

# Transgender Care in College Health

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# Learning Objectives

1. Describe factors that influence gender identity.
2. Identify concrete steps to create a welcoming healthcare environment for transgender individuals.
3. Identify resources and review clinical standards of transgender care.
4. Discuss medical care of transgender individuals.



# Providing Gender Affirmative Healthcare: College Health



**American College Health Association Webinar 9/2020**

M. Colleen McDonald, MSN, FNP-BC

Associate Chief of Nursing, Student Health

MIT Medical, Massachusetts Institute of Technology

JUNE 9, 2014

# TIME



## THE TRANSGENDER TIPPING POINT

America's next  
civil rights frontier

BY KATY STEINMETZ

Laverne Cox, a star of *Orange Is the New Black*, is one of an estimated 1.5 million Americans who identify as transgender

time.com

# VANITY FAIR



## “Call me Caitlyn”

By BUZZ BISSINGER Photos by ANNIE LEIBOVITZ

# A Map of Gender-Diverse Cultures

PBS, August 11, 2015



“On nearly every continent, and for all of recorded history, thriving cultures have recognized, revered, and integrated more than two genders. Terms such as “transgender” and “gay” are strictly new constructs that assume three things: that there are only two sexes (male/female), as many as two sexualities (gay/straight), and only two genders (man/woman).”

# “Berdache” /Two-Spirit



<http://www.alivaction.org/s/341/images/editor/crow-two-spirits-1928.jpg>

- Two-spirits, historically known as “berdache,” are part of Native American culture in the U.S. The terms applies to those who were believed to posses both masculine and feminine spirits.





# “How Science is Helping Us Understand Gender” National Geographic Magazine, January 2017

## Gender Identity

Usually established by age three, this is a deeply felt sense of being a man, a woman, or a gender that is both, fluid or neither. Cisgender people identify with the sex assigned at birth, transgender people don't.

## Biological Sex

Sex determination exists on a spectrum with genitals, chromosomes, gonads, and hormones all playing a role. Most fit into the male or female category, but about one in a hundred may fall in between.

## Gender Expression

People express gender through clothing, behavior, language, and other outward signs. Whether these attributes are labeled masculine or feminine varies among cultures.



<b>WOMAN</b> Identification with girls or women	<b>NONBINARY</b> Identification with both men and women or a gender that is neither	<b>MAN</b> Identification with boys or men
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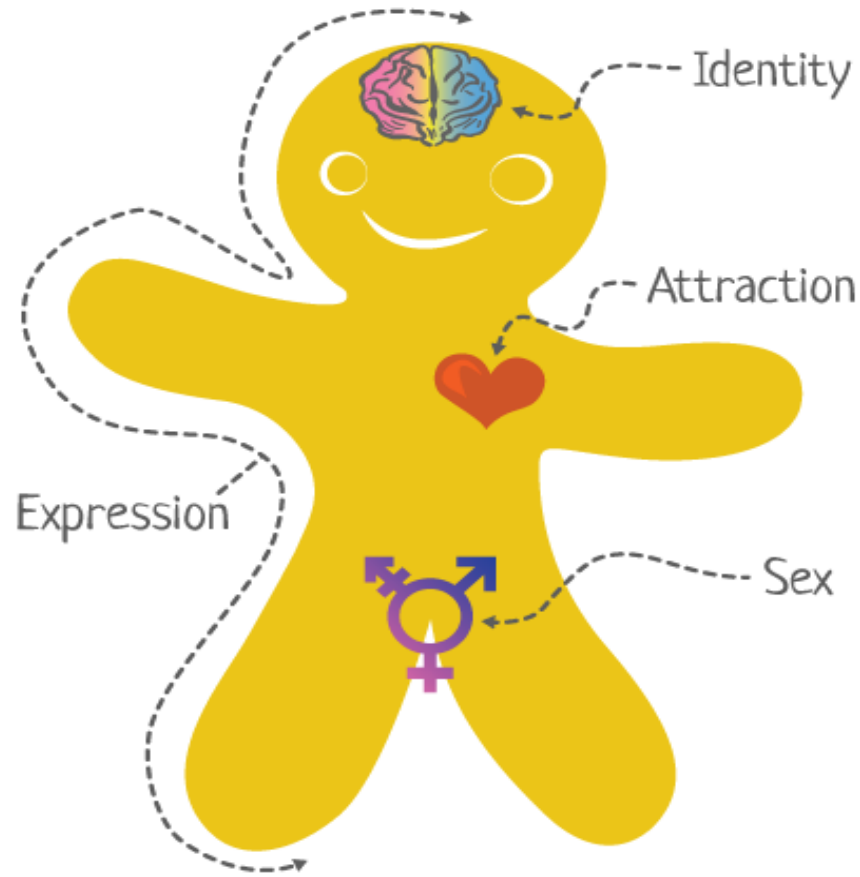


<b>FEMALE</b> XX chromosomes, ovaries, female genitals, and female secondary sexual characteristics	<b>INTERSEX</b> Any mix of male and female chromosomes, testicular and ovarian tissue, genitals, other sexual characteristics	<b>MALE</b> XY chromosomes, testes, male genitals, male secondary sexual characteristics
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<b>FEMININE</b> Presentation in ways a culture associates with being a woman	<b>ANDROGYNOUS</b> A combination of masculine and feminine traits or a nontraditional gender expression	<b>MASCULINE</b> Presentation in ways a culture associates with being a man
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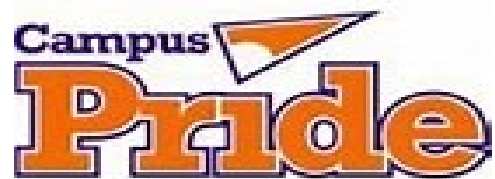
# The Genderbread Person v3.2 by its pronounced METROsexual.com





Self portrait  
Age 7





1. LGBTQ Policy Inclusion
2. LGBTQ Support & Institutional Commitment
3. LGBTQ Academic Life
4. LGBTQ Student Life
5. LGBTQ Housing
6. LGBTQ Campus Safety
7. LGBTQ Counseling & Health
8. LGBTQ Recruitment & Retention Efforts

# Healthcare Equality Index 2020



HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION

Promoting Equitable and  
Inclusive Care for Lesbian, Gay,  
Bisexual, Transgender & Queer  
Patients and Their Families





## National Center for Transgender Equality 2015 U.S. Transgender Survey

In the past year:

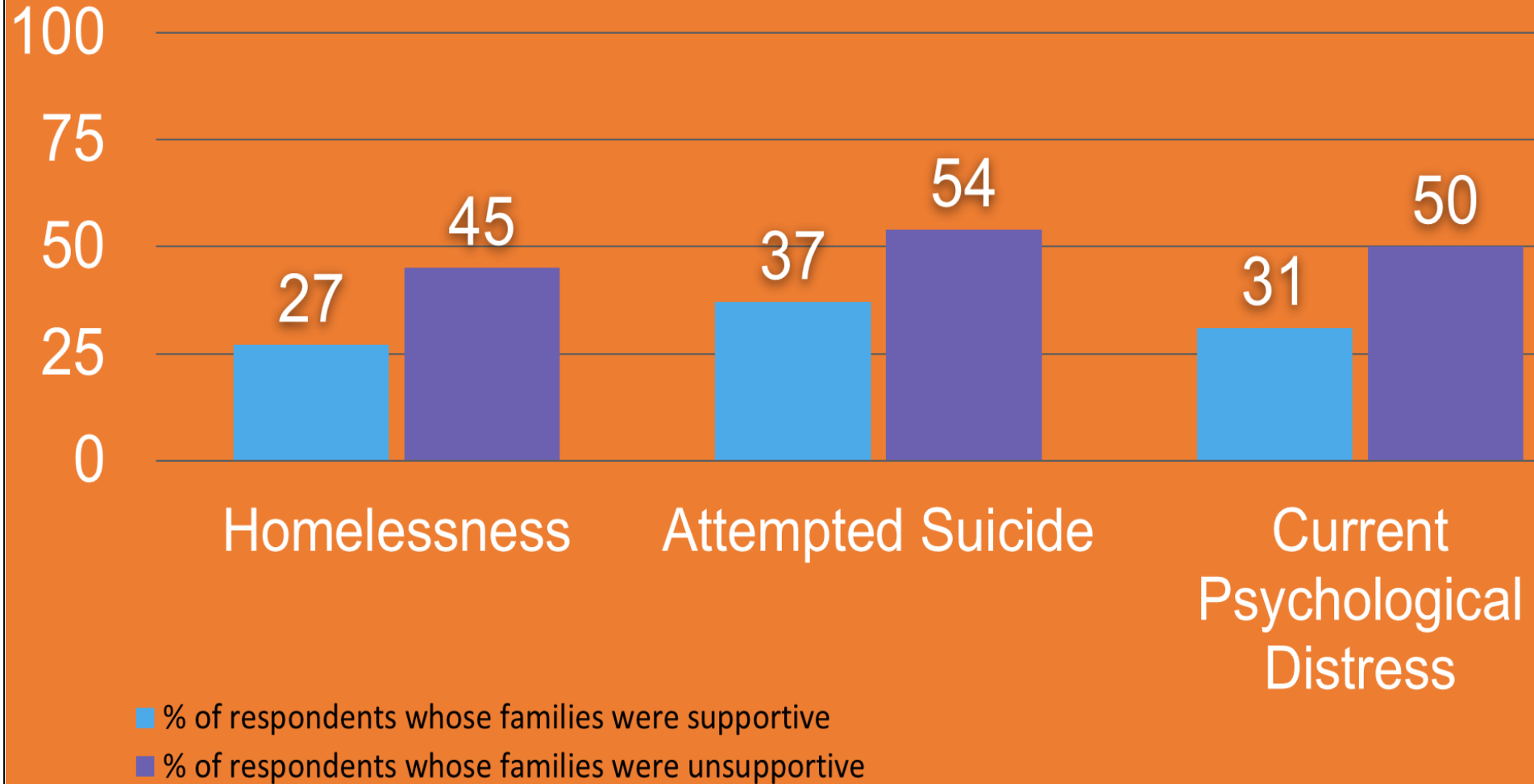
- 25% respondents experienced a problem with their insurance related to being transgender
- 55% of those who sought coverage for transition-related surgery denied coverage
- 25% of those who sought coverage for hormones denied coverage
- 33% of those who saw a health care provider reported having at least one negative experience related to being transgender
  - ❖ higher rates for people of color and people with disabilities
- 23% of respondents did not see a doctor when they needed to because of fear of being mistreated



## National Center for Transgender Equality 2015 U.S. Transgender Survey

- **41% of transgender individuals surveyed attempted suicide in their lifetime**
- 57% faced family rejection
- 53% verbally harassed in public situation
- 40% harassed when presenting ID
- 26% lost a job
- 19% refused home or apartment

# National Center for Transgender Equality 2015 U.S. Transgender Survey



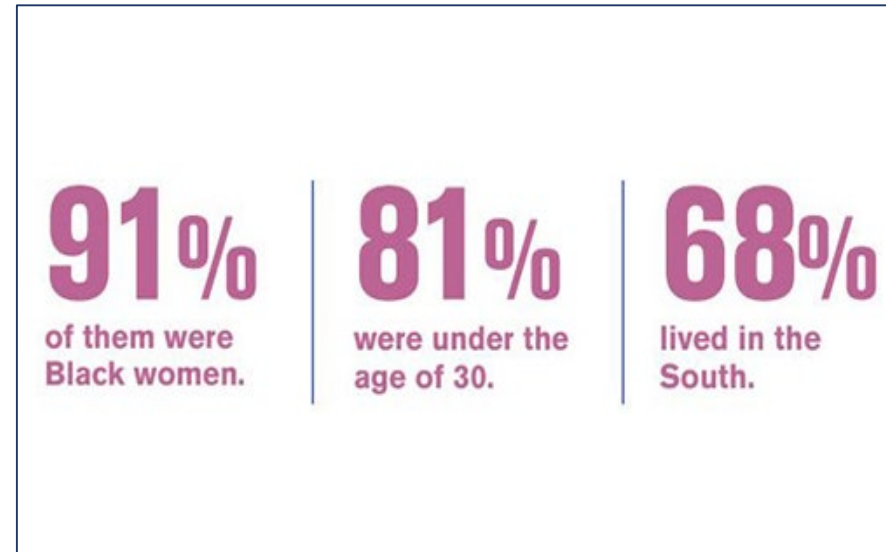


In 2019, at least 25 transgender or gender non-conforming people were fatally shot or killed by other violent means.

Human Rights Campaign, [hrc.org](https://www.hrc.org)

Transgender murders are 'rampant' in 2020: Human Rights Campaign counts 21 so far, nearly matching total of a year ago.

Elinor Aspegren, USA TODAY July 8, 2020



# Parents/Guardians want to know:

- How does my child know they are transgender?
- Doesn't someone require therapy before they transition?
- What procedures are in place and what medical professionals are treating my child?
- Why is this happening all of a sudden?



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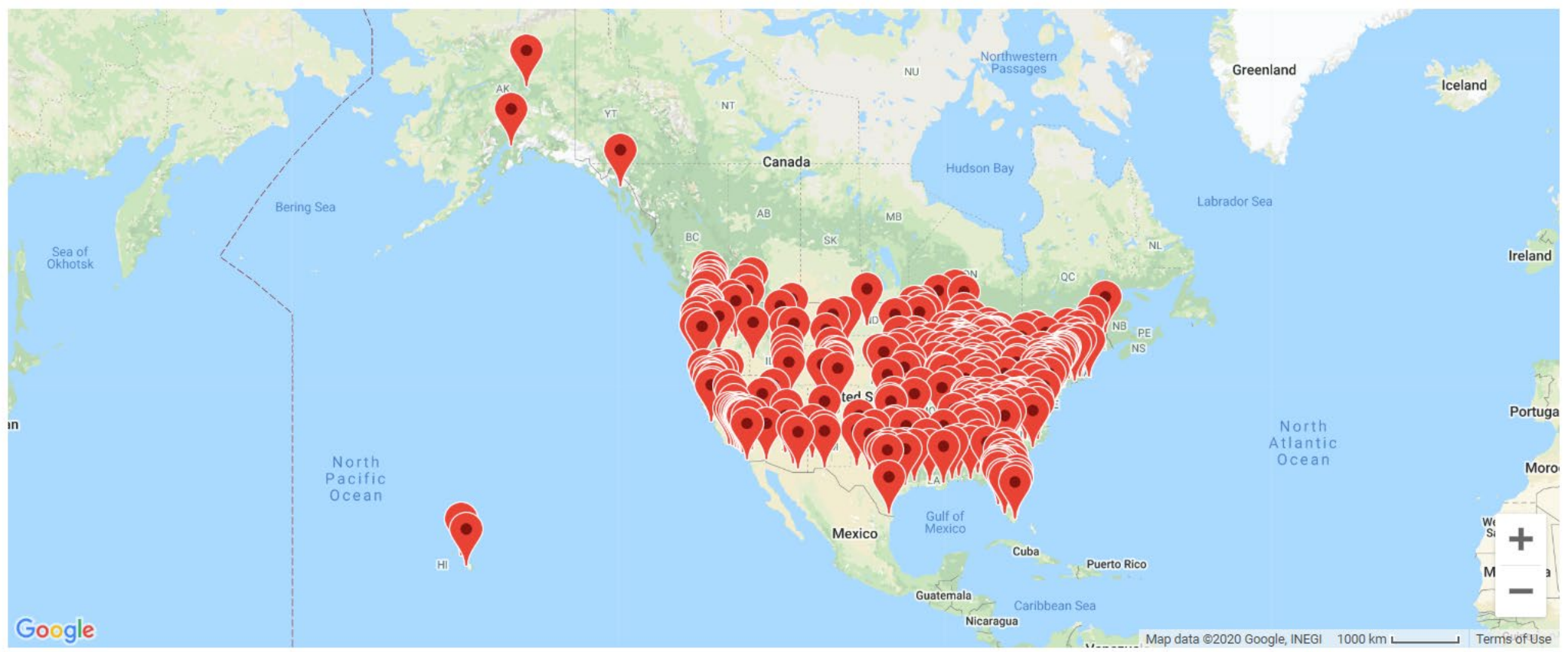
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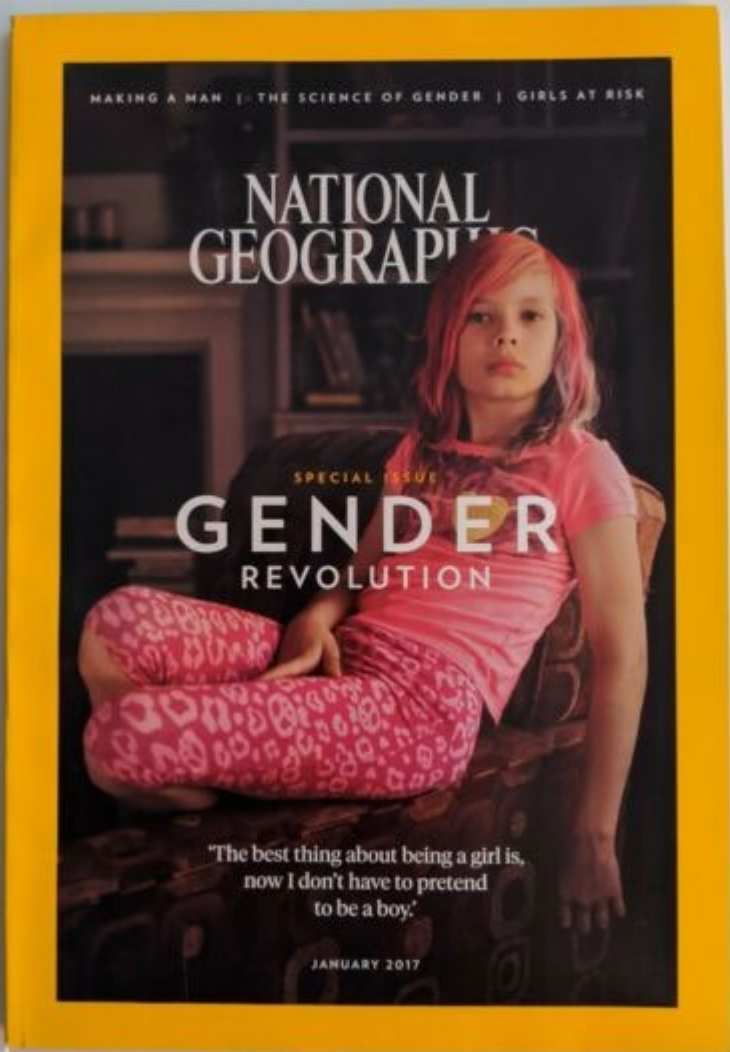
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## Patient Assessment

### First Visit

- Awareness of gender Identity
- Support system
- Social transition
- Sources of gender dysphoria
- Goals of transition
- Timing of transition
- Knowledge base

### Second Visit

- Physical Exam
- Blood testing
- Permanent effects of treatment
- Fertility options
- Expectations
- Risks of therapy
- Medication type

### Third Visit

- Review
- Initiation of medication
- Follow up

## CASE # 1 Transgender Male

- 18 y/o freshman
- Birth Sex: female
- Gender Identity: male
- Referred by Mental Health & Counseling
- Seeking hormone therapy
- No known medical or mental health issues



## APPENDIX C: Summary of Criteria for Hormone Therapy

### Criteria for Feminizing/Masculinizing Hormone Therapy

1. Persistent, well-documented gender dysphoria.
2. Capacity to make a fully informed decisions and to consent for treatment.
3. Age of majority in a given country (if younger, follow the SOC for children and adolescents).
4. If significant medical or mental health concerns are present, they must be reasonably well-controlled.

**Supporting Documentation: One referral letter and/or chart psychosocial assessment from treating clinician.**

# Resources

## **Center of Excellence for Transgender Health, UCSF**

Primary Care Protocol for Transgender Patient Care

<http://transhealth.ucsf.edu/trans?page=protocol-00-00>

## **Endocrine Society Guidelines and Clinical Practice**

Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons

<https://www.endocrine.org/guidelines-and-clinical-practice/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>

## **Fenway Health Center: Transgender Health**

Informed Health Care Regardless of Gender Identity or Expression

<https://fenwayhealth.org/care/medical/transgender-health/>

## **National LGBT Health Education Center: A program of Fenway Institute**

Educational programs, resources, and consultation to health care organizations

<https://lgbthealtheducation.org>

## **World Professional Association for Transgender Health (WPATH)**

Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version

<https://wpath.org/publications/soc>

## Masculinizing Hormones

### TESTOSTERONE

Injectable	
Medication name(s)	<i>Testosterone cypionate</i> (suspended in cottonseed oil) or <i>enanthate</i> (suspended in sesame seed oil) injected intramuscularly
Usual dose	100 mg IM weekly or 200 mg IM every 2 weeks
Starting dose	May start at 40-80 mg weekly and increase by 20 to 40 mg 2 to 4 weeks, maximum 400 mg every 2 weeks
Additional comments	Weekly dosing is recommended at initiation of hormone therapy, as this will result in lower peak and higher trough levels.
Topical	
Medication name(s)	<i>Androgel</i> , 2.5 gm packet (25 mg testosterone), 5 gm packets (50 mg), 1% Pump delivering 12.5 mg per pump (actuation), 1.62% Pump delivering 20.25 gm per pump  <i>Testim</i> 5 gm (50 mg) tubes  <i>Axiron</i> 2% delivering 30 gms per dose
Usual dose	50 mg of testosterone applied daily, to upper arms or thighs
Starting dose	May start at 12.5 mg daily and increase by 12.5 to 25 mg every 2 to 4 weeks, maximum 100 mg daily (81 mg of the 1.62% formulation)
Additional comments	Compounding pharmacies may also make their own testosterone creams that are generally much less expensive to the patient than the brand-name formulations
Topical	
Medication name(s)	<i>Androderm</i> patch, 2 mg or 4 mg
Usual dose	4 mg patch applied daily to upper arm, thigh, abdomen or back, change every 24 hours
Starting dose	May start at 2 mg, increase after 2 to 4 weeks, maximum 6 mg daily
Implantable Pellets	
Medication name(s)	<i>Testopel</i> , 75 mg (2 pellets generally equivalent to 25 mg of weekly IM testosterone)
Usual dose	6 to 10 pellets implanted every 3 to 6 months

## Onset and Timing Effects of Hormone Therapy

Masculinizing Effects of Testosterone		
Effect	Onset (months)	Maximum (years)
Skin oiliness/acne	1-6	1-2
Fat redistribution	1-6	2-5
Cessation of Menses	2-6	
Clitoral Enlargement	3-6	1-2
Vaginal atrophy	3-6	1-2
Emotional changes		
Increased sex drives		
Deepening of voice	3-12	1-2
Facial/Body Hair Growth	6-12	4-5
Scalp Hair Loss	6-12	
Increased Muscle Mass & Strength	6-12	2-5
Coarser Skin/Increased Sweating		
Weight Gain/Fluid Retention		
Mild Breast Atrophy		
Weakening of Tendons		

· Masculinizing effects are shown in their general order of appearance.

\*\* Permanent effects are indicated in red.

Fenway Health. Medical Care of Transgender Persons. 2015

<http://www.lgbthealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons.pdf>

# NCAA Policy on Transgender Student-Athlete Participation

The following policies clarify participation of transgender student-athletes undergoing hormonal treatment for gender transition:

1. A trans male (FTM) student-athlete who has received a medical exception for treatment with testosterone for diagnosed Gender Identity Disorder or gender dysphoria and/or Transsexualism, for purposes of NCAA competition may compete on a men's team, but is no longer eligible to compete on a women's team without changing that team status to a mixed team.
2. A trans female (MTF) student-athlete being treated with testosterone suppression medication for Gender Identity Disorder or gender dysphoria and/or Transsexualism, for the purposes of NCAA competition may continue to compete on a men's team but may not compete on a women's team without changing it to a mixed team status until completing one calendar year of testosterone suppression treatment.

# NCAA Policy on Transgender Student-Athlete Participation

Any transgender student-athlete who is not taking hormone treatment related to gender transition may participate in sex-separated sports activities in accordance with his or her assigned birth gender.

- A trans male (FTM) student-athlete who is not taking testosterone related to gender transition may participate on a men's or women's team.
- A trans female (MTF) transgender student-athlete who is not taking hormone treatments related to gender transition may not compete on a women's team.

Link to full NCAA policy:

[http://www.ncaa.org/sites/default/files/Transgender\\_Handbook\\_2011\\_Final.pdf](http://www.ncaa.org/sites/default/files/Transgender_Handbook_2011_Final.pdf)

## CASE # 2 Transgender Female

- 21 y/o freshman
- Birth Sex: male
- Gender Identity: female
- Referred by Mental Health & Counseling
- Seeking hormone therapy
- No known medical or mental health issues

## Feminizing Hormones

### ESTRADIOL

Transdermal	
Medication name(s)	<i>Topical patches</i> , multiple brands, multiple strengths including 0.05 and 0.1 mg/24 hours; topical gel also exists but is not often used because of the volume of gel that needs to be applied
Usual dose	0.1 to 0.4 mg (1 to 4 patches) applied once or twice a week (depending on the formulation)
Starting dose	Start at 0.05 or 0.1 mg, increase to 0.2 mg after 4 to 12 weeks; higher doses may be used in those patients who are not seeing signs of feminization after 3 to 6 months; remain at a starting or lower dose in patients at high risk for cardiovascular or thromboembolic disease.
Oral/Sublingual	
Medication name(s)	<i>Tablets</i> , 0.25, 0.5, 1 and 2 mg
Usual dose	4 mg by mouth daily, up to 6 mg daily
Starting dose	Start at 2 mg daily and increase to 4 mg after 4 to 12 weeks; consider increasing dose in those patients who are not seeing signs of adequate feminization after 3 to 6 months; remain at starting dose in higher-risk patients.
Injectable	
Medication name(s)	<i>Estradiol valerate (Delestrogen)</i> 10 mg/ml, 20 mg/ml, 40 mg/ml
Usual dose	20 mg IM every 2 weeks, start at 5 to 10 mg weekly, max dose 40 mg every 2 weeks
Injectable	
Medication name(s)	<i>Estradiol cypionate (Depo-estradiol)</i> 5mg/ml
Usual dose	5 mg IM every 2 weeks, start at 2.5 mg every 2 weeks, max 10 mg every 2 weeks

### ANTI-ANDROGENS

Oral/Sublingual	
Medication name(s)	<i>Spironolactone (Aldactone)</i> , 25, 50, 100 mg tablets
Usual dose	200 to 300 mg daily in a single or twice daily dose
Starting dose	Start at a dose of 50 mg daily and increase every 2 to 4 weeks to 200 mg daily, monitoring serum potassium; patients with inadequate feminization and/or serum testosterone levels above the female range may require higher doses.



## Onset and Timing Effects of Hormone Therapy

Feminizing Effects of Estrogens & Anti-androgens		
Effect	Onset (months)	Maximum (years)
Decreased Libido	1-3	3-6
Decreased Spontaneous Erections		
Breast Growth	3-6	24-36
Decreased Testicular Volume	3-6	24-36
Decreased Sperm Production	Unknown	Unknown
Redistribution of Body Fat	3-6	24-36
Decrease in Muscle Mass	3-6	12-24
Softening of Skin	3-6	Unknown
Decreased Terminal Hair	6-12	> 36

Feminizing effects are shown in their general order of appearance.

\*\* Permanent effects are indicated in red.

NOTE: Possible slowing or cessation of scalp hair loss, but no regrowth. No change in voice.

Fenway Health. Medical Care of Transgender Persons. 2015

<http://www.lgbthealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons.pdf>

## Potential Side Effects and Complications of Hormone Therapy

### Risks of Estrogen Therapy

Venous thrombosis/thromboembolism

Weight gain

Decreased libido

Increased triglycerides

Elevated blood pressure

Decreased glucose tolerance / risk of diabetes

Gallbladder disease

Breast cancer ?

Infertility

Fenway Health. Medical Care of Transgender Persons. 2015

<http://www.lgbthealtheducation.org/wp-content/uploads/COM-2245-The-Medical-Care-of-Transgender-Persons.pdf>

## CASE # 3 Agender Individual

- 18 y/o freshman
- Birth Sex: Female
- Referred by primary care
- Seeking Hysterectomy
- Medical Issues: Migraines
- Psychiatric Issues:
  - Depression since HS
  - MH hospitalization 2 weeks ago



Surgery

Hormone Treatment

Consultation

Gender Dysphoria



Genital Surgery:  
Orchiectomy  
Vaginoplasty

Hair Removal

Genital Surgery:  
Metoidioplasty  
Phalloplasty  
TAH/BSO

Breast  
Augmentation

Chest Surgery

Voice Training

Menses Cessation

Binding

Hormones:  
Low Dose  
Therapeutic Dose  
Anti-androgens

Timeline

Consultation



Gender Dysphoria

Only Transgender If....

## Health Centers

Boston Children's Hospital: Disorders of Sex Development and Gender Management Service (GeMS)

<http://www.childrenshospital.org/centers-and-services/disorders-of-sexual-development-dsd-and-gender-management-service-program>

Boston Medical Center: Center for Transgender Medicine and Surgery

<https://www.bmc.org/center-transgender-medicine-and-surgery>

Fenway Health Centers, Boston

<http://fenwayhealth.org/>

Massachusetts General Hospital: Transgender Health program

<https://www.massgeneral.org/transgender-health-program>

# Resources

## Organizations

**GLAAD:** Works through entertainment, news, and digital media to share stories from the LGBTQ community that accelerate acceptance. <https://www.glaad.org/>

**Mass Transgender Political Coalition:** Works to change policies, practices and laws for trans youth, adults, families and allies. <https://www.masstpc.org/>

**National Center for Transgender Equality:** Advocates to change policies and society to increase understanding and acceptance of transgender people. <https://transequality.org>

**PFLAG:** Unites people who are LGBTQ with families, friends & allies, working to advance equality through support, education & advocacy. <https://www.pflag.org/>

**Transline, Transgender Medical Consultation Service:** A national collaboration of expert clinicians in the field of trans health. <https://transline.zendesk.com/hc/en-us>

# Resources

## **Conferences**

Fenway Health: Advancing Excellence in Transgender Health

October 17-19, 2020

<http://fenwayhealth.org/the-fenway-institute/education/transgender-health-conference/>

Mazzoni Center: Philadelphia Trans Wellness Conference

August 19-21, 2021

<https://www.mazzonicenter.org/trans-health>





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