Talking to LGBTQ patients

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Disclosure

- I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity
- GnRH analogs are not FDA approved for use in transgender patients, but the Endocrine Society Clinical Practice Guidelines recommend their use in pubertal transgender patients.

Outline

- Health risks in LGBTQIA populations
- WPATH Tenets
- Terminology and terminology to avoid
- Endocrine Society recommendations for transgender
- Controversial Recommendations Controversies in Transgender Care
- Ongoing controversies
LGBTQIA
- Lesbian
- Gay
- Bisexual
- Transgender
- Questioning (Queer)
- Intersex (DSD)
- Ally, Agender, Asexual

Why identify and support LGBTQ youth?

LGBTQIA people are at risk for certain health conditions
- Minority stress, attempted suicide, suicide, bullying, violence, depression, discrimination, harassment, HIV, sexually transmitted infections, substance abuse, anorexia nervosa, adrenal disorders, differences in sex development, short stature, obesity.
World Professional Association for Transgender Health (WPATH)

- Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People
- The World Professional Association for Transgender Health

- 7th Version | www.wpath.org

WPATH Tenets

- Exhibit respect for patients with nonconforming gender identities (do not pathologize differences in gender identity or expression)
- Provide care (or refer to knowledgeable colleagues) that affirms patients' gender identities and reduces the distress of gender dysphoria, when present
- Become knowledgeable about the health care needs of transsexual, transgender, and gender nonconforming people, including the benefits and risks of treatment options for gender dysphoria

WPATH Tenets

- Match the treatment approach to the specific needs of patients, particularly their goals for gender expression and need for relief from gender dysphoria
- Facilitate access to appropriate care
- Seek patients' informed consent before providing treatment
- Offer continuity of care
- And be prepared to support and advocate for patients within their families and communities (schools, workplaces, and other settings).
Suicide risk in Transgender

- If left untreated, 28-41% of patients with gender dysphoria attempt suicide.
- Recent studies 45% in US and 38% in the Netherlands.

Haas AP, et al. Suicide Attempts among Transgender and Gender Non-Conforming Adults. FINDINGS OF THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY


Several studies show improved Mental Health Outcomes in Transgender with Gender affirming treatments

Two Recent studies show reduced risk of suicidal ideation with gender-affirming treatments


Everyone, regardless of gender identity or romantic orientation, wants to be validated
How to be validating

- Reduce shame
- Use inclusive language
- Use appropriate pronouns
- Use proper terms
- Avoid offensive terms
- Apologize in advance for any error

Terminology is culturally and time-dependent and is rapidly evolving. It is important to use respectful language in different places and times, and among different people.

Transgender

- A persistent feeling that one’s gender differs from the one assigned at birth, usually associated with anxiety.

- Transgender people are consistent, insistent, and persistent in this feeling.
Gender nonconforming

• Gender non-binary
• Not transgender
• Not cis-gender
• Gender independent

Terms to Avoid

• Ladies and Gentlemen
• Boys and girls
• Men and women
• Brothers and Sisters
• Sir/Madam

Why

• Assumes everyone falls into binary categories

Gender Inclusive alternatives

• Esteemed guests
• Friends and colleagues
• Siblings

Why

• Assumes everyone falls into binary categories

Terms to Avoid

• Biological Essentialism
  (or biological Determinism)

A theory that argues that gender differences are biologically determined.

• Social Constructivism

A theory that argues that gender differences are socially engineered. Therefore gender is an artificial construct.
### Terms of Avoid

<table>
<thead>
<tr>
<th>Terms of Avoid</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Biologically Male/Female</td>
<td>• Oversimplify a complex subject</td>
</tr>
<tr>
<td>• Genetically Male/Female</td>
<td></td>
</tr>
<tr>
<td>• Born a Man/Woman</td>
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#### Alternatives

<table>
<thead>
<tr>
<th>Alternatives</th>
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<tbody>
<tr>
<td>• Transmasculine (FTM)</td>
</tr>
<tr>
<td>• Transfeminine (MTF)</td>
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<tr>
<td>• Gender nonconforming</td>
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### Terms of Avoid

<table>
<thead>
<tr>
<th>Terms of Avoid</th>
<th>Why</th>
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<tbody>
<tr>
<td>• Homosexual</td>
<td>• A dated and potentially offensive term</td>
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#### Alternatives

<table>
<thead>
<tr>
<th>Alternatives</th>
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</thead>
<tbody>
<tr>
<td>• Gay or lesbian</td>
</tr>
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### Terms of Avoid

<table>
<thead>
<tr>
<th>Terms of Avoid</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gay Lifestyle</td>
<td>• There is no single lesbian, gay bisexual, or transgender “lifestyle”</td>
</tr>
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</table>
### Terms of Avoid

<table>
<thead>
<tr>
<th>Terms of Avoid</th>
<th>Why</th>
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<tbody>
<tr>
<td>• Preferred pronouns</td>
<td>• Implies that using the correct pronouns is optional</td>
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</table>

#### Alternatives

- Personal pronouns

### Terms of Avoid

<table>
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<tr>
<th>Terms of Avoid</th>
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<tbody>
<tr>
<td>• Sexual Preference</td>
<td>• Implies that there is a choice</td>
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#### Alternatives

- Sexual orientation
- Romantic orientation
- Romantic interests

### Terms of Avoid

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<th>Why</th>
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</thead>
<tbody>
<tr>
<td>• Passing (as in “passing” as a man or a woman)</td>
<td>• Implies pass/fail</td>
</tr>
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#### Alternatives

- Blending
Terms of Avoid

• Transgenderism  

Why

• Implies that it is a condition

Alternatives

• Transgender

Terms to Avoid

• Sex change  

• Sex reassignment surgery  

Why

• These imply that you must have surgery to transition

Alternatives

• Gender-affirming surgery  

• Gender-confirming surgery

Terms to Avoid

• Hermaphrodite  

• Pseudohermaphrodite  

• Disorders of Sex development

Why

• Outdated terms

Alternatives

• Differences in Sex Development (DSD)
Terms of Avoid

• Transgender is a fad

Why

• Implies that it is a new condition

Alternatives

• Recognize that transgender has existed historically and in other cultures

Evidence for Transgender in Other Cultures

• Two Spirit is a term used to describe gender-variant individuals in indigenous North American communities. Not all tribes/nations have rigid, gender roles but many indigenous tribes have three or four genders, which can include feminine woman, masculine woman, feminine man, masculine man.
• Fa'afafine are third-gender people in Samoan culture. Fa'afafine are male at birth, and embody both masculine and feminine gender traits. Certain male children would be chosen to be raised as fa’afafine. Between 1 and 5% of Samoans identify as fa’aafafine.
How to Create A Practice That Welcomes Members of the LGBTQ Community

• Advertise practices as accepting of members of the LGBTQ community
• Educate staff and providers to be comfortable in discussing sexual orientation, gender orientation, and sexual practices
• Include members of the LGBTQ community as part of your staff and train your staff to refer to patients by their name and chosen descriptive pronoun
• Maintain an open mind and avoid judgment regarding sexual orientation and practices
• On intake forms include transgender as an option

How to Create A Practice That Welcomes Members of the LGBTQ Community (cont’d)

• Participate in referral programs such as the GLMA or GayHealth
• Post LGBTQ symbols and posters of ethnically and racially diverse transgender or same-sex couples
• Provide patient brochures on sexually transmitted infection prevention, substance abuse, safe sex practices, and hormone therapy
• Provide waiting room magazines about the LGBTQ community
• Support observance of LGBTQ Pride Day, World AIDS Day, and National Transgender Day of Remembrance
• Train staff and provide continuing education on the care of the LGBTQ patient

WPATH Global Education Initiative (GEI)

WPATH CERTIFIED TRAINING COURSES: BEST PRACTICES IN TRANSGENDER MEDICAL & MENTAL HEALTH CARE CORE CURRICULUM

Foundations in Transgender Health is intended for healthcare professionals of all experience levels and specialties, this is a two-day training course that focuses on the importance of an interdisciplinary care team approach and cross-specialty foundational knowledge.
2017 Endocrine Society Recommendations

- Adolescents who fulfill eligibility criteria for gender reassignment should undergo treatment to suppress pubertal development. (GnRH analogs reduce the need for and/or extent of surgical procedures later and eliminates voice change) (No earlier than Tanner stage 2)

- Gender Affirming hormones to be initiated at about the age of 16 yrs. There may be “compelling reasons” to treat as young as 14.5 years.

- Diagnosis must be made by a mental health professional.

Additional Recommendations

- Rule out intersex conditions by “Physical Exam.”

- No routine lab tests are recommended at baseline.
The hallmark of a good consensus statement is that everyone is unhappy

Problems with the recommendation for physical exam to rule out intersex conditions

• There are intersex conditions that cannot be picked up by physical exam

• An alternative is to document in the chart that the patient was dysphoric about the specific parts of the physical exam.

Conditions diagnosed in our transgender population

• MRKH (diagnosed by Gynecologic exam)
• Prader-Willi-like syndrome (diagnosed by microarray)
• Swyer syndrome (diagnosed by karyotype)
• Turner syndrome (diagnosed by karyotype)
• CAH (diagnosed by hormone testing)
• POI (diagnosed by hormonal testing)
• CAH carrier state (diagnosed by genetic testing)
Problems with the recommendation for no labs
• Certain hyperandrogenic conditions will be missed at baseline.
• Hyperandrogenic conditions will be masked by later testosterone treatment.

Several publications document hyperandrogenism in transgender individuals

We have also found adrenal hyperandrogenism in 73% of transgender patients compared to 22% of controls

(Unpublished data)
But testosterone excess not seen in transmasculine youth

![Graph showing testosterone levels vs age for transgender and control groups.](Unpublished data)

Why talk about androgens and risk being a biologic essentialist?

Could they be a marker for minority stress?

- Androgens are converted to estrogens.
- Estrogens advance the bone age.
- Advanced bone ages are associated with short stature.
- Short stature is an independent risk factor for Type 2 diabetes.
- 50% of women with androgen excess will develop Type 2 diabetes before the age of 40.

Bone ages significantly advanced in all TG individuals tested.

- N=81
- Mean CA 13.52
- Mean BA 14.36
- P=.0000000027
Distribution of adult heights in our clinic compared to published cisgender individuals

Adult height in patients with elevated androstenedione

(Unpublished data)

LGBTQ controversies

Many, many states proposing and passing anti-LGBT bills.
From Movement Advancement project

GOP Governor of Utah, Spencer Cox

• Four kids and only one of them playing girls sports. Rarely has so much fear and anger been directed at so few. I don’t understand what they are going through or why they feel the way they do. But I want them to live. And all the research shows that even a little acceptance and connection can reduce suicidality significantly.
American College of Pediatricians

• Fringe organization that sounds like AAP
• Anti-LGBT agenda
• Literature states that endocrinologists are treating 5 year-olds

Conclusions

• It is important to identify LGBTQ patients.
• LGBTQ patients have specific health risks.
• Proper terminology is important.
• WPATH guidelines are readily available at WPATH.org.
The most luxurious possession,
the richest treasure anybody has,
is his personal dignity.

-Jackie Robinson