



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Clinical Case Discussions

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 **HARVARD**
MEDICAL SCHOOL


Massachusetts League
of Community Health Centers

Continuing Medical Education Disclosure

- Program Faculty:
- Current Position:
- Disclosure: No relevant financial relationships. All hormone therapy for transgender people is off-label.

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Case 1: Description

- 17yo white youth with a non-binary gender identity
- Identifies as asexual and does not experience attraction to anyone or any gender
- Does not endorse discomfort with their body but is seeking masculinizing hormone therapy; has used hormones supplied by a friend in the past
- Autism spectrum disorder; OCD
- Had strong reaction to testosterone cypionate, mother brought up cottonseed allergy

Case 1: Questions

1. How do we approach gender-affirming medical care for a non-binary youth who does not meet diagnostic criteria for gender dysphoria?
2. What are considerations related to initiating gender-affirming medical care in a patient with autism spectrum disorder?
3. Given this patient's possible cottonseed allergy, what are other treatment options for hormone therapy?

Case 2: Description

- 34yo white transgender woman
- Has had orchiectomy, now seeking facial feminization, and breast augmentation
- Exercises excessively and exhibits clear signs of body dysmorphic disorder, anorexia nervosa, and OCD
- Currently taking Estradiol 4mg PO daily
- She has a family history of diabetes and presents with MRSA infection and cellulitis

Case 2: Questions

1. How do we think about eating disorders among transgender and non-binary adults?
2. What is the relevance of the patient's body dysmorphia to seeking gender-confirming surgeries?
3. How would we approach her family history of diabetes, MRSA infection and cellulitis?

Case 3: Description

- 64yo Black transgender woman
- Had genital reconstruction in her late 50s; has been on and off gender-affirming hormones for the past 10 years, and off hormone therapy for the last two years
- Exhibits symptoms of major depressive disorder and seems resistant to taking part in support systems available to her
- Current smoker with COPD, history of opioid use disorder, and history of DVT and cardiovascular disease
- Now presents seeking gender-affirming hormone therapy under medical supervision

Case 3: Questions

1. What role might intersections of marginalized identities be having on this patient's intermittent hormone use and resistance to engaging support systems?
2. How do we factor in the patient's medical history when considering initiation of gender-affirming hormone therapy?
3. How do we conceptualize "typical" menopause when managing gender-affirming hormone therapy?

Case 4: Description

- 17yo transgender male, refugee from Syria; has witnessed violence, including being injured in a bombing
- History of emotional and physical abuse from father as well as childhood sexual abuse from an older male in the family
- Initially reluctant to claim transgender identity with providers
- Having a hard time making friends at school and there have been some behavioral/discipline issues; support systems mainly online
- Feels unsafe in the U.S. as a Muslim and transgender person

 **Has PTSD, including flashbacks, nightmares, intrusive thoughts**

Case 4: Questions

1. What are some cultural considerations needed in providing him gender-affirming care?
2. How do we understand and approach gender identity and gender affirmation treatment in the context of extensive trauma?
3. How can we conceptualize and address the patient's recurrent pain and history of a "kidney tumor"?

Case 5: Description

- 52yo Native American transgender woman
- History of major depressive disorder and schizophrenia, has been hospitalized due to psychotic episodes and suicide attempts
- Currently homeless and lives in a camp with her long-term boyfriend
- Has type 2 diabetes but refuses to take insulin, claims it “makes [her] go crazy”
- Severe alcohol use disorder with repeated arrests for public intoxication and disorderly conduct
- Intermittent use of “estrogen and spiro,” reporting her meds often get stolen
- Presents to you for initial visit asking for a prescription for

Case 5: Questions

1. How do we approach gender affirmation in the context of a chronic psychotic disorder?
2. How do we approach gender affirmation in the context of a severe substance use disorder?
3. How do we provide safe and sustainable gender-affirming medical care in the context of psychosocial chaos and medication non-adherence?

Case 6: Description

- 23yo African American transgender woman, married to a Latino transgender man
- She is living with HIV and he started taking PreP per her request
- The couple recently both went off hormones and have been attempting to conceive, unsuccessfully
- They are looking for a referral to a fertility specialist
- She has bipolar 2 disorder and uses alcohol occasionally to “manage her moods”

He is obese, has asthma, and is a smoker

Case 6: Questions

1. What are considerations related to hormone therapy and fertility among transgender men and women?
2. What relationship dynamics might currently exist within their marriage and what relevance do they have for the overall care of these patients?
3. How do we best prepare and support them medically and emotionally through conception and pregnancy?