TRANSGENDER HEALTHCARE

LGBTQ Healthcare Inequalities

- Discrimination at many levels: Housing, healthcare access, employment etc.
- Lack of providers educated in LGBTQ care
- Uninsured or underinsured with lack of coverage for gender specific needs
- 90% are at or below the poverty level
- Higher rated for depression and anxiety
- 41% of transgender individuals have attempted suicide
- >50% have considered self-harm

Epidemiology/Statistical Data

Different Studies:

- 0.3% 0.5% of adults, or close to 1 million people, identify as transgender
- 7 to 9 per 100,000 people based on receiving physical treatment
- 871 per 100,000 based on self-report Indiana: LGBTQ 13 years of age and older 25,378
- White 61%
- Hispanic 15%
- Black/African American 11%
- Other race 10%
- *Ultimately we don't really know

Special Considerations

- Suicide attempt rate for transgender and gender non-conforming people is 41%.
- Treatment has been shown to result in significant improvement in quality of life, gender dysphoria, sexual function, anxiety, depression, and other ychological symptoms



Pathophysiology/Etiology

Historical thought: Social construct formed between 1 and 4 years old

More recent evidence points toward biology

- Genital and brain development in the womb
- Infant transitions due to missing anatomy Complete androgen insensitivity syndrome
- (CAIS)
- 5a-reducatase-2 or 17B-hydroxy-steriod dehydrogenase-3 deficiency
- Congenital adrenal hyperplasia
- Maternal Medication and chemical exposure
- Number of siblings
- Klinefelter's syndro



DSM-5 DIAGNOSIS CRITERIA

Marked difference between gender identity and assigned gende

*Persists beyond 6 months

*Must cause clinically significant distress or social,

- Must include at least 2 of 6:
- Marked incongruence between experienced or expressed gender and primary or secondary sex characteristics
- Strong desire to prevent or be rid of current sex characteristics
- Strong desire to have opposite gender sex characteristics
- Strong desire to be treated as opposite gender

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· Strong conviction of having typical feelings and reaction of opposite gender

APROACH: Theoretical Framework



Theory Application at Point of Care

- Leininger Model: A person definition of health, llness, and self-care behaviors express in particular worldviews that are the result of h individual's personal life experiences.
- Caring is the essence of nursing.
- Theory addresses universal and culture specific care patterns. This provides a framework for APN to examine the dynamic interplay of the many factors affecting the delivery of health related care.
- Encourages Cultural congruent care by means of nursing assessment, decision making, and interventions that preserve, accommodate. negotiate or re-structure life-ways in order to achieve best outcomes and healthier life-ways.

Professional Implications

- AANP: Standards of Practice for Nurse Practitioners: Development of a treatment plan: The nurse practitioner, together with the patient and family, establishes an evidence-based, mutually acceptable, cost-awareness plan of care that maximizes health potential.
- ANA Standard of Practice #8: Culturally Congruent Practice, describes nursing care that is in agreement with the preferred values, beliefs, worldview, and practices of the healthcare consumer

WPATH

 World Professional Association for Transgender Health

Diagnosis

F64.9- Gender Identity disorder (Gender Dysphoria)

Diagnostics

- Current Recommendation: Psychological evaluation
- Karyotyping may be offered to patients who would like it but this is controversial.

Pharmacological Therapies

Dual Therapy

estrogen plus androgen suppressor Antiandrogen therapies

spironolactone, CPA. **GnRH** agonist therapy

- Estrogen
- Finasteride

Non-pharmacological Options

- · Electrolysis or laser hair removal
- · Voice classes: Specialized phoniatric
- Support groups
- · Therapy

Surgical Options

- · Bilateral orchiectomy
- · Gonadectomy
- Penectomy
- Vaginoplasty
- Breast augmentation Adam's apple
- reduction Rhinoplasty
- · Facial reconstruction

Informed Consent for HRT Results and speed vary by person

- Permanent changes vs non-permanent
- Changes in genitalia
- Redistribution of fat
- Skin changes Hair changes
- Changes in muscle mass
- Realistic expectations
- Risks for infertility and mood swings

Education/Teaching

- Diagnosis
- Expectations
- Medical and mental health treatment options
- Risks and benefits (fertility-freezing eggs, spermbank)
- Ask about self-medication past and present

Laboratory Studies

- · Testosterone: Goal:<55 ng/dL
- Serum estradiol: Goal: <200-300
- · CMP for Potassium, electrolytes, kidney function, and liver function
- · Annual lipid screening
- · Some advocates for serum prolactin

NPs as Advocates and Policy Writers

- What can we do:
- Aim to provide culturally competent services to all populations
- Obtain adequate training an competency to meet the needs of our clients
- Participate in policy advocacy by writing to State senators, State representatives, and Congressional legislators
 - Lead or participate in workplace, local, State, or National initiatives that integrate services for LGBTQ consumers



