When the Answers Aren't Straight Forward:

LGBTQ+ Health for Hospitalized Patients

Photo illustration by YES! Magazine via WikiMedia Commons.

Keshav Khanijow, MD

Assistant Professor of Medicine

Pronouns: he, him, his

Disclosures: NO relevant financial disclosures

JOHNS HOPKINS MEDICINE

Chris Waybright, MSN, FNP-C

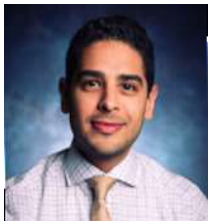
Asst. Director of Advanced Practice Clinicians

D[illegible] TEAMHealth® al disclosures

ACKNOWLEDGEMENTS

Nicole Rosendale, MD
Assistant Professor
Neurohospitalist Division
University of California, San Francisco

Tyler Anstett, DO
Assistant Professor
Division of Hospital Medicine
University of Colorado Anschutz Medical Campus



Sergio Lizama-Hernandez, MD
Clinical Endocrinologist
Division of Endocrinology
MedStar Health

Objectives:

1. Define common terms surrounding LGBTQ+ and gender affirming care.

2. Identify best practices in HPI and documentation surrounding LGBTQ+ care.

3. Define gender affirming interventions, associated risks, and management during inpatient hospitalization

- Demographics & Health Disparities
- Terminology
- Affirming Language & Documentation
- Transgender Health
- Case Examples

>7.1%

(Over 11 million)

People in U.S.
who
identify as LGBT

LGBTQ+

Children
- 2-3x more likely to attempt suicide
- 40% of youth in homeless shelters

Adults
- Higher rates of substance use
- Less likely to have insurance

Seniors
- Social and systemic isolation
- Higher poverty rates

All
- Shorter life expectancy
  - suicide, violence, CVD

57%

of LGBTQ people have personally experienced discrimination

1 out of every 6

Faced prejudice when going to a doctor or health clinic

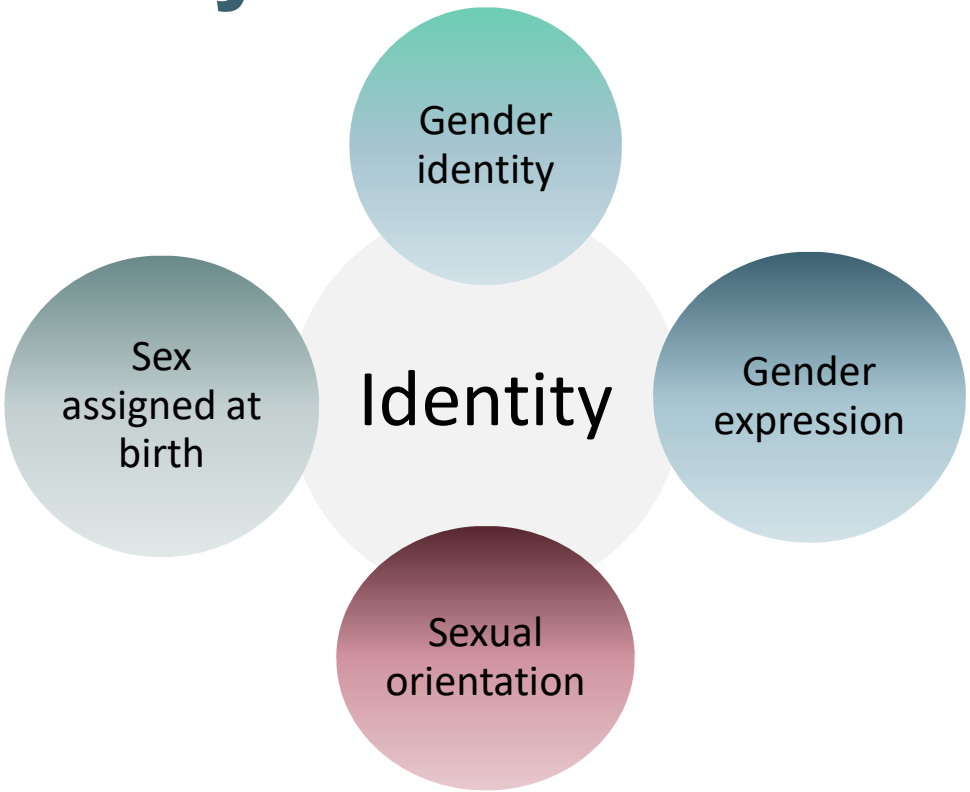
1 out of every 3 for Transgender.

Same as reported for interactions with the Police.

Discrimination in America: Experiences and Views of LGBTQ Americans, J2017.

Terminolog

Everyone has independent components of personal identity



Define the Terms:

- **Cisgender:** Gender identity and/or gender role “matches” the individuals sex assigned at birth.

- **Gender Dysphoria:** The distress felt due to mismatch between gender identity and sex assigned at birth.

- **Gender Affirmative Care:** Social, psychological, behavioral, or medical Interventions designed to support and affirm an individual’s gender identity.

The Regents of the University of California, Davis Campus, 2022

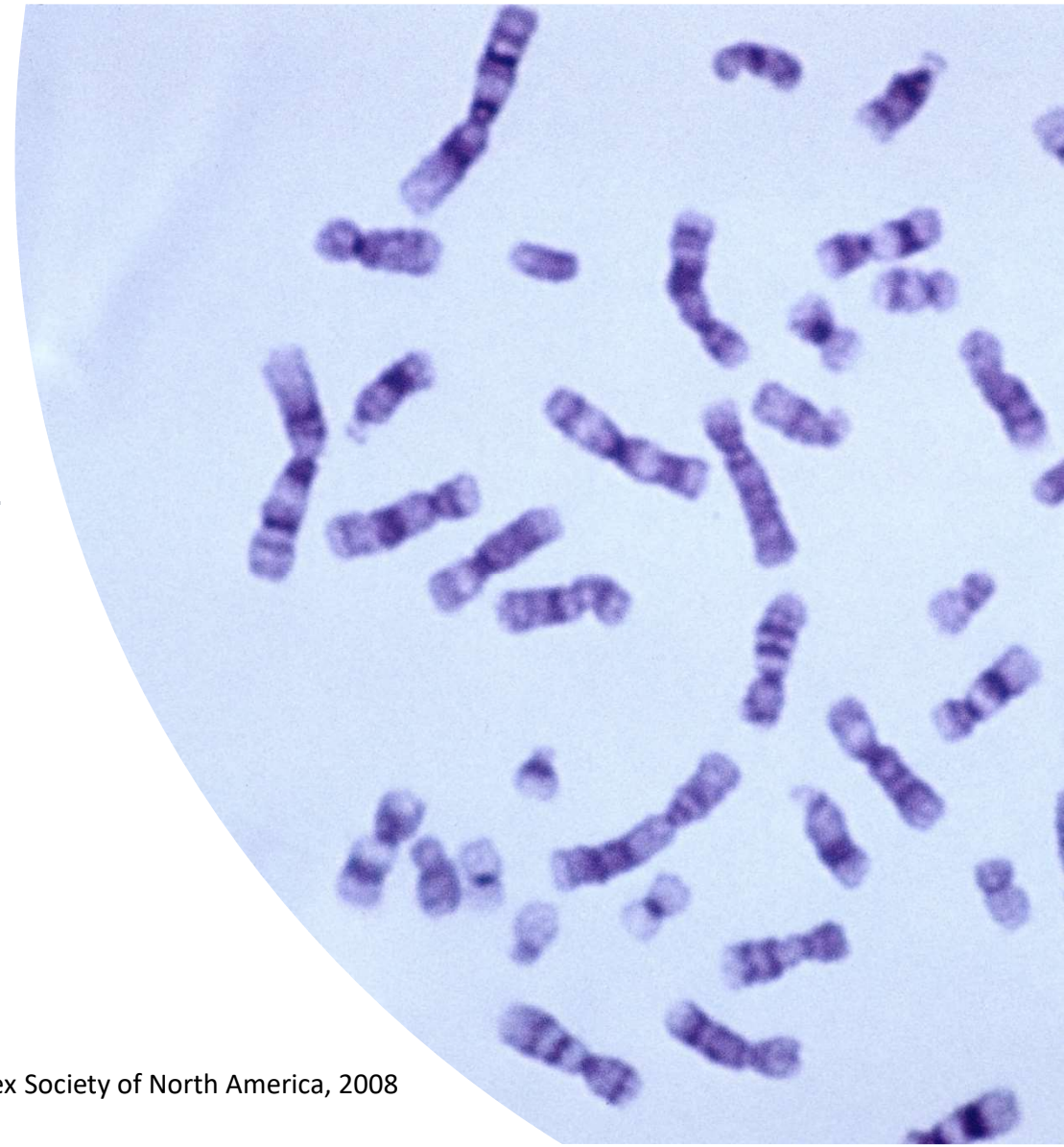
World Health Organization, 2022

Gender Identity vs. Gender Expression

Image: Shutterstock

Sex is also not a binary

- Some egg or sperm may lack a sex chromosome or have an extra one (XXY, XYY, XO)
- Differences of sex development (DSD)
  - Congenital conditions in which development of chromosomal, gonadal or anatomic sex is atypical
- Intersex
  - An identity term used by some individuals with DSD
  - Some identify as transgender while some do not



Intersex Society of North America, 2008

Affirming Language and Documentation

LGBQ Individuals:

- Description of Sexual Orientation

Lesbian **G**ay **B**isexual **Q**ueer

- DO's

Ask About it

How do you identify your sexual orientation?

Consider if needed in one-liner

- DON'T's

Use the word "homosexual"

- Has a pathologizing past
- Tends to be used by hate groups

Assume sexual orientation based on partner

Case Example:

- Documentation

45yo homosexual male with PMHx Migraines presents with Headache

45yo queer male with PMHx Migraines presents with Headache

45yoM who identifies as queer with PMHx Migraines presents with Headache

Case Example:

- Documentation

45yo homosexual male with PMHx Migraines presents with Headache

45yo queer male with PMHx Migraines presents with Headache

45yoM who identifies as queer with PMHx Migraines presents with Headache

Case Example:

- Documentation

45yo homosexual male with PMHx Migraines presents with Headache

45yo queer male with PMHx Migraines presents with Headache

45yoM who identifies as queer with PMHx Migraines presents with Headache

Case Example:

- Documentation

45yo homosexual male with PMHx Migraines presents with Headache

45yo queer male with PMHx Migraines presents with Headache

45yoM who identifies as queer with PMHx Migraines presents with Headache

Transgender and Non-Binary (TNB) Folx:

- Description of Gender Identity

- DO:

Ask	Document	Be Intentional	Apologize
Ask: “How do you identify your gender?” (Ask Pronouns too!)	Use their identification in documents	Be extra vigilant about addressing the patient correctly	Apologize for mistakes

If misgendering happens:

- DO:
- **Thank** for the correction
- **Correct** yourself
- **Apologize** succinctly
- **Move on**

Instead of…	Consider using …
Transsexual	Transgender, TransWoman, TransMan, Man/Woman
Sex "**Reassignment**" Surgery or Hormones	Gender **Affirmation** Surgery or Hormones
MTF, FTM	Assigned Male at Birth (**AMAB**) Assigned Female at Birth (**AFAB**)

Case Example:

- Documentation

29yo Transsexual MTF (s/p Gender Reassignment Surgery) admitted for Pyelonephritis

29yo TransWoman (AMAB, on Gender Affirmation Hormones) admitted for Pyelonephritis

29yo Woman (Transgender, AMAB on Gender Affirmation Hormones) admitted for Pyelonephritis

Case Example:

- Documentation

29yo Transsexual MTF (s/p Gender Reassignment Surgery) admitted for Pyelonephritis

29yo TransWoman (AMAB, on Gender Affirmation Hormones) admitted for Pyelonephritis

29yo Woman (Transgender, AMAB on Gender Affirmation Hormones) admitted for Pyelonephritis

Transgender Health

Transitioning is unique to each individual

- Medical affirmation
- Surgical affirmation
- Transitions or none
- One person is not more trans than another
- Each person needs to find their own way

Transitioning is unique to each individual

- Medical affirmation
- Surgical affirmation
- Transitions or none
- One person is not more trans than another
- Each person needs to find their own way

ALL ARE EQUALLY VALID

ALL DECREASE GENDER DYSPHORIA

ALL INCREASE QUALITY OF LIFE

Candidates for gender affirming hormone therapy

- Persistent, well-documented gender dysphoria
- Capacity to make decisions
- Standard vs. informed consent for treatment
- Age of majority in a given country
- Well controlled medical or mental health concerns

man, et al. The Standards of Care, 7th edition, WPATH

Gender Affirming Hormone Therapy (GAHT)

Transgender Females

Feminizing therapies

- PO Estradiol Valerate
- IM Estradiol Valerate
- IM Estradiol Cypionate
- TD Estrogen
- PO Progesterone

Anti-androgen therapies

- PO Spironolactone
- PO Finasteride
- IM/SC GnRH analogue

Transgender Males

Masculinizing therapies

- Gel/Cream/ IM/SC/ Patch for Testosterone

Deutsch MB. UCSF Transgender Care & Treatment Guidelines, 2016

Risks associated with GAHT

Transgender women	Transgender men
High risk: Thromboembolic disease	**Very high risk:** Erythrocytosis
Moderate risk: Macroprolactinoma Breast cancer Coronary artery disease Cerebrovascular disease Cholelithiasis Hypertriglyceridemia	**Moderate risk:** Severe liver dysfunction Coronary artery disease Cerebrovascular disease Hypertension Breast or uterine cancer

W Hembree, et al. JCEM 2017
H Asscheman, et al. Eur J Endocinol. 2011
D. Getahun, et al. Ann Intern Med. 2018

CVD and transgender women

- Higher CVD mortality rate than cisgender women
  - MI prevalence higher than cisgender women (*P*=0.0001) and similar prevalence of MI to cisgender men (non-significant)
  - Cerebrovascular disease prevalence greater than cisgender men (*P*=0.03)
  - Diabetes mellitus, age (>50), and at least 1 or more CV risk factors present before GAHT began

CG Streed et al. Ann Intern Med. 2017
K Wierckx et al. Eur Journal of Endocr. 2013

Risks associated with GAHT

Transgender women	Transgender men
High risk: Thromboembolic disease	**High risk:** Erythrocytosis
Moderate risk: Macroprolactinoma Breast cancer Coronary artery disease Cerebrovascular disease Cholelithiasis Hypertriglyceridemia	**Moderate risk:** Severe liver dysfunction Coronary artery disease Cerebrovascular disease Hypertension Breast or uterine cancer

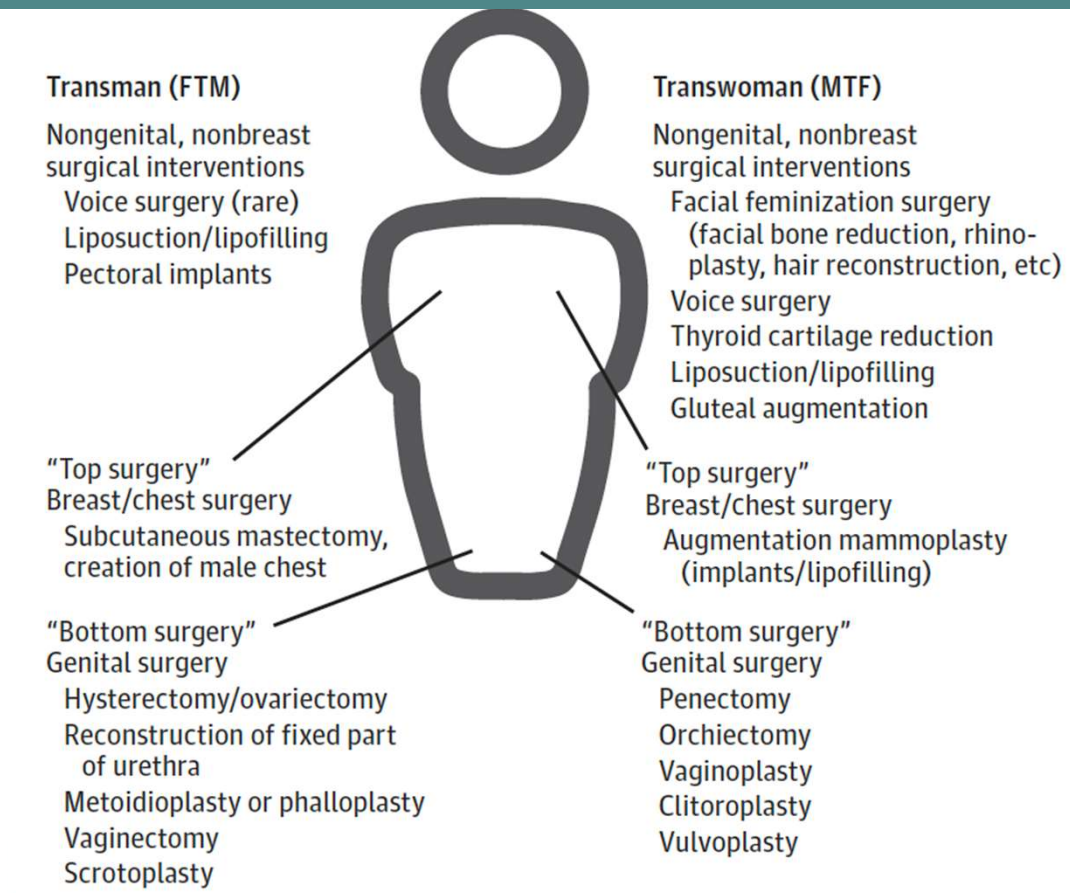
W Hembree, et al. JCEM 2017

CVD and transgender men

- CVD risk is largely unchanged among transgender men receiving GAHT
  - Evidence limited by studies design
- No evidence to support a major association between GAHT and cardiovascular morbidity or mortality
  - No increased CVD risk in transgender men receiving GAHT (small studies)

CG Streed et al. Ann Intern Med. 2017

Clinical Considerations for Transgender Patients:
Gender Affirming Surgeries



Rosendale et al, JAMA Int Med 2018

Surgical risk and GAHT

- No association of increased risk of VTE/complications with testosterone
  - Hematoma after chest surgery (non-significant)
- No associations of negative surgical outcomes with spironolactone
- Inconsistent data linking estrogen and thrombosis in perioperative period
  - Supportive evidence to discontinue therapy is based on oral estrogen regimens
  - Discuss pros and cons of discontinuing treatment

E Boskey, et al. JAMA Surg. 2019

Inpatient care of transgender patients

- Conversations about gender identity and gender affirming care need to be private
  - Transgender people may not be open about their identity, including to family members
- Transgender patients should be roomed according to their gender identity
- Transgender patients may experience additional stress as an inpatient due to replacement of personal clothing or other means of gender expression

Case Examples

CASE #1

ID: 50yo Woman (Transgender, AMAB*)

(*Assigned Male at Birth)

CC: Medicine Transfer s/p THA (5d prior)

Hospital Course:

- 6 days ago, tripped down steps
- Admitted to Ortho, s/p Left THA
- Continued on home meds w/ DVT Ppx added (Enoxaparin 40mg SC)
- Has had 4 days of RLE swelling/pain

CASE #1

ID: 50yo Woman Assigned Male at Birth (*AMAB)

CC: Medicine Transfer s/p THR (7d prior) w/ 5d of increased RLE Swelling

PMHx

- Left THA (7d ago)
- Mandible Angle Reduction, Breast Augmentation (2018)
- Depression

Meds

- Enoxaparin 40mg SC Daily
- Estradiol Valerate 2mg PO qDaily*

**Substituting: w/ OCP (Ethinyl estradiol-Norethindrone)*

CASE #1

Pulse: 90 BP= 110/70 RR=15 SpO2=100%

11.2	14.0		250

139	101	22	150
4.4	31	0.9	

Imaging

RLE Duplex, 04/14/2020:
Positive for DVT

RLE c-CT, 04/14/2020:
No evidence of cellulitis or a

CASE #1

Your patient is therapeutic on anticoagulation and ready for discharge. She expresses deep concern that you will discontinue her estrogen as this has significantly alleviated her gender dysphoria.

How would you proceed?

A) Instruct the patient to **stop taking estrogen.** A history of DVT is an absolute contraindication.

B) Instruct the patient to **continue taking transdermal estrogen** until the patient sees PCP in 1-2 weeks for hospital follow-up

C) Instruct the patient to **stop taking estradiol valerate** until the patient sees PCP in 1-2 weeks for hospital follow-up

CASE #2

ID: 25yo Cis-Male, identifies as queer

CC: EtOH Withdrawal symptoms x 3d after soar throat 5 days ago

PMHx: Substance Use Disorder (EtOH)
Hx of PrEP > 2 years

Home Meds: Lexapro 5mg PO qHS
Tenofovir-Emtricitabine* 1 tab PO qDaily

*Truvada, 300-200mg

CASE #2

Admission Labs
5 days ago

12.0	13.0	250

134	99	29	89
3.3	31	1.8	

GFR: 55

HIV:
Negative

Rapid Strep Swab:
Positive

This AM's Labs
today

8.0	9.0	180

134	101	15	99
4.0	25	0.9	for 3 days

Hospital Course:

- **Amoxicillin initiated**
- **Truvada* held as GFR<60**
- **AKI resolved with fluids**
- **No BZD req. >24h**

*Tenofovir-Emtricitabine

CASE #2

It is your first day working with the patient, and he is stable for discharge.

Upon reconciling his home medications, you note that his home Truvada (Tenofovir-Emtricitabine) has been held for the past 5 days. Should you restart this on discharge?

A) **Yes** – his GFR is normal

B) **No** – he recently had an AKI

C) **No** – it will increase his risk of unprotected sex

CASE #2

The patient is in a “magnetic” relationship, where him and his cis-male partner have sero-discordant HIV status. He would like to know when his Truvada (Tenofovir-Emtricitabine) will become effective again.

What would be the most appropriate answer?

A) 1 day

B) 3 days

C) 7 days

D) 20 days

CASE #3

ID: 30yo Man brought to ED by Boyfriend

CC: Lower Abdominal Pain

ED Course:

- Intermittent cramping abd pain x 1 day
- Episode of Urinary Incont. at Home
- Sexually Active with Boyfriend
- Ran out of insurance – no BP meds, no Gender-Affirming Testosterone for 8 months

CASE #3

ID: 30yo Man (AFAB) brought to ED by Boyfriend

CC: Lower Abdominal Pain

- Intermittent cramping abd pain x 1 day
- Episode of Urinary Incont. at Home
- Sexually Active with Boyfriend
- Ran out of insurance –
  no BP meds, no Gender-Affirming Testosterone for 8 month

CASE #3

Pulse: 67 BP= 185/84 RR=15 SpO2=100%

12.0	14.5	110

139	101	22	214
4.4	31	1.5	

Lipase: 70

Beta HCG, Serum
14,000 mIU/mL

AST: 170
ALT: 253
Alk Phos: 80
Total Bili: 1.0

CASE #3

?

What steps have been taken to ensure a similar situation does not happen at your institution?


YOU are an ally!
ASK! Don’t assume.
ADVOCATE FOR CHANGE!

REFERENCES

1. Unless otherwise specified, Image Credits: multiple sources from Unsplash
2. Gates, JG. Gallup, 2018. Retrieved from: https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx
3. HealthyPeople2020. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
4. Hatzenbuehler ML, Bellatorre A, Lee Y, Finch BK, Muennig P, Fiscella K. Structural stigma and all-cause mortality in sexual minority populations. Soc Sci Med. 2014;103:33-41.
5. NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Discrimination in America: Experiences and Views of LGBTQ Americans, January 26 – April 9, 2017.Retrieved from: https://www.npr.org/documents/2017/nov/npr-discrimination-lgbtq-final.pdf
6. Pan, Laydyn, Moore, Anna. Gender Unicorn. Retrieved from: https://www.transstudent.org/gender/
7. Goldstein Z, Khan M, Reisman T, Safer JD. Managing the risk of venous thromboembolism in transgender adults undergoing hormone therapy. *J Blood Med*. 2019;10:209-216. Published 2019 Jul 10. doi:10.2147/JBM.S166780
8. Deutsch M., Overview of feminizing hormone therapy. https://transcare.ucsf.edu/guidelines/feminizing-hormone-therapy
9. Shatzel JJ, Connelly KJ, DeLoughery TG. Thrombotic issues in transgender medicine: a review. Am J Hematol 2017; 92: 204e8
10. Bauer K., How would you manage VTE risk in a transgender patient who needs hormone replacement therapy?. ASH Clinical News. Feb 2018 https://www.ashclinicalnews.org/education/manage-vte-risk-transgender-patient-needs-hormone-replacement-therapy-2/
11. HIV prevention pill not reaching most Americans who could benefit – especially people of color. March 2018. https://www.cdc.gov/nchhstp/newsroom/2018/croi-2018-PrEP-press-release.html
12. Finlayson T, Cha S, Xia M, et al. Changes in HIV Preexposure Prophylaxis Awareness and Use Among Men Who Have Sex with Men — 20 Urban Areas, 2014 and 2017. MMWR Morb Mortal Wkly Rep 2019;68:597–603. DOI: http://dx.doi.org/10.15585/mmwr.mm6827a1

13. The Regents of the University of California, Davis Campus, 2022. Retrieved July 7, 2022 from https://lgbtqia.ucdavis.edu/educated/glossary

14. World Health Organization. (n.d.). *Gender incongruence and Transgender Health in the ICD*. World Health Organization. Retrieved July 7, 2022, from https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd

THANK YOU!

kkhanijow@gmail.com
Christopher_Waybright@teamhealth.com

Photo illustration by YES! Magazine via WikiMedia Commons.