

Caring for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

PHYSICIANS
FOR REPRODUCTIVE
HEALTH



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Disclosures

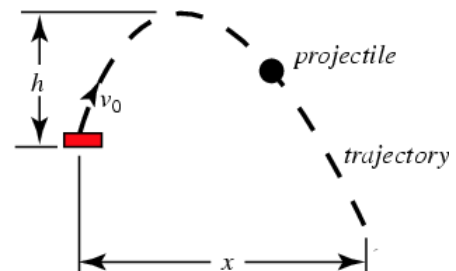
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Objectives

- ▶ Differentiate natal sex, gender identity, gender expression, sexual orientation, and sexual behavior
- ▶ Identify health and behavioral risks disproportionately affecting LGBTQ youth and their contributory factors

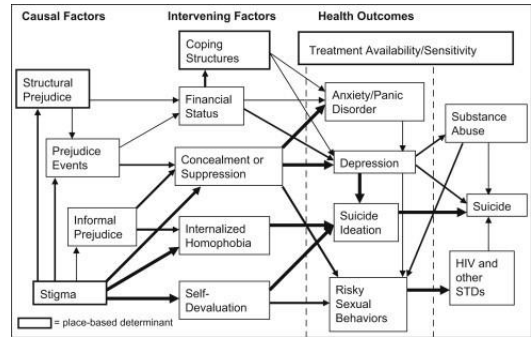
Objectives

- ▶ Describe the approach to LGBTQ youth in the clinical setting
- ▶ List three elements of LGBTQ-competent health services

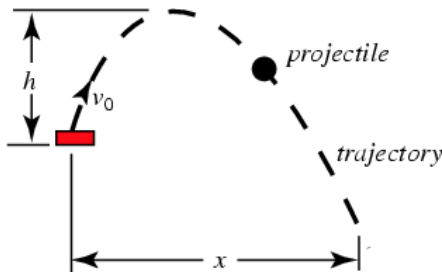




Minority Stress Theory



Crews'n Healthmobile Circa 1999



Crews'n Healthmobile

- ▶ In 2000, developed partnership with The Children's Health Fund (CHF)
- ▶ Crews'n Healthmobile launched in March 2001
- ▶ In 2007, CHF donated 38 foot, \$350,000 coach



Crews'n Healthmobile



Crews'n Healthmobile



Crews'n Healthmobile



Collaborations

1 in 10
 StreetLight USA
 Tumbleweed Center for Youth Development
 Watkins Emergency Shelter
 St. Matthew's School
 Arizona Center for Youth Resources
 Phoenix Dream Center
 Children's First Leadership Academy
 Youth Development Institute

Prevalence of Youth Homelessness

- 1 million and 1.7 million homeless youth who have runaway or have been asked to leave their homes
 - National Center for Housing and Child Welfare
- 5,000 to 7,000 youth currently live on the streets of AZ
 - Children's Action Alliance

LGBT Youth Homelessness

- ▶ 40% of the homeless youth served by agencies identify as LGBT
 - Williams Institute
- ▶ Perpetuating Factors:
 - ▶ Lack of education
 - ▶ Limited access to economic resources
 - ▶ Difficulty accessing services and safety concerns

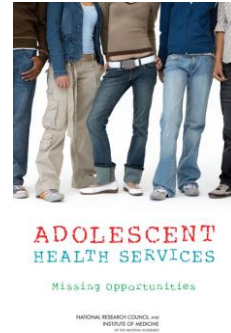
The Medical Home

- Accessible
- Continuous
- Comprehensive
- Family-centered
- Coordinated
- Compassionate
- Culturally sensitive

The Enhanced Medical Home

- Holistic approach
- Strength based approach
- Integrated Mental health
- Dental and Vision
- Legal referral
- Referral management
- Case management

The Adolescent Health Chasm



Achieving Quality Health Systems for Adolescents

- Availability
- Affordability
- Confidentiality
- Visibility
- Flexibility
- Coordination
- Quality

Case 1: Daniel

- ▶ 18 year old male presenting as a walk-in. He denies any current health concerns and is requesting screening for STIs.
- ▶ Medical History: Asthma, chlamydia urethritis
- ▶ Behavioral Health: Anxiety and depression
- ▶ Psychosocial History: Physical abuse and neglect; Family rejection; Male partners with oral receptive and anal receptive activity and inconsistent condom use; Survival sex; Social MJ use

This office is a safe space for all people.



lesbian, gay, bisexual, pansexual, asexual, straight, two-spirit, transgender, cisgender, queer, questioning, ally

Homeless LGBT Youth Needs



- Housing (26%)
- Acceptance/Emotional Support (19%)
- Employment (18%)
- Health Care (18%)
- Other (13%)
- Education (7%)

Homophobia as a Barrier to Healthcare

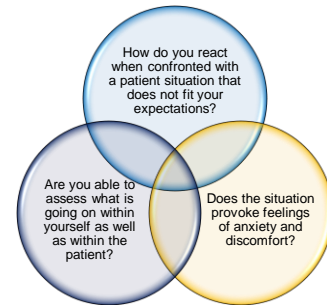
Perceived lack of confidentiality

Provider's assumption of heterosexuality

Fear of healthcare provider reaction upon disclosure

Lack of sense of empowerment and agency

Self-Evaluation in Clinical Encounters



HEADDSSS

- ▶ Home
- ▶ Education
- ▶ Activities
- ▶ Diet
- ▶ Drugs
- ▶ **Sexuality**
- ▶ Suicide
- ▶ Safety
- ▶ Spirituality

Assessing Sexual Orientation

- ▶ Are you romantically interested in men, women, or both?
- ▶ When you imagine yourself in a relationship in the future is it with a man, a woman, either or neither?

Assessing Sexual Behavior

- ▶ How old were you when you first had sex?
- ▶ How many sexual partners have you had?
- ▶ Gender of partners?
- ▶ Do you have a current partner?
- ▶ How long have you been with your partner/Level of commitment?

Assessing Sexual Behavior

- ▶ Specific sexual practices? Oral, Anal
- ▶ Methods of STI prevention?
- ▶ Non-consensual sex and sexual abuse?
- ▶ Have you or your partner ever been tested for STIs/HIV? had an STI?
- ▶ Substance use: have you ever had sex under the influence of drugs or alcohol? ?

CDC 2015 Guidelines for MSM

- ▶ Urethral infection with *N. gonorrhoeae* and *C. trachomatis* if insertive intercourse during the preceding year
- ▶ Pharyngeal infection with *N. gonorrhoeae* if receptive oral intercourse during the preceding year
- ▶ Rectal infection with *N. gonorrhoeae* and *C. trachomatis* if receptive anal intercourse during the preceding year
- ▶ HIV serology, if status is unknown or negative
- ▶ Syphilis serology
- ▶ HBSAg/HCV if HIV +

MSM: Rectal and Pharyngeal Infections

- ▶ 6 gay-focused community-based organizations in five U.S. cities
- ▶ ~ 30,000 tests were performed and positives included:
 - ▶ 5.4% of rectal gonorrhea
 - ▶ 8.9% of rectal chlamydia
 - ▶ 5.3% of pharyngeal gonorrhea
 - ▶ 1.6% of pharyngeal chlamydia
- ▶ If the clinic had tested only urethral or urine specimens, 33% of total gonorrhea cases would have been missed

Gunn RA, O'Brien CJ, Lee Ma, Gilchick RA. Sex Transm Dis 2008;35:845-8.

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HIV Preexposure Prophylaxis (PrEP)

- Tenofovir/Emtricitabine (Truvada) FDA approved for PrEP on 16 July 2012
- CDC guidelines for PrEP 14 May 2014
- CDC recommended as *one* prevention option for individuals with substantial risk of acquiring HIV infection

PrEP: Candidates

- ▶ **Men who have sex with men (MSM)**
 - ▶ HIV-positive sexual partner
 - ▶ Recent bacterial STI
 - ▶ High number of sex partners
 - ▶ History of inconsistent/no condom use
 - ▶ Commercial sex work

<http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>

PrEP: Candidates

- ▶ **Heterosexual women and men**
 - ▶ HIV-positive sexual partner
 - ▶ Recent bacterial STI
 - ▶ High number of sex partners
 - ▶ History of inconsistent/no condom use
 - ▶ Commercial sex work
 - ▶ High-prevalence area or network

<http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>

PrEP: Candidates

- ▶ **Injection drug users (IDU)**
 - ▶ HIV-positive injecting partner
 - ▶ Sharing injection equipment
 - ▶ Recent drug treatment but currently injecting

<http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>

National HIV/AIDS Strategy Goals

- Reducing new HIV infections
 - Increasing access to care and improving health outcomes for people living with HIV
 - Reducing HIV-related disparities and health inequities
 - Achieving a more coordinated national response to the HIV epidemic
-

National HIV/AIDS Strategy Key Areas of Focus

- Widespread testing and linkage to care with early access to treatment
 - Broad support for people living with HIV to remain engaged in comprehensive care
 - Universal viral suppression
 - Full access to comprehensive PrEP services
 - Increase provider training
 - Reduce barriers to PrEP
 - Increase uptake of PrEP
-

The Role of Families

- ▶ Family Acceptance Project
- ▶ Family acceptance in adolescence associated with young adult positive health outcomes (self esteem, social support, and general health) and protective for negative health outcomes (depression, substance abuse, and suicidal ideation and attempts)
- ▶ <http://familyproject.sfsu.edu>

The Role of Families

- ▶ Youth from highly rejecting families
 - ▶ More than 3 times as likely to use illegal drugs
 - ▶ Nearly 6 times as likely to report high levels of depression
 - ▶ More than 8 times more likely to have attempted suicide

<http://familyproject.sfsu.edu>

Case 1: Daniel

- ▶ Oral GC and Rectal GC/CT negative; HIV and RPR nonreactive
 - ▶ Referred to PrEP Access Project and initiated PrEP two weeks later
 - ▶ Referred to Behavioral Health team for continuing mental health counseling
 - ▶ Follow up every three months
-

Case 2: Jenna

- ▶ 17 year old female accessing care at a drop in center
 - ▶ Medical History: Obesity, PCOS, on DMPA briefly at age 15
 - ▶ Behavioral Health: Depression, Self-harm; on psychotropic medications
 - ▶ Gyn HX: Menarche at 11; oligomenorrhea, G₀P₀
 - ▶ Psychosocial History: Abuse and neglect; Runaway; Bisexual with previous male partners and most recently with female partner
-

Pregnancy Risk and Intent

When compared to heterosexual youth, lesbians and bisexuals:

Are about as likely to have had intercourse

Experience twice the rate of pregnancy (12% vs. 6%)

Are more likely to have had two or more pregnancies (23.5% vs. 9.8%)

Young women who identified themselves as “unsure” of their sexual orientation almost twice as likely to report no contraceptive use at last sex

STI Risk in WSW

Nationwide study of 6,935 self-identified lesbians:

•17.2% reported a past history of an STI

•Trichomonas
•HPV
•Bacterial vaginosis

CDC 2015 Guidelines for WSW

- ▶ Routine age appropriate screening guidelines
 - ▶ Cervical cancer
 - ▶ Chlamydia
- ▶ WSW sex practices
 - ▶ Trichomonas
 - ▶ Bacterial Vaginosis
 - ▶ HSV
 - ▶ HPV
 - ▶ HIV

STI Prevention Counseling

- ▶ Sex toys
 - ▶ Do not share insertive sex toys without a condom
 - ▶ Wash sex toys after each use
- ▶ Dental dam use with oral sex
- ▶ Condom use +/- when having sex with a male

Case 2: Jenna

- ▶ Screened for urethral GC and CT, HIV
- ▶ Discussed contraceptive options and chose IUD, with bridge OCP prescription until IUD insertion
- ▶ Behavioral Health Team to ensure continuing care

Case 3: Toni

- ▶ 17 year old female identified, birth assigned male recently housed at a transitional living program requesting feminizing hormonal therapy
- ▶ Medical History: Atopy;
- ▶ Behavioral Health: Depression, inpatient
- ▶ Psychosocial History: Family estrangement; Straight; Exclusively Male partners with oral receptive and anal receptive activity and inconsistent condom use;

Transgender Youth

- ▶ 1 in 5 transgender individuals have experienced homelessness at some point in their lives
- ▶ 1 in 10 have been evicted from their homes, because of their gender identity
- ▶ 1 in 5 five transgender people in the US has been discriminated when seeking a home

Transgender Youth

- ▶ Confidentiality
- ▶ Intake processes
- ▶ Placement for housing
- ▶ Privacy in showering and bathrooms
- ▶ Safety concerns

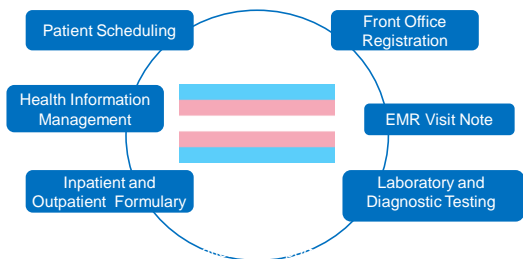


Homeless Transgender Youth Needs

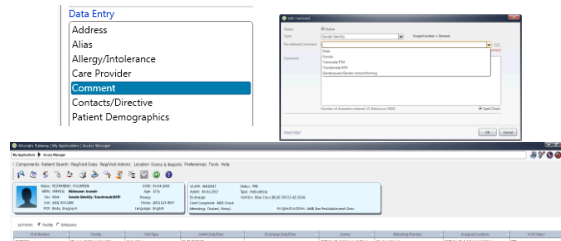


- Housing (28%)
- Transition-Related Support (26%)
- Employment (19%)
- Health Care (13%)
- Education (7%)
- Other (8%)

Trans* Affirming Processes and Policies



Trans* Affirming Policies and Processes



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Trans* Affirming Policies and Processes

Physical Exam/Test Results

Physical Exam

Adolescent (10yr and older)

Normal Exam Male Exam Female Exam

General Appearance: General appearance abnormal: in acute distress; not alert; uncooperative; poorly hydrated;

Head Exam: abnormal appearance of head;

Eye Exam: icteric sclera: not PERSL; red reflex absent bilaterally; conjunctivitis; conjunctival hyperemia; discharge from

Ear Exam: abnormal external ears; tympanic membrane abnormal: loss of tympanic membrane landmarks; right TM bulb; pressure equalization tube in right ear; left TM bulging; left TM perforation; left TM erythematous; left TM retracted; p

Nose: nasal congestion; rhinorrhea; epistaxis; tenderness of sinuses; flaring nasal alae;

Oral Exam: dry mucous membranes; dental caries; buccal mucosal lesion; oropharynx inflamed; tonsils swollen; tonsil

Trans* Affirming Policies and Processes

For Internal Use Only
PHOENIX CHILDREN'S HOSPITAL
 Scope: (Organization Wide)
 (Health Information Management)

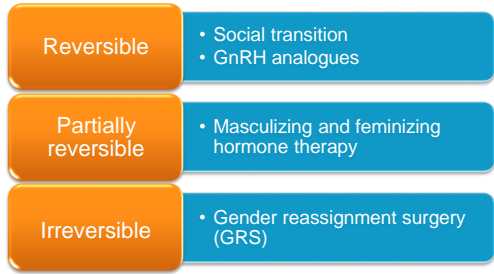
Transgender Patients – Gender Marker and Legal Name Changes

Guidelines for Current Practice

- ▶ World Professional Association for Transgender Health
 - ▶ Standards of Care, version 7, 2011
 - ▶ Coleman, E et al. Standards of Care for the Health of the Transsexual, Transgender, and Gender Non-conforming People, Version 7. International Journal of Transgenderism. 2011;(13):165-232.
- ▶ Endocrine Society
 - ▶ Clinical Practice Guideline: Endocrine Treatment of Transsexual Persons, 2009
 - ▶ Hemree, W.C. et al., Endocrine treatment of transsexual persons: An Endocrine Society practice guideline. Journal of Clinical Endocrinology and Metabolism. 2009;(94)9:3132-3154

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Phases of Transitioning

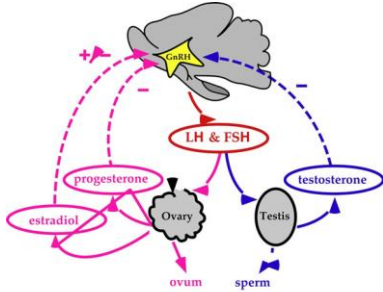


Coming Out As Transgender

Patients	Mean, (Age Range)	Biological Female	Biological Male
Age of Presentation	14.8 (4-20)	15.2 (6-20)	14.3 (4-20)
Tanner Stage	3.9 (1-5)	4.1 (1-5)	3.6 (1-5)
Total n, (%)	97 (100)	54 (55.7)	43 (44.3)

Spack N. GeMS Clinic, Boston Children's Hospital. Pediatrics, 2012

Cross Gender Hormonal Therapy



Approaching Gender Expansive Youth

- ▶ Name and pronoun
- ▶ Review history of gender experience
- ▶ Discuss patient goals
- ▶ Assess social support and resources
- ▶ Review prior efforts to adopt desired gender
- ▶ Establish expectations for all stakeholders

Criteria for Cross Gender Hormonal Therapy

- ▶ Endocrine Society
 - Fulfill criteria for Gender Dysphoria
 - Do not suffer from psychiatric comorbidity that interferes with work-up or treatment
 - Adequate psychological and social support
 - Knowledge and understanding of risks and benefits
 - ≥ 16 years

Criteria for Cross Gender Hormonal Therapy

- ▶ WPATH
 - ▶ Similar criteria except...
 - ▶ No recommendation on timing of initiation
- “Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that might provoke abuse and stigmatization”

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Evaluation Approach and Controversies

- ▶ What does preparedness for hormonal therapy mean?
- ▶ Elements of the Gatekeeper Model
- ▶ How do you respond to concerns that clients may view hormonal therapy as a “Fix for Everything”
- ▶ Informed Consent for Access to Transgender Health and Access to Street Hormones

Feminizing Hormonal Therapy

- ▶ Estrogens
 - ▶ Oral, sublingual, transdermal, IM
 - ▶ IM estrogen challenging in mobile health settings
- ▶ Anti-androgen
 - ▶ Spironolactone
 - ▶ Finasteride
- ▶ +/- Progestins for breast tissue development

Predicting Effects of Feminizing Hormones

Action	Onset	Max
↓ libido, ↓ erections	1-3 mo	3-6 mo
↓ testicular volume	25% 1 yr	50% 2-3 yr
May ↓ sperm production	?	?
Breast growth	3-6 mo	2-3 yr
Body fat redistribution	3-6 mo	2-3 yr
↓ muscle mass	1 yr	1-2 yr
Softens skin	3-6 mo	?
↓ terminal hair	6-12 mo	> 3 yr
No change in voice		

Masculinizing Hormonal Therapy

- ▶ Parenteral
 - ▶ Testosterone enanthate or cypionate 100–200 mg IM every 2 wk or 50% weekly
 - ▶ Testosterone enanthate or cypionate 50–100 mg SQ weekly
- ▶ Transdermal
 - ▶ Testosterone gel 1% 2.5–10 g/d
 - ▶ Testosterone patch 2.5–7.5 mg/d

Predicting Effects of Masculinizing Hormones

Action	Onset	Max
Male pattern facial/body hair	6–12 mo	4–5 yrs
Acne	1–6 mo	1–2 yrs
Voice deepening	1–3 mo	1–2 yrs
Clitoromegaly	3–6 mo	1–2 yrs
Vaginal atrophy	2–6 mo	1–2 yrs
Amenorrhea	2–6 mo	
Emotional changes/ ↑ libido		
Increased muscle mass	6–12 mo	2–5 yrs
Fat distribution	1–6 mo	2–5 yrs

CDC Screening Considerations in Transgender Men and Women

- ▶ Diversity of transgender persons regarding surgical affirming procedures, hormone use, and their patterns of sexual behavior
- ▶ Assess STI- and HIV-related risks and screen for asymptomatic STIs based on current anatomy and sexual behaviors

Toni: Supporting Transgender Youth

- ▶ Connected with skilled behavioral health service provider
- ▶ DCS Processes
- ▶ Educational Advocacy
- ▶ Workplace Advocacy
- ▶ Legal Advocacy
- ▶ Initiated feminizing hormonal therapy

Conclusion

Ask all adolescent patients about gender identity, sexual orientation, specific sexual behaviors

Recognize diversity of biology, identity, orientation and expression

Mobile health services provide opportunities to engage LGBT youth

Offer LGBTQ teens access to comprehensive, developmental appropriate counseling and care



Provider Resources and Organizational Partners

- ▶ www.advocatesforyouth.org Advocates for Youth
- ▶ www.aap.org American Academy of Pediatricians
- ▶ www.aclu.org/reproductive-freedom American Civil Liberties Union Reproductive Freedom Project
- ▶ www.acog.org American College of Obstetricians and Gynecologists
- ▶ www.arhp.org Association of Reproductive Health Professionals
- ▶ www.cahl.org Center for Adolescent Health and the Law
- ▶ www.glma.org Gay and Lesbian Medical Association

Provider Resources and Organizational Partners

- ▶ www.guttmacher.org Guttmacher Institute
- ▶ janefondacenter.emory.edu Jane Fonda Center at Emory University
- ▶ www.msm.edu Morehouse School of Medicine
- ▶ www.prochoice.ny.gov/projects-campaigns/torch.shtml NARAL Pro-Choice New York Teen Outreach Reproductive Challenge (TORCH)
- ▶ www.naspag.org North American Society of Pediatric and Adolescent Gynecology
- ▶ www.prh.org Physicians for Reproductive Health

Provider Resources and Organizational Partners

- ▶ www.siecus.org Sexuality Information and Education Council of the United States
- ▶ www.adolescenthealth.org Society for Adolescent Health and Medicine
- ▶ www.plannedparenthood.org Planned Parenthood Federation of America
- ▶ www.reproductiveaccess.org Reproductive Health Access Project
- ▶ www.spence-chapin.org Spence-Chapin Adoption Services

Family Support Resources

- ▶ www.pflag.org—Parents and Friends of Lesbians and Gays
- ▶ familyproject.sfsu.edu—Family Acceptance Project