Take 3 – Practical Practice Pointers© July 22, 2019 Edition

HIV Risk, Caring for Transgender Persons

Follow-up Question from a Colleague:

1) Screening for HIV in High Risk Groups

Question: Regarding the new USPSTF recommendation regarding screening for HIV covered in the July 8th Take 3: "The HIV screening recommendations reference at risk and higher risk patients/populations. Could you please clarify these categories?"

Answer:

While all Americans are affected by the HIV epidemic, some populations bear an especially heavy burden and account for the largest numbers of HIV infections. Success in HIV prevention can only be achieved by addressing these disparities and working to achieve health equity. These populations include:

- **Gay and bisexual men of all races and ethnicities** remain the group most severely and disproportionately affected by the epidemic. Men who have sex with men (MSM) represent approximately 2% of the U.S. population, but accounted for 61% of all new HIV infections in 2009.
- **African Americans** are by far the most affected racial/ethnic population in the US. African Americans represent 14% of the U.S. population, but accounted for 44% of new HIV infections in 2009. The HIV infection rate among African Americans was almost eight times as high as that of whites in 2009, and among African American women it was 15 times higher than among white women.
- **Latinos** are also disproportionately affected by HIV, representing 16% of the total U.S. population, but accounting for 20% of all new HIV infections. In 2009, the HIV infection rate among Latinos was three times as high as that of whites.
- **Injection drug users** (IDUs) represented 9% of new HIV infections in 2009. African Americans accounted for 48% of new infections among IDUs, and Latinos accounted for 21%.
- **Transgender individuals** are heavily affected by HIV. A 2008 review of studies of HIV among male-to-female women found that, on average, 28% tested HIV positive.

My Comment:

Thanks to those colleagues who continue to send in questions from your practice. These questions help guide some of the content of Take 3. The data above is sobering and speaks to the unique biopsychosocial needs of these populations. See Pointer #2 for more information regarding the care of transgender persons.

Reference:

CDC – HIV/AIDS: Populations at Greatest Risk: Link

From the Literature and the Guidelines

2) Care of the Transgender Patient – A Brief Primer

Transgender persons are a diverse group whose gender identity differs from their sex recorded at birth. Some choose to undergo treatment to align their physical appearance with their gender identity. Barriers to accessing appropriate and culturally competent care contribute to health disparities in transgender persons, such as increased rates of certain types of cancer, substance abuse, mental health conditions, infections, and chronic diseases. Thus, it is important that clinicians understand the specific medical issues that are relevant to this population.

First, some terminology:

- *Gender/sex:* Broad terms describing the entire category of relevant biological characteristics, self-identification, and stereotypical behaviors that might be considered male, female, or some variation.
- *Gender identity:* The internal sense of being male, female, or neither.
- *Transgender, transsexual, trans, gender nonbinary, gender incongruent, genderqueer:* Adjectives used to refer to persons whose gender identity does not align with their sex recorded at birth (the latter primarily based on visible physical anatomy).
- *Cisgender, nontransgender:* Adjectives used to refer to persons whose gender identity aligns with their sex recorded at birth.
- *Gender expression:* How a person communicates gender identity through appearance, dress, name, pronouns, mannerisms, and speech.
- *Gender-affirming hormone treatment and surgeries:* Broad categories of medical interventions that transgender persons might consider to align their appearance and their gender identity.
- *Gender transition, gender affirmation, gender confirmation:* An overall process of alignment of physical characteristics and/or gender expression with gender identity.
- *Gender dysphoria:* Discomfort felt by some persons due to lack of alignment between gender identity and the sex recorded at birth. Not all transgender persons have dysphoria, but many U.S. insurance companies require this diagnosis for payment for transgender medical and surgical interventions.

Depending on the ages included in the study and the definitions used, somewhere between 0.6– 2.7% of children may report some degree of gender incongruence. Most transgender persons present to clinicians in late adolescence or adulthood. Whether this represents delayed recognition of gender incongruence, inability to articulate gender identity, or outside pressure to conform is not known. Despite the late presentation, many transgender persons report becoming aware of their gender incongruence well before puberty.

Transgender individuals often cite a lack of knowledgeable providers as the biggest barrier to their finding care. This guide was created to help clinicians better understand the needs of this population and covers issues such as medical and surgical treatment, practice improvement, and medicolegal and societal questions.

Although the Endocrine Society guidelines (2nd reference) state a preference for involvement of mental health providers in transgender determination for adults, they acknowledge that any sufficiently knowledgeable provider can make this determination. This would include primary care clinicians with sufficient knowledge of transgender medicine. For adolescent patients, assessment by a multidisciplinary team is the standard of care, and clinicians should refer these patients to those with

the appropriate training.

In the clinical setting, transgender identity can be established on the basis of history alone. Criteria include:

- Persistent gender identity that does not align with sex recorded at birth
- Capacity to make medical decisions
- Potential confounding mental health conditions are addressed

Hormone therapy is an important part of care for many transgender patients, although not all such patients seek medical intervention. The goal of hormone therapy is to induce physical changes in patients to match their gender identity. This in general involves manipulation of testosterone and/or estrogen levels. Transgender hormone therapy is generally safe when prescribed under medical supervision. However, reports suggest that transgender women who receive hormone therapy may have increased risk for DVT, pulmonary embolism, stroke, and potentially myocardial infarction.

Many transgender persons have mental health conditions, such as depression and anxiety, with associated increased risk for suicide and self-harm. A psychologist or psychiatrist is often needed to comanage the patient's mental health issues. In addition, some transgender patients receiving medical interventions (even those without a history of mental health issues) may require mental health support to manage the stress associated with treatment.

Approximately half of medically treated transgender persons also seek transgender-specific surgeries. Transgender patients typically but not always seek surgical interventions after hormone therapy. Hormone therapy before transgender- specific surgeries is not obligatory. Although there are no data to demonstrate utility, most payers require that persons who seek gender-affirming genital reconstruction surgeries have referral letters from qualified mental health providers.

Transgender persons have many surgical options, including facial, chest, and genital procedures. Chest reconstruction surgeries, hysterectomy, and oophorectomy are widely available. Facial feminization operations and feminizing genital reconstruction surgeries are well established but require surgeons with transgender-specific experience. Masculinizing genital reconstruction carries high risk for morbidity.

National medical societies are unified regarding the professional obligation of physicians to provide high-quality care to transgender persons according to current guidelines and practice. EMRs will need to be updated to correctly, safely, and respectfully record relevant medical and social details for transgender patients.

My Comment:
Our understanding of gender and gender identity continues to evolve. In researching this Pointer, I reflected back on my own upbringing and the “cultural norms” (not family in my case) that scripted some of my beliefs. It is painful even now for me to think how cruelly myself and some of my classmates treated children who obviously did not fit typical gender stereotypes, particularly boys, starting in elementary school. There is still much I don’t understand about this, but I am grateful to some very courageous patients and others who are helping me learn.

It is important to know who in your region has expertise in this area. If you are interested in treating this unique population, particularly with regard to gender-affirming

hormone treatment, I'd encourage you to do so only in collaboration with someone who has both expertise and experience in this area and after discussing with your healthcare team, as caring for these patients (actually, all patients) is a true team effort.

In terms of additional resources, the first reference below has a helpful table summarizing medication treatments, as well as a comprehensive patient information "Tool Kit" and a one-page patient information document.

References:

- Safer JD and Tangpricha V. Care of the Transgender Patient. *Ann Intern Med.* 2019;171(1):ITC1-ITC16. Abstract
- Hembree WC, Cohen- Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/genderincongruent persons: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2017; 102:3869-903. Article

---

3) Actually, due to space limitations, it's only "Take 2" this week :>)

Feel free to forward Take 3 to your colleagues. Glad to add them to the distribution list.

Mark

Carilion Clinic Department of Family and Community Medicine