



The Health care Journey of Transgender Young People

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Transgender Care

- Young person's experience
- Our Experience
- Addressing the issue
- Hormones and Blocker's
- Surgery
- The NZ transgender care guidelines for clinicians



Definitions

- **Transgender**- embraces all varieties of unusual gender expression (occasional cross dressing to living permanently as opposite sex)
- **Gender dysphoria** – Feelings of discomfort or unhappiness due to gender variance
- **Sexual orientation** – whether a person is sexually attracted to men, or women , or both, or very occasionally neither.

Definitions

- **Biological Sex** - Physical sex at birth / chromosomal
- **Gender Identity** – A person's internal and deeply felt sense of being male or female
(Or something other or in between)
- **Gender Role**- describes how we behave in society
- The difference between sex and gender. Sex is what you see. Gender is what you feel. Harmony between the two is essential for human happiness"
(Harry Benjamin, MD. New York, 1976)



Natural history

- Common in childhood
- Most don't go on to be trans adults
- Puberty is often the time of crisis
- If Presenting in puberty – usually persists
- Hormonal Treatment can start at Tanner 2-3
- Transition occurs throughout teen years



Young people's stories



Our Journey

Incidence

- Incidence 1/10,000 M-F and F-M
- CFYH referrals for 31 young people in last 4 years
 - F-M 7
 - M-F 24
- Aged 12-23 years
- 9 aged 15 and under
- Predominantly Maori or Pacific Islanders
- S. Auckland schools- reports 20+
- More referrals from outside DHB-Advice



Early adolescence

- Can present with extreme psychological distress
- Body Loathing
- Mental health issues
- Drug and alcohol
- Sexual health issues ..
-other risk taking behaviours



Presentations to The Centre For Youth Health

- Via Mental health services – suicidal, depression , self harm , anxiety, eating disorder
- Schools – already living as identified gender , or wanting to know more about gender variance
- Families – How to support the young person
- Self referral – Wanting access to hormone treatment ...increasingly common

Getting Started

- How do you talk about gender?
- Getting to the issue
- Get permission to make an observation
 - ☐ Do you mind if I make a personal comment?
 - ☐ Tell me what you did with your hair, how you bulked up, where you get your clothes?
- Can I ask a personal question?
 - ☐ Do you think you're more on the female side or the male side?
 - ☐ Is that a hard question to answer? Why?
 - ☐ Where is your family in all this



Assessment Process overview

- Introduction
- Expectations
- Confidentiality
- Consent
- HEeADSSS
- Assessment of co-morbidities (additional problems)
- ADDRESS SAFETY ISSUES
- Real life experience
- Readiness for treatment
- Whanau involvement



Consent and Confidentiality

- Exceptions -3 Harm's
- Checking in with the Young person
- Sharing information with the health team
 - Keeping notes
 - Liaising with GP



HEeADSSS

Psychosocial assessment

- Home
- Education/Occupation eating
- Activities
- Drugs
- Sexuality
- Suicidality
- Safety



Safety

- Suicidality and self harm
- Sexual safety
- Domestic and community violence
- Homelessness
- Alcohol and drugs
- School
- Effects of transition



General Assessment

- Childhood
- Puberty
- Past medical history / development
- (Aspergers/ASD:10%)
- Medications / Street drugs/ Non prescribed
Hormones
- Allergies (? nut allergy)
- Fhx



Gender questions

- What are they concerned about?
- When did these feelings start?
- Are they constant or do they come and go ?
- Does anything make them better or worse?
- How intense are these feelings?
- How are gender concerns impacting on overall wellbeing?
- What is the impact on family and peer relationships?
- What is the impact on school and work?
- Feelings about transgenderism? What do they know?

- Utrecht scale: Gender dysphoria



Examination

- Appreciate distress that this may cause
- Extremely sensitive
- Often not at first visit
- “Names for body bits”
- Explanation why necessary

Real Life Experience

■ Safety First

- Choosing to live fulltime as preferred gender
- Important to consider effects -
 - ie target of bullying school
- May choose to wait till normal transition period eg finish school , go to uni , starting new job
- **Preparation –**

School discussion may include teachers, pupils, and sometimes parents of other pupils
- Who needs to know?– wider family , friends , neighbours , workplace ?

SCHOOL

- Liaise with school
- Identify who needs to know
- Uniform
- Toilets
- Sports
- Safety and supports in school
- Resources for schools: **Gender Identity Research and Education Society (GIRES). (2008).** *Transphobic bullying in schools: could you deal with it in your school.* Home Office. United Kingdom. **Website:** <http://www.gires.org.uk/transbullying.php>



Hormones and Blockers

- The role of hormones and blockers is to help improve physical appearance and ease psychological distress.



Blockers for trans boys and girls

- GnRH Analogues from Tanner stage 2-3
- Stops progression of puberty
- Fully reversible
- Helps diagnostically
- Can Relieve psychological distress
- Improves cosmetic outcome (stops disfigurement)

Kim Petras



“Blockers”

- **Leuporelin (Lucrin depot) 11.25 mg IM every three months**
- Fully funded (not specifically for trans)
- Blocks FSH/LH production and Gonadal sex steroid production
- Monitor- FSH/LH suppression / testosterone levels (M-F)
Increase to every 10 wks if not suppressed
Physical: Ht/Weight /bone age
- Would not recommend continuing on a blocker indefinitely without starting on sex hormones

Side effects Blockers

- Infertility (do not assume)
- Bone density
- Later epiphyseal closure(increased height) - monitor growth
- Reduced Libido/ erections
- Inability to ejaculate/ orgasm
- Vaginal dryness
- Hot flushes

- Other side effects rare

Trans women

Oestrogen

- **Positive Effects**

Reversible -Softer skin, reduced hair growth, redistribution of fat to produce a more feminine figure, fuller cheeks

Irreversible – Some breast and nipple growth , decrease in genital size ,

- **High level of consent** very important :
- Understand health risks and need for ongoing monitoring
- **Need to stay on GNRH BLOCKER or ANTI-ANDROGEN unless surgical gonadectomy**

Oestrogens

- **Oestradiol Valerate** (Progynova)
2 -8 mg / Usually divided doses
(1-2 mg Postgonadectomy)
Lower side effect profile

Alternatives

- **Oestradiol patches** 100-200mcg applies twice weekly
post gonadectomy -50-100mcg patch twice weekly
Consider : age>40 , smoker or other significant cardiovascular risk



Oestrogen Side effects

Serious side effects include:-

- Thromboembolism- PE, DVT, CVA
- Impaired LFTS
- Eventual infertility
- Oestrogen related cancers
- Prolactinoma

Less serious side effects:

breast tenderness, reduced libido , mood swings, depression



Feminising Hormones

Support healthy lifestyle

Modify cardiovascular risk factors : obesity, hypertension, smoking

Warn taking excessive oestrogen converted to testosterone

Smoking reduces oestrogen levels

Monitoring :

BMI

Blood pressure

Physical

Bloods : Lipid profile, fasting glucose, Lfts, Prolactin

General Health Screening : Testicular, Prostate, Breast,
Neocervix (post surgery)



Progesterones

- Rarely used in trans female treatment
- Androgenic effects
- Provide no clear benefit
- Increase risk breast ca and CVA
- (Coc- protective uterus ca)

Androgen antagonists

■ **Cyproterone Acetate 50-150 mg**

Blocks androgen receptors and acts on pituitary gland to down regulate the gonads

Side effects: Fatigue , depression , weight gain , dry skin , hair changes , anaemia , gynaecomastia, Abnormal LFTS, hepatitis and Jaundice.

Avoid heavy drinkers, liver impairment , diabetes, sickle cell anaemia, malignancy , PE

■ **Spironolactone 100mg-300mg**

Blocks androgen receptors, diuretic and antihypertensive effect
Monitor renal function

Side effects. Headaches, liver and kidney impairment, decreased clotting



Trans Men

Testosterone Depot(Sustanon) deep IMI 250mg q3/52
Oral - Less effective/ increased side effects

Partially Reversible

- Change in face structure, change in quality of skin , redistribution of fat to typical males, periods will stop, increase in muscle mass, increase in hunger, increase in sex drive, skin changes

Irreversible

- Voice will become lower ,increase in body hair, develop facial hair, infertility (potentially)



Testosterone

Side effects

- Acne
- Mood swings
- Increase in libido
- Increased risk of cardiovascular disease
- Polycythaemia
- Rare: malignant liver tumours/Impaired Lfts



Trans Male Monitoring

- HT, WT, BMI , BP
 - Physical exam
 - Fbc, Lfts, lipids , fasting glucose
-
- General screening : Cervical smear, Mammogram

Consent

- Gillick competency
- Family involvement&&
- High level of consent -Partially irreversible treatments (oestrogen/testosterone)
- Written consent forms available for Blockers and sex hormones :See Clinical guideline



Surgery Trans Males

No surgery (common)

Top surgery- Double incision or peri- areolar to remove breast tissue
(common)

Hysterectomy (ureter/vaginal canal sparing – If having bottom surgery)
Salpingo- oophrectomy

Bottom surgery- Metoidioplasty

- Phalloplasty - Radial flap

Erectile prosthesis - 1 yr later

University Hospital Gent, Belgium

Funding Application – Special High cost treatment pool -See Guideline for further detail on application



Surgery Trans Females

No surgery (common)

- **Top surgery** – Breast Augmentation (common)
- **Bottom surgery** – Sex reassignment /gender confirmation surgery – to construct a vagina
- **Orchidectomy**-stop testosterone production
- Crico-thyroid shave
- Facial surgery

Funding SRS : SHCTP- See guideline for detail



Gender Reassignment Health Services for Trans People within New Zealand:

Clinical Guidelines for Health Professionals *March 2011*

MOH WEBSITE

This includes :

- ***Principles of care***
- ***Assessment***
- ***Hormone Treatment***
- ***Surgery***
- ***Children and Young People***
- ***Resources for Clinician's, Trans, Young People, Families and
Schools***



Other Resources

- WPATH: World Professional Association for Transgender Health care (formerly Harry Benjamin standards of care)
- Transhealth.vch.ca resources
- NHS Guidelines



Maori Transgender

- Cultural issues – matakite, homophobia and tolerance
- Use of tikanga in practice
- Use of te whare tapa wha model of care
- Whakapapa issues



Health Care for young trans people

- Think about gender variance
- Safety First
- Benefits of early involvement with a health team
- Ideally family /Whanau approach
- If not you then who?

First do no harm



Do nothing!

■ Thank you



NZ support networks for young people

- **Rainbow Youth**

Rainbow Youth is an Auckland based organisation that provides support, information, education and advocacy for queer young people and their families

Website: <http://www.rainbowyouth.org.nz/>

- **TRANZform**

A Wellington group for young people who identify as transgender, gender queer, non-gendered, questioning and their allies. **Email:** tranzform.wgtn@gmail.com and **Website:** <http://brooklynmichelle.com/tranzform>.

- **G-IQ (Gender Identity Quest)**

An Auckland social support group for youth questioning or unsure about their gender identity. G-IQ is part of Rainbow Youth and is a supportive environment that affirms youth regardless of how they identify. **Website:** <http://www.rainbowyouth.org.nz/groups/rainbow-youth-groups/gender-quest> or **Email:** genderquest@rainbowyouth.org.nz



NZ support networks for young people

■ Forge

A network for trans and gender diverse youth in Christchurch and Dunedin, that meets in Christchurch.

Email: forge.south@gmail.com

■ Same Difference

Dunedin queer social support group for people aged 20 and under that is very trans-inclusive. You can

contact Same Difference on via

Email: youthlinecommunity@youthline.co.nz.

Resources For families

- **Pride & Prejudice/Central Toronto Youth Services (CTYS).** (2006). *Families In TRANSition: A Resource Guide for Parents of Trans Youth*. CTYS: Toronto.
- This booklet addresses the needs of parents and families supporting their Trans children. Families in TRANSition summarizes the experiences, strategies, and successes of a working group of community consultants – researchers, counsellors, parents, advocates as well as trans youth themselves. Families in TRANSition provides the stories of parents and youth along with practical and sensitive parent-to-parent and professional therapeutic advice. **Website:**
http://www.ctys.org/about_CTYS/FamiliesInTransition.htm

For schools

- **Gender Identity Research and Education Society (GIRES). (2008).** *Transphobic bullying in schools: could you deal with it in your school.* Home Office. United Kingdom.
- This toolkit contains guidance for schools on effective ways to support and protect transgender pupils and staff. It also suggests what needs to be done for other staff members. It include a model policy, an example of a letter written to staff about a pupil's transition and a self-assessment checklist.
- Schools need to see that people who transition are able to lead successful and fulfilling lives and this toolkit therefore includes a number of inspirational role models. This booklet addresses the needs of parents and families supporting their trans children. This is a useful guide for schools – with explanations and potentials safety issues that may arise and advice on management.

Website: <http://www.gires.org.uk/transbullying.php>



Utrecht Scale F-M

1. I prefer to behave like a boy
2. Every time someone treats me as a girl I feel hurt
3. I love to live as a girl
4. I continuously want to be treated like boy
5. A boy's life is more attractive to me than a girl's life
6. I feel unhappy because I have to behave like a girl
7. Living as a girl is something positive for me
8. I enjoy seeing my naked body in the mirror
9. I like to behave sexually as a girl
10. I hate menstruating because it makes me feel like a girl
11. I hate having breasts
12. I wish I d been born as a boy