.g., Premarin®), 5 mg daily; **OR**

ethinyl estradiol (e.g., Estinyl®), 100 mcg (0.1 mg) daily (NOT RECOMMENDED); due to being long acting has higher risks of blood clotting problems

Transdermal estrogen:
estradiol (e.g., Climara®, Estraderm®, or equivalent), **two** 0.1 mg patches, applied simultaneously;

OR

Injectable (intramuscular) estrogen:
estradiol valerate (e.g., Delestrogen®), 20 mg IM every two weeks;
Self injection complicated and prone to complications; no evidence it works better than other forms; concerns about needle distribution and disposal

**many recommed taking aspirin with any of the above to avoid clotting problems

Feminizing Effects of Estrogens

- Breast growth
- Redistribution of body fat to a female pattern
- Decreased upper body strength
- Softening of skin
- Decrease in body and facial hair
- Slowing or stopping the loss of scalp hair
- Decreased fertility and testicular size
- Less frequent, less firm erections
- Most of these changes are reversible, although breast enlargement will not completely reverse after discontinuation of treatment.

Irreversible Interventions: Any surgical intervention should not be carried out prior to adulthood, or prior to a real-life experience of at least two years in the gender role of the sex with which the adolescent identifies. The threshold of 18 should be seen as an eligibility criterion and not an indication in itself for active intervention.

The topic for another workshop entirely!!!!!!!!!!!!!!

Transgender Youth Case Study

Case: CJ 21-years-old MTF

- **Gender History:**
- Presented to the program as a behaviorally-infected, HIV+ gay male who had been having sex with men since the age of 15-years-old.
- He has been in care with HEAT clinic since Sept 2008
- In June 2009 CJ contacted provider to request transgender medical services.

Transgender Youth Case Study

Case Gender History (cont):

- In July 2009 completed the Transgender Screener:
  - She identified as a straight female
  - She reported feeling that s/he was the opposite gender for the last two years
  - CJ explained that she dressed up at night time for the past two years and had an internet hook up as a transgender female.
  - CJ stated that fear of family and rejections as reasons for not expressing transgender desire.
  - She was somewhat vague about earlier atypical gender behavior/ feelings- she noted that she “grew up around women all my life” and “always felt like [one]” but was unable to elaborate

Transgender Youth Case Study

Case Gender History (cont):

- She reported full time expression for the past month and a half.
- She denied hormone use and understood that she could access hormones through the transgender medical care services provided at the clinic.

Transgender Youth Case Study

Case Mental Health Hx:

- CJ denied a mental health hx (Psychiatric hospitalization, hx of psych med prescription, treatment by a mental health professional, suicidal/ homicidal ideation and/or gestures, clinical levels of depression/anxiety).
- She reported a history of anger management issues.
- CJ described reported herself as daily drinker to the intake interviewer, and as a heavy drinker (15 – 20 drinks daily) to another evaluator.

Transgender Youth Case Study

Case Mental Health Hx (cont):

- CJ attended an HIV support group where she discussed a run in with the police for shoplifting.
- CJ denied physical and sexual abuse then reported being drugged and raped at a sex party. She also reported an hx of being violent in relationships when she was a gay male.
- CJ denied family mental health hx; however, there is a family hx of HIV/AIDS and foster/adoptive care parents.

Transgender Youth Case Study

Case Mental Health Hx (cont):

- CJ displayed a pattern of under reporting behaviors, she lacked consistency in reporting behaviors across interviewers and time; she reported alarming behaviors then immediately asserted that she had them under control (e.g. I used to be a heavy drinking now it's under control, etc.).
- CJ described her history and goals in a manner that seemed abruptly impulsive without appropriate consideration of obstacles.

Transgender Youth Case Study

Case Diagnostic impression:

- Gender Identity Disorder
- r/o impulse control disorder
- r/o alcohol abuse

CJ was cleared for hormone use after two months of therapy and started on a hormonal regimen of delestrogen and spironolactone as soon as her gender identity was changed to female on her ADAP card

Some Resources

- Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline: http://www.endo-society.org/guidelines/final/upload/Endocrine-Treatment-of-Transsexual-Persons.pdf HIGHLY RECOMMENDED!!!!!!!!!!!!
- World Professional Association for Transgender Health (formerly the Harry Benjamin International Gender Dysphoria Association): www.wpath.org
- Transgender Health Program: www.vch.ca/transhealth
- Transsexual Women's Resources: http://www.annelawrence.com/twr/
- Transgender Care: http://www.transgendercare.com
- Legal Advocacy: Sylvia Rivera Law Project http://www.srlp.org
- Gender Identity Diagnosis Reform: http://gidreform.org