

THIS SESSION IS BEING RECORDED

UVM Project ECHO: Transgender Care in the Medical Home

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Agenda

- Introductions and announcements
- Session objectives
- Didactic presentation (20-25 min)
 - Q & A
- Case presentation
 - Clarifying questions
 - Discussion
 - First, participants – then program faculty
 - Summary of recommendations
- Session parking lot items for follow up
- Closing reminders
 - Complete session evaluation (session recording info included in this email)
 - Session slides posted at www.vtahec.org
 - Submit a new case, template posted at www.vtahec.org



Mental Health and Trans Care

Presenter:

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CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credits. Participants should claim only the credit commensurate with the extent of their participation in the activity.

Interest Disclosures:

- As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.



Objectives

- Be able to list and briefly describe at least 3 mental health concerns commonly seen in primary care practice with patients who are trans*
- Be able to list at least 3 questions that could be used to assess suicide risk in primary care practice.

Diversity in Clinical Practice

- This presentation will use case examples to foster discussion of trans* mental health care in primary care.
- AND -- Every patient is an individual; intersectionality effects mental health, cultural frameworks, are influential.
- For example: Xiaoshi et al: Quality of life of transgender women from China and associated factors: A cross-sectional study. *J Sex Med* (2016) 13:977-987.



A Few Points 1

- Gender difference is not evidence of any form of psychiatric illness, nor is it protective from physical or mental illness.
- Trans* and GNC people were often the “different child” and may have sequelae of these experiences in adulthood, both vulnerability and **resilience**.
- First response to suicide risk presentations, and evaluation of possible mood disorders, are important aspects of primary care.



A Few Points 2

- Coming out, starting medical treatment for gender confirmation, and other turning points are often times of heightened vulnerability
- Social connectedness and support are deterrents to suicide, especially for youth and older adults.
- Emotional lability sometimes warrants a check of serum hormone levels, though many mood problems have little to do with E/T.

Common Clinical Concerns

- Gender evolution/transition/coming out: whether, when, sometimes how (including non-binary).
- Depression, anxiety, substance use disorders, trauma survivorship and sequelae.
- Transition concerns as they arise, re: E/T or about life.
- More serious psychiatric illness, including increasing suicide risk or co-occurring illnesses.
- Facilitation of transition, including referrals and documentation. Coordination of care.

WPATH, APAX2, AACAP resource documents, USPSTF, etc.



Case 1: Coming Out

- Bryan is a 25 year-old student who calls the clinic at the end of the day, quite distressed. His call is transferred to his PA, who happens to still be on premises, doing charts. He blurts out that Christmas is coming, he can't stand the idea of getting anymore "guy gifts" and he doesn't really want to die but doesn't see how he can keep going, feeling this way.



Case 2: Coming Out in the Family

- Frank is a 52 year-old small business owner who presents for follow up regarding HTN/HLD. He abruptly mentions that his son has called to say that “he” will not be re-enlisting in the Marines and will begin taking estrogen, as part of transition, after the current enlistment is up. What is going on?

Case 3: Transition Concerns, Beyond E&T

- Anne (birth name Andrew) is a 46 year-old married physics professor at a small university who has recently come out as a transwoman. She presents for follow up re: ERT.
- What question does she have for her family physician today?

Case 4: Depression and Transition

- Jack is a 30 year-old waiter who began testosterone supplementation 2 years ago. He has had a normal progression of masculinization. He asks for a higher dose of T because the depression that he has struggled with since early high school isn't any better. He has tried a variety of doses and formulations and wants to find the right one.



Depression: A Few Considerations

- Is there any evidence of mood elevation, now or in the past?
- Are there/have there been, any psychotic symptoms?
- What is the contribution of substance use?
- What is the contribution of trauma, and/or longstanding emotional dysregulation? (“mood swings”)
- Medication/hormone effects? (sometimes over-rated?)



Important Past History

- Previous suicide attempts or near attempts
- *How close to suicide have you come, ever?*
- Past substance use disorder treatment or sense that treatment should have been sought
- Past mental health care and response(s)
 - Hospitalizations
 - ED use
 - Psychotherapy or program participation
 - Medications



Family and Social Histories

- Family history of depression, bipolar, suicide
- Social History:
- History re: gender identity/expression
- Trauma history: start with general questions; don't press for details. Safety now.
- Social support, partner(s), education, occupation, means of support.
- Is religion or philosophy important? What is the most important part of your life? What keeps you going?
- Firearm ownership/access
- Substance use
- **Typical day.



Case 5: Treatment Resistant Depression

- Jan is a 32 year-old LNA who presents with cc depression and anxiety. She has had several medication trials and isn't getting better. No recent change in estrogen/spironolactone or changes to her medical history. She has stopped seeing her therapist.

- Which aspects of the (brief) social history may be most important in this case?

Case 6: Treatment Resistant Depression

- Phil is a 21 year-old student who has been treated for depression through the student health service but has not been getting better, despite optimization of treatment with testosterone, 2 anti-depressant medication trials and meeting with a therapist. Around the time of spring mid-terms, he feels much better in a short period of time, and gets a lot done.



Cases 7&8: Hormone Checks

- Rachel is a 43 year-old computer analyst who recently started treatment with estrogen. She finds herself crying frequently, sentimentally, and with little reason.
- Bart is a 25 year-old home security worker who punched a stranger who was “hassling” him, shortly after starting testosterone Rx.
- Both had been treated for depression, with partial success.
- What is the E/T level? How important is that?



Complex Cases Suicide Risk

Case 9: Trans Care/Palliative Care

- Frieda is a 77 year-old transwoman who transitioned 42 years ago. Her family rejected her at that time. She is now facing a terminal illness with little social support. Her home has been her “castle of safety” and she may soon need to leave it. Palliative care has been discussed. She is worried about practical aspects of dependent care (F/M unit, ERT, Foley use); becoming unable to advocate for herself –and possibly dying alone and being “buried as a man.”



Trans*/GNC Suicide (USTS, 2015; ustranssurvey.org)

- 40% had attempted suicide at least once (vs 4.6% US population).
- 7% had attempted suicide in past year (vs 0.6%).
- 71% of those who had attempted suicide did so > once; 46% > 2 attempts; 21% > 4 attempts.
- 82% had seriously considered suicide.
- Lower education, disabled.
- Victimized, low family support, homeless, having done sex work



Trans*/GNC Suicide (USTS, 2015; ustranssurvey.org)

- M (45%) > F (40%) > NB (39%).
- Very similar pattern re: racial identity (vs 2011); POC higher, but lowest rate still very high (37%).
- Younger than cis peers (older adults already lost?)
- Age at first attempt [new question]:
 - < 14 yo: 34%; 14-17 yo: 39%
 - 18-24 yo: 20%; > 24 yo: 8%
- Age at most recent attempt [new question]:
 - < 13 yo: 6%; 14-17 yo: 26%
 - 18-24 yo: 41%; > 24 yo: 27%



Trans US Military Veterans

- Trans adults serve in the US military at 2-3X the rate of general adult population (or did).
- Trans vets more likely to die by suicide.
 - Twice the rate of cis-veteran peers
 - 5.85 times the rate of the general US population
- More work needed re: intersectionality.
- Racial identity, SOGI, etc.: 24.1% live in rural areas.
- Risk may be reduced by connections to the veteran community and access to TRMI.

Tucker RP. Suicide in transgender veterans: prevalence, prevention, and implications for current policy. *Perspec Psychol Sci*, 2019. 14(3) 452-468.



Safety First

- Ask the question: How strong are any thoughts of suicide you may be having? Intent, plan(s)?
 - Can use an instrument but don't rely on it.
 - Don't rely on suicide contracts.
- Collateral information
- Deterrents: Why not? What keeps you going?
- Access to means, especially handguns
- Presence of psychotic symptoms, especially command hallucinations; severe anxiety
- Substance use
- Past attempts or near attempts
- Family history or recent exposure to suicide
- Safety first: Crisis eval? Emergency dept?



Reducing Suicide Risk: “Intervenable Factors”

- Respondent-driven sampling survey, n = 380
- Ontario trans people, age 16+
- In past year:
 - 35.1% had seriously considered suicide
 - 11.2% had attempted suicide
- Fairly large effect sizes were observed re: a number of “intervenable factors.”

Bauer GR et al. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. BMC Public Health (2015) 15:525.



Reducing Suicide Risk: “Intervenable Factors”

- Large relative and absolute reductions in suicide risk:
- Social support
- Reduced transphobia
- Having any personal documents changed to appropriate sex designation
- Completing a medical transition via HRT/surg (when needed)
- Reduction in ideation:
 - Parental support for the gender identity
 - Lower self-reported transphobia



Case 10: Stuck in Despair

- Stephanie is a 58 year-old business exec, living publicly as Steve. She has always felt that she was a woman inside, but “did the manly-man thing,” including a masculine profession, conservatism, marriage, children. She is quite depressed and alcohol use is escalating. She feels that she cannot transition and can’t stand continuing to live as a man.



Case 11: Another day in primary care practice

- Rick is a 21 year-old university student, staying at his parents home for the winter holidays. He asks for antidepressant medication and an increase in testosterone dose. Exploration reveals that he is profoundly depressed and has strong thoughts of suicide. He also started testosterone supplementation, at another practice, 4 weeks ago and just came out to his parents.



Case 12: Assessing Risk. Next Steps?

- Jay is a 26 year-old organic farmer who has decided to transition and start testosterone. He lives with his fiancée and her 6 month old daughter, whom he is planning to adopt. His father was alcohol dependent and abusive. Jay has an extensive substance abuse history and has been sober for 9 months. He has struggled with “emotional shutdown” at times, for years. His fiancée says that she will have “zero tolerance” if he relapses with alcohol or other drugs. He loves outdoor activities, including fishing and hunting deer and turkeys.



Questions?



Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



- STOP RECORDING

Reminders

- Volunteers to present cases (this is key to the Project ECHO model)
 - Use the case template form posted at www.vtahec.org
 - Return completed case forms to Katherine.Mariani@uvmhealth.org
- Please complete evaluation survey after each session
- Claim your CME at www.highmarksce.com/uvmmed
- Please contact us with any questions, concerns, or suggestions
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