Developmental Approaches to Caring for Transgender & Gender Diverse Pediatric & Adolescent Patients

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Here is What a Standard Slide Looks Like

- With bulleted text
  - And sub bullets
Objectives

- Discuss human development with a gender perspective
- Discuss how patient-centered, developmental paradigms to gender might reduce bias and stigma that create disparities and lead to risks
- Provide initial strategies for appropriate and competent care
- Understand the role of providers in promoting culture changes that respect diversity
Disclosures

- Consultant Planned Parenthood
- Royalties Up To Date

- All medications off label
- I am an optimist
Why Talk About Gender with Kids?

- **Professional responsibility**
  - AMA, AAMC, AAFP, AAP, SAHM, APA
    - Recommend training on LGBTQIA health
  - Exclusion of coverage illegal in some states
  - Lack of formal medical training no longer “good excuse”

- **Pediatric responsibility**
  - Anticipatory guidance & prevention
  - Future planning
  - Models & promotes diversity, equity for all children

Reproductive Justice under the Social Justice Umbrella
CDC Behavioral Risk Factor Surveillance System (BRFSS) 2016

National estimate transgender persons

- 0.6% = 1.4 million
- Range 0.3% ND to 0.8% HI
- Highest 18-24 versus older adults

This survey does not include < 18 youth
Sexual Orientation and Gender Identity of Middle School Students

| Sexual orientation/ gender identity | Unweighted count | Population estimate | Standard error | 95% Confidence interval
<table>
<thead>
<tr>
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<td></td>
<td></td>
<td></td>
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<td>0.3%</td>
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<tr>
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<td>2.1%</td>
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<td>1.5%</td>
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<td>48.3%</td>
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<td>0.6%</td>
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Perpective: Gender Care is Primary Care

Patient Centered → Listen to our patients

Consent Based → Address patient identified needs, concerns, goals

Primary Care → 100% of patients experience gender!!
Reproductive Justice Framework: Intersectionality of Our Children’s Health Care Rights

1. Bodily autonomy
2. Right to self determine
3. Right for safe, healthy environment with opportunity to develop potential
4. Responsibility for most marginalized

Especially fitting for children & adolescents

SisterSong 1997 …
Developmental Paradigm

- Gender, sexuality are universal, normalized
- Variance is expected aspect of biology & human development
- Diversity not = deviance but celebrated
- Meet patient goals (nothing to “diagnose” or “treat”)
- Address, reduce minority stress
- Advocate, empower ALL children
- Model, elevate cultural expectations
It takes courage to grow up and become who you really are.

e. e. cummings
Awareness of Gender Identity

Between ages 1 and 2
Conscious of physical differences between sexes

~ 3 years old
Can label themselves as a girl or boy

By age 4
Gender identity relatively stable, recognize gender constant
All pre-pubertal children play with gender expression & roles

**Gender Play**

- Passing *interest or trying out* gender-typical behaviors
- Interests related to other/opposite sex
- Few days, weeks, months, years

Behaviors and expression may be nonconforming, but children can still feel they are in right-gendered body
## Gender Diversity

### Persistent
- Consistent
- Insistent

### Diverse
- Fluid
- Nonconforming

### Cross gender expression, role playing

### Wanting other gender body/parts

### Not liking one’s gender & body (gender dysphoria)

### Agender

### Non binary

### Refuses to ascribe to typical masculine or feminine assignments

### Can change, shift
Are we doing our part?

LGBTQ youth in foster care need loving, supportive, affirming homes and families.

Do Ask, Do Tell
Talk to your provider about being LGBTQ. Your provider will welcome the conversation. Start today!
Where is gender???
Increasing Evidence

1. Early identification has known benefits >> potential risks

2. Parent & family acceptance offer critical protective factors
   Short & long term healthier outcomes

3. Child health professionals can improve early support & improve resources
Who & When to “Screen”?

- All children!
  - Developmental stages
  - Opportunity for improving child/family communication & support

- Diverse or nonconforming gender expression

- Concerns/problems with
  - Mood
  - Behavior
  - Social
Ask! Parent(s)

• Child play, hair, dress preferences
• Concerns with these
• Concerns with behavior, friends, getting along at school, school failure, bullying, anger, sadness, isolation, other?

Ask! Patient

• Do you feel more like a girl, boy, neither, both?
• How would you like to play, cut your hair, dress?
• What name or pronoun (he for boy, she for girl) fits you?
• What does it mean to be girl, boy, both, neither?
Gender Screening “Tools”
Imagine gender as a planet.

All people grow up somewhere on that planet, most in Ladyland or in Manlandia. Lots of people are comfortable where they’re born and stay in that same area their whole lives. Some people, though, are citizens of Manlandia but are born in Ladyland. Just like in the real world, you can’t tell someone’s citizenship by looking at them; it’s very personal. As we get older, we may want to move to a place where we are more comfortable.

Transgender

Anyone who crosses borders to live outside their expected gender land could be described as transgender.

Images taken from The Gender Book, are publically available on the book’s website, www.thegenderbook.com
Remind Youth & Parents:

**What Is “Healthy”?**

Gender & sexual development are natural parts of human development

Gender & sexual expression vary

Gender & sexual diversity are different than risk

Open, honest communication is critical to healthy decision-making, behaviors, support, and access to care
Historical Approaches to TGD Children

No treatment until 18 (after full pubertal experience)

Living in Asserted Gender

Gender identity stable
Initiate puberty with hormones congruent with gender identity

GCS

Allow some experience puberty, to age 15-16 or Tanner 4, then start GnRH analogues or hormones

Gender identity stable
Start GnRH analogues at Tanner 2
Initiate hormones several years later

https://ceitraining.org/
Seminal Puberty Blocker Work: Early Intervention


Early blocking of puberty followed by cross gender hormone replacement. At follow-up, all 54 patients were satisfied with their pubertal development:

- No patients decided to stop GnRH agonist therapy.
- All patients eligible decided to take cross gender hormones.
- There were no adverse events from GnRH agonists.

No suicides
No street hormones

Reconfirmed over time....
N=245 LGBT Retrospective assess family accepting behaviors in response to gender & sexual minority status

**Predicts improved**
- Self esteem
- Social support
- General health status

**Protects against**
- Depression
- Substance use
- Suicidality

Ryan CJ; 2010, 2009
TransYouth Project

(2016) 73 children, ages 3-12

- Symptoms of depression, anxiety
- Rates depression (50.1) and anxiety (54.2)
- No higher than 2 control groups
  - Siblings & cis age- and gender-matched children


(2017) 116 trans, 122 controls, 72 sibs ages 6-14

- Symptoms of depression, self worth same
- Slightly higher anxiety


NIH Patient Reported Outcome Measurement Information System

Large-scale (>150 children) longitudinal study transgender children, 25 states

Significantly lower than TGD children in previous studies
Minority Stress Theory

Countering Minority Stress

- Social stigma
  - Familial rejection
  - Social isolation
  - Fear of physical attacks

- Minority stress

- Early identification
  - Resources, connection, support
  - Change cultural appreciation for diversity

- Pro-diversity Resiliency

- Improved Health Outcomes
  - Mental health
  - Social
  - Medical
  - Financial
  - Educational

- Identity congruent with anatomy/physiology
  - Puberty in gender identified.
  - Living safely in identified gender
Talking with *all children* about their gender development

Supporting authentic development to improve quality of life

**Children with gender diversity or questions**
- Establish early, strong social support
- See when concerns identified, ideally BEFORE puberty
- Gives providers time to engage with family and patient, build rapport & trust
- Offer relief to patient worried about upcoming puberty
Facilitate emotional, social, physical state that more closely represents individual’s sense of self
  • Experience single puberty congruent with internal identities
  • Prevent unwanted &/or permanent secondary gender/sex characteristics
    • Reduce need for future medical, surgical interventions
    • Reduce depression, anxiety, risk-taking facilitates mental health supports

Consider “blocking” puberty
  • Effects fully reversible
  • “Buys time” for parents to learn more & adjust
  • “Buys time” for patient & prevent unwanted secondary physical changes
  • Sends message of hope
Starting Gender Affirming Medical Care
Puberty Blockers

Timing
1. Is the youth ready?
2. Is the parent(s) ready?
3. Tanner stage
4. 2nd gender characteristics
5. Is age congruent with peers?
6. What is current, predicted, desired adult height?
7. Emotional benefits

Assess needs & goals identity & “phenotype”
- Physical (Tanner stage)
- Psychological
- Social

Patient-centered consent process
- Review benefits, risks, common & uncommon side effects
- Stress reversible, completely
- Review follow up, monitoring

ADVANCING EXCELLENCE IN TRANSGENDER HEALTH
GnRH Agonists

- **Injectibles**
  - Leuprorelin
    - *Triptorelin, Goserelin*
    - Monthly: $500-1000
    - 3-monthly depot: $1500-2000

- **Long Acting Implant**
  - Histrelin
    - 24 + months
    - $3500 (Vantas)
    - $20,000+ (Goserelin)

Continuous GnRH secretion
- Suppress FSH, LH
- Initial ↑ LH, FSH followed by desensitized pituitary LH, FSH secretion suppressed
### Benefits >> Risks

#### Puberty Blockers

<table>
<thead>
<tr>
<th>Asserted Boys</th>
<th>Asserted Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>⊗ No female breast development</td>
<td>⊗ Avoid bigger, heavier skeletal changes</td>
</tr>
<tr>
<td>⊗ Stop widening pelvis</td>
<td>⊗ Avoid adam’s apple</td>
</tr>
<tr>
<td>⊗ Block menses dysphoria</td>
<td>⊗ Avoid male pattern face, body hair</td>
</tr>
<tr>
<td>⊗ Delay early epiphyseal closure, add height</td>
<td>⊗ Still useful for some Tanner 4-5 w minimal external gender characteristics</td>
</tr>
<tr>
<td>⊗ Low dose T for promoting height</td>
<td>⊗ Estradiol earlier for earlier puberty &amp; height reduction</td>
</tr>
</tbody>
</table>

**Estradiol earlier for earlier puberty & height reduction**
Blockers

Early puberty

• Limited tissue for later gender affirming surgeries
• Sterility if GAH allowing for mature spermatogenesis or oogenesis
  • Mature gamete production occurs late in puberty, associated with significant secondary sex characteristics

Middle Puberty

• Won’t take away characteristics already developed but can stop further development & distress
• Very effective at suppresses menses
• Allows for lower E/T doses, slower titration as no need to suppress
Blockers

Late Puberty & Beyond

- GnRH analog + estradiol or testosterone might allow for successful phenotypic changes with lower GAH doses
- “...[In certain situations, such as above] continuation of GnRH analog treatment is advised until gonadectomy...”

Implications for genderqueer & nonbinary people
Progestins as Blockers

Decreases GnRH pulse frequency
- Antagonistic effect
- Low frequency stimulates FSH synthesis
  - Increased frequency stimulates LH synthesis
- FSH stimulates follicular production of estradiol

Can be used an alternative to GnRH agonists
- Payment Issues
- Access
- Patient or Parental Concerns

Not as effective
- Menses suppression but not phenotype changes
- Limited research in assigned males.
- Concern for issues with bone metabolism and perimenopausal symptoms with chronic use.

Implications for genderqueer-nonbinary
Adolescents and Gender
Setting Up the Initial Assessment

To do

- Establish privacy
  - Ask parent to step out of room
  - Explain what can (and can’t) be kept confidential
- Establish trust and rapport
  - Ask name and pronoun
  - Ask goals of visit
- Getting to know the person
  - General adolescent health assessment HEADDSSS
  - Leading into more detailed & sensitive history
Gender Experience

- Review history of gender experience
  - Open-ended encouragement, “Tell me your story in your own words”
  - Ask about specific feelings, thoughts, behaviors, preferences
  - Parent may offer excellent insight into early childhood
- Document prior efforts to adopt desired gender
  - Clothing, makeup, play
  - Hormone use, if any
- Review patient goals

- Engage parent(s) to support their child
  - Explore parent’s concerns and priorities
  - Assess parental support and knowledge
  - Facilitate discussion and negotiations

- Establish expectations for all stakeholders
  - Incorporate patient goals, with parental expectations, and management options
Starting Gender Hormones

Timing
1. Is the youth ready?
2. Is the parent(s) ready?
3. Is age congruent w peers?
4. What is current, predicted, desired adult height?

Assess needs & goals around “phenotypic transition”
- Physical (Tanner stage)
- Psychological
- Social

Patient-centered consent process
- Review benefits, risks, common & uncommon side effects
- Differentiate reversible & irreversible physical changes
- Determine if realistic sense of what can and can’t be impacted by hormones
- Review follow up, monitoring
<table>
<thead>
<tr>
<th>Agent</th>
<th>Sublingual</th>
<th>Intramuscular</th>
<th>Transdermal</th>
<th>? Implants</th>
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<tbody>
<tr>
<td>17 b estradiol</td>
<td>2-12 mg daily</td>
<td>Estradiol Cypionate Valerate</td>
<td>Patch</td>
<td>Gel</td>
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<tr>
<td>Sublingual 30 minutes</td>
<td>5-20 mg IM Q 1-2 weeks</td>
<td>0.1-0.4 mg + 1-2 weekly</td>
<td>1 gm + 2-3 times daily</td>
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### Routes Dosing Planning

1. Meet Goals
2. Avoid Problems
3. Physiologic Levels
<table>
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<tr>
<th>Testosterone</th>
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<tr>
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<td>enanthate</td>
<td>enanthate</td>
<td>undecanoate</td>
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<tr>
<td>Brand name</td>
<td>Depo-Testosterone®</td>
<td>Delatestryl®</td>
<td>Xyosted®</td>
<td>Aveed®</td>
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<tr>
<td>Dosing</td>
<td>40-120 mg SQ every week</td>
<td>50,75,100 mg (0.5ml) SQ weekly</td>
<td>750 mg (3ml) IM</td>
<td>5-10 g daily</td>
</tr>
<tr>
<td></td>
<td>previously 40-200 mg IM every 1-2 weeks</td>
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<td>Initiation FU dose 4 wks Q 10 weeks</td>
<td>~12 pellets (900mg) Subdermal Q 3-6 months</td>
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<tr>
<td>Routes</td>
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<td>1. Meet Goals</td>
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<td>3. Physiologic Levels</td>
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</table>
Holistic, comprehensive
Diversity positive
Strength based resiliency
Non-judgmental harm reduction
Patient centered, consent based care
Screening & Prevention

According to What Parts Go Where & Risk

http://www.cdc.gov/std/tg2015/specialpops

TGDMasc

- HPV vaccine & cervical cancer screening plans
- Discuss, offer contraception
- GC screen NAAT
  - Consider +
  - Trichomonas, Bacterial Vaginosis, HSV, HIV
- Consider PreP, PEP
Screening & Prevention

According to What Parts Go Where & Risk

http://www.cdc.gov/std/tg2015/specialpops

- Offer HPV vaccine
- Test \textbf{at least} once per year
- HIV, HCV, Syphilis serology
- Urine, pharyngeal, rectal GC NAAT
- Consider PreP, PEP
PrEP protocol

1. Initial visit: History, labs, STI screen
   Adherence assessment
   Consent

2. Q 3 months follow-up: re-assess: need, adherence
   Labs: HIV BMP
Trans Students

- Student Survey 9\textsuperscript{th} and 11\textsuperscript{th} graders, n=81,885
- Trans/genderfluid/non-conforming n=2,168 (2.7%)
- Risk behaviors significantly higher among trans than cis
- Emotional distress, bullying significantly more common among birth-assigned females than males
- Protective factors
  - Family connectedness
  - Student-teacher relationships
  - Feel safe in community

<table>
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<tr>
<th>Health Risk Behavior</th>
<th>Trans/Non-Conforming Youth</th>
<th>Cis Youth</th>
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<tbody>
<tr>
<td>Alcohol use</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>No condom at last sex</td>
<td>51%</td>
<td>38%</td>
</tr>
<tr>
<td>No birth control at last sex</td>
<td>41%</td>
<td>25%</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>58%</td>
<td>21%</td>
</tr>
<tr>
<td>Self-harm past year</td>
<td>54%</td>
<td>14%</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>61%</td>
<td>20%</td>
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<tr>
<td>Physical bullying</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Relational bullying</td>
<td>52%</td>
<td>32%</td>
</tr>
<tr>
<td>Prejudice-based reason: gender</td>
<td>35%</td>
<td>5%</td>
</tr>
<tr>
<td>Prejudice-based reason: gender expression</td>
<td>47%</td>
<td>15%</td>
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</tbody>
</table>
School & Other Settings

Schools are unsafe and unwelcoming for the majority of LGBT students.

- 65% have heard homophobic remarks like “fag” or “dyke” frequently or often.
- 30% have missed at least one day of school in the past month because they felt unsafe or uncomfortable.
- 85% have been verbally harassed in the past year.

Hostile school climates negatively affect LGBT students’ educational success and well-being.

Experiencing higher levels of victimization and discrimination leads to worse outcomes for LGBT students:

- Lower GPA
- Less likely to plan to go to college
- Lower self-esteem
School & Other Settings

Hello
my name is

Just Perfect ;)

Transgender bathroom in Canada.

80.2% of LGBTQ students have advocated for social or political change in the past year, such as...

Participating in a school or community event
Participating in LGBTQ student-led clubs
Expressing personal or social views in social media
Raising concerns or issues to others

91.0% of LGBTQ students involved in a GSA advocated for social or political causes, compared to just 74.7% of LGBTQ youth not involved in a GSA.

80% of LGBTQ students with a GSA, compared to 37.1% of non-GSA participants, and 52.2% are club leaders.

85% of LGBTQ students and other leadership opportunities for LGBTQ youth help ensure LGBTQ students are included and visible throughout school life, while also fostering youth development and improving school climate.

Almost twice as likely to describe their classmates as accepting (54.7% vs. 38.3%)

Together, we can make our schools safe and inclusive for LGBTQ youth. Here's how you can help:

Support student-led GSA programs: glsen.org/gygsupport
Champion student-led school programming: glsen.org/gaystraightalliance
Be an ally to LGBTQ youth: glsen.org/ally

Data from the 2017 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools.

Learn more at glsen.org/nics
Gender Identity

is how you see yourself, based on where you feel most at home in the universe of gender possibility.

Rules

#1 There are no rules.
#2 Play as often as you like, sometimes identities change.
#3 You can claim many words, or eschew labels altogether... it's up to you.
#4 This game is just for fun! The real answers are within yourself.

Hint: Sometimes to find your identity, a little experimentation and self-reflection is required.

No matter how you play, when you feel comfortable in your own skin, you win!

www.thegenderbook.com

Images taken from The Gender Book, are publically available on the book’s website, www.thegenderbook.com
Take-Home Points

- Screening for gender issues, like sexual health concerns, important through life span
- Earlier parental support, along with early medical engagement, can be lifesaving, decrease risks, improve outcomes
- Mental health & social support is important
- General strength focused, harm reduction strategies continue, incorporating knowledge of minority stress impact
UNLESS someone like you
cares a whole awful lot,
nothing is going to get better.
It’s not.

—The Lorax

Questions
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  - mforcier@lifespan.org for phi
  - mforcier1205@gmail.com for other