

PHARMACIST & TECHNICIAN CE:

## Gender-Affirming Care for Transgender Patients

by Ariana Double, 2023 PharmD Candidate, Anna Marceau, PharmD, Marie Moser, PharmD



Cultural humility involves continual self-reflection with the goal of creating honest and trustworthy relationships to understand and eliminate healthcare disparities.<sup>1</sup> A practice with perpetual reflection and cultural humility at its core is the first step in addressing the healthcare disparities that affect many patients. A good place to start the conversation about culturally sensitive healthcare is to address the disparities and barriers to care that are routinely experienced by transgender patients.

Recent data regarding these disparities has exposed the need for healthcare professionals to understand the major inequality transgender patients face. For healthcare to become a safe space for transgender patients, providers must understand the broader history of transgender discrimination. A 2011 National Transgender Discrimination Survey brought to light many alarming disparities.<sup>2</sup> Among the survey respondents, 25% had experienced some form of discrimination within the past year, and 78% reported being bullied. Unfortunately, this discrimination is observed in healthcare spaces as well. Around 25% of transgender patients have delayed care due to past discrimination or fear of being mistreated. The survey reported that 19% of transgender patients had been denied care outright. Another finding of this study is that around 50% of respondents reported having to teach their healthcare providers about their own healthcare. This highlights many providers' gaps in knowledge when it comes to treating transgender patients. It is important that we acknowledge personal shortcomings and educate ourselves to be

### CE FOR PHARMACISTS

COMPLETE ARTICLE AND CE EXAM AVAILABLE ONLINE: [WWW.PSWI.ORG](http://WWW.PSWI.ORG)

#### Learning Objectives

- Explain the current healthcare disparities for transgender patients
- Define and explain appropriate terminology necessary for gender-affirming care
- Explain best practices to create an affirming space for patients
- Assess appropriate gender-affirming treatment regimens
- Assess physical changes and risks associated with gender-affirming treatments

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able to meet the needs of patients. The 2015 U.S. Transgender Survey showed findings similar to those of the 2011 survey.<sup>3</sup> System-wide barriers also impact patient care. Twenty-five percent of survey respondents reported experiencing insurance issues related to transgender care within the past year. The disparities and barriers to care experienced by transgender patients must be addressed to create affirming environments for patients to safely seek medical care.

The use and understanding of appropriate medical terminology are fundamental in creating a safe and welcoming environment to provide healthcare. The following list includes some common terms that healthcare providers should understand and use in practice. Please note that this is not an exhaustive list.<sup>4,5</sup>

- **Sex assigned at birth:** Refers to the chromosomes and gonads, the external genitalia that a person had at birth and was assigned by someone else
- **Pronouns:** A way to address an individual, a grammatical function of speech. Proper pronoun identification allows for respectful communication.  
» **Examples:** They/Them/Theirs, She/Her/Hers, He/Him/His, etc.
- **Gender Identity:** A person's sense of self, how they perceive themselves; this can be the same or different from their sex assigned at birth
- **Non-binary:** Gender fluid/gender expansive, used to describe someone who does not identify as singularly male or female
- **Gender expression:** External expression of one's gender identity;

how one expresses themselves through haircut, voice, clothing, etc.

- **Cisgender:** A person whose gender identity is the same as the sex they were assigned at birth
- **Transgender:** A person whose gender identity differs from the sex they were assigned at birth
- **Preferred Name:** The name that a person prefers to go by; this may differ from the name assigned to them at birth, the one present on their driver's license, etc.
- **Dead Name:** The previous name of someone who has since changed their name; typically, this refers to a person's pretransition name—a name they no longer identify with. It is never acceptable to use someone's dead name.
- **Sexual orientation:** One's inherent emotional, romantic, or sexual attraction to other people, as defined by the person
- **Gender dysphoria:** Clinically significant distress caused when a person's sex assigned at birth does not align with their gender identity
- **Gender-affirming care:** Social, psychological, behavioral, or medical interventions that support and affirm an individual's gender identity

## An Affirming Environment for Safe Healthcare

Creating a safe space for transgender patients to feel welcome and comfortable seeking care is an important step in addressing the barriers and disparities that many patients face. An affirming environment is one where a patient feels welcome, respected, represented, and heard. A key aspect in providing care to transgender patients is to remember that all patients deserve the same respect. Every healthcare provider must reflect, assess, and address any personal biases before they can create an honest and trustworthy relationship with their patients. Individual and system-wide changes likely need to be made within your practice to promote a safe space for all patients.

One of the easiest individual changes that can be made to promote an affirming environment happens at the initiation of any patient encounter. As the provider,

introduce yourself with your name and pronouns at the beginning of each patient interaction. The use of your own pronouns demonstrates that you as the healthcare professional respect the patient's gender identity. Never assume a patient's name, pronouns, gender identity, or sexual orientation. That information must be granted to the provider by the patient once the provider has established a safe environment for the patient to share. We recommend asking non-discriminatory and non-leading questions, such as:

- "What name should I use when addressing you?"
- "What pronouns do you use?"
- "What gender do you identify as?"
- "What is your sexual orientation?"

Do not make assumptions about a patient based on one aspect of their identity. For example, based on someone's pronouns, you cannot assume their sexual orientation. Use these best practices when speaking not only to patients but to coworkers and employees, too. Social affirmations, like the use of pronouns, are a fundamental aspect of gender-affirming care. As healthcare professionals, we are the advocates for our patients, and it is up to us to progress change when it can help meet our patients' needs.

Another step in creating an affirming healthcare space includes physical affirmations. These are visual cues that

indicate to patients that your practice is a safe space. Visual cues might be the inclusion of pronouns on name badges, emails, Zoom meetings, and other visual platforms. You might offer brochures that include transgender health and LGBTQ+ health initiatives, LGBTQ+ symbols and other resources. Medical forms that include options for more than simply "male" and "female" demonstrate that all patients are welcome. Additionally, non-discriminatory policies that are echoed in the actions and words of staff can highlight that your practice is a safe space.

An affirming environment holds all staff, patients, and customers to standards that promote a safe and welcoming space. For an environment to be inclusive, it is the responsibility of staff to step up and speak out against harassment and bias. Learning for Justice, an organization that offers educational resources, provides four essential steps in eliminating bias:<sup>6</sup>

1. To interrupt and speak up when harassment or bias remarks are heard or said.
2. To question and ask the speaker why they made the offensive remark.
3. To educate and explain to the speaker why the remark can be offensive and discuss alternate phrases.
4. To echo, express support, and reiterate the antibias message.

**TABLE 1. Typical Hormone Therapy Dosages**

Hormone Therapy	Drug Class	Drug Type	Dosage
Feminizing Therapy	Estrogen	Oral Estradiol	2-6mg/day
		Estradiol Transdermal Patch	0.025-0.2mg/day
		Estradiol Valerate or Cypionate	5-30mg IM every 2 weeks 2-10mg IM every week
	Anti-androgens	Spironolactone	100-300mg/day
		Cyproterone Acetate	25-50mg/day
	GnRH Agonist		11.25 SQ 3-monthly 3.75mg SQ monthly
Masculinizing Therapy	Testosterone	Testosterone Enanthate or Cypionate	100-200mg SQ every 2 weeks
		Testosterone Undecanoate	1000mg every 12 weeks
		Testosterone gel 1.6%	50-100mg/day
		Testosterone Transdermal Patch	2.5-7.5mg/day

GnRH = Gn; IM = intramuscular; SQ = subcutaneous

Even if these steps are not executed perfectly, it is important to intervene, diffuse the situation, and correct the behavior. A zero-tolerance policy for hate, harassment, and bias will be reflected in the welcoming environment it creates for patients.

One of the biggest concerns many professionals face when interacting with patients is fear of making a mistake. As in all aspects of life, it is only human to make mistakes. Do not let hesitation or fear of making a mistake stop you from giving a patient the care they deserve. The most important part of making a mistake is your response after it has occurred. Immediately apologize and correct the mistake if you make one. Make it a point to understand why the mistake was made and what can be done to never make the mistake again. Be open to feedback from patients and colleagues, and be willing to learn.

## Gender-Affirming Care in Adolescents

### Puberty-Suppressing Hormones

Gender-affirming care is considered medically necessary. Gender-affirming care is different for adolescents, compared to adults, and considerations should be made in light of this. Early use of gender-affirming care can help prevent the negative social

and emotional consequences of gender dysphoria. A study by Nuttbrock et al. concluded that the refusal of timely medical interventions in adolescents may perpetuate gender dysphoria.<sup>7</sup> Additionally, the authors found that without early intervention, psychological and physical gender-related abuse had a large impact on depression. It was also found that individuals adjust better when they are treated earlier. In addition to decreasing harassment and negative social outcomes, puberty-suppressing hormones can be lifesaving. Cohen-Kettenis et al. found that puberty-suppressing hormones reduce suicide risk in transgender patients.<sup>8</sup> It is important to note that some states across the U.S. are beginning to criminalize puberty-suppressing hormone use in adolescents, so it is more important than ever for us as providers to advocate for these life-saving treatments for our patients.

Treatment decisions should be made between the adolescent, the family, and the treatment team. Patient goals, risks, and benefits should be discussed when considering initiation of therapy. More discussion regarding the initiation of gender-affirming therapy can be found at WPATH.org.

The typical goal of gender-affirming care for adolescents is to delay the development of secondary sex characteristics. This

includes development of breasts, facial hair, changes of the pitch of voice, etc. There are three categories of interventions for adolescents: fully reversible interventions, partially reversible interventions, and irreversible interventions. Fully reversible interventions typically include Gonadotropin-releasing hormone (GnRH) analogues, progestins, and other anti-androgens to suppress hormone production and delay the development of physical changes in puberty. Partially reversible interventions include masculinizing and feminizing hormone therapy. Irreversible interventions are surgical procedures. The preferred treatment for both masculinizing and feminizing therapy in adolescents is GnRH analogues.<sup>9</sup> For adolescents who were assigned male at birth, GnRH analogues will stop luteinizing hormone secretion which will stop testosterone secretion. For adolescents who were assigned female at birth, GnRH analogues will stop the production of estrogen and progesterone. The hormone therapy regimens for adolescents differs from those of adults, due to considerations of the physical, emotional, and mental development aspects of the adolescent years.

Coordination among the care team is important to ensure physical development is being monitored while the adolescent is

**TABLE 2. Masculinizing Hormone Therapy Effects**

Effect	Expected Onset	Expected Maximum Effect
Skin oiliness/ acne	1-6 months	1-2 years
Facial and body hair growth	3-6 months	3-5 years
Scalp hair loss	>12 months	Variable
Increased muscle mass and strength	6-12 months	2-5 years
Body fat redistribution	3-6 months	2-5 years
Cessation of menses	2-6 months	1-2 years
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years
Deepened voice	3-12 months	1-2 years

From WPATH Standards of Care<sup>11</sup>

**TABLE 3. Feminizing Hormone Therapy Effects**

Effect	Expected Onset	Expected Maximum Effect
Body fat redistribution	3-6 months	2-5 years
Decreased muscle mass and strength	3-6 months	1-2 years
Increased muscle mass and strength	6-12 months	2-5 years
Softening of skin and decreased oiliness	3-6 months	Unknown
Decreased libido	1-3 months	1-2 years
Decreased spontaneous erections	1-3 months	1-2 years
Male sexual dysfunction	Variable	Variable
Breast growth	3-6 months	2-3 years
Decreased testicular volume	3-6 months	2-3 years
Decreased sperm production	Variable	Variable
Thinning and slowed growth of body and facial hair	6-12 months	>3 years
Male pattern baldness	No regrowth, loss stops 1-3 months	1-2 years

From WPATH Standards of Care<sup>11</sup>

receiving treatment. The World Professional Association for Transgender Health (WPATH) recommends that a pediatric endocrinologist is a part of the care team.<sup>11</sup> Assessment of development should be completed every 3-6 months. Appropriate height and bone mineral density should be observed every 6-12 months to ensure that developmental standards are met.

## Gender-affirming Care in Adults

### Hormone Therapy

Similar to puberty-suppressing therapy, hormone therapy in adults must be constructed based on the patients' goals with a discussion regarding the risks and benefits of therapy. Hormone therapy can provide comfort to patients as it can minimize the distress many experience. Hormone therapy increases quality of life, self-esteem, and decreases anxiety.<sup>12</sup> Hormone therapy is a medically necessary intervention that involves the use of exogenous endocrine therapy to cause feminizing or masculinizing changes. Feminizing hormone therapy typically includes estrogen, antiandrogens, and GnRH agonists. Use of ethinyl estradiol and conjugated equine estrogens are not recommended. Masculinizing hormone therapy typically includes testosterone and potentially progestins.

### Physical Effects of Hormone Therapy

Feminizing and masculinizing hormone therapy induce physical changes intended to further align a patient's physical appearance with their gender identity. The physical effects vary between feminizing and masculinizing therapy. Most physical changes occur over the course of approximately 2 years. It is important for pharmacists to be aware of physical changes associated with hormone therapy and the time it takes to reach those outcomes to properly counsel patients. Masculinizing hormone therapy is expected to cause a deepening of the voice, clitoral enlargement, growth in facial and body hair, cessation of menses, atrophy of breast tissue, and decreased percentage of body fat compared to muscle mass. Feminizing hormone therapy is expected to cause breast growth, decreased erectile function, decreased testicular size, and increased percentage of body fat compared to muscle mass. The

**TABLE 4. Risks Associated with Feminizing Hormone Therapy**

Risks	Risk Level
Venous Thromboembolic Disease*	Likely increased risk
Gallstones	Likely increased risk
Elevated liver enzymes	Likely increased risk
Weight gain	Likely increased risk
Hypertriglyceridemia	Likely increased risk
Cardiovascular disease	Likely increased risk with other risk factors present
Hypertension	Possible increased risk
Hyperprolactinemia or prolactinoma	Possible increased risk
Type 2 diabetes	Possible increased risk with presence of additional risk factors
Breast Cancer	No increased risk or inconclusive

\*It is important to note that the risk of Venous Thromboembolic Disease (VTE) is the same risk that a cisgender female on estrogen therapy faces. Estrogen increases the risk of VTE regardless of its indication and therefore informed consent should be the foundation of this therapeutic decision.

**TABLE 5. Risks Associated with Masculinizing Hormone Therapy**

Risks	Risk Level
Polycythemia	Likely increased risk
Weight gain	Likely increased risk
Acne	Likely increased risk
Androgenic alopecia (balding)	Likely increased risk
Sleep apnea	Likely increased risk
Elevated liver enzymes	Possible increased risk
Hyperlipidemia	Possible increased risk
Destabilization of certain psychiatric disorders	Possible increased risk with presence of additional risk factors
Cardiovascular disease	Possible increased risk with presence of additional risk factors
Hypertension	Possible increased risk with presence of additional risk factors
Type 2 diabetes	Possible increased risk with presence of additional risk factors
Loss of bone density	No increased risk or inconclusive
Breast/ cervical/ ovarian/ uterine cancer	No increased risk or inconclusive

degree of physical changes experienced by a patient depends on the dose, route of administration, and medications within their therapy plan to align with their goals. Tables 3 and 4 describe the physical changes of hormone therapy and time to expected effect.

For both feminizing and masculinizing therapy, hormone levels should be measured to ensure that endogenous hormones are

suppressed and administered hormones are maintained within the normal physiologic range for the affirmed gender. The target range of estradiol is 100-200pg/mL for transgender women. The target range of testosterone is 300-1000ng/dl for transgender men. Physical changes should be monitored every 3 months during the first year of treatment, then yearly thereafter. Physical changes should be discussed before

therapy initiation and should be congruent with the patient's desires.

### **Risks Associated with Hormone Therapy and Assessments**

As with any medical therapy, there are risks associated with treatment. The adverse effects of hormone therapy are dependent on a variety of factors, including but not limited to medication chosen, dose, route of administration, and specific patient characteristics.<sup>11</sup> A discussion of the benefits and risks of therapy with informed consent is an important aspect of gender-affirming care.

Baseline assessments and lab values should be established and monitored throughout therapy. For feminizing hormone therapy, an assessment of cardiovascular impairment via fasting lipid panels, diabetes screenings and other diagnostic tools should be completed. Additionally, blood pressure measurement, weight, pulse, heart and lung function, and examination of peripheral edema should be evaluated. As with feminizing hormone therapy, baseline and continual assessments and lab values should be completed for masculinizing hormone therapy. Assessments should include a pregnancy test, heart function, weight, and hematocrit. For all patients receiving hormone therapy, lab values should be monitored every 3 months during the first year of treatment, then yearly thereafter. Additional risks and risk assessments are described by WPATH.<sup>11</sup>

### **Efficacy of Hormone Therapy**

A patient's goals for therapy and clinical response to therapy is the best indication of therapy efficacy.

## **Action Items for Pharmacists**

There are many calls to action for pharmacists when it comes to gender-affirming care. One important call is to become educated on gender-affirming care and to enlighten other coworkers, staff, family, and friends. An important part of learning about transgender patients is to engage with the transgender community inside and outside of work. The best way to learn about a community is through the people within the community. Reading books, watching documentaries, and listening to podcasts produced by the transgender community are all great ways

to expand your knowledge. Conducting affirming research is a huge area for growth within healthcare. Work on, organize, and delegate projects that are focused on transgender health. Create and use visual and physical affirmations throughout your workplace and community. Stand up to bias and harassment. Advocate on behalf of your patients and community for changes that improve transgender health and acceptance.

## **Conclusion**

Cultural humility is a pillar for equitable and accurate patient care. Advocating for patients in creating an affirming environment is crucial in the pursuance of decreasing barriers and addressing disparities in transgender healthcare. Individual and system-wide assessments and modifications are required to create an inclusive environment for all patients. Through implementation of social and physical affirmations, healthcare providers can demonstrate to patients who have experienced discrimination that they are safe and heard in medical settings. Please note that the resources listed below can guide you in further learning on equitable transgender health.

Please visit WPATH and the Endocrine Society Guidelines for more information on gender-affirming care.

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## Pharmacist Assessment Questions

- Why is the use of pronouns important?
    - Creates an affirming environment
    - Indicates respect for a patient's gender identity
    - Identifies preferred language when speaking to someone
    - All of the above
  - What is the definition of gender identity?
    - A person's sense of self
    - How one expresses themselves through haircut, voice, clothing, etc.
    - Social, psychological, behavioral, or medical interventions that support and affirm an individual's gender identity
    - Emotional or sexual attraction to other people defined by the person,
  - What is an affirming environment?
    - A safe space where a patient feels welcome
    - A space where a patient is respected
    - A space where a patient is represented
    - All of the above
  - What social affirmations should be implemented within a safe healthcare space?
    - Use of pronouns
    - Assuming patients name on medical records is preferred name
    - Assuming a patient identifies as the sex indicated on their medical records
    - Use of dead names
  - What risks should be monitored in feminizing hormone therapy?
    - acne
    - androgenic alopecia
    - sleep apnea
    - hypertriglyceridemia
  - Why is initiation of puberty suppressing hormones important?
    - Decreases suicide risk
    - Decreases abuse associated with stigma
    - Decreases anxiety
    - Decreases depression
    - All of the above
  - Which of the following should not be used in hormone therapy?
    - Testosterone cypionate
    - Ethinyl estradiol
    - Spironolactone
    - GnRH agonists
  - Which of the following are visual affirmations?
    - Pronouns indicated on name badges
    - LGBTQ+ signage
  - Non-discriminatory policies
  - All of the above
- Did the activity meet the stated learning objectives? (if you answer no, please email sarahs@pswi.org to explain)
    - Yes
    - No
  - On a scale of 1 – 10 (1-no impact; 10-strong impact), please rate how this program will impact the medication therapy management outcomes or safety of your patients.
  - On a scale of 1 – 10 (1-did not enhance; 10-greatly enhanced), please rate how this program enhanced your competence in the clinical areas covered.
  - On a scale of 1 – 10 (1-did not help; 10-great help), please rate how this program helped to build your management and leadership skills.
  - How useful was the educational material?
    - Very useful
    - Somewhat useful
    - Not useful
  - How effective were the learning methods used for this activity?
    - Very effective
    - Somewhat effective
    - Not effective
  - Learning assessment questions were appropriate.
    - Yes
    - No
  - Were the authors free from bias?
    - Yes
    - No
  - If you answered "no" to question 16, please comment (email info@pswi.org).
  - Please indicate the amount of time it took you to read the article and complete the assessment questions.
- 
- ## Technician Assessment Questions
- Why is the use of pronouns important?
    - Creates an affirming environment
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    - Identifies preferred language when speaking to someone
    - All of the above
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  - How useful was the educational material?
    - Very useful
    - Somewhat useful
    - Not useful

12. How effective were the learning methods used for this activity?
  - a. Very effective
  - b. Somewhat effective
  - c. Not effective
13. Learning assessment questions were appropriate.
  - a. Yes
  - b. No
14. Were the authors free from bias?
  - a. Yes
  - b. No
15. If you answered “no” to question 14, please comment (email [info@pswi.org](mailto:info@pswi.org)).
16. Please indicate the amount of time it took you to read the article and complete the assessment questions.

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