



ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

Treatment of LGBTQ Youth and Adolescents

Carly Guss, MD, MPH
Jeremi Carswell, MD



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



HARVARD
MEDICAL SCHOOL

Disclosures

- JMC served as a consultant for Endo Pharmaceuticals (6/2/18)



Objectives

1. Delineate strategies to create an affirming and inclusive atmosphere for:
 - clinical spaces
 - history & physical exam
 - Screening
 - communication with LGBT youth and their families
2. Demonstrate affirming and inclusive care for LGBT youth through an interactive case study



Case

- Sam* is a 15 y/o female, whom you have been following since infancy, who presents with chief complaint of “gender issues.”

- Where do you start?

* Case courtesy of M.
Melchiono, name changed



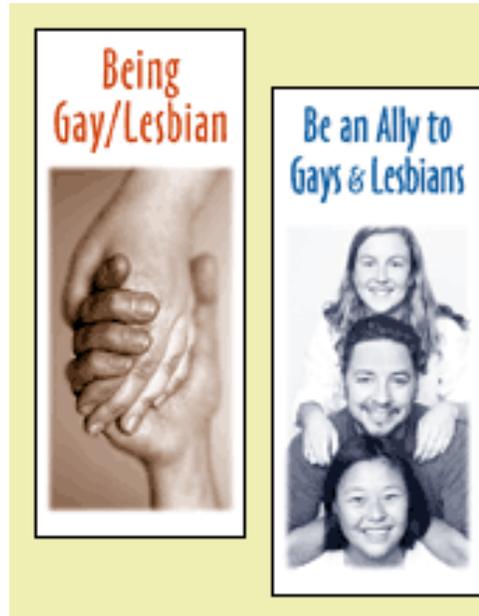
CREATING AFFIRMING CLINICAL SPACES FOR YOUTH



ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

The Clinic: Physical Spaces

- Modify your clinic to create affirming spaces for youth



I'd like to see this, tape **the pride flag right on the wall**, but it's not reasonable. Maybe doing like those...stickers, the **LGBT safe space stickers**? Yeah.

- 15-year-old trans girl/ trans girl

Guss et al, in press



The Clinic: Some Tips

- Train all staff on LGBT health and competencies
- Include gender identity and sexual orientation in non-discrimination policies
- Have a gender neutral bathroom
 - Where do your patients leave urine samples?
 - Teens like the idea of pamphlets in bathrooms for privacy from parents



Hadland et al., 2016; The Fenway Institute, 2015, Guss 2017 in preparation, David et al 2018



The Clinic: Forms

- Both transgender and cisgender youth find questions about gender identity and sex assigned at birth understandable
- Transgender adolescents (like adults) may find use of their legal name triggering
 - Discuss with your staff how to incorporate chosen name and pronouns for patients
 - Can this be done in your EMR?
 - Do you need a work around?
 - What if parents don't know?



The Clinic: Forms

I would kind of be proud that they're actually recognizing and accepting transgender males and females because a lot of hospitals choose not to and it's important to start somewhere.

17 y/o, cisgender female

It was a little more identity confirming... it made me feel like you guys were trying to make an effort to understand our struggle as being trans.

17 y/o, transgender female



The Clinic: The Provider



- Treat all patients with empathy, respect and dignity
- Clinicians should acknowledge personal biases and attitudes
- All patients should receive care in which the provider affirms the patient's gender and sexual orientation
- Conversion therapy is unethical and against standards of medical care

David et al, 2018



Beyond the Provider

I know my doctor [at the office] is supportive, but I still have the worries, like, what if not everyone... that works here is supportive and all that.

- 17-year-old, gender queer/ gender nonconforming teen

Guss et al, in press



HISTORY AND PHYSICAL



ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

Expectations

- LGBTQ youth may have had prior adverse health care interactions and may not immediately feel comfortable disclosing sensitive information
 - **Your job is not to get youth to ‘come out’, but to create a welcoming, informative environment in which they can do so and can receive support**

- *Show* that you are an LGBTQ-friendly provider
 - Consider pins, lanyards, stickers, and signs



Hadland et al., 2016; The Fenway Institute, 2015.



Setting the Stage: Confidentiality

- Discuss with patient and parent *up front* that you will have confidential time so youth can learn to take responsibility for their own health

Today we are going to spend some time talking together about Robin's health. I'll address any questions each of you have, and then I will spend some time alone with Robin. At the end of the visit, we'll come back together and talk again.

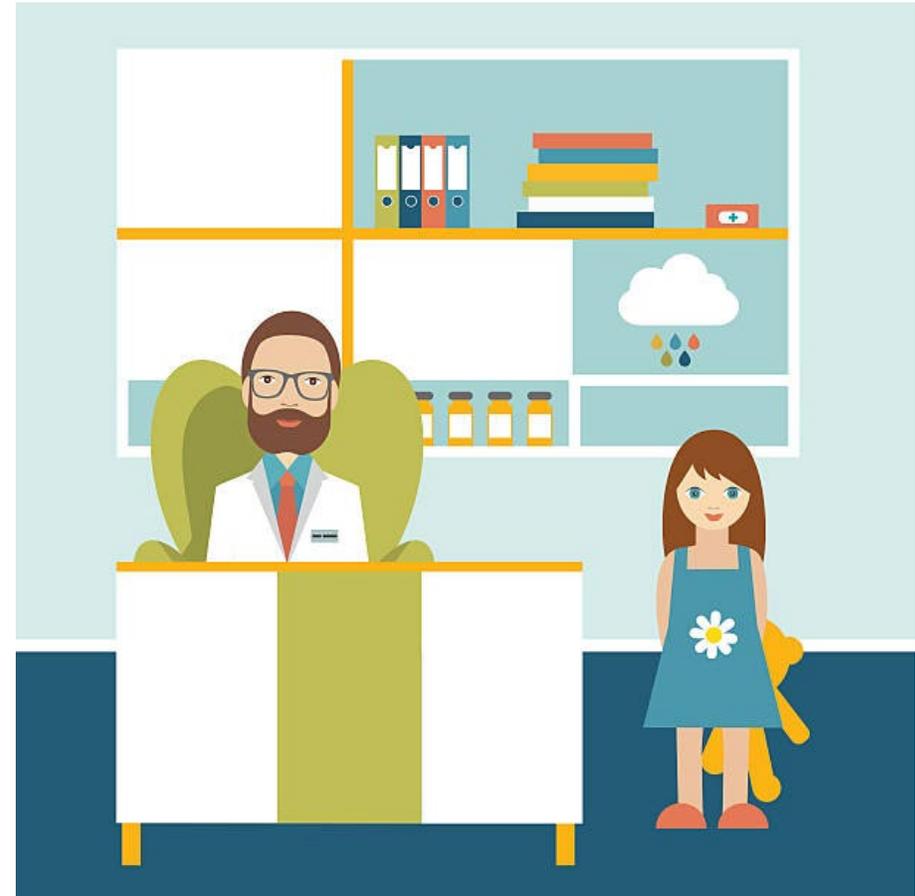
- If parent shows reluctance to leave, reframe it: focus is on adolescent self-responsibility and self-reliance



When to start?

- Age 12 is suggested by AAP
 - Start preparing patient and family at 11-year-old health maintenance exam
- But also consider development of the patient

- Confidentiality is a **key part** of adolescent health care
 - This is standard of care!



Caveat: Limits to Confidentiality

- Let the patient and parent know there are limits to confidentiality:
 - Risk to self or others
 - Abuse
- Violations of confidentiality may have consequences for LGBTQ patients
 - Consider discussing the contents of documentation with the patient
 - If possible, use confidential notes in your medical record



Confidentiality and Consent

- Policies vary from state to state regarding adolescent consent and parental notification
- States allow minors to consent to services for STIs/HIV and emergency care
 - Most allow them to consent to family planning services and substance abuse treatment
- If a bill or Explanation of Benefits will breach confidentiality (*e.g.*, would disclose STI/HIV testing or treatment), consider alternate coding
- Learn the laws/statutes for your state
 - Guttmacher Institute (www.guttmacher.org)
 - National District Attorneys Association (www.ndaa.org)
- The Society for Adolescent Health and Medicine has additional resources: <https://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Confidentiality.aspx>



Confidentiality and the patient

- When alone with the patient, re-introduce the limits of confidentiality

As I said earlier, the next part of this visit is confidential. What does that mean to you? That means it is between you and me and your medical team, unless you or someone else is at risk of immediate harm.



Meeting the patient

- Consider introducing yourself with your pronouns

Hi, I am Dr. Guss. My pronouns are she/her/hers.



Case

- Over the last year and a half Sam has begun to question her gender identity.
- She cut her long hair to a pixie cut and has begun wearing more androgynous clothing.
- She has not told any peers about her feelings but recently told her father who brought her here today.
- Dad reports that his initial reaction was one of confusion
- He wonders if this might be a stress reaction to all she has encountered and if it might be a passing thing.



Case

- There are several social stressors. Mom died when Sam was young
- In the last 2 years, father has remarried to a younger woman and they have since had a baby.
- The whole family has moved communities from one neighboring town to another and had a prolonged period in temporary housing while they renovated their new house.
- Sam is close with dad, not much of a relationship with stepmom



Case

- School is time consuming with many hours of homework per night.
- Teachers and other students are quite open and accepting.
- Sam's interests include art and is regularly asked to illustrate for school-related things like the program for a school performance or for the literature magazine.
- Sam has a few close friends and denies bullying.



The Social History: SSHADESS

- HEADS mnemonic used to screen for most causes of morbidity and mortality in teens
- SSHADESS reorders to discuss easier things first and is strength-based:

Strengths

School

Home

Activities

Drugs

Emotions/Depression

Sexuality

Safety



Social History: School

- Ask about bullying
 - Are they being bullied? Are they bullies?
- Is there a Gender and Sexuality Alliance (GSA) at their school?
Are they a member?
 - GSAs make schools safer for LGBTQ+ students
 - There is evidence that they lead to a more positive school environment
- Does the school have LGBTQ inclusive sex ed?
- Resource: <https://www.glsen.org/>



GLSEN 2007, Marx and Kettrey 2016



Social History: Home

- Are they out to their family?
 - Who knows? Is it safe to disclose?
- Are they at risk for homelessness?
- Supportive parents can help
 - E.g.: Family Acceptance Project: demonstrated that family acceptance:



- Suicide
- Depression
- Substance abuse



- Health
- Self-esteem



Social History: Activities

- What do they like to do for fun?
- Do they do any sports?
 - This may be an area to especially explore for transgender and non-binary youth
 - Do they feel safe changing in the locker room?
 - GLSEN has resources for inclusion in sports
- How much time are they spending on the internet?
 - The internet can be an affirming space for LGBTQ youth
- Are they spiritual/religious?
 - How supportive is their place of worship?



Social History: Drugs

- All adolescents should be asked about substance use
- Numerous stressors that are unique to LGBTQ youth
 - Higher rates
- The American Academy of Pediatrics recommends **SBIRT**
 - Substance abuse screening
 - **B**rief **I**ntervention
 - **R**eferral **to** Treatment
- www.sahmsa.gov has many resources



Social History: Drugs

C

- Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high or had been using alcohol or drugs?

R

- Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A

- Do you ever use alcohol or drugs while you are by yourself (**ALONE**)

F

- Do you ever **FORGET** things you did while using alcohol or drugs?

F

- Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T

- Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?



Social History: Emotion/Depression

- All youth should be screened for depression
- LGBTQ youth may have additional stressors that put them at increased risk of mental health issues
- High rates of suicide attempts LGBTQ youth
- Be ready with resources
- Conversion therapy is unethical



Social History: Sexuality

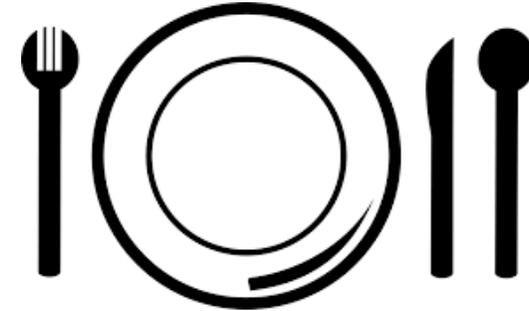


- Use inclusive language with all patients
- Do not make assumptions about partners
- Avoid assuming a patient's partner is opposite-sex
 - Ask, “Are you in a relationship?” rather than, “Do you have a boyfriend?”
- Use the same terms youth use to describe themselves
 - If a patient refers to herself as a lesbian, use this instead of the term “gay” in your clinical encounter
- Discuss healthy relationships



Social History: One more thing...

- Ask about disordered eating
 - Elevated risk for LGBT youth
 - Ask about purging, diet pills, laxatives
- Look at growth chart and vital signs
 - Is there sudden weight loss or gain? Bradycardia?
- Menses
 - If someone should be menstruating, ask if they are having a period
 - Periods can be distressing for transgender and non-binary youth



Coker et al, 2010



Easy Clinical Tips: Questions

- Remember: Youth often have diverse / fluid identities
 - Sexual attraction, self-identified sexual orientation, gender identity, and gender expression
- Ask open-ended questions: pronouns, gender identity, sexual orientation, and sexual attraction
 - Privacy and confidentiality are important!
- Labels don't dictate behavior!

Hadland et al., 2016;
The Fenway Institute, 2015.



Easy Clinical Tips: Language

- Ask what pronouns a patient uses, then use them

“I feel like generally you should **ask someone what their pronouns are**. It’s kind of like asking what their name is.”

Guss et al, in press



The Physical Exam

- Same tips apply for youth as adults



Physical Exam – Transgender Patients

- Ask for preferred terminology around body parts

“[If it’s] involving genitals it should be as **quick as possible** because ...people tend to **feel kind of dysphoric** when those are brought up... I personally just feel really awkward about having boobs and I often think ‘why are these organic milk sacs attached to my chest?’

- 15-year-old, gender queer youth



SCREENING



ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

Sexual Risk Counseling

- Address STI/HIV and pregnancy risks based on sexual activity, not identity
- Identity and behavior do not always align
- Teen pregnancy does occur in lesbian and bisexual girls; gay and bisexual boys can also become fathers
 - In fact, *elevated* risk of pregnancy among lesbian and bisexual girls



Saewyc et al., 2008; Travers et al., 2011.



Sexual Health and STI Screening

- Screen based on anatomy and behavior, NOT sexual orientation or gender identity
 - testicular exam
 - Pap testing
- Extragenital STI screening for youth who have receptive anal sex
- Offer self-collected specimen for increased comfort (*e.g.*, for gonorrhea / chlamydia)



HIV Screening



1 in 4 new HIV infections occurs in youth ages 13-24 years



About **60%** of all youth with HIV do not know that they are infected

- Multiple guidelines recommend routine HIV testing at least once
- CDC recommends annually or every 3-6 months depending on risk factors
 - Includes: gay and bisexual men

CDC



Pre-Exposure Prophylaxis

- FDA approved chemoprophylaxis for HIV:
 - consisting of a single pill with the combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC).
- PrEP should be offered to teens/young adults at substantial risk of HIV infection, including
 - men who have sex with men who have unprotected anal intercourse
 - people in a sexual relationship with a HIV positive partner
 - individuals who engage in survival sex
 - injection drug users
- More information:
<https://www.cdc.gov/hiv/basics/prep.html>



The Visit: Parents

- Encourage parents to have open communication with their teens
 - Invite conversations about sexuality and gender
 - Use respectful language and be supportive
- Stay involved – know what your teen is up to!
- Parents can access organizations for support, including: [PFLAG.org](https://www.pflag.org)

CDC



TRANSGENDER AND GENDER NONCONFORMING PATIENTS



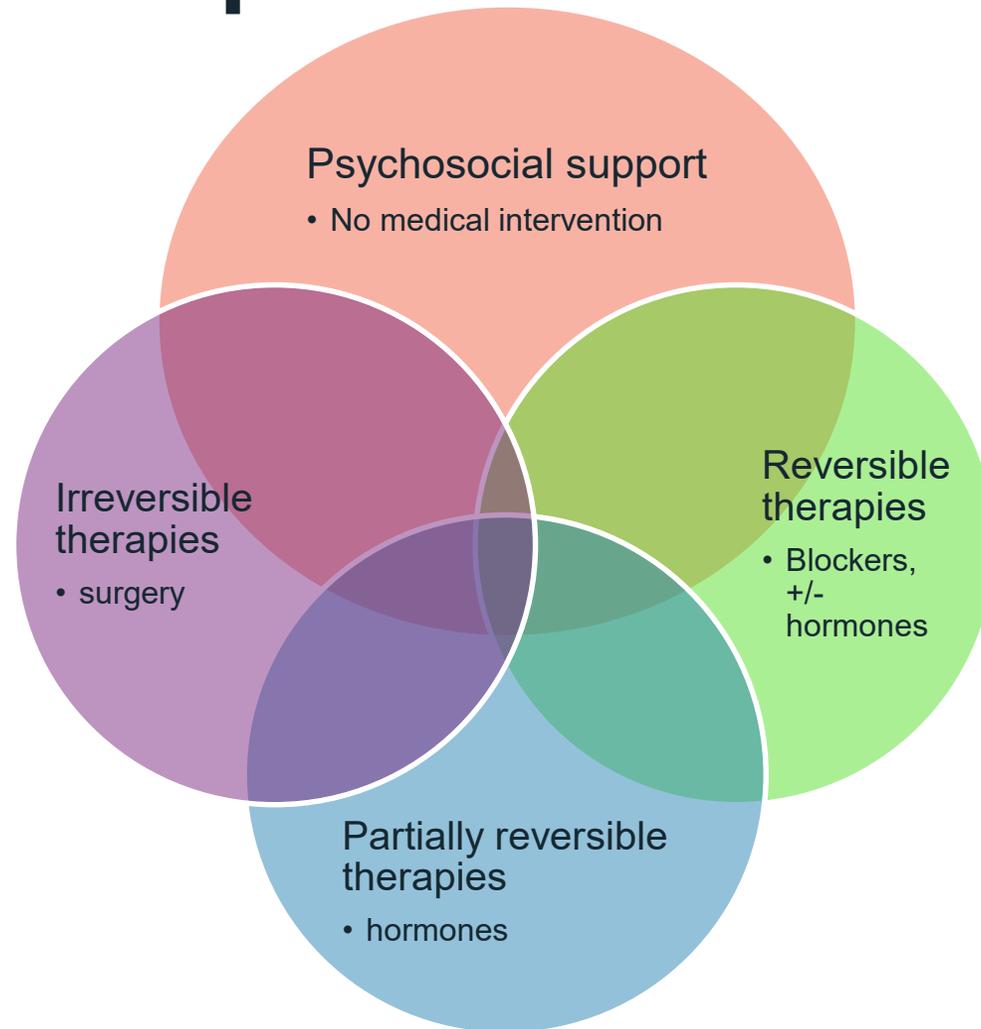
ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

Case: Alex

- After Sam's father leaves the room:
 - Sam tells you that she is pretty sure she is a lesbian and is questioning her identity, leaning toward transmasculine
 - For now, she uses “she/her/hers” pronouns but is toying with “he/him”
 - She is interested in understanding what being on testosterone would do to her body, and what would be permanent vs. temporary if she decided to discontinue it.



How We Can Help

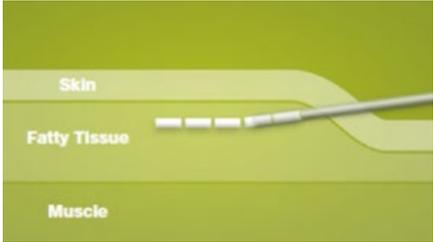


A Team Effort



ADVANCING EXCELLENCE IN SEXUAL
AND GENDER MINORITY HEALTH

Testosterone



ADVANCING EXCELLENCE IN SEXUAL AND GENDER MINORITY HEALTH

Psychological and CNS

- ↓ Gender dysphoria
- ↓ Anxiety
- ↓ Depression
- ↓ Perceived stress
- ↑ Total grey matter volume
- ↑ Cortical thickness in several areas

Hair

- ↑ Facial and body hair
- ↑ Hair density, diameter, and growth rate
- Alopecia

Breast

- ↓ Breast cancer
- ↓ Glandular tissue
- ↑ Fibrous connective tissue

Reproductive system

- Cessation of menstruation and infertility
- ↑ Clitoral size
- ↓ Vaginal epithelium thickness
- Atrophic endometrium (according to data from some studies)
- Ovarian hyperplasia and polycystic ovaries

Body composition

- ↑ Sexual desire



Skin

- Acne

Voice

- ↓ Pitch

Muscle

- ↑ Lean mass
- ↑ Cross-sectional area
- ↑ Bodyweight
- ↑ Grip strength

Blood pressure

- ↑ Systolic blood pressure

Blood

- ↑ Hemoglobin and hematocrit

Lipids and metabolism

- ↓ HDL cholesterol
- ↑ Triglycerides
- ↓ Sex hormone-binding globulin

Hormone concentrations

- ↓ Estradiol
- ↓ Luteinising hormone
- ↓ Follicle-stimulating hormone
- ↓ Prolactin



Psychological and CNS
↓Gender dysphoria
↓Anxiety
↓Depression
↓Perceived stress
↑Total grey matter volume
↑Cortical thickness in several areas

Hair
↑Facial and body hair
↑Hair density, diameter, and growth rate
Alopecia

Breast
↓Breast cancer
↓Glandular tissue
↑Fibrous connective tissue

Reproductive system
Cessation of menstruation and infertility
↑Clitoral size
↓Vaginal epithelium thickness
Atrophic endometrium (according to data from some studies)
Ovarian hyperplasia and polycystic ovaries

Body composition
↑Sexual desire

Skin
Acne

Voice
↓Pitch

Muscle
↑Lean mass
↑Cross-sectional area
↑Bodyweight
↑Grip strength

Blood pressure
↑Systolic blood pressure

Blood
↑Hemoglobin and hematocrit

Lipids and metabolism
↓HDL cholesterol
↑Triglycerides
↓Sex hormone-binding globulin

Hormone concentrations
↓Estradiol
↓Luteinising hormone
↓Follicle-stimulating hormone
↓Prolactin



Psychological and CNS

- ↓Gender dysphoria
- ↓Anxiety
- ↓Depression
- ↓Perceived stress
- ↑Quality of life

Breast

- ↑Breast tissue

Skin

- ↑Softness
- ↓Sebum and acne

Reproductive system

- ↓Penile erections
- ↓Prostate size
- ↓Sperm count and quality

Body composition

- ↓Lean mass
- ↑Fat mass
- ↑Visceral fat

Sexual health

- ↓Sexual desire



Hair

- ↓Facial and body hair
- ↓Male pattern baldness

Voice

- No change

Blood pressure

- ↓Systolic blood pressure

Blood

- ↓Hemoglobin and hematocrit

Lipids and metabolism

- ↑LDL cholesterol
- ↑Triglycerides
- ↑Sex hormone-binding globulin

Hormone concentrations

- ↓Testosterone
- ↓Luteinising hormone
- ↓Follicle-stimulating hormone
- ↑Prolactin

T'Sjoen et al. Endocrine Reviews 2019;40;97-117.



CONCLUSION AND RESOURCES



Case Discussion



Case

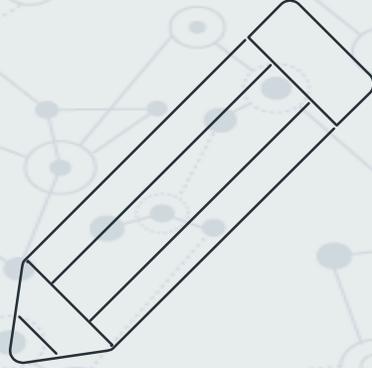
- How can create a space for Sam to feel safe and supported while discussing concerns ?
- What we do with the information we learn?
- How and what do we communicate with Sam's father
- What should we be concerned about?
- What resources can we provide for Sam



Take-Home Messages

- Spend time alone with your adolescent patients where you can confidentially discuss sensitive issues
- You can support your pediatric and adolescent patients who are exploring sexuality and gender
 - It's not your job to get youth to come out, but instead to provide a safe space for when they do, and be ready with support and resources





Wrap-up: Next steps

Jot down:

What are two things you would like to do in the next 6 months to make your practice more affirming for LGBTQ adolescents?



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>
- Gay and Lesbian Medical Association Provider Directory: <http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=939&grandparentID=534&parentID=938&nodeID=1>
- 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



Words of Wisdom

Don't dead-name
someone

What if I make a mistake??

If you do, don't trip over
yourself saying sorry, just
apologize and move on

If you have
questions,
just ask
me

Don't ask about trans-
stuff if you're at a visit for
something unrelated, like
a headache

