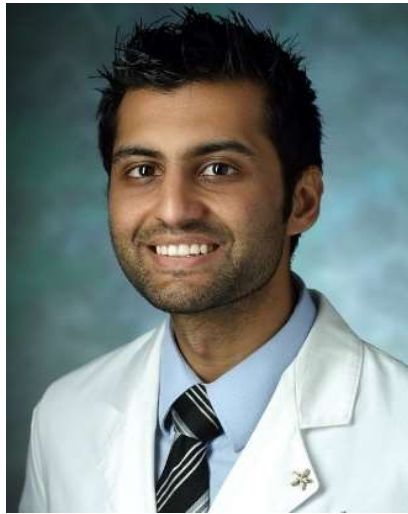

When the Answers Aren't
Straight Forward:

**LGBTQ+ Health for
Hospitalized Patients**





Keshav Khanijow, MD

Instructor of Medicine

Pronouns: he, him, his

Disclosures: NO relevant financial disclosures



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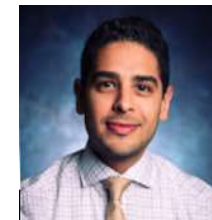
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Objectives:

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

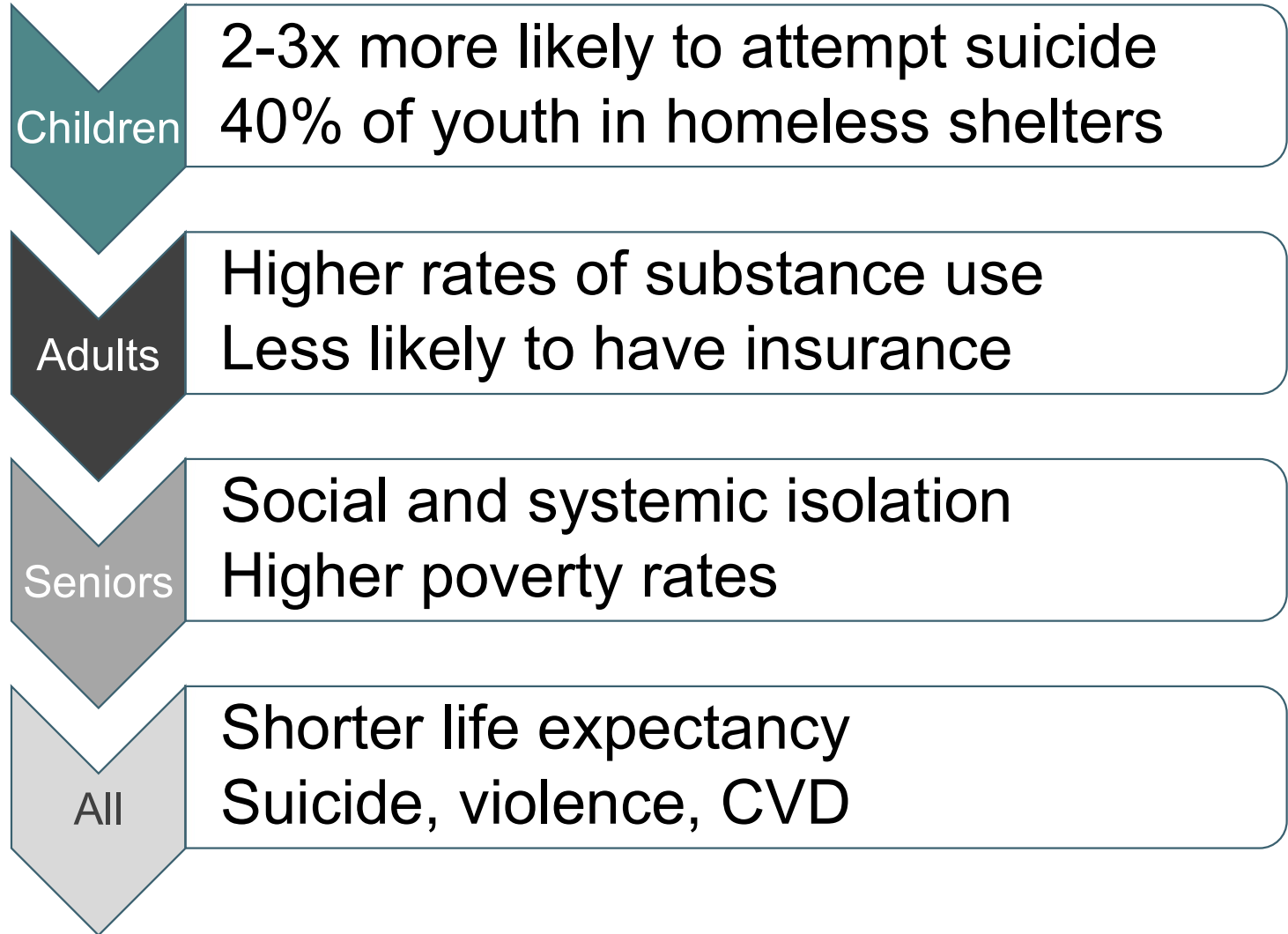


>7.1%
(Over 11 million)

People in U.S.
who
identify as LGBT



LGBTQ+





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

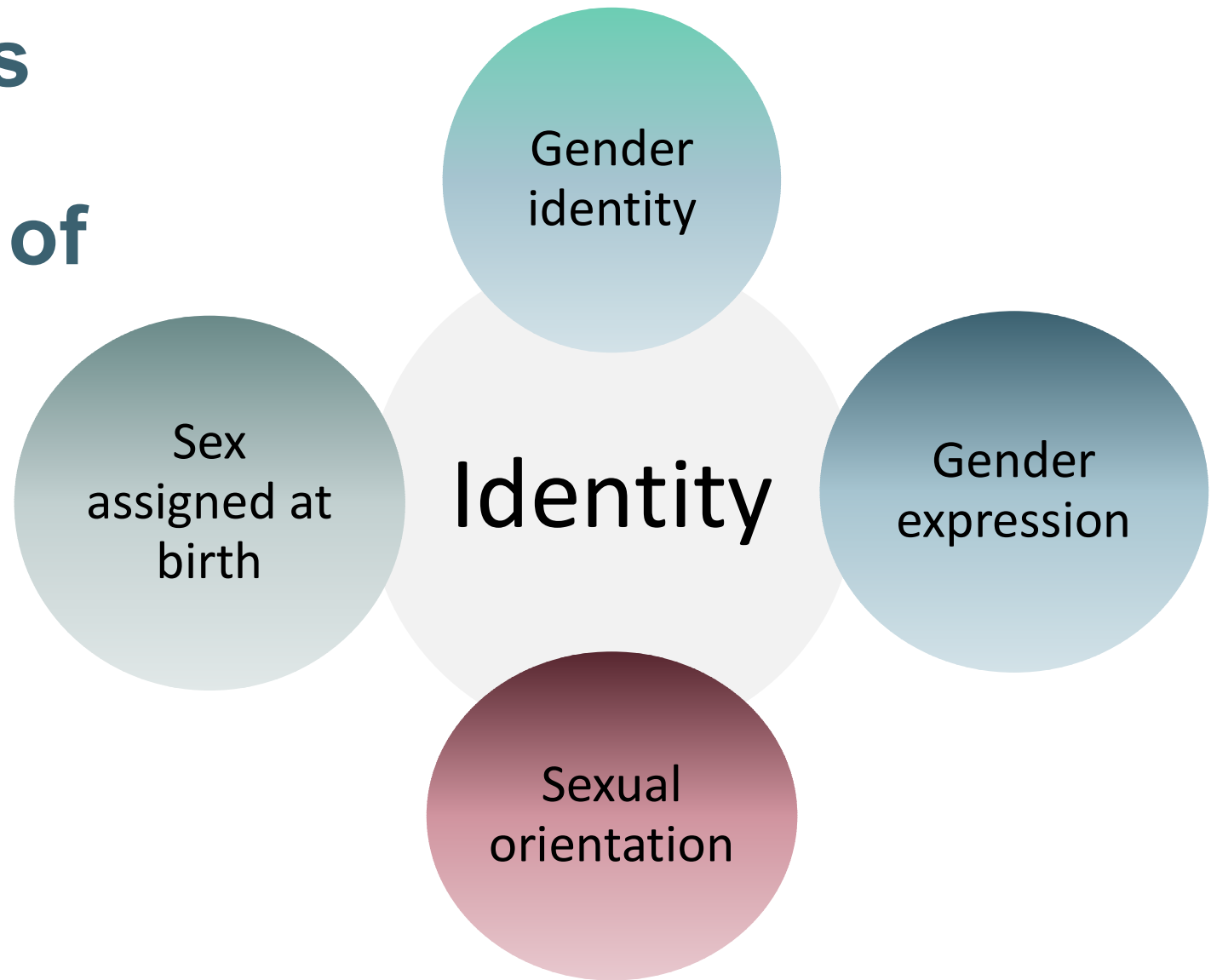
Same as reported for interactions with the police



Terminology



Everyone has independent components of personal identity



Define the Terms

Cisgender: Gender identity and/or gender role “matches” the individual's 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

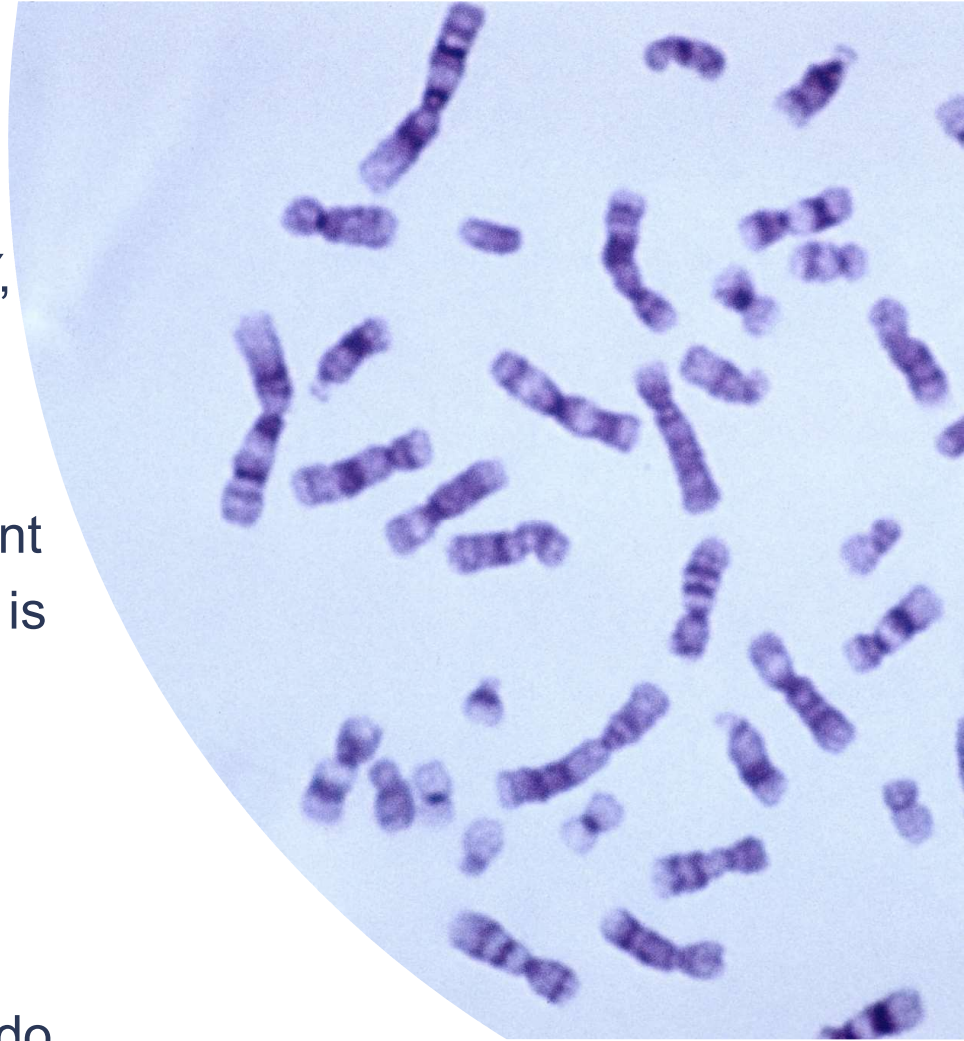
Gender Identity vs. Gender Expression



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



Affirming Language and Documentation



LGBQ Individuals

- Description of Sexual Orientation

Lesbian

Gay

Bisexual

Queer

DO's



Ask About it

How do you identify your sexual orientation?



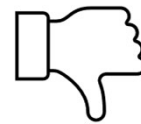
Consider if needed in one-liner

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

45yo **homosexual** male with PMHx migraines presents with headache

45yo **queer male** with PMHx migraines presents with headache

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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):

- 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 “ <u>Reassignment</u> ” Surgery or Hormones	Gender <u>Affirmation</u> Surgery or Hormones
MTF, FTM	Assigned Male at Birth (<u>AMAB</u>) Assigned Female at Birth (<u>AFAB</u>)

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**

Gender Affirming Hormone Therapy (GAHT)

Transgender Females

Transgender Males

Feminizing therapies

Anti-androgen therapies

Masculinizing therapies

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

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

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

Risks associated with GAHT

Transgender women

High risk: Thromboembolic disease

Moderate risk:

Macroprolactinoma

Breast cancer

Coronary artery disease Cerebrovascular
disease Cholelithiasis

Hypertriglyceridemia

Hembree, W., et al. *JCEM* 2017

Asscheman, H., et al. *Eur J Endocrinol.* 2011

Getahun, D., 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

Streed, C.G., et al. *Ann Intern Med.* 2017

Wierckx, K., et al. *Eur Journal of Endocr.* 2013

Risks Associated with GAHT

	Transgender men
	High risk: Erythrocytosis
	Moderate risk: Severe liver dysfunction Coronary artery disease Cerebrovascular disease Hypertension Breast or uterine cancer

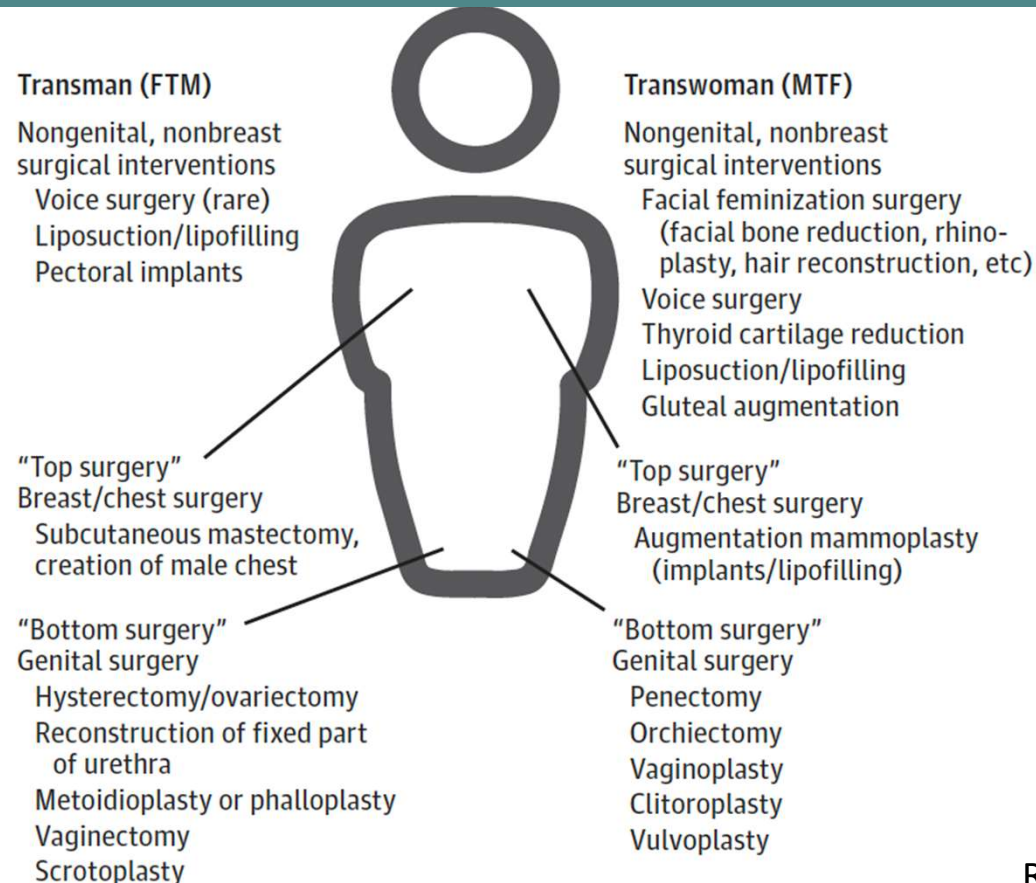
Hembree, W., et al. *JCEM* 2017

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)

Streed, C. G., et al. *Ann Intern Med.* 2017

Clinical Considerations for Transgender Patients: Gender Affirming Surgeries



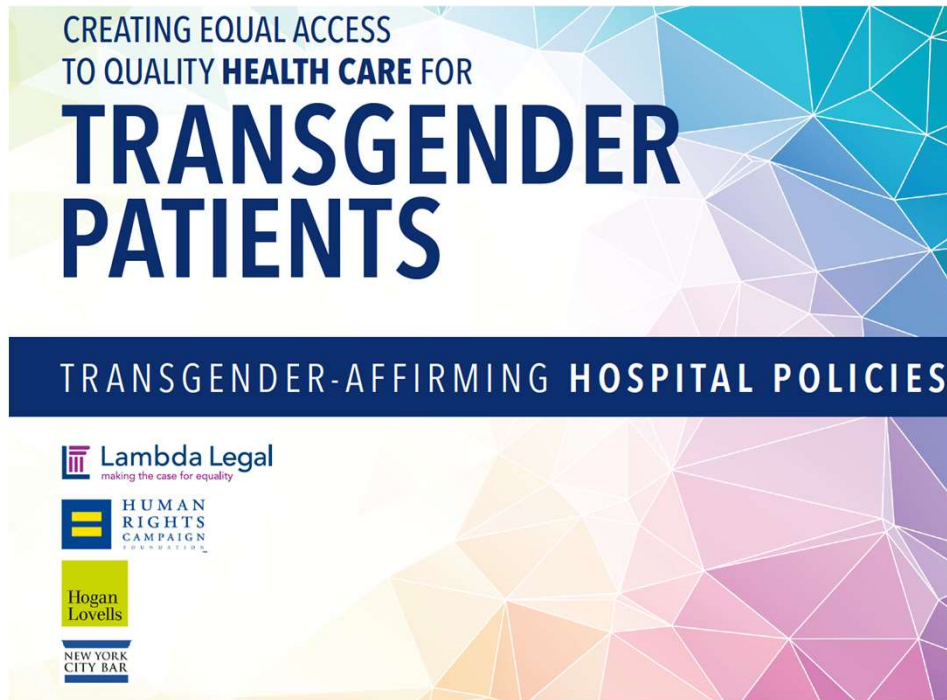
Rosendale, N., et al, *JAMA Int Med* 2018

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

Boskey, E., 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, when possible, if placed in a semi-private room
- Transgender patients may experience additional stress as an inpatient due to replacement of personal clothing or other means of gender expression
- Services should be rendered free of discrimination



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 abscess

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

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CASE #2



ID: 25yo Cis-Male, identifies as queer

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

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

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

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
- Tenofovir-Emtricitabine
 - held as GFR<60
- AKI resolved with fluids
- No BZD req. >24h

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 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

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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 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 #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 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 months

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



Diagnosis: **Pre-eclampsia**

A provider comes to evaluate the patient for H&P and realizes the patient:

- identifies as a transgender male (listed as “male” in chart) with positive B-HCG
- Bedside ultrasound is performed confirming pregnancy

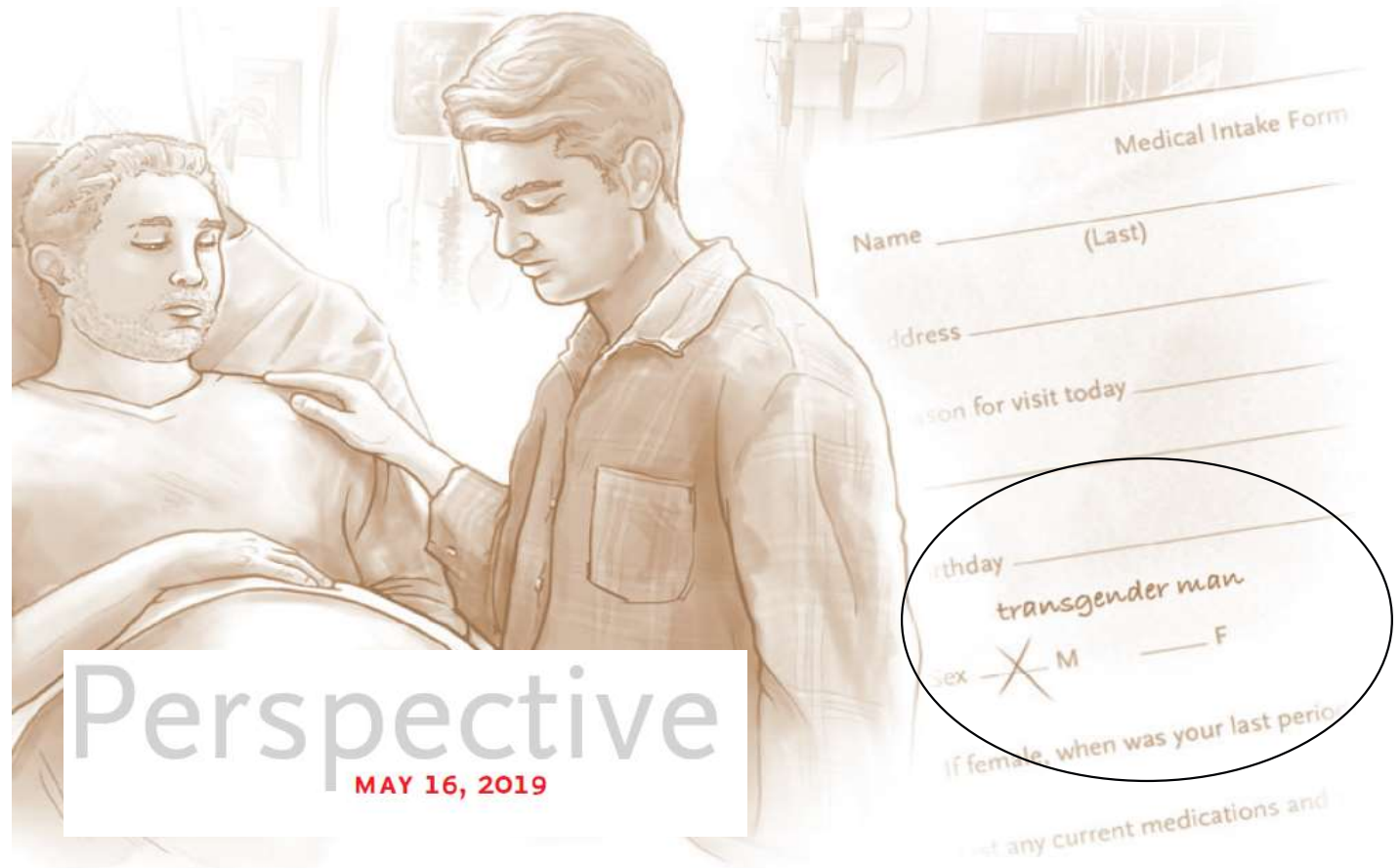
CASE #3



CASE STUDIES IN SOCIAL MEDICINE

The Power and Limits of Classification — A 32-Year-Old Man with Abdominal Pain

Daphna Stroumsa, M.D., M.P.H., Elizabeth F.S. Roberts, Ph.D., Hadrian Kinnear, B.A., and Lisa H. Harris, M.D., Ph.D.



Perspective
MAY 16, 2019

CASE #3



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

A top-down view of a desk with a laptop, stethoscope, glasses, and a coffee cup. The desk is a light grey color. A silver stethoscope is positioned at the top center. A laptop is open, showing a website on its screen. A pair of black-rimmed glasses is on the right side. A white coffee cup with a lid is in the bottom left corner. Three teal-colored rectangular boxes with white text are overlaid on the image.

**YOU are an
ally!**

**ASK!
Don't assume.**

**ADVOCATE
FOR
CHANGE!**

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**THANK
YOU!**

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