Care for LGBTQIA+ Patients

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Disclosures

• I have no disclosures.
• Will be discussing off-label use of medications.
Core principle

“Children are not small adults.”
Objectives

- Discuss strategies to create an affirming clinical space
- Review hormonal changes occurring in adolescence
- Explore how to obtain an LGBTQIA+ inclusive social history
- Reflect on case examples as a strategy to improve our clinical experience
Case Presentation

• Sadie is a 15 year old assigned female whom you are seeing in follow-up of longstanding, well controlled hypothyroidism
• Father is concerned about signs of depression and ask if this might be related to their thyroid disease
• When alone with the patient, Sadie notices you’re wearing a rainbow lanyard and tells you they would feel most comfortable if you used the name “Sam” and ‘he/him’ pronouns during your visit together
Case Presentation

• Sam states that they started a female puberty at age 10 years and reached menarche at age 12 years
• While progressing through puberty, initially identified as bisexual, then lesbian, and later as a transgender male
• Hopes to start gender-affirming hormones using exogenous testosterone therapy and eventually have top (chest) surgery
• However has not discussed these feelings with his parents, who are Brazilian and have a strong Catholic faith
Let’s pause…

How would you handle this situation in your own clinical practice? What are your next steps?
Caring for LGBTQIA+ adolescents

- LGBTQIA+ youth are part of every racial, ethnic, socioeconomic, and geographical group
  - Many transition to healthy and successful adults
- Some youth experience social stigma about their sexuality/gender identity which can impact their health
  - Transgender women of color, young gay and bisexual males have disproportionately high rates of HIV, syphilis, and other sexually transmitted diseases (STDs)
  - Adolescent lesbian and bisexual females are more likely to have ever been pregnant than their heterosexual peers
  - Transgender youth are more likely to have attempted suicide than their cisgender peers

https://www.cdc.gov/healthyyouth/disparities/health-considerations-lgbtq-youth.htm
Caring for LGBTQIA+ adolescents

• Caring for youth as well as their family
  – Family dynamics
  – Cultural/religious/political beliefs
• Developmental considerations
• Right to confidentiality
• Recognizing our own biases and how our own personal experiences influence the provider-patient relationship
The adolescent experience

- Rapid growth
- Exploration of sexual identity and romantic relationships
- Asserting a more gendered role
- Emerging independence from parents/guardians
- Potential experimentation with alcohol and drugs and other risk-taking behaviors
- Potential emergence of mental health issues
- Self-directed exploration of hobbies/interests
- Development of secondary sexual characteristics (e.g. adult body)
- Increasing economic independence

https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx
When does puberty begin?

– Age 8-12 years in assigned girls
– Age 10-14 years in assigned boys

Hypothalamic-pituitary-gonadal axis

Physical changes during puberty by assigned sex

Puberty may be a heightened time of distress and dysphoria

Pubertal changes make our bodies appear more gendered

Resources on puberty may not reflect an LGBTQIA+ youth’s experience
Creating an affirming clinical space
Who needs to be trained in creating a welcoming environment?

ANYONE WHO MAY INTERACT WITH THE PATIENT/FAMILY
Who needs to be trained in creating a welcoming environment?

- Schedulers
- Front desk staff
- Billing/Financial support
- Patient advocates
- Patient care technicians
- Nurses
- Laboratory and radiology staff
- Medical and mental health providers
How do we create a welcoming environment?

• Lanyards, rainbow stickers/flags, pronoun pins
• LGBTQIA+ inclusive posters
• Gender neutral bathrooms
How do we create a welcoming environment?

• Modify patient encounter forms to have an option to include affirmed name/pronouns
• Be mindful about legal name
• Work with your Electronic Health Record to be LGBTQIA+-inclusive
  – Be an agent of change!
The patient encounter
Hi, I’m Dr. Roberts. I use she/her pronouns. How would you like to be addressed during our visit today?
Case Presentation

• 13 year old birth-assigned male comes to see you as a new patient with the patient’s father.
• After your introduction, the parent interrupts with the birth name “John” and “he/him” pronouns but patient requests the use of “Amy” and “she/her.”
• Both are seated in front of you.
Let’s pause…

How would you handle this encounter?
Remember who your patient is!
The Patient Encounter

• Always honor the patient!
  – Avoid ‘deadnaming’
• Ask all patients their name (and pronouns)
• Affirmed name/pronouns may change over time
  – May vary with in different social spaces (e.g. with peers)
• Learning from our patients
  – e.g. identifies sexuality as pansexual
  – e.g. identifies gender identity as demi-boy
• Recognize may need to use different/name with patient vs. parents
• Spend time with the patient alone!
After we review the medical history all together, I always spend part of the visit with your child alone.
Confidentiality

- Give the reasons why it’s important to spend some time alone
- Discuss confidentiality at the start of the conversation with the patient
  - Exceptions: safety concern for self/others, abuse
- Obtain a history that is developmentally appropriate, not age-based
- Don’t make assumptions about lack of risk-taking behaviors
- Document in EHR confidentially

COMMITTEE ON ADOLESCENCE, Pediatrics, 2013.
LGBTQIA+-inclusive History
Home

• Who lives with the young person?
• What are relationships like at home?
• Who is aware of the young person’s sexuality/gender identity?
  – Are they supportive?
  – Has anyone discouraged the child from their identity?
  – How has this affected family relationships?
  – How are parents handling younger siblings?
  – Do they discuss sexuality/gender identity outside of clinic?
• How are encounters with extended family?
• Have they experienced (or is there a risk of) homelessness?

Role of supportive parents

Supportive parents can help
– E.g.: Family Acceptance Project: demonstrated that family acceptance:
  • Suicide
  • Depression
  • Substance abuse

  • Health
  • Self-esteem

Russell et al, 2011
History

Home
Education/Employment
Activities
Drugs
Sexuality
Suicide/Depression

Education/Employment

• School/grade performance
  – How academic performance improved or worsened with coming out?
  – Any significant number of absences?

• Are the students and staff LGBTQIA+ inclusive?
  – Is the use of affirmed name/pronouns being acknowledged?
  – Has the student experienced any bullying/harassment?

• Future education/employment plans?

• Any current employment?
  – Any discrimination in being hired?
  – Any harassment by employees or customers?

Safe Schools Program for LGBTQ Students

Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment

Nondiscrimination on the Basis of Gender Identity

An Act Relative to Gender Identity (Chapter 199 of the Acts of 2012), which became effective on July 1, 2012, amended several Massachusetts statutes prohibiting discrimination on the basis of specified categories, to include discrimination on the basis of gender identity. Among the statutes amended is G.L. c. 76, § 5, prohibiting discrimination on the basis of gender identity against students who enroll in or attend the public schools. G.L. c. 76, § 5 now reads as follows:

Every person shall have a right to attend the public schools of the town where he actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation. (Emphasis added)
School Support

[Image: Schools In Transition: A Guide for Supporting Transgender Students in K-12 Schools]

https://www.genderspectrum.org/studenttransitions/
Activities

• Participation in activities inside/outside school?
  • Withdrawing from social interactions?
  • Supportive of sexuality/gender identity? (if shared)?
  • Option to participate in GSA or community support group?
  • Positive or negative experiences in religious communities?

Activities

• Sports participation
  – How stereotyped gender roles impact participation?
  – How gender dysphoria (e.g. interaction with your assigned sex body) influences participation in physical activity?
  – Limitations if chest binding?

• Social media use
  – How many hours of screen time/day?
  – Any safety concerns?
  – Occurrence of cyber bullying?
History

Home
Education/Employment
Activities
Drugs
Sexuality
Suicide/Depression

Drugs

• Any substances used by the young person? Peers?
  – Alcohol use
  – Vaping
  – Tobacco, marijuana, pills, IV drugs
• Amounts, frequency, patterns of use, and car use while intoxicated?
  – Source--how paid for?
• Exchange for drugs?

History

Home
Education/Employment
Activities
Drugs
Sexuality
Suicide/Depression

Sexuality

- Do not conflate with gender identity!
- Do not make any assumptions about partners!
  - Role of ‘anatomy inventory’
- In the setting of gender dysphoria, are they able to interact with their bodies?
  - Titration of gender-affirming hormones to maintain sexual function
  - Difficulty with toileting/bathing

Case example

- CJ is an 18 year old transgender male who is considering starting testosterone therapy.
- He shares that he prefers cis-gender female partners for romantic relationships and cis-gender male partners for sexual activity.
Abstinence-only education

• Rebranding of abstinence-only programs as “sexual risk avoidance” programs
• Remain ineffective at their goal of promoting abstinence until marriage
  – Withhold potentially life-saving information
  – Promote dangerous gender stereotypes
  – Stigmatize sex, sexual health and sexuality
  – Perpetuate systems of inequity.

Guttmacher.org
Sexual health

• Who do they find attractive?
  – Are they dating?

• Types of sexual experience and acts?
  – Number of partners?
    • Asexual, pansexual, etc.
  – Masturbation? (normalize)
    • Vaginal atrophy in setting of testosterone use
  – Contraception? Frequency of use?
  – Comfort with sexual activity, enjoyment/pleasure obtained?
  – History of sexual/physical abuse?
  – Safety concerns around disclosure around sexuality/gender identity

Discussing sexuality with health care providers

• “I just think doctors need to ask more questions.”

• Themes from adolescent and young adults' experiences of sexuality communication with physicians
  – need for increased quantity of sexual communication
  – issues of confidentiality/privacy
  – comfort (physician discomfort, physical space)
  – inclusivity (language use, gender-fluid patients, office environment)
  – need for increased quality of sexual communication

“Are you dating? Do you have a boyfriend?”
“You’re not having sex, are you?”
Sexual health

- Increased rates of STI infections
  - Know states laws on mandated reporting of STI infections
  - Be aware of community resources that offer free/low cost STI testing
  - Greatest risk of HIV in trans youth of color
  - Consider use of PreP for HIV prophylaxis

- Risk of pregnancy
  - Misconceptions: Testosterone is not a reliable form of contraception
  - Sensitivity about counseling and future fertility
  - Counseled BEFORE they medically transition (e.g. puberty blockers, hormones)
  - Referred to a specialist when appropriate

- Refer to LGBTQIA+ inclusive gynecologists/adolescent medicine
Let’s pause…

What barriers prevent you from asking adolescents effectively about their sexual identity and sexual health?
Like other parts of clinical care….

• Gender-affirmative models of care for dysphoria is evidence-based!

• Youth with dysphoria do better when we are affirmative

• Conversion therapy is harmful, unethical, and in some states, illegal.
Types of Transition

• **Social**
  • Use of a different *name*
  • Use of different *pronouns*
  • Transformations of the *physical appearance* (e.g. dressing in gender affirming style, adopting a different haircut)
  • Use of a *gendered facility* (e.g. bathroom, locker room) that suits the person's gender more accurately
  • Other differences in *social role* (e.g. college dorm)

• **Medical**

• **Surgical**
Every young person’s transition is an individual experience!
How We Can Help

Psychosocial support

Irreversible therapies
- Surgery

Reversible therapies
- Blockers, +/- Hormones

Partially reversible therapies
- Hormones
<table>
<thead>
<tr>
<th>Psychological and CNS</th>
<th>Skin</th>
<th>Voice</th>
<th>Muscle</th>
<th>Blood pressure</th>
<th>Blood</th>
<th>Lipids and metabolism</th>
<th>Hormone concentrations</th>
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<tbody>
<tr>
<td>↓ Gender dysphoria</td>
<td>Acne</td>
<td>↓ Pitch</td>
<td>↑ Lean mass</td>
<td>↑ Systolic blood pressure</td>
<td>↑ Hemoglobin and hematocrit</td>
<td>↓ HDL cholesterol</td>
<td>↓ Estradiol</td>
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<td>↓ Anxiety</td>
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<td>↑ Cross-sectional area</td>
<td>↑ Bodyweight</td>
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<td>↑ Triglycerides</td>
<td>↓ Luteinising hormone</td>
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<td>↓ Depression</td>
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<td>↑ Bodyweight</td>
<td>↑ Grip strength</td>
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<td>↓ Sex hormone-binding globulin</td>
<td>↓ Follicle-stimulating hormone</td>
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<td>↓ Perceived stress</td>
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<td>↓ Prolactin</td>
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<td>↑ Hair density, diameter, and growth rate</td>
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<td>Alopecia</td>
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<td>Breast</td>
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<td>↓ Glandular tissue</td>
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<td>↑ Fibrous connective tissue</td>
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<td>Reproductive system</td>
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<td>Cessation of menstruation and infertility</td>
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<td>↑ Clitoral size</td>
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<td>↑ Vaginal epithelial thickness</td>
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<td>Atrophic endometrium (according to data from some studies)</td>
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<td>Ovarian hyperplasia and polycystic ovaries</td>
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<td>Body composition</td>
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<td>↑ Sexual desire</td>
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<td>Psychological and CNS</td>
<td>Hair</td>
<td>Voice</td>
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<td>↓Facial and body hair</td>
<td>No change</td>
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<td>↓Male pattern baldness</td>
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<td>↓Depression</td>
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<td>↑Quality of life</td>
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| Breast                       |                               |        |
| ↑Breast tissue               |                               |        |

| Skin                         | Blood pressure                | Lipids and metabolism |
| ↑Softness                    | ↓Systolic blood pressure      | ↑LDL cholesterol      |
| ↓Sebum and acne              |                               | ↑Triglycerides        |
|                               |                               | ↑Sex hormone-binding globulin |

| Reproductive system          | Blood                         | Hormone concentrations |
| ↓Penile erections           | ↓Hemoglobin and hematocrit    | ↓Testosterone          |
| ↓Prostate size              |                               | ↓Luteinising hormone   |
| ↓Sperm count and quality    |                               | ↓Follicle-stimulating hormone |
|                               |                               | ↑Prolactin             |

| Body composition             |                               |        |
| ↓Lean mass                   |                               |        |
| ↑Fat mass                    |                               |        |
| ↑Visceral fat                |                               |        |

| Sexual health                |                               |        |
| ↓Sexual desire               |                               |        |

Let’s pause…

Think of an example where you wish a conversation around gender identity could have been improved. What would you change in the encounter?
History

Home
Education/Employment
Activities
Drugs
Sexuality
Suicide/Depression

Suicidality/Depression

• Signs of mood disorders
  – Exhibiting withdrawal/isolation?
  – Feelings of hopelessness
• Appetite/eating behavior changes
  – Concern for disordered eating?
  – Excessive physical activity?
• Assess for suicidality (including intent +/- plan and means)
  – Active or past self harming behaviors
  – Prior suicidal ideation and/or attempts
• Past history of psychiatric hospitalization
• Psychosomatic symptomology

Physical Exam

• Ask permission!
• Let the patient know what you are going to do next
• Ask the patient what names they use to refer to more sensitive body parts (e.g. top, bottom)
• Never force a patient to participate in a certain part of an exam
• Use a chaperone as appropriate
What about prepubertal youth?

• Most children typically can label stereotyped gender groups by 18-24 months
• Most children categorize their own gender by age 3-4
  – May evolve with age
• Exhibiting interests that are gendered e.g. “feminine” do not determine or indicate one's gender/sexual identity
• Sexuality Identity typical emerges in adolescence
  – But may be earlier
• Encourage families to create a safe space for exploration

Healthychildren.org
Let’s pause…

Think of an example where you wish a conversation around gender identity could have been improved. What would you change in the encounter?
Your role as an advocate…

You have a powerful voice to evoke change
Take-aways

• Create a welcome, inclusive, safe space
  – Honor the patient!
  – Train all staff on affirmative practices
  – Treat sexuality and gender-focused conversation as confidential
• Explore what is most distressing to the individual
• Identify supports for patient and explore any safety concerns
• Connect parent and adolescents with resources
• Refer to experts providing affirmative care as needed
Resources for Providers

- AAP Reaching Teens Strength-Based Communication Strategies To Build Resilience and Support Healthy Adolescent Development: http://ebooks.aappublications.org/content/reaching-teens-strength-based-communication-strategies-to-build-resilience-and-support-healthy-adolescent-development


- AAP Policy Statement- Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth: http://pediatrics.aappublications.org/content/early/2013/06/19/peds.2013-1282

- World Professional Association of Transgender Health: http://www.wpath.org

- AAP Section on LGBT Health and Wellness: https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/solgbt/Pages/home.aspx

- GLSEN Safe Space Kit: http://www.glsen.org/safespace

- National LGBT Education Center: http://www.lgbthealtheducation.org/
Resources for Youth

• Family Acceptance Project: familyproject.sfsu.edu
• Parents and Friends of Lesbians and Gays: www.pflag.org
• It Gets Better Project: www.itgetsbetter.org
• The Trevor Project (suicide prevention): www.thetrevorproject.org
• Gay Straight Alliance Network: www.gsanetwork.org
• Gay Lesbian & Straight Education Network: www.glsen.org
• KidsHealth: www.kidshealth.org
• TransYouth Family Allies: www.imatyfa.org
Resources: Hotlines

• Lesbian, Gay, Bisexual and Transgender Helpline
  617-267-9001
  Toll-free: 888-340-4528

• Peer Listening Line
  617-267-2535
  Toll-free: 800-399-PEER

• National Suicide Prevention Lifeline
  http://www.suicidepreventionlifeline.org
  1-800-273-8255
Questions?

Contact: Stephanie.Roberts@childrens.harvard.edu