I have no relevant financial interests
WPATH
World Professional Association for Transgender Health
http://www.wpath.org/

Standards of Care, Version 7
International Journal of Transgenderism
There is a gender spectrum!

And not everyone agrees on its structure
Not as Rare As We Thought

Self-reported gender identity and dysphoria in a large Dutch population sample (N=8064, aged 15–70 years old)

4.6% of people assigned male at birth and 3.2% of people assigned female at birth reported an ‘ambivalent gender identity’ (defined as equal identification with the other sex as with the sex assigned to them at birth).

1.1% of people assigned male at birth and 0.8% of people assigned female at birth reported an ‘incongruent gender identity’ (defined as stronger identification with the other sex as with the sex assigned to them at birth).

We Treat Gender Dysphoria, Gender Identity is *not* a Problem
Gender Non-Comformity is *not* a Problem

The goal is to be more comfortable in one’s skin

Not everyone wants to Transition, do Therapy, take Hormones, or have Surgery
The Trans Community can be quite biased towards the binary
Who do we treat hormonally?

- Any adult, +/- psych clearance
- Any post-pubescent adolescent with parental approval and psych clearance
- Pubescent children – (puberty blockers)
  - A pervasive, consistent, persistent and insistent sense of being the other gender
- Pre-pubescent children – psychotherapy, education, and support
First Do No Harm!

Treat Patients Not Lab Values!
Adults & Adolescents
The Moser Recipe - MTF

- Month 1 – Estradiol 0.5 mg po QD
- Month 2 – Estradiol 1 mg po QD + Spironolactone 100 mg po bid
- Month 3 – Estradiol 1 mg po bid + Spironolactone 100-200 mg po bid
- Month 4 – Estradiol 2 mg po bid + Spironolactone
- Month 5 – Estradiol 2 mg po tid + Spiro (continue this for 18 months)
- If testosterone is in the female range, no need to increase spironolactone

Can substitute estradiol patches for estradiol tablets
Issues and Controversies - MTF

✧ Progesterone – can increase clotting risk
  ✧ Prometrium vs. Provera, enhances breast development?
✧ Measuring estradiol – will not change what I do
✧ Estradiol IM – rise in levels, they know it is working, ?more side effects?, tubular breasts?
✧ Estradiol Transdermal Patches
✧ Other antiandrogens – medroxyprogesterone, ketoconazole, cyproterone acetate (Androcur)
✧ Orchietomy
✧ Excess estrogen is converted to testosterone
Watch for...

- DVT/PE
- Elevated LFTs
- Cardiovascular disease – less likely now that we are not using ethinyl estradiol
- Hypertriglyceridemia
- Prolactinomas

Consider

- PrEP, meningitis and hepatitis vaccines
- STIs
- Breast CA?
The Moser Recipe - FTM

- Start 0.25 ml (50 mg) Depo-Testosterone (testosterone cypionate or ethanoate) IM q7d
- Adjust to keep testosterone level in upper half of the normal male range at the nadir
- Can use topical testosterone gels in the male replacement dose. Also available as implants, creams, patches, buccal tabs, liquids, etc.
- Continue indefinitely
Issues and Controversies - FTM

- IM vs. SQ
- Stopping menstruation – Danazol
- Transfer of testosterone to females or children
- TAHBSO
- Concern for pregnancy
- Too much testosterone gets converted to estrogen
Concerns

- Hypertriglyceridemia/Hyperlipidemia
- Polycythemia
- Increased Cardiovascular Events?
- Aggression
- PrEP, meningitis, & hepatitis vaccines
- Do Not Forget to do PAP Smears
- PCOS
Prepubertal Children

I do not treat prepubertal children!
Prepubertal & Pubertal Children

- *Pervasive, Consistent, Persistent, and Insistent sense of being the other gender* and with gender dysphoria!
- Persisters vs. Desisters - They will declare themselves by early adolescence
- Early social transition +/- Blocking puberty
- Discouraging transition treatment vs. gender affirming treatment
- Puberty blockers - also called puberty inhibitors, puberty suppressors, or hormone suppressors
  - Leuprolide (Lupron), Goserelin Acetate (Zoladex), Bicalutamide, (antiandrogen)
  - Histrelin (blocks GnRH) & anastrozole (aromatase inhibitor)
From Puberty to Legal Adulthood

- Lot’s of politics, not much in the way of data
- Risk of osteoporosis
- Brain development
- Decreased height, stunted height
- Infertility
- Increased harassment (school, religion, family, and peers)
- Learning their new gender role
Primary Care

Do you use male or female normal ranges?

Trans people get poor medical care
  Trans people have the same medical problems everyone else has
  Trans people are discriminated against in the medical care system
  Trans people often see Health Care Providers as adversaries, forcing them to do exams they do not want or need
  “More is Better”
Primary Care - Controversies

- Do Trans Men or Women need mammograms?
- Do Trans Men need Pap Smears?
- Do Trans Men need hysterectomies?
- When do you stop or decrease hormones?
- Do Trans Women need prostate exams?
Do Not Forget About Sex

- Ask about sexual activity – it changes, preferred gender of partner can change
- Ask about social activity – social development is important
- Ask about STI checks – even if the patient denies genital activity
- Consider PrEP, meningitis vaccination
- Discuss Safer Sex
- PDE5i’s & supplementing testosterone for low desire are not crazy
- Ask about pain with coitus – Intravaginal estrogen can be helpful for FTM
- Plan pregnancy off of all hormones, bank sperm
# Gender Neutral Pronouns

<table>
<thead>
<tr>
<th>Nominative (subject)</th>
<th>Oblique (object)</th>
<th>Possessive adjective/determiner</th>
<th>Possessive pronoun</th>
<th>Reflexive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>He</strong></td>
<td>He laughed</td>
<td>I called <em>him</em></td>
<td>That is <em>his</em></td>
<td>He washed <em>himself</em></td>
</tr>
<tr>
<td><strong>She</strong></td>
<td><em>She</em> laughed</td>
<td>I called <em>her</em></td>
<td>That is <em>hers</em></td>
<td><em>She</em> washed <em>herself</em></td>
</tr>
</tbody>
</table>

**A Suggestion**

| E | *E* laughed | I called *er* | *Er* eyes gleam | That is *ers* | *E* washed *erself* |
Any Questions?

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