

Caring for Gender Diverse Youth

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Disclosures

X No conflict of interest to report.

X No commercial support or sponsorship.

✓ Discussing the off-label use of medications for treatment of gender dysphoria.

Learning Objectives

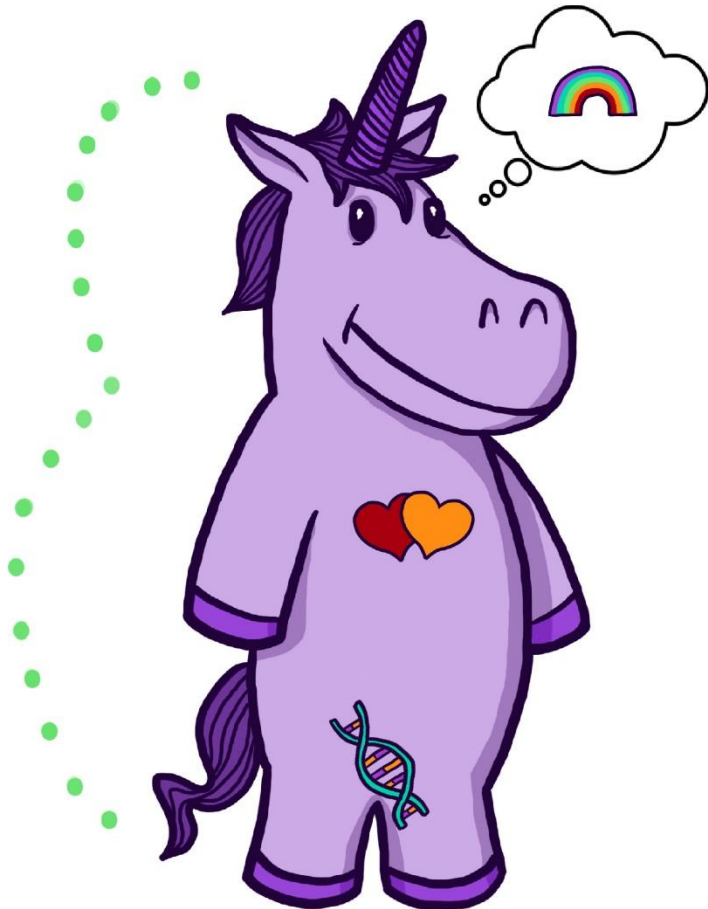
1. Recognize the health disparities faced by gender diverse youth and resources for support.
2. Discuss the importance of an affirming clinical environment in your daily practice.
3. Identify ways to support gender diverse youth in primary care settings.
4. Review services offered at Seattle Children's Gender Clinic and provider resources.

Background






The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

-  Female/Woman/Girl
-  Male/Man/Boy
-  Other Gender(s)

Gender Expression

-  Feminine
-  Masculine
-  Other

Sex Assigned at Birth

-  Female
-  Male
-  Other/Intersex

Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Terminology



Terminology is constantly changing!

YES	NO
Gender diverse Nonbinary	Gender non-conforming
Gender dysphoria	Gender identity disorder Transsexualism
Sex assigned at birth	Biological sex
Chosen name/pronouns	Preferred name/pronouns
Gender-affirming hormones	Cross-sex hormones
Gender-affirming surgery	Gender reassignment surgery

Prevalence and Persistence

- Close to 10% of US high school youth identify as gender diverse
- Gender diversity more prevalent among BIPOC youth and adults
- Dysphoria in adolescence more likely to persist into adulthood
- Similar rates of transgender adolescents and adults



Kidd et al. 2021, *Pediatrics*
Herman et al. 2017, *The Williams Institute*
Herman et al 2015 *National Center for Transgender Equality*
Flores et al 2016, *The Williams Institute*
Zucker et al 1993; *J Pers Assess.*
Steensma, et al., 2013 *J Am Acad Child Adolesc Psychiatry*
De Vries et al 2010 *J Sex Med*
World Professional Association for Transgender Health, 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7th Version].

Endless things are gendered from before birth to adulthood



I forgot that men and women didn't have the same kind of teeth

Why does this matter?

- Gendering is very traumatic for transgender people particularly during adolescence!
- “Your gender is *like drinking water*, when you drink water it is not supposed to taste like anything. But when it tastes different, you notice. That is what being transgender is like: *when your water tastes different.*”



- 18 year old transgender youth

Risks and Resiliency



Being transgender is
not a risk factor.

Transphobia is.

Health Disparities

Compared to their cis peers, unsupported TGD youth are more likely to:

- Experience violence, family rejection, and homelessness
- Use nicotine, alcohol, and substances
- Have depression, anxiety, NSSI and SI
- Engage in risky sexual behaviors
- Have an eating disorder
- Attempt suicide
- Have poorer health & lower rates of preventative visits

Gender diverse people of color experience deeper and broader patterns of discrimination

Connolly et al. 2016. *J Adolesc Health*.

Diemer et al. 2015. *J Adolesc Health*.

Spack et al. 2012. *Pediatrics*.

Olson et al. 2011. *Arch Pediatr Adolesc Med*

Rider et al 2018, *Pediatrics*

Herman et al. 2015. National Center for Transgender Equality

Flores et al 2016. The Williams Institute

Taliaferro et al. 2019, *Arch Suicide Behav*

Protective Factors

- **Support** from family, schools, & community
- TGD youth **supported by their families** in gender identity and social transition have similar levels of anxiety and depression as their cisgender siblings and peers
- Significantly less depression and SI among TGD youth who are able to **use their chosen name** in various settings
- **Engagement in gender-affirming care** is a protective factor against negative mental health outcomes and emotional distress
- **School engagement** and **GSA** presence

Creating a Welcoming and Affirming Environment



Names and Pronouns

Changes your clinic/organization can make to ensure that chosen names/pronouns are collected and communicated:

- **Intake forms and process**
- **EMR banners**
- **ID bands, stickers**
- **Other printed materials**

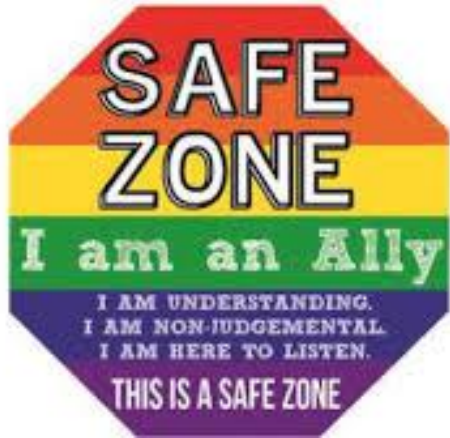


All-Gender Restrooms



- Designate single occupancy or family restrooms as “all-user” or “all-gender”
- If you have multiple multi-stall restrooms, convert one or more to all-gender restrooms
- Have signs to direct people to all-gender restrooms

Visual Cues



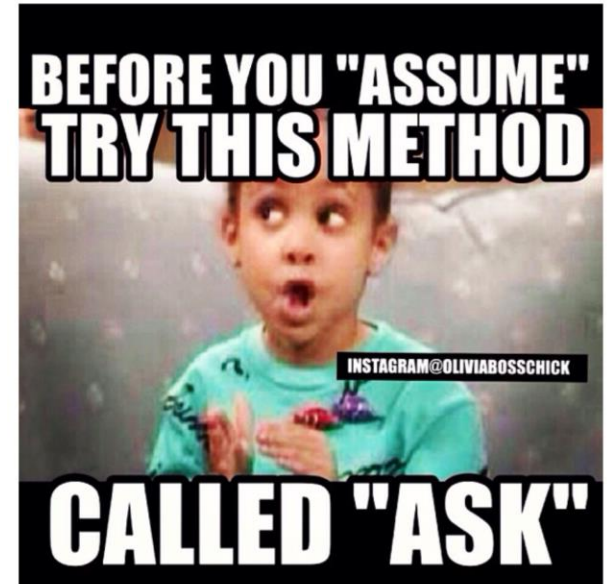
Goals of Inclusive Communication

- **Ensure correct use of name/pronouns**
- **Inclusion of all LGBTQIA+ populations**
- **Invite discussion of needs for gender-affirming care (if applicable)**

Avoid Common Assumptions

- Gender
- Pronouns
- Sexuality
- Family relationships

- Think about this when:
 - Talking with patients and families
 - Talking with students and colleagues
 - Creating educational materials



Asking About Name and Pronouns

Keep it simple and respectful.

- “What name do you go by?”
- “I have your name listed as _____. Is there a different name you’d like to use?”
- “What pronouns do you use?”

Normalize the question by:

- Sharing your own pronouns “My name is Juanita and I use she/her pronouns.”
- Asking every patient
- Asking all members in the room



Gender Neutral Language

If you don't know a person's pronouns and are not in a place to ask:

- Use “they” or the patient’s chosen name instead of “him/her”:
 - “Did they fill out the form yet?”
 - “Does Matthew have any medical allergies?”
 - “They are here for their appointment”
 - “Your patient is waiting for you”

- Avoid using gender terms like “sir” or “ma’am”
 - “How may I help you today?”

Documentation

- Write notes and patient communication with correct pronouns and name
 - *Xavier is a 16 year old male who was assigned female at birth. He presents for...*
 - *Xavier is a 16 year old male (AFAB) who presents for...*
 - *Xavier is a 16 year old who presents for...*
- Be mindful what SOGI info is pulling into the chart
- Consider confidentiality for pediatric patients
 - Know if notes are being shared in patient portal



Initial Gender Discussion

What age to start talking about gender?

- No “right answer.” Gender identity begins forming around age 2 or 3
- Often fluid over the lifetime, and not all trans youth will identify or experience gender dysphoria at a young age

What questions?

- How do you identify your gender? Do you think of yourself more as a boy, girl, neither, both, something else?
- What pronouns do you use?
- I have ___ listed as your legal name, do you go by that or do you have a different name you prefer?

Initial Discussions

Understanding supports

- Who else in your life have you talked with about your gender identity?
- How did those conversations go?
- Are there people in your life that are using your name and pronouns? For how long?
- What does support look like for you at school? home?

Understanding goals

- How long have you been exploring your gender? How has that evolved for you?
- Are there any parts of your body that make you feel uncomfortable because they don't align with your gender identity?
- Is there anything you would like to see change about your body to better align it with your gender identity?
- What are your gender goals or goals of transitioning?

Best Practices

DON'T assume pronouns based on a person's appearance. It's better to respectfully ask.

DO use current name and pronouns, even when referring to pre-transition events.

DON'T assume what type of surgery or medical intervention a person desires.

KNOW what information is pertinent to care, and only ask in those instances. If it isn't relevant, you don't have to ask.

Gender Affirming Medical Care



Gender Affirming Medical Care

Pre-puberty:
Social &
emotional
support

***Early
puberty:***
Puberty
blockers

Late puberty:
Puberty
blockers +/-
hormones

***Post-
puberty:***
Hormones
(+/- menstrual
suppression,
androgen
blockers)

*No medical care is initiated before puberty begins

*All treatment decisions are made in conjunction with families and are individualized based on a patient's goals

Getting Ready to Start Medications

1. Medical assessment

- Medical history
- Lab evaluation & considerations for physical exam
- Review benefits, effects, and risks of medications

2. Mental health support

3. Caregiver readiness

- Age of consent is **18 years old** for gender affirming medical care
- Working with parents/guardians
- Medical decision-making

Ready for treatment



Mental Health Support



Medical Support



Family Support

Gender Affirming Hormones

Masculinizing

- Testosterone
- Menstrual suppression

Feminizing

- Estradiol
- Androgen blockers
- Progesterone



Menstrual Suppression

Great option to provide in primary care!

Consider for a patient when:

- Menstrual bleeding is a major stressor
- Not ready or not interested in starting hormone therapy
- Prior to menstrual suppression from testosterone
 - 55-85% have cessation of menses within six months of initiation testosterone

Which Method to Choose?

- Options
 - Progesterone only (pill, injection, implant, IUD)
 - Progesterone + estrogen OCP
- Patient preference: which will they be most reliable with?
- Consider if contraception is needed



Menstrual Suppression

Treatment	Additional Benefits	Potential Risks
Oral combined contraceptive pills	- Provides contraception	- Contains estrogen - Abnormal uterine bleeding if missed doses
★ Norethindrone acetate (oral pill, brand name Aygestin 5 mg)	- Does not contain estrogen	- Not approved for contraception - Abnormal uterine bleeding if missed doses
Norethindrone (oral pill, brand name Micronor 0.35 mg)	- Does not contain estrogen	- Less effective contraception - Abnormal uterine bleeding if missed doses
Depo medroxy progesterone acetate (IM, Depo Provera)	- Does not contain estrogen - Provides contraception - 3 month interval	- Possible weight gain - Possible mood changes
Subdermal etonorgestral implant (Nexplanon)	- Provides excellent contraception - Long-term (lasts 3-5 years)	- Requires insertion and removal - Higher rates of abnormal uterine bleeding
Levonorgestrel intrauterine device	- Provides excellent contraception - Long-term (lasts 5-7 years)	- Requires gynecological exam and intrauterine insertion

Most Common Choice

- Aygestin (norethindrone acetate) is the most common form of menstrual suppression we use
 - *If contraception not needed*
- Aygestin is started at 5 mg (1 tab) once a day
 - Can be increased to 10 mg (2 tabs) once a day if the patient continues to experience bleeding or spotting (after 2-4 weeks)
 - Can be started before or in addition to testosterone
- Patient handout:
<https://www.seattlechildrens.org/pdf/PE3715.pdf>



Seattle Children's Gender Clinic



- Opened in October 2016
- Located in Seattle Children's Adolescent Medicine Clinic
- New patients 9-16 years old
- PCP referrals required
- Multidisciplinary team
 - Adolescent medicine
 - Endocrinology
 - SW
 - Psychologist
 - Psychiatry
 - RN
 - Collaboration with Plastic surgery and Autism Center



Seattle Children's Gender Clinic



- What we do:

- **Pubertal suppression and Gender-affirming hormones**
- Short-term mental health assessments
- Support for family decision making
- Resources and support to patients and families
- Psychiatric medication management (limited availability)
- Sexual health (contraception, STI treatment, PrEP)
- Disordered eating evaluation and management recommendations, nutritional counseling

Primary reason to refer

- What we don't do:

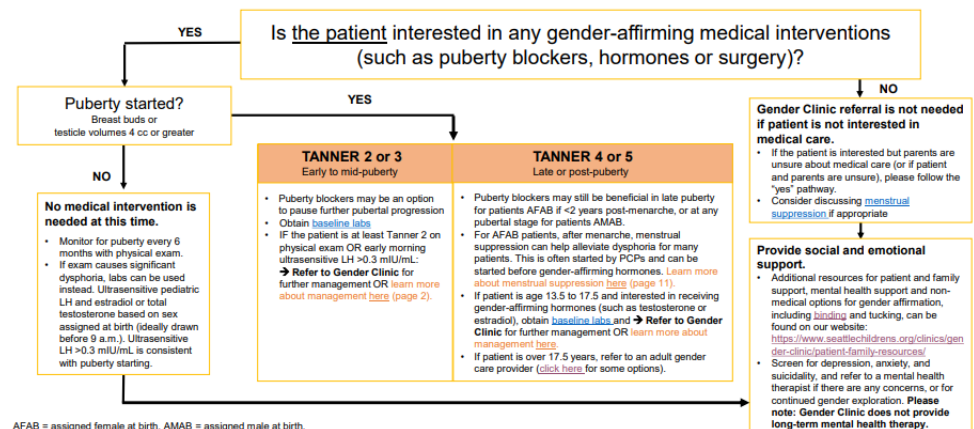
- Ongoing therapy
- Primary care

Resources for Community Providers



- [Project ECHO](#)
- Electronic consultation ([E-consult](#))
- [Educational modules](#)
- [Gender clinic protocols](#)
- [Algorithms](#)
- Mental health consult groups

Algorithm: Gender-Affirming Medical Care for Youth



AFAB = assigned female at birth. AMAB = assigned male at birth.

<https://www.seattlechildrens.org/clinics/gender-clinic/education-resources-healthcare-professionals/>

Resources for Patients



- Patient education handouts:
 - Tucking
 - Packing
 - Needle phobia
 - Puberty blockers
 - Testosterone
 - Estradiol
 - Menstrual Suppression for Gender Diverse Youth
- Subcutaneous injection teaching video

<https://www.seattlechildrens.org/clinics/gender-clinic/patient-family-resources/>

Questions?

Abnormal baseline labs?

Problems with menstrual suppression?

Questions for our mental health team?

Submit an E-consult

- Get advice and support directly from our gender clinic team.
- Submit your question directly to us via EpicCare Link.
- E-consult questions can be submitted by any member of the care team for any patient (not just those who are seen at the SCGC) who is under age 21.
- E-consults will be responded to within 3 business days.

How can you support youth in your clinic?

- **Create a welcoming clinic environment**
- **Use gender-affirming language**
- **Provide resources to support patients and families**
- **Consider menstrual suppression**
- **Understand options for gender affirming medical care and when to refer**



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We Care
for
All Families



 **Seattle Children's**[®]
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