



An Overview of Transgender Healthcare for the Primary Care Physician

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Objectives

- Describe the process of gender identity development
- Compare the holistic approach to care for adolescents and young adults versus adults
- Discuss ways for patients and families to advocate for evidence-based transgender healthcare

Terminology

TABLE 1 LGBT nomenclature and definitions

Gender identity

- How one labels one's gender, whether male, female, transgender, or another identity (eg, genderqueer)

Sexual orientation

- Whether someone is primarily attracted to persons of the same sex (homosexual), the opposite sex (heterosexual), or both (bisexual)

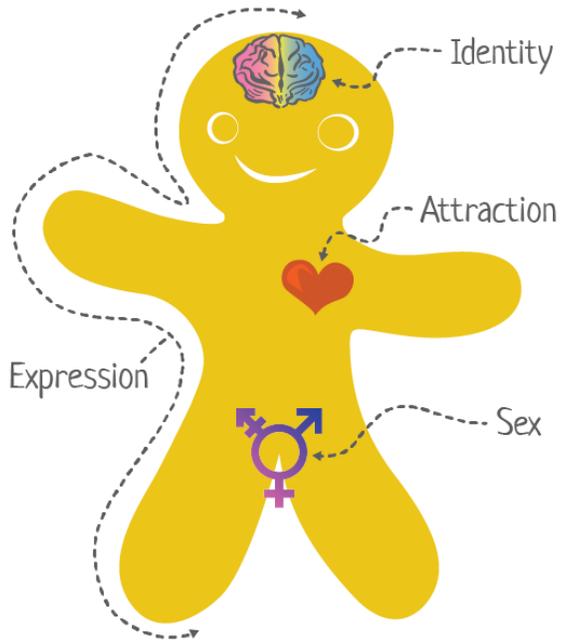
Sexual identity

- How one consciously labels one's sexuality, whether gay, straight, bisexual, or another identity label (eg, queer, bi-curious)

Sexual behavior

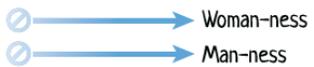
- A person may engage in a variety of sexual behaviors with males and/or females or no sexual behavior at all and self-define sexual orientation on another basis^a

The Genderbread Person v4 by its pronounced METROsexual.com



⊖ means a lack of what's on the right side.

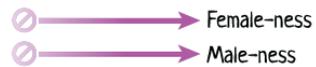
Gender Identity



Gender Expression



Anatomical Sex

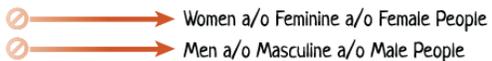


Sex Assigned At Birth

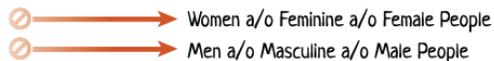


Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sexually Attracted to... and/or (a/o)



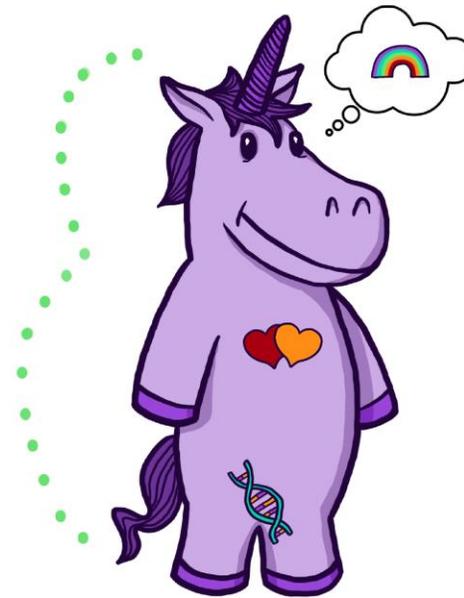
Romantically Attracted to...



Beyond the Binary

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



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

Design by Landyn Pan and Anna Moore



Gender Identity Development

Gender Identity Development

- Experimenting with gender roles is NORMAL in pre-school age children
- Kohlberg's theory of gender development
 - Formation- age 2-3
 - Stability- age 4-5
 - Constancy- age 5-7
- Results of 2015 US Transgender Survey support this
 - By age 10, 60% of respondents reported that they began to feel different from their sex assigned at birth
- Brain structure differences on MRI can be seen





PCP Approach

General Approach

In primary care practice:

- our approach to patients can present its own barrier
- must meet patients where they are
- trauma-informed care
- know your resources
- practical solutions





IRL

Real life experiences

A decorative graphic element in the top-left corner consisting of two parallel lines. The inner line is bright blue and the outer line is a dark grey. They meet at a right angle, forming an L-shape that frames the top-left corner of the page.

**Placeholder for
videos**

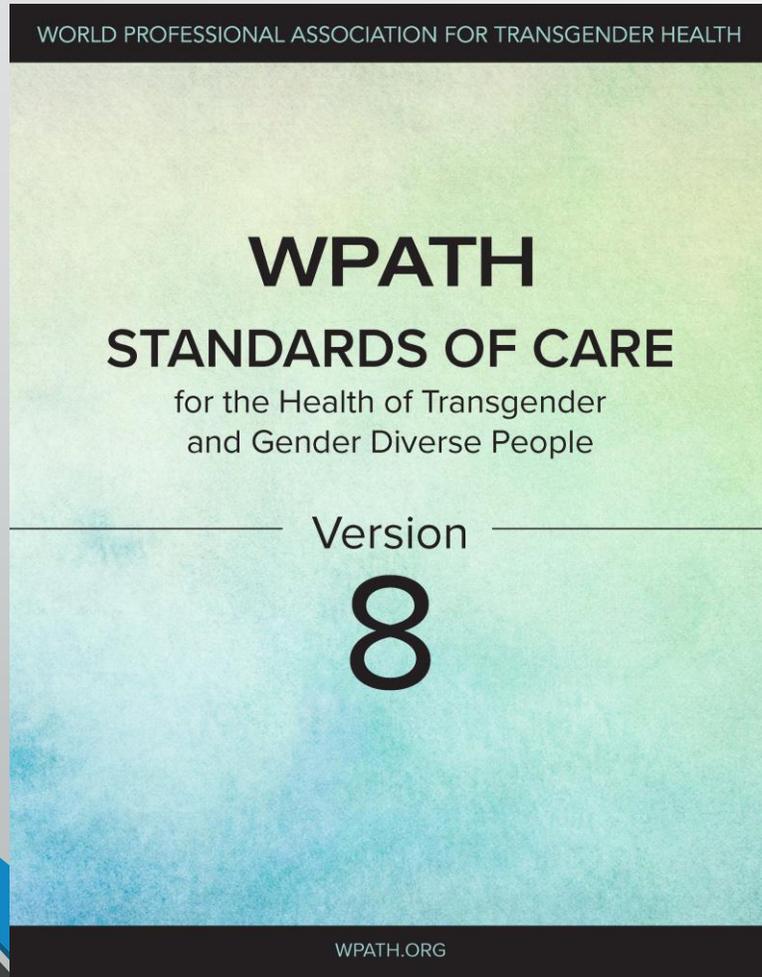


Holistic Approach to Care for Adolescents and Adults

Initial PCP Care

- Patient may not want medical assistance
- Families/patients may have questions
- Menstrual suppression
- Mental health treatment

Two Resources



JOURNAL ARTICLE EDITOR'S CHOICE

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

Wylie C Hembree, Peggy T Cohen-Kettenis, Louis Gooren, Sabine E Hannema, Walter J Meyer, M Hassan Murad, Stephen M Rosenthal, Joshua D Safer, Vin Tangpricha, Guy G T'Sjoen [Author Notes](#)

The Journal of Clinical Endocrinology & Metabolism, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>

Published: 13 September 2017 [Article history](#) ▼

Gender Dysphoria in Children

Gender Dysphoria in Children

302.6 (F64.2)

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 month's duration, as manifested by at least six of the following (one of which must be Criterion A1):
1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
 2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls, (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
 3. A strong preference for cross-gender roles in make-believe play or fantasy play.
 4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
 5. A strong preference for playmates of the other gender.
 6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games and activities.
 7. A strong dislike of one's sexual anatomy.
 8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Gender Dysphoria in Adols and Adults

Gender Dysphoria in Adolescents and Adults

302.85 (F64.1)

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 month's duration, as manifested by at least two of the following:
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence between one's experienced/expressed gender (or in young adolescents, a desire to prevent development of the anticipated secondary sex characteristics).
 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

Adolescents

- New chapter in WPATH Standards of Care 8
- Medical care is NOT initiated until after the onset of biological puberty
- Parents should be involved in decision-making
- Developmental maturity should be assessed
- Other medical/mental health conditions must be addressed
- Many may not want hormonal treatment



WPATH SOC 8 Recommendations

Treatment team has experience in childhood and gender development

Conduct a multidisciplinary and comprehensive assessment

Allow open exploration of all identities

Involve other disciplines where warranted

- Neuropsychological conditions

Maintain an ongoing and frequent relationship with patient/family

Adult Care

- Choice for initiating medical care done in an informed consent manner
 - Counseling or psychotherapy is not a requirement
- Can be done in a variety of settings
- Physician or other provider should act as a partner in decisions



WPATH SOC8 Recommendations

Clinician should be trained in gender affirming care

Clinician should be able to assess ability to consent

Clinician should be able to distinguish mental health concerns

Clinician should only recommend treatment when dysphoria is marked and sustained

Gonadectomy should only be considered after 6 months on hormones

Ethical Considerations

- Informed Consent**
- Competency/Humility**
- Confidentiality and Disclosure**
- Bias and Discrimination**
- Affirming Gender Identity**



Evidence Base

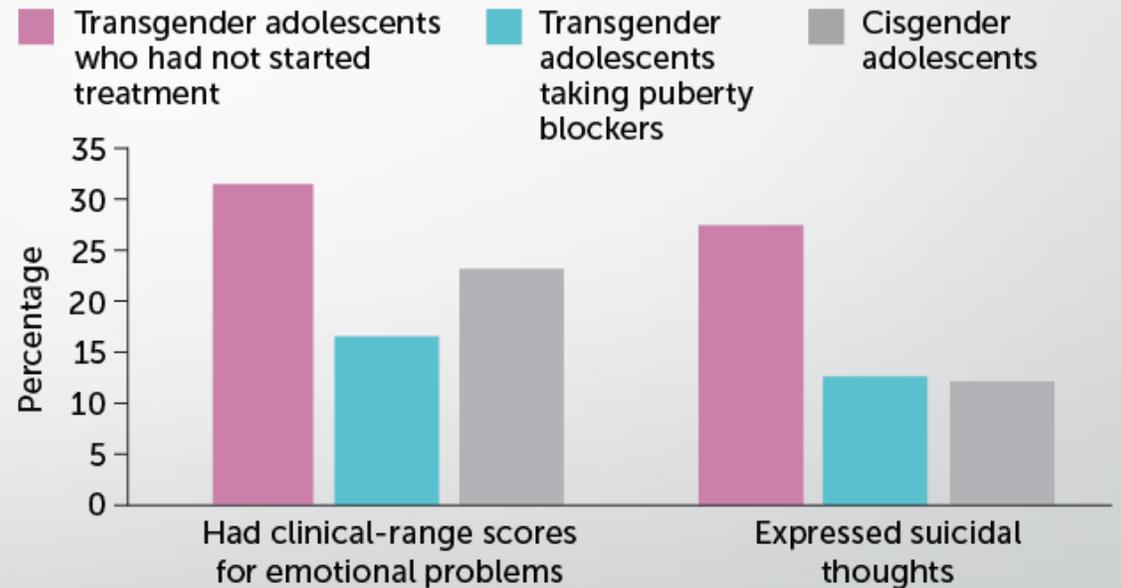
Transgender and Gender Non-Conforming (TGNC) Youth

Odds of mental health outcomes among transgender and nonbinary youths who received gender-affirming care vs. those who did not:

DEPRESSION
-60%

SUICIDALITY
-73%

Healio



The Amsterdam Cohort of Gender Dysphoria Study (1972-2015)

- 6,793 people (4,432 birth-assigned male, 2,361 birth-assigned female) sought care at the The Center of Expertise on Gender Dysphoria (CEGD) at the VU University in Amsterdam from 1972 through 2015.
- The number of people assessed per year increased 20-fold from 34 in 1980 to 686 in 2015.
- The estimated prevalence in the Netherlands in 2015 was 1:3,800 for men (transwomen) and 1:5,200 for women (transmen).
- The percentage of people who started HT within 5 years after the 1st visit decreased over time, with almost 90% in 1980 to 65% in 2010.
- The percentage of people who underwent gonadectomy within 5 years after starting HT remained stable over time (74.7% of transwomen and 83.8% of transmen).
- Only 0.6% of transwomen and 0.3% of transmen who underwent gonadectomy were identified as experiencing regret.
- 2023 Update: A substantial number of adolescents did not start medical treatment. In the ones who did, risk for re-transitioning was very low, providing ongoing support for medical interventions in comprehensively assessed gender diverse adolescents.

Transgender and Gender Non-Conforming (TGNC) Youth

FOR:

- **Relief of gender dysphoria**
- **Reversibility**
- **Improved mental health outcomes**

AGAINST

- **Long-term effects**
- **Informed consent**
- **Delaying puberty**
- **Ethical concerns**



I worked at the Tavistock gender clinic. This is why closing it was the right move

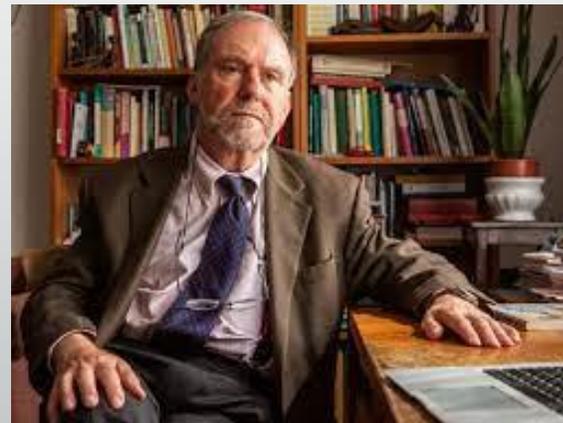
Good clinical care is about ensuring we can question practices, to exercise caution with new ideas, and to ensure we develop a sound evidence base for any treatments.

NHS to close Tavistock child gender identity clinic

© 28 July 2022



Keira Bell, a former Tavistock patient, said there needs to be more mental health support for young trans and gender-questioning people





American
Psychoanalytic
Association

Committee on Gender and Sexuality

In the prominent case of *Keira Bell v Tavistock*, he testified in support of the lower court's ban on the use of puberty blockers in patients younger than 16²² (the appeals court overturned this ban in 2021)²³. In 2022, David Bell unsuccessfully called for the shutdown of Glasgow's Sandyford gender service clinic, accusing Scottish National Party members of being influenced by "trans ideology."

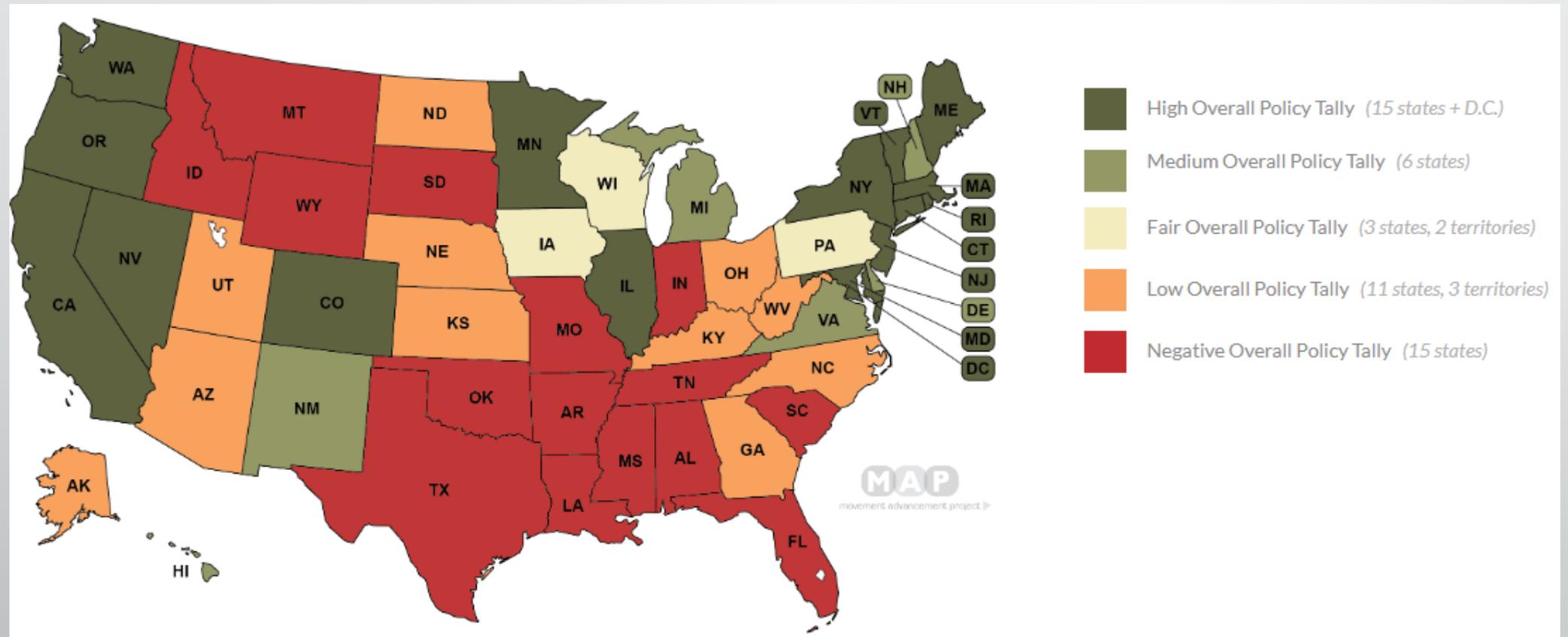
Bell relies on his authority as a psychoanalyst to generalize any medical transitioning in youth as being incompatible with depth psychotherapy, despite the work of many experts and patients who can attest to the contrary. And he is not alone in doing so.

The *Keira Bell v Tavistock* case was initially brought by Susan Evans, who is a nurse and psychoanalytic psychotherapist. She and her husband, Marcus Evans, a psychoanalyst, resigned from Tavistock in the wake of these events, and have been similarly outspoken in their attempts to curtail patient access to medical transition. Susan and Marcus Evans are featured in the upcoming seminar sponsored by the Gender Exploratory Therapy Association (GETA), a group that suggests medical transition for young people "should be avoided if possible" in favor of an unstudied and dubious psychotherapeutic approach with startling similarities to Sexual Orientation Change Efforts (SOCE, otherwise known as Conversion Therapy).



Advocacy Resources for You, Your Patients and Their Families

Overall LGBTQ State Policies



Source: <https://www.lgbtmap.org/equality-maps>
(As of 4/5/24)

Texas' LGBTQ Policies

Texas' LGBTQ Policy Tally



Sexual Orientation Policy Tally:

2.25/21.5

LOW

Gender Identity Policy Tally:

-2.75/23

NEGATIVE

Overall Tally:

-0.5/44.5

NEGATIVE



Source: https://www.lgbtmap.org/equality_maps/profile_state/TX (As of 9/7/23)

Physician Resources

Utilize

Utilize your local clinical experts

- Adolescent medicine, endocrinology, trans clinic

Participate in

Participate in CME on LGBTQ health

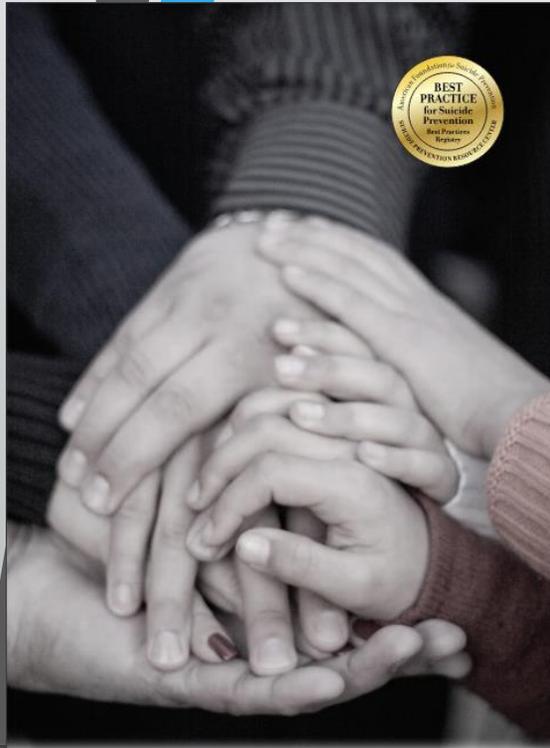
- Fenway Health, National LGBTQIA Center

Join

Join professional networking group in your medical association or specialty group

- TMA LGBTQ Health Section and others

Patient Resources



Supportive Families, Healthy Children

Helping Families with Lesbian, Gay, Bisexual & Transgender Children



SAN FRANCISCO STATE UNIVERSITY

an instant help book for teens

the gender quest workbook

a guide for teens & young adults exploring gender identity

- * express yourself
- * navigate social situations
- * find support

RYLAN JAY TESTA, PhD
DEBORAH COOLHART, PhD
JAYME PETA, MA





Legislative Advocacy

- Get to know your local legislators
- Use stories about your patients
- Stay informed through groups such as Equality Texas
- Write op-eds in newspaper
- Drop testimony for or against bills



Questions?