Caring for Gender Diverse Youth

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Disclosure Statement

• I do not have any conflict of interest.

• This class has no commercial support or sponsorship, nor is it co-sponsored.

• I will be discussing the off-label use of medications for treatment of gender dysphoria.
Learning Objectives

1) Review terminology and background on gender diverse youth
2) Recognize health risk and protective factors for gender diverse youth
3) Explain how to create a welcoming clinical environment for gender diverse youth
4) Discuss affirming treatment options for gender diverse youth
Background
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
Terminology

- **Transgender**: someone whose gender identity is different from the sex they were assigned at birth. For example:
  - **Transfeminine**: Someone assigned male at birth (AMAB), who now identifies their gender as feminine
  - **Transmasculine**: Someone assigned female at birth (AFAB), who now identifies their gender as masculine
- **Cisgender**: someone whose gender identity aligns with the sex they were assigned at birth.
- **Non-binary**: someone whose gender identity is not entirely male nor entirely female.
- **Gender diverse**: Describes people with gender behaviors, appearances, or identities that are incongruent with those culturally assigned to their birth sex
• **Gender Dysphoria:** Discomfort with assigned sex, and/or body (particularly developments during puberty), and/or expected roles of their assigned gender. Often significant distress and/or problems functioning are associated with this conflict.

• **Transition:** process of developing and assuming a gender expression to match gender identity, can include:
  
  • **Social transition:** e.g., coming out as transgender or gender diverse, changing hair/clothing to be more masculine/feminine/androgynous, using a new name/pronouns, changing one’s name and/or sex on legal documents

  • **Medical transition:** e.g., pubertal suppression; hormone therapies; forms of surgery
Prevalence and Persistence

- Close to 10% of US high school youth identify as gender diverse
- Gender diversity more prevalent among BIPOC youth and adults
- Dysphoria in adolescence more likely to persist into adulthood
- Similar rates of transgender adolescents and adults

Kidd et al. 2021, *Pediatrics*
Herman et al. 2017, *The Williams Institute*
Herman et al 2015 *National Center for Transgender Equality*
Flores et al 2016, *The Williams Institute*
Zucker et al 1993; *J Pers Assess.*
Steensma, et al., 2013 *J Am Acad Child Adolesc Psychiatry*
De Vries et al 2010 *J Sex Med*
World Professional Association for Transgender Health, 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People [7th Version].*
Endless things are gendered from before birth to adulthood.

I forgot that men and women didn't have the same kind of teeth.
We use gendered language all the time

- Your **daughter** is so cute
- Excuse me **sir**, how much is this?
- **Ma’am**, your provider is ready to see you now
Why does this matter?

• Gendering is very traumatic for gender diverse people, particularly during adolescence!

• “Your gender is like drinking water, when you drink water it is not supposed to taste like anything. But when it tastes different, you notice. That is what being transgender is like: when your water tastes different.”

- 18 year old transgender youth
Risks and Resiliency
Being gender diverse is not a risk factor.

Transphobia is.
Health Disparities – Increased Risks

- Poorer health & lower rates of preventative visits
- Bullying, discrimination, violence, family and peer rejection, and homelessness
- Substance abuse, depression, and anxiety
- Risky sexual behaviors
- Eating disorders
- Suicide & self-harm

- Gender diverse people of color experience deeper and broader patterns of discrimination

Rider et al 2018, *Pediatrics*

Herman et al 2015 National Center for Transgender Equality
Flores et al 2016, The Williams Institute
Taliaferro et al. (2019), *Arch Suicide Behav*
Barriers in Healthcare

- One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender, with higher rates for people of color and people with disabilities.
  - Refused treatment
  - Verbally harassed
  - Physically or sexually assaulted
  - Having to teach the provider about transgender people

- 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person.
Protective Factors

• **Support** from family, schools, & providers

• Gender diverse youth supported by their families in **gender identity and social transition** have similar levels of anxiety and depression as their cisgender siblings and peers

• Reduced depression and suicidality among trans youth who are able to **use their chosen name** in various settings

• **Engagement in gender-affirming care is a protective factor** against negative mental health outcomes and emotional distress

• **School engagement and GSA presence**

Durwood et al 2017 *J Am Acad Child Adolesc Psychiatry*  
Goodenow et al. 2006, *Psychol Schs*  
Taliaferro et al. 2019, *Arch Suicide Res*  
Toomey et al. 2011, *Appl Dev Sci*  
Saewyc et al. 2014, *Int J Child Youth Family Stud*
Name, Pronouns, & Mental Health

• Transgender youth who can use their name in four main life areas (school, home, work, with friends) experienced
  • 71% fewer symptoms of severe depression,
  • 34% decrease in suicidal thoughts
  • 65% suicide attempts.

• Having even one context where a trans youth can use their chosen name and pronouns decreased their suicidal thoughts by 29%.

Russell et al. 2018. J Adol Health
Creating Safe and Affirming Clinical Spaces
AAP recommends that electronic health records, billing systems, patient-centered notification systems, and clinical research be designed to respect the asserted gender identity of each patient while maintaining confidentiality and avoiding duplicate charts.

What changes can your clinic/organization make to ensure that chosen names and pronouns are collected, communicated, displayed?

- Intake forms and process
- EMR banners
- ID bands, stickers
- Other printed materials
Asking About Name and Pronouns

Keep it simple and respectful.

- “What name do you go by?”
- “I have your name listed as ______. Is there a different name you’d like to use?”
- “What pronouns do you use?”

Normalize the question by:

- Sharing your own pronouns “My name is Katie and I use she/her pronouns.”
- Asking every patient
- Asking all members in the room
<table>
<thead>
<tr>
<th>Best Practices</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>When addressing patients, avoid using gender terms like “sir” or “ma’am.”</td>
<td>• “How may I help you today?”</td>
</tr>
<tr>
<td>When talking about patients, avoid pronouns and other gender terms. Or use</td>
<td>• “Your patient is here in the waiting room.”</td>
</tr>
<tr>
<td>gender neutral words such as “they”. Never refer to someone as “It”.</td>
<td>• “They are here for their 3 o’clock appointment.”</td>
</tr>
<tr>
<td>Only ask the information that is required.</td>
<td>• Ask yourself: What do I know? What do I need to know? How can I ask in</td>
</tr>
<tr>
<td></td>
<td>a sensitive way?</td>
</tr>
<tr>
<td>Apologize if you make a mistake</td>
<td>• “I apologize for using the wrong pronoun. I did not mean to disrespect you.”</td>
</tr>
</tbody>
</table>
Key Points

**DON’T** assume pronouns based on a person’s appearance. It’s better to respectfully ask.

**DO** use current name and pronouns, even when referring to pre-transition events, in ALL documentation, and when patient is not present.

**USE** the name a person chooses, particularly if it is different than their legal name.

**DON’T** assume what type of surgery or medical intervention a person desires.

**KNOW** what information is pertinent to care, and only ask in those instances. If it isn’t relevant, you don’t have to ask.
All-Gender Restrooms & Visual Cues

- Designate single occupancy or family restrooms as “all-user” or “all-gender”

- If you have multiple multi-stall restrooms, convert one or more to all-gender restrooms
Beginning Gender Affirming Medical Care
Settings for Gender Affirming Care

Primary care

• Refer, co-manage, or manage independently

Specialty clinics

• Adolescent Medicine, Endocrinology

Multidisciplinary youth gender clinics

• ADO/ENDO providers, RNs, MSWs, LMFTs, psychologists, psychiatrists, dieticians, care navigators
Initial Assessment

What age to start talking about gender?

- No “right answer.” Gender identity begins forming around age 2 or 3 and can be fluid over time.

What questions?

- For all youth:
  - How do you identify your gender? Do you think of yourself more as a boy, girl, neither, both, something else?
  - What pronouns do you use?
  - I have ___ listed as your legal name, do you go by that or do you have a different name you prefer?

- For gender diverse youth:
  - How long have you been exploring your gender? How has that evolved for you?
  - What are your gender goals or goals of transitioning?
Screening and Safety Assessments

Transmasculine
- Menstrual history (including the amount of stress)
- Binding & packing (With what & for how long? With exercise and while sleeping? Side effects?)

Transfeminine
- Tucking (With what & for how long? Side effects?)

All
- General HEADSSS assessment
- Disordered eating/over exercising
- Mental health
- Substance abuse
- Sexual behaviors
- Bullying (including cyberbullying)
- Support system
Getting Ready to Start Medications

1. Medical readiness
   • Medical history
   • Physical exam & lab evaluation
   • Review risks and benefits of medications

2. Mental health readiness
   • Historical context of MH in trans health
   • Contraindications
   • Documentation

3. Caregiver readiness
   • Age of consent in WA
   • Working with parents
   • Medical decision-making
Goals of Mental Health Support Evaluations

• Explore options to reduce distress related to gender dysphoria and other issues
• Prioritize the health and mental health of the child
• Support parents in healthy, positive parenting

• Role of the mental health therapist is NOT to decide whether or not a patient should receive gender care (i.e. gatekeeper)
  • Role is to help patients and families discuss the benefits and drawbacks of gender care for this individual, and share information with the medical provider to support their decision making
Consent

• In Washington State, age of consent varies depending on the type of care being accessed.
  • Any age: patients can consent to confidential contraception, abortion, and pregnancy care
  • Age 14+: patients can consent to confidential STI testing and treatment
  • Age 13+: patients can consent to confidential mental health and substance abuse treatment
  • For all other medical care, patients < 18 need parental consent.

• Patients under 18 need parental/guardian consent for puberty blockers, hormone therapy, and surgical intervention.
Complex Cases & Delays in Care

- Patients with co-occurring depression, autism, eating disorders - what to treat first?
  - Treating co-occurring conditions first will not change gender identity
  - Concurrent treatment of dysphoria and other conditions improves outcomes for all diagnoses

- “Watch and wait” approach is not without harm
  - Time-limited window for reversible treatments
  - Delays in access to care linked to worse mental health outcomes

Becker et al 2018 Arch Sex Behav
Donaldson et al 2018 Int J Eat Disord
Testa et al 2017 Health Psychol
Considering Medication Options
Ages and Pubertal Stages

- Pre-puberty ➔ social/emotional support
- Early puberty ➔ puberty blockers
- Late puberty ➔ puberty blockers +/- hormones (age 13.5-14 at earliest)
- Post-puberty ➔ hormones (+/- puberty blockers, menstrual suppression, androgen blockers)
Pre-puberty

• Social transition
  • Gender-affirming clothing and hairstyles
  • Name and pronouns

• Psychosocial support
  • Consider establishing mental health therapy
  • Support groups for kids and family
  • Social groups

• **No medical intervention needed**

• Monitor for puberty with exams +/- labs
Pubertal Suppression
Early Puberty: Puberty Blockers

- Gonadotropin releasing hormone (GnRH) agonists
  - Injections (leuprolide 22.5 mg q3mo)
  - Implant (histrelin q18mo)

- Ideally started in early puberty (Tanner stage 2-3)
GnRH Agonists: Benefits

- **Reversible treatment** to allow additional time for gender exploration
- **Prevent unwanted physical changes of puberty**

<table>
<thead>
<tr>
<th>Feminine changes</th>
<th>Masculine changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast development</td>
<td>Voice deepening</td>
</tr>
<tr>
<td>Periods</td>
<td>Facial hair</td>
</tr>
<tr>
<td></td>
<td>Growth spurt</td>
</tr>
</tbody>
</table>

- Prevents potential need for top surgery, facial hair removal
GnRH Agonists: Key Points

Potential Side Effects

• Local site reaction
• May have increased pubertal changes x1-2 months before suppression
• Hot flashes, night sweats
• Mood changes
• Effects on growth

Considerations

• Cost
• Time window for starting in AMAB vs AFAB
• Max length of use alone: 4 years

Risks

• Potential decrease in bone density
• Fertility preservation may be limited
Treatment Goals and Monitoring: GnRH Agonists

- Overall goal: pause endogenous puberty to allow patient to explore gender and/or reach an age to initiate hormone treatment

- Anticipatory Guidance
  - Reversibility, side effects, potential long term effects
  - Max length of use alone
  - Optimizing bone health
  - Timeline for starting estradiol or testosterone
  - Follow up visits & labs
    - Labs done to confirm hormone suppression, then not needed unless clinical signs of puberty
    - After confirmation of hormone suppression, visits every 6 months
Masculinizing Hormones
Treatment Options for AFAB Youth

• Masculinizing hormone: Testosterone
  • Subcutaneous or intramuscular injection
  • Transdermal patch
  • Transdermal gel
  • Subcutaneous pellets

• Menstrual suppression
  • Progesterone only (pill, injection, implant, IUD)
  • Progesterone + estrogen OCP
<table>
<thead>
<tr>
<th>Effect</th>
<th>Onset</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin oiliness/acne</td>
<td>1-6 mo</td>
<td>1-2 y</td>
</tr>
<tr>
<td>Facial/body hair growth</td>
<td>6-12 mo</td>
<td>4-5 y</td>
</tr>
<tr>
<td>Scalp hair loss</td>
<td>6-12 mo</td>
<td>----</td>
</tr>
<tr>
<td>Increased muscle mass/strength</td>
<td>6-12 mo</td>
<td>2-5 y</td>
</tr>
<tr>
<td>Fat redistribution</td>
<td>1-6 mo</td>
<td>2-5 y</td>
</tr>
<tr>
<td>Cessation of menses</td>
<td>1-6 mo</td>
<td>----</td>
</tr>
<tr>
<td>Clitoral enlargement</td>
<td>1-6 mo</td>
<td>1-2 y</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>1-6 mo</td>
<td>1-2 y</td>
</tr>
<tr>
<td>Deepening of voice</td>
<td>6-12 mo</td>
<td>1-2 y</td>
</tr>
</tbody>
</table>

*highlighted boxes represent permanent changes.*

This is like a puberty
## Side Effects & Risks of Testosterone

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Erythrocytosis (Hct &gt;50)</td>
</tr>
<tr>
<td>Irritability/emotional changes</td>
<td>Elevated BP</td>
</tr>
<tr>
<td>Increased libido</td>
<td>Potential changes in fertility</td>
</tr>
<tr>
<td>Weight gain</td>
<td>Transient liver enzyme abnormalities</td>
</tr>
<tr>
<td></td>
<td>Dyslipidemia</td>
</tr>
<tr>
<td></td>
<td>Mood changes</td>
</tr>
<tr>
<td></td>
<td>Cancer?</td>
</tr>
</tbody>
</table>

*Fertility changes are uncertain and pregnancy still possible if contraception is not used.*

Hembree et al, 2017 *J Clin Endocrinol Metab,*
Treatment Goals and Monitoring: Masculinizing Medication

- **Overall goal**: help patient achieve gender-related phenotypic changes that matches their identity and sense of self
- **Anticipatory Guidance**
  - Dose adjustments based on patient’s age, pubertal stage, goals, effects they’re seeing, and hormone levels
  - Manage medication side effects
  - Follow up visits & labs
    - Every 3 months for first 1-2 years, with labs done prior to visits
    - Once on maintenance dose, spread visits out to every 6 months
  - Transitioning to adult care
Menstrual Suppression

Great treatment to be offered in primary care!

- Consider for a patient when:
  - Periods are major stressor
  - Not ready or not wanting to start medical transition
  - Prior to menstrual suppression from testosterone

- Any option for cisgender female is an option for gender diverse youth

- Consider need for contraception and risk of breakthrough bleeding in options

- Consider stopping menstrual suppression after 3-6 months on testosterone
# Menstrual Suppression

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Additional Benefits</th>
<th>Potential Drawbacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral COCs (continuous use)</td>
<td>- Provides contraception</td>
<td>- Contains estrogen&lt;br&gt;- Abnormal uterine bleeding if missed doses</td>
</tr>
<tr>
<td>Oral POPs (norethindrone) - Micronor</td>
<td>- Does not contain estrogen</td>
<td>- Less effective contraception&lt;br&gt;- Abnormal uterine bleeding if missed doses</td>
</tr>
<tr>
<td>Oral POPs (norethindrone acetate) - Aygestin</td>
<td>- Does not contain estrogen&lt;br&gt;- Effective at menstrual suppression</td>
<td>- Not approved as contraception&lt;br&gt;- Abnormal uterine bleeding if missed doses</td>
</tr>
<tr>
<td>Depo medroxyprogesterone acetate (Depo)</td>
<td>- Provides contraception&lt;br&gt;- 3 month interval</td>
<td>- Potential weight gain, mood changes&lt;br&gt;- Lower BMD risk with prolonged use</td>
</tr>
<tr>
<td>Subdermal etonorgestral implant (Nexplanon)</td>
<td>- Excellent contraception&lt;br&gt;- Long-term (lasts 5 years)</td>
<td>- Requires insertion and removal&lt;br&gt;- Higher rates of abnormal uterine bleeding</td>
</tr>
<tr>
<td>Levonorgestrel intrauterine device (IUD)</td>
<td>- Excellent contraception&lt;br&gt;- Long-term (lasts 7 years)&lt;br&gt;- 50-80% experience amenorrhea</td>
<td>- Requires gynecological exam and intrauterine insertion</td>
</tr>
</tbody>
</table>
Feminizing Hormones
Treatment for AMAB Youth

- **Feminizing hormone: Estradiol**
  - Oral pill
  - Transdermal patch
  - SubQ/IM injections

- **Androgen blockers**
  - GnRH agonists (injection, implant)
  - Spironolactone (androgen antagonist)
  - Finasteride (5 alpha reductase inhibitor)
  - Bicalutamide (inhibits androgen action)

- **Progesterone**
  - Potential increase in breast development
<table>
<thead>
<tr>
<th>Effect</th>
<th>Onset</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redistribution of body fat</td>
<td>3-6 mo</td>
<td>2-3 y</td>
</tr>
<tr>
<td>Decrease in muscle mass and strength</td>
<td>3-6 mo</td>
<td>1-2 y</td>
</tr>
<tr>
<td>Softening of skin/decreased oiliness</td>
<td>3-6 mo</td>
<td>Unknown</td>
</tr>
<tr>
<td>Decreased sexual desire</td>
<td>1-3 mo</td>
<td>3-6 mo</td>
</tr>
<tr>
<td>Decreased spontaneous erections</td>
<td>1-3 mo</td>
<td>3-6 mo</td>
</tr>
<tr>
<td>Male sexual dysfunction</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Breast growth</td>
<td>3-6 mo</td>
<td>2-3 y</td>
</tr>
<tr>
<td>Decreased testicular volume</td>
<td>3-6 mo</td>
<td>2-3 y</td>
</tr>
<tr>
<td>Decreased sperm production</td>
<td>Unknown</td>
<td>&gt;3 y</td>
</tr>
<tr>
<td>Decreased terminal hair growth</td>
<td>6-12 mo</td>
<td>&gt;3 y(^a)</td>
</tr>
<tr>
<td>Scalp hair</td>
<td>Variable</td>
<td>---(^b)</td>
</tr>
<tr>
<td>Voice changes</td>
<td>None</td>
<td>---(^c)</td>
</tr>
</tbody>
</table>

*Highlighted boxes represent permanent changes.

This is like a puberty

Hembree et al, 2017 *J Clin Endocrinol Metab*

\(^a\)Complete removal of hair requires electrolysis or laser treatment or both.

\(^b\)Familial scalp hair loss may occur if estrogens are stopped.

\(^c\)Treatment by speech pathologists for voice training is most effective.
## Side Effects & Risks of Estrogen

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migraine/headache</td>
<td>Blood clots</td>
</tr>
<tr>
<td>Emotional changes/mood swings</td>
<td>Macroprolactinoma</td>
</tr>
<tr>
<td>Nausea</td>
<td>Potential changes in fertility*</td>
</tr>
<tr>
<td></td>
<td>Coronary artery disease</td>
</tr>
<tr>
<td></td>
<td>Dyslipidemia/hypertriglyceridemia</td>
</tr>
<tr>
<td></td>
<td>Cholelithiasis</td>
</tr>
<tr>
<td></td>
<td>Cancer?</td>
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*Fertility changes are uncertain and pregnancy still possible if contraception is not used.*
Treatment Goals and Monitoring: Feminizing Medication

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  - Dose adjustments based on patient’s age, pubertal stage, goals, effects they’re seeing, and hormone levels
  - Manage medication side effects
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    - Every 3 months for first 1-2 years, with labs done prior to visits
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  - Transitioning to adult care
Non-binary

- Gender fluid
- Agender
- NB
- Genderqueer
Options for Non-binary Youth

Individualize care

- What is causing the patient distress?
- What effects does the patient want to achieve?

- Some options people may choose (alone or any combination of the following):
  - Social transition
  - Menstrual suppression
  - Low dose hormones
  - Short term use of hormones for some changes
  - Surgical intervention
Gender-affirming Surgeries
Types of Surgeries

- Assigned female at birth
  - Mastectomy (“top surgery”)
  - Hysterectomy, salpingectomy, oophorectomy
  - Metoidioplasty, phalloplasty, scrotoplasty

- Assigned male at birth
  - Breast enhancement
  - Orchietectomy
  - Vaginoplasty, labiaplasty, clitoroplasty
  - Facial feminization
Resources
Professional Guidelines

- **Endocrine Society**
  - 2017: Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline

- **World Professional Association of Transgender Health**
  - [in progress]: Standards of Care v8
  - 2012: Standards of Care v7

- **UCSF’s Center of Excellence for Transgender Health**
  - Guidelines for Primary and Gender-Affirming Care
Education & Resources for Clinicians

• Webinars and information
  • Cardea Services – Gender Diverse Youth modules coming soon!
  • UCSF’s Center of Excellence for Transgender Health
  • Human Rights Campaign
  • National LGBT Health Education Center webinars
• Ingersoll Consult Group listserv
• Gender Odyssey Conference
• WPATH/USPATH
• SCGC Website – Resources for Healthcare Professionals
• Children’s Gender Clinic Mental Health Consult Group
Resources for Patients and Families

- Gender Diversity support groups
- Gender Odyssey Conference
- Q Card Project
- Lavender Rights Project – WA Black Trans Task Force
- Lambert House
- Camp Ten Trees for LGBTQ+ youth
- TransFamilies.org Family Support Groups
- Seattle Children’s Gender Clinic Website