



Gender Affirming Care for the Rural Family Physician

Drs Sharmeen Mazaheri, Ingrid Cosio & Lauren Galbraith



Introductions

Dr Mazaheri



- K'ómoks territory (known as Comox Valley)
- Medical Lead - North Island Gender Care
- No conflicts to declare

Dr Cosio

- Lheidli T'enneh territory (known as Prince George)
- Medical Director - Trans Care BC, Northern Gender Clinic
- No conflicts to declare

Dr Galbraith

- Sinixt, Ktunaxa, Syilx territory (known as Nelson)
- Consultant, Kootenay Boundary
- No conflicts to declare



Disclosure: hormone therapy for the medical management of gender incongruence is off-label

Learning Objectives

1. Define gender incongruence/dysphoria and provide some historical background
2. Tips for talking about gender in the primary care office
3. Identify basics of a safe space, including gender neutral language
4. Share provider and patient clinical resources

Gender incongruence (WHO ICD-11)

Gender Incongruence of Adolescence and Adulthood is characterized by a **marked and persistent incongruence** between an individual's experienced gender and the assigned sex, which often leads to a **desire to 'transition'**, in order to live and be accepted as a person of the **experienced gender**, through **hormonal treatment, surgery or other health care services** to make the individual's body align, as much as desired and to the extent possible, with the **experienced gender**. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Gender dysphoria in adolescents and adults (DSM- 5) Part 1

The DSM-5 defines gender dysphoria in adolescents and adults as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by at least two of the following:

- A marked incongruence between experienced/expressed gender and primary and/or secondary sex characteristics
- A strong desire to be rid of primary and/or secondary sex characteristics because of a marked incongruence with experienced/expressed gender
- A strong desire for the primary and/or secondary sex characteristics of another gender
- A strong desire to be a gender different from one's assigned gender
- A strong desire to be treated as a gender different from one's assigned gender
- A strong conviction that one has the typical feelings and reactions a gender different from one's assigned gender

Gender dysphoria in adolescents and adults (DSM- 5) Part 2

In order to meet criteria for the diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

World Professional Association for Transgender Health (WPATH)

Standards of Care (SOC) Version 8.0 (2022)

- evidence-based consensus guidelines among leading international experts in GAC
- relies heavily on expert opinion (>120 clinical and academic professionals) + includes review by wider community
- guidelines for children, adolescents and adults
- criteria for treatments including surgeries



Gender diversity

Gender diversity refers to the vast array of ways that people experience their gender. While gender has been historically framed as binary (having only two options) we now know that there are actually many more genders.



History of Gender-Affirming Care

- Limited access points
- Gatekeeping
- Pathologizing
- Stereotypical expectations
- Binary & cis-normative expectations

Consequences

- Understandable mistrust of healthcare providers
- Avoidance of health care
- Non-prescribed hormone use
- False narratives
- Non-disclosure of important information
- Increased stigma

Relational Practice Approach

- Affirming
- Harm reduction (includes timely access)
- Strength based
- Cultural sensitivity
- Ethical curiosity
- Allowing room for varying relationships to gender (ambivalence, ambiguity, pleasure)
- Informed consent

Case 1



Clinical scenario – Lydia and Seth

Lydia presents with questions about her 13 year old child. She is concerned about a dramatic change in Seth's behaviour over the past few months. He has been complaining of frequent headaches and stomach aches and has even missed some school.

Seth is the youngest of three boys. Lydia knows that puberty can be a challenging time but notes that what she's seeing is very different from what she recalls with her older boys. She has tried asking Seth if there's anything bothering him but he hasn't seemed open to talking.

Lydia and Seth

As part of taking a history, would it be appropriate to ask Lydia about Seth's gender?

- If so, how might you do that?
- Is there any harm in asking?
- How about not asking?

When to consider screening?

1. All children & youth!

- Developmental stages
- Opportunity for improving child/family communication & support
- Teaches, models pro-diversity

2. Diverse or nonconforming gender expression

3. Concerns/problems with

- Mood
- Behavior
- Social

Slide credit: Content adapted with permission from Dr. Michelle Forcier



Why ask?

“Most trans and/or non-binary youth (63%) reported experiencing severe emotional distress; however, those with supportive families, safe schools, and/or a legal name change were less likely to report severe emotional distress”

“Youth with supportive families and safe schools were much less likely to report suicidal thoughts. However, almost two thirds of the trans and/or non-binary youth who took the survey told us that they have self-harmed (64%) and/or seriously considered suicide (64%) within the past year”

Taylor, A.B., Chan, A., Hall, S.L., Saewyc, E. M., & the Canadian Trans & Non-binary Youth Health Survey Research Group (2020). Being Safe, Being Me 2019



Important Stats...

More than double the **depression** and **suicide** in gender diverse youth!

Coexisting Depression common (40-50%)

- Suicidal Ideation 45% vs 17.7% controls
- Suicide Attempts 27% vs 8.6% controls

Protective Factors

- Parental support/closeness
- Community support/connection
- Health Care Provider support

We can make a difference!!

Asking about gender

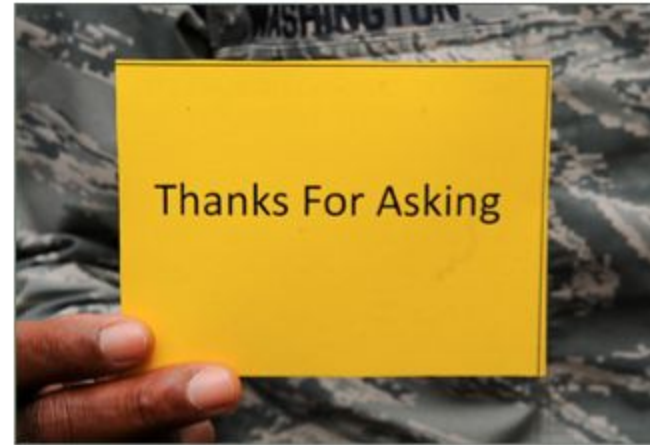
- invite all children, youth and their parents to discuss gender with you, not just those who bring up gender concerns or self-identify as trans or gender diverse
- keep in mind many youth come out as gay, lesbian, or bisexual to their parents before disclosing their gender ID
- “is there anything about your [child's] sexual or gender development you'd like to discuss today?”



Sherer, I., Baum, J., Ehrensaft, D., & Rosenthal, S. M. Affirming gender: Caring for gender-atypical children and adolescents. *Contemporary Pediatrics* 2015;32(1):16–19.

Ways of asking kids about gender

- For children of all ages:
 - "Do adults or other children ever pick on you for how you express being a boy or a girl?"
 - "Some of my patients wonder if they're more like a girl or boy inside, or something else entirely. What has it been like for you?"
 - "Do you ever feel the people around you have got it wrong about you being a boy or a girl?"



Sherer, I., Baum, J., Ehrensaft, D., & Rosenthal, S. M. Affirming gender: Caring for gender-atypical children and adolescents. *Contemporary Pediatrics* 2015;32(1):16–19.

Ways of asking teens about gender

- For adolescents:
 - "During puberty, your body experiences many different changes. All this is completely normal but can be confusing. Some of my patients feel as if they're more of a boy or girl or something else inside, while their body changes in another way. What has it been like for you?"
 - "Some teens feel their body is changing in ways they don't want/expect. Has it ever been like that for you?"



Sherer, I., Baum, J., Ehrensaft, D., & Rosenthal, S. M. Affirming gender: Caring for gender-atypical children and adolescents. *Contemporary Pediatrics* 2015;32(1):16–19.

“I actually find most of these kids that have had to ask this question to themselves are way more reflective than their peers of the same age, because they have had to look at questions that other youth may never have had to answer ... we see just a breadth of introspection and reflection that is well beyond their years”

Clark, B. A., & Virani, A. (2021). "This Wasn't a Split-Second Decision": An Empirical Ethical Analysis of Transgender Youth Capacity, Rights, and Authority to Consent to Hormone Therapy. *Journal of Bioethical Inquiry*. <https://doi.org/10.1007/s11673-020-10086-9>



Modified HEEADSSS

This common approach to adolescent screening can be modified to better understand the context in which Two-Spirit, trans and gender diverse youth are living:

- How are they supported/by whom?
- How do they engage with the world?
- Where do their stressors originate?
- How much does their gender (or the reactions of others to their gender) affect these aspects of their lives?

Gender-inclusive HEEADSSS

HOME

Who lives at home?

Have you shared with your parents or family about your gender? If you have, how did that go? What did you say/message etc?

If you haven't, is that something you are considering discussing with any family members?

Do you talk to your family about medical options for transition?

Does your family help you financially to purchase gender affirming devices/clothing/makeup?

Gender-inclusive HEEADSSS

EDUCATION

At work or school are your gender needs being met? Are you able to express your gender safely at school?

Do teachers use your correct name and pronouns?

Do you have access to a bathroom that fits with your gender identity?

Currently, or in the past, have you experienced harassment, bullying, violence or discrimination at school/work that you feel is related to your gender or gender expression? If you have experienced any of these things, is this an ongoing concern for you?

Do you have a trusted, go-to person to touch-base with at school or work?

Gender-inclusive HEEADSSS

EATING/BODY IMAGE

What do you like and not like about the way you look? Do you wish you could look different? (How?)

Do you do anything to change how you look? (Binders, tucking, padded bras, etc.)

What is your ideal image?

Do you eat more/less when you are under stress or to obtain this image of yourself? (pubertal suppression?)

Gender-inclusive HEEADSSS

ACTIVITIES (& FRIENDS)

Do any of your friends know that you are trans? How did they find out, and how did they react?

With other peers, do you feel accepted, valued and affirmed in your gender?

What do you enjoy doing with your spare time? Are these activities, people, and/or places generally safe and welcoming for trans people?

Do you know any other LGBTQ2S people? How did you meet them?

Many trans and gender diverse people find a sense of community online. Are you connected to any online groups or communities?

Gender-inclusive HEEADSSS

DRUGS

Do you ever use drugs or alcohol to cope with distress related to gender (e.g., body or social dysphoria)?

Are there connections between substance use, your gender health goals and your body? (e.g. using for weight loss?)

Are there ways that substance use has been harmful or is getting in the way of your gender goals? Are there ways it has been helpful? (query harm reduction, OD prevention, not using alone, etc)

Gender-inclusive HEEADSSS

SEXUALITY

Are you dating? Are you sexually active?

Is there anything coming up in your intimate relationships that you want to talk about related to your gender and dating? Gender and sex?

If on hormone therapy, is hormone therapy having any impact on your sexual function or libido that you would like to discuss?

Some people notice shifts in their sexual interests/desires after starting hormone therapy – is there anything about that you would like to discuss?

Do you use dating apps? Do you ever meet up with people you meet online?
Safety?

Gender-inclusive HEEADSSS

SUICIDALITY

Does thinking about gender issues ever make you feel stressed, sad, lonely?

Do you ever feel that your situation is hopeless, or have thoughts of suicide or self harm?

Are thoughts about ending your life related to distress about your body or gender?

Do you self-harm in ways that are connected to your gender or parts of your body you are uncomfortable with?

Are suicidal thoughts connected to issues with family, ability to get the health care you need, or how you are treated because of your gender?

Gender-inclusive HEEADSSS

SAFETY

Have you ever been threatened or attacked because you are trans, or for other reasons?

Do you worry about this happening?

Do you have any concerns about your emotional and or physical safety at home or with family as a trans person?

How safe do you feel in your neighbourhood or the places where you hang out?

How do you keep yourself safe online? What do you know about online safety from friends/others?

Case 2



You have a new patient to your practice, Dawn, a 35-year-old transgender woman. Dawn takes estradiol 4mg po and spironolactone 100mg po BID, at these stable doses for 10 years.

Dawn is needing a prescription renewal and hasn't had bloodwork done in 3 years.



What are some helpful things your clinic may have incorporated to help patients feel safe and welcome?

Join at livepolls.app/SQACUI
OR
Scan the QR code w/ mobile device

Scan QR Code to Join ?



Creating a safe space



Creating safer environments



- Safer space signage
- Intake forms/interviews
- Bathroom signs
- Health promotion literature
- Posters in waiting rm
- Patient handouts
- Staff training (Fenway)



Basics - neutral language

| Gendered* term | Gender neutral term |
|--------------------------|--|
| Husband/Wife | Partner |
| Mom/Dad | Parent |
| Sister/Brother | Sibling |
| Breasts | Chest / upper body |
| Pregnant woman | Pregnant person |
| Breastfeeding | Chestfeeding |
| Vaginal discharge/lochia | Genital fluid/bleeding |
| Maternal assessment | Assessment of birthing parent |
| Pelvic Exam / Pap | Internal Exam / Cancer screening |
| Vulva | Outside of the genitals/external genitals |
| Vagina | Inside the genitals/internal genitals |
| Introitus | Opening of the genitals |
| Penis | External genitals/erogenous tissue/erectile tissue |

Rebuilding Therapeutic Relationships

Accidentally used the wrong name / pronouns?

- 1) Apologize briefly.
- 2) Use correct name / pronouns.
- 3) Move on.





Post this sheet on your wall or desk as a helpful reminder.

Best Practices for a Transgender-Affirming Environment



BEST PRACTICES

EXAMPLES

When addressing patients, avoid using gender terms like “sir” or “ma’am.”

“How may I help you today?”

When talking about patients, avoid pronouns and other gender terms. Or, use gender neutral words such as “they.” *Never* refer to someone as “it”.

“Your patient is here in the waiting room.”

“They are here for their 3 o’clock appointment.”

Politely ask if you are unsure about a patient’s preferred name.

“What name would you like us to use?”

“I would like to be respectful—how would you like to be addressed?”

Ask respectfully about names if they do not match in your records.

“Could your chart be under another name?”

“What is the name on your insurance?”

Did you goof? Politely apologize.

“I apologize for using the wrong pronoun. I did not mean to disrespect you.”

Only ask information that is required.

Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

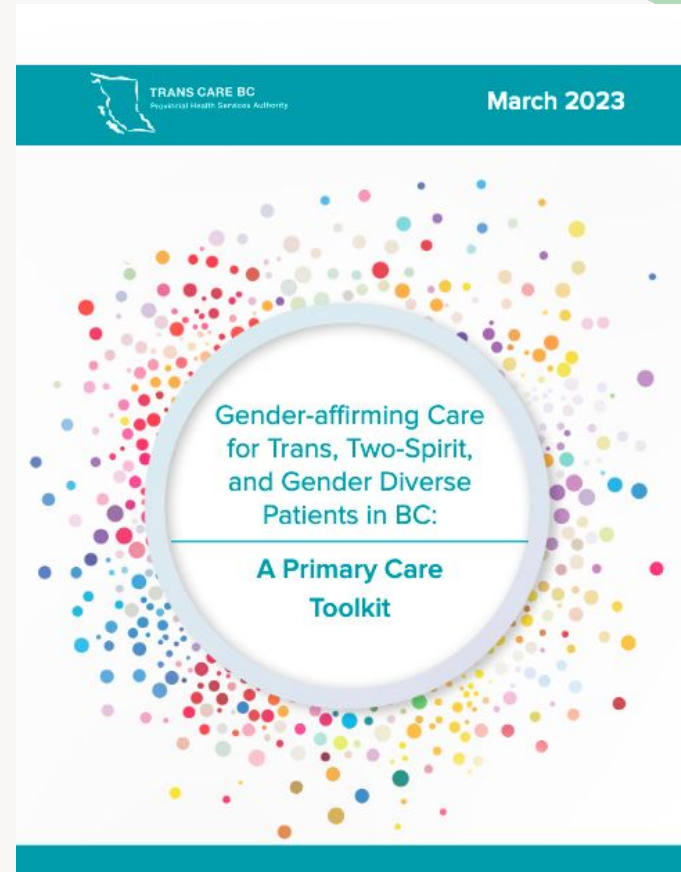
EN NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

TEL 617.927.6354 **WEB** lgbthealtheducation.org **EMAIL** lgbthealtheducation@fenwayhealth.org
THE FENWAY INSTITUTE 1340 Boylston Street, 8th Fl Boston MA 02215

Dawn has written 'she/her' for pronouns on her intake form, as well as her name (different than her legal name).

You're seeking a resource to help you as you haven't provided refills for folks on gender-affirming HT before.

What labs do you order?



Overview of estrogen-based hormone therapy

Estrogen in combination with a testosterone blocking medication is used to reduce testosterone-related features, induce estrogen-related features and relieve distress related to gender.

| Medication | Dose |
|---|--|
| Androgen Blockers | |
| Spironolactone First-line due to lower cost, effectiveness and tolerability May not significantly lower T levels alone | Starting dose: 50 mg po daily Usual maintenance dose: 200-300 mg daily Can be divided bid |
| Cyproterone Second-line, see Estrogen Consent form for Risks. Eligible for Special Authority if spironolactone is contraindicated, not tolerated or ineffective. | Starting dose: 12.5 mg po daily Usual maintenance dose: 12.5 –50 mg po daily (Use in lowest effective dose & try dose reductions where possible) |

Lab monitoring

Request the lab to report female reference ranges

| | |
|---|--|
| Baseline and annually thereafter | <ul style="list-style-type: none">• Total testosterone, CBC, ALT, fasting glucose, lipids, prolactin and if on spironolactone: CR and electrolytes |
| Following dose changes and 4-6 weeks after gonadectomy | <ul style="list-style-type: none">• Total testosterone, estradiol, ALT, and if on spironolactone: CR and electrolytes |

... routinely recommended but may be initiated based on patient preference

No clear evidence of benefit and possible increased risk
Potential role in breast/nipple development (unproven)

**Quick
pearls for
the
primary
care
provider**



Consider ways to affirm gender

Reversible:

- Social affirmation
- Cyclical bleeding suppression
- Puberty suppression
- Testosterone suppression (short-term)

Semi Reversible:

- Gender affirming hormone treatment (estrogen +/- blocker; testosterone)

Permanent:

- Surgery (chest, gonadectomy, hysterectomy, genital construction)

Suppression of cyclical bleeding

| | | |
|---|--|--|
| norethisterone aka norethindrone (Jencycla or Movisse) | higher risk of spotting but can work for some caution: for contraception, must be taken at the same time every day to maintain effectiveness; approximately 5-7% failure rate with typical use | pill by mouth, once daily |
| medroxyprogesterone or DMPA (Depo Provera) | works well for some people can cause weight gain and may potentially cause bone health issues so I would not use indefinitely | IM injection 150mg q90 days |
| dienogest (Visanne) | SA coverage possible if endometriosis is a diagnosis, <u>not free</u> in BC | pill by mouth, once daily |
| drospirenone (Slynd) | no SA coverage, <u>not free</u> in BC caution: contraindicated in kidney disease or if on a medication that raises potassium levels | pill by mouth, once daily |
| levonorgestrel IUD (Mirena) | About 50-60% will have amenorrhea in 3-6 mos; 20% have spotting after the first year | uterine implant, can last up to 8 years |
| etonogestrel implant (Nexplanon) | according to clinical studies, approximately 11% will have amenorrhea, 34% will have infrequent bleeding; 22% will have frequent bleeding, and 18% will experience prolonged bleeding | implant under skin, can last up to 3 years |

Takeaway message

1. Gender exploration is **NORMAL**
2. Gender Diversity is **NOT** new
3. Gender Diversity is **NOT** “contagious”
4. Gender Affirming Care is backed by research

Resources



Clinical Resources



- **RACE Line:** 604-696-2131 or 1-877-696-2131 & select “Transgender Care” option
- **Trans Care BC:**
 - Health Navigation team: 1-866-999-1514
 - Courses: <https://www.transcarebc.ca/education-centre>
 - Clinical Mentorship Call; every Thursday from 12:10 -1pm
 - Email trans.edu@phsa.ca to be added to education distribution list

Trans Care BC

Provincial Health Services Authority

Education Centre

How to get care

Search...



Explore &
Transition

Hormone
Therapy

Surgery

Health &
Wellbeing

Information
for ...

Parents &
Families

Health
Professionals

Get
Involved

Support gender-affirming healthcare in B.C.

Discover pathways to care



The Education Centre

Courses and learning tools for clinicians and the community.

My courses

Show me results for

Everyone

Health Professionals

Topic

- Children & Youth
- Consultation & Mentorship
- Creating Affirming Services

13 resources

Course



Foundations

Intro to Gender Diversity

An introductory training that explores key concepts related to gender

Course



Foundations

Indigenous Gender Diversity

A non-clinical course to help learners



Gender Resources



| | |
|-----------------------------------|---|
| BC Children's Family Library | + |
| Important links | + |
| Name & gender change forms | + |
| Binding, tucking & other supplies | + |
| Trans Care BC | + |

Copyrighted Material

"This vital book fills a profound social need by giving parents of transgender children basic information about who those children may be. It will mitigate feelings of isolation, not only affording insight, but also paving the way for compassion."

—Andrew Solomon, author of *The Noonday Demon*

The TRANSGENDER Child

A Handbook for
Families and
Professionals

Stephanie Brill AND
Rachel Pepper
Foreword by
Dr. Norman P. Spack, MD

"A 'must read.'"
—Irene N. Sills, MD, Professor
of Pediatrics, SUNY

Copyrighted Material

"Cutting edge. *The Transgender Teen*, written by two of the most esteemed experts in our field, compassionately brings this exciting group of young people into focus like no other book ever has. In our new world of gender expansiveness, it is a must read for everyone."

—Diane Ehrensaft, Ph.D., Author of *The Gender Creative Child* and
Director of the Mental Health, Child and Adolescent Gender Center, UCSF

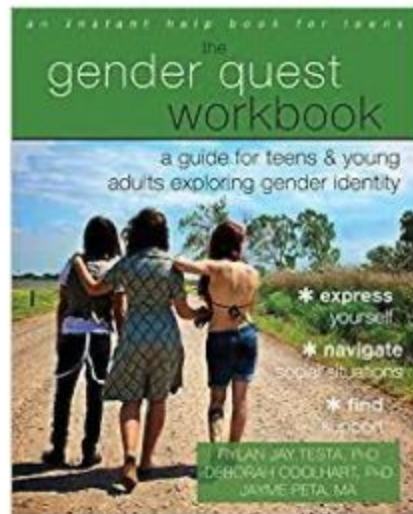
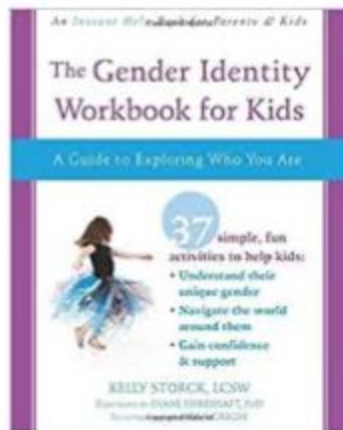
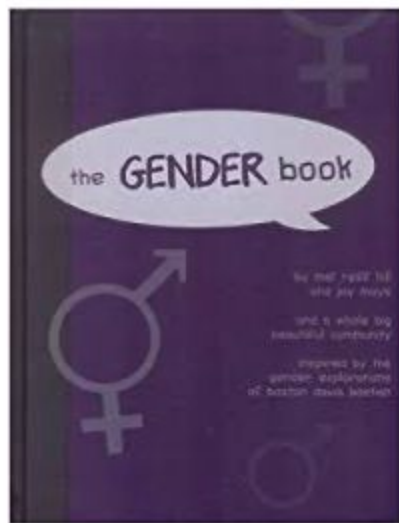
The TRANSGENDER Teen

A Handbook
for Parents and
Professionals
Supporting
Transgender and
Non-Binary Teens

by Stephanie Brill
and Lisa Kenney

"The perfect follow up to *The Transgender Child*."
—Asaf Orr, Transgender Youth
Project Staff Attorney

+ Workbooks



SPRUce



Gender-Affirming Care for Pediatric Patients in Rural Communities

Dec 11th

7:30 - 9:00pm PST

Online via Zoom

An accredited CME session hosted by SPRUCe.



Dr. Ingrid Cosio
Presenter



Dr. Dan Metzger
Presenter



REGISTER NOW

Learning objectives for this session:

- Define gender affirming care for children and youth
- Review evidence-based interventions for gender-diverse children and youth
- Assess and plan for pubertal suppression in gender-diverse or gender questioning pediatric patients

✉ spruce@rccbc.ca 🌐 rccbc.ca/initiatives/spruce



we *areallies*

and we know that
trans, Two-Spirit &
non-binary youth
need our support.

weareallies.ca

References

Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>

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UCSF Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. <https://transcare.ucsf.edu/guidelines>

Standards of Care, 8th version. World Professional Association for Transgender Health (WPATH, 2023) <https://www.wpath.org/soc8>

Gender-affirming Care for Trans, Two-Spirit, and Gender Diverse Patients in BC: A Primary Care Toolkit. <https://www.transcarebc.ca/sites/default/files/2024-03/Primary-Care-Toolkit.pdf>

BC Childrens Hospital Gender Clinic. <http://www.bcchildrens.ca/health-info/coping-support/gender-resources>

Transcare BC. <https://www.transcarebc.ca/explore-transition>