UNDERSTANDING AND ASSESSING THE SEXUAL HEALTH OF TRANSGENDER PATIENTS

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CONTINUING MEDICAL EDUCATION DISCLOSURE

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- Disclosure: No relevant financial relationships. No hormone therapy to transgender persons is FDA approved.

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LEARNING OBJECTIVES

By the end of this session, learners will be able to:

1. Explain ways to build a foundation of trust with transgender and gender nonconforming patients
2. Describe the diversity of sexual expression and sexual health care needs of transgender men and women
3. Identify sensitive ways in which to take a sexual history of transgender and gender nonconforming patients
VIDEOS

Voices of People in the Trans Community
THE IMPORTANCE OF TALKING ABOUT SEXUAL HEALTH

- Sexual health is an integral part of a person’s general health
- Sexual health is associated with happiness, well-being and longevity
- “Sexual function” is lifelong and evolves for all of us over the lifespan
- Morbidity and mortality associated with HIV and STDs
- High prevalence of sexual dysfunction
- Sexual dysfunction as an indicator of psychiatric and other medical disorders

Nussbaum and Hamilton, “The Proactive Sexual Health History”, 2002
THE IMPORTANCE OF TALKING ABOUT SEXUAL HEALTH

- Sexual side effects of hormone therapy and other medications
- Sexual history (e.g., abuse and violence, prior STDs) may explain current health problems
- Sexual history may determine the need for primary prevention, e.g., immunizations or contraception

Nussbaum and Hamilton, “The Proactive Sexual Health History”, 2002
SEXUAL HEALTH MODEL

- Talking about sex
- Culture and sexual identity
- Sexual anatomy and functioning
- Sexual health care and safer sex
- Challenges and barriers to sexual health
- Body image
- Masturbation and fantasy
- Positive sexuality
- Intimacy and relationships
- Spirituality

ESTABLISHING A RELATIONSHIP WITH YOUR TRANSGENDER PATIENT

- Ask the patient how they identify and what name and pronouns they wish to use
- Mirror and echo the terms used by the patient
- Take a holistic approach that considers the patient’s individual and unique goals
- A sexual history does not need to be explored in the first meeting with the patient
- Acknowledge and appreciate past history of trauma and previous bad experiences with accessing health care
DON’T MAKE ASSUMPTIONS

- Transgender is an umbrella term that encompasses a diversity of identities
- Non-binary gender spectrum
- Many patients will experience a great deal of discomfort with their bodies, but this is not universally true
- Gender identity and sexuality are different things; don’t make assumptions about a patient’s sexuality based on their natal gender or current gender presentation

UNDERSTAND PATIENT PRIORITIES

- The need to affirm one’s gender identity can supersede other critical health concerns
- Concerns about sex, gender, and sexuality may override concerns about HIV
- The effects of social stigma, shame, secrecy, loneliness and rejection by potential sexual partners can interfere with the negotiation of healthy sexual interactions

A HOLISTIC APPROACH

- How do we help patients become comfortable in their own skin?
- Sexual anatomy and functioning
NEGOTIATING RELATIONSHIPS

- Relationship status: monogamy, open relationships, polyamory
- Sexual activities: oral, vaginal, anal sex and beyond
- Gender presentation and disclosure to partners
- The impact of past sexual abuse and violence
- Survival sex
EFFECTS OF HORMONES ON SEXUAL HEALTH

- Sexual attraction/sexual identity may change with hormone treatment, hormonal effect?
- Effect of hormones on mood may impact sexual desire and activity
- Direct effect of hormones on libido: usually increased with testosterone therapy and decreased with estrogen therapy
- Estrogen effect on erectile function
- Estrogen effect on breast development and sensitivity
- Testosterone effect on clitoral growth and sensitivity
- Testosterone effect on vaginal mucosa and lubrication
GENDER AFFIRMATION SURGERY AND SEXUALITY

- Impact on body image and self-esteem
- The neo-vagina is not mucosal and does not naturally/spontaneously lubricate; requires repeated and regular dilation if not having penetrative sex
- Choice of genital reconstruction procedures for trans men:
  - Metoidioplasty is a less expensive and complicated procedure that preserves sensation and erectile function, but the phallus is usually not big enough for penetrative sex;
  - Phalloplasty is a more expensive and complicated procedure with a goal of creating an aesthetically pleasing and sensate phallus, but an implanted device will be required for erectile function and penetrative sex
VIDEOS

Voices of People in the Trans Community
HEALTH MAINTENANCE

- Pap smears in any person with a cervix
- Screening prostate exams in any person with a prostate
- Negotiating the genital examination
HEALTH MAINTENANCE

- Hepatitis A and B vaccinations
- HPV vaccination
REPRODUCTIVE CHOICES

- The desire for pregnancy should be discussed in the context of the patient’s gender identity
- Hormones produce a potential irreversible loss of fertility. This should be discussed prior to hormone therapy. Options for banking of sperm or ova.
- At the same time, hormone therapy cannot be considered a reliable form of contraception
- Desire and timing of hysterectomy/oophorectomy, orchiectomy or genital reconstruction surgery
HIV AND STDs

- High rates of unprotected anal and vaginal sex in surveys of trans persons
- In the National Transgender Discrimination Survey, respondents reported over 4 times the rate of HIV infection compared to the national average (2.64% vs 0.6%)
- In many studies and cohorts, rates of HIV infection of about 25% in transwomen; rates not as well-studied in transmen, 1-2%
- Higher rates in unemployed persons, persons who have engaged in sex work and IV drug use, African Americans
- Data from around the country and the world show that trans women may be the most disproportionately impacted group affected by HIV
HIV/STD PREVENTION ISSUES

- Complex and numerous causes of increased risk
  - 38-60% past experience of physical violence
  - 27-46% victims of sexual assault
  - 50-60% lifetime rates of depression
  - 41% report history of suicide attempt; suicidal ideation as high as 64%
HIV/STD PREVENTION ISSUES

- **Substance Use** (data from the Transgender Community Health Project):
  - 23% history of substance use treatment;
  - Lifetime use of cannabis 90%, cocaine 66%, LSD 52%, crack cocaine 48%, and heroin 24%;
  - One-third of the sample had used injection drugs, not including hormones, in the past

- In the NTDS, over 25% of respondents reported using drugs or alcohol specifically to deal with the discrimination they faced due to their gender identity or expression
PREVENTION STRATEGIES

- What are strategies to overcome these issues?
- How can HIV testing and prevention be coordinated with sexual and primary health care?
**INCREASED AWARENESS**

- With any patient presenting with concerns about sexual health, especially with related mental health issues, consider inquiring about sexual and gender identity.
- In the NTDS, only 28% of trans persons were out to all their medical providers, 18% out to most, 33% out to some or a few, and 21% were out to none.
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