• RECORDING OF SESSION TO BEGIN
Agenda

• Introductions
• Objectives
• Didactic Presentation (20-25 min)
• Case presentation
  • Clarifying questions
  • Participants – then hub
• Discussion
• Recommendations
• Summary
• Closing Announcements
  • Submission of new cases
  • Completion of evaluations
Objectives

• Participants will obtain knowledge about initiating hormone therapy including appropriate screenings and consents

• Participants will gain knowledge and be able to counsel patients on risks of Gender Affirming Hormone Therapy (GAHT)
CME Disclosures

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OPTIONS FOR GENDER TRANSITION

SOCIAL
HORMONAL
SURGICAL
FEMINIZING HORMONES

- Breast development
- Decreased muscle mass
- Skin softening/slowing of hair growth
- Testicular atrophy
- Decreased/loss of spontaneous erections
- Mood changes
MASCUCLINIZING HORMONES

- Voice deepening
- Increased muscle mass
- Increased body and facial hair
- Cessation of menses
- Mood changes
INITIATING GENDER AFFIRMING HORMONE THERAPY

• GOALS/CONCERNS

• MEDICAL HISTORY (Question HX OF COAGULOPATHY)/PSYCHIATRIC HISTORY

• RELEASE OF INFORMATION/RECORDS

• FAMILY HISTORY (HX OF COAGULOPATHY)

• PE/LABS (SUBSTANCE USE/STI SCREEN)

• DISCUSSION OF FERTILITY PRESERVATION

• CONTRAINDICATIONS: i.e. active sex hormone sensitive cancer / active psychosis, mania

• INSURANCE COVERAGE
Consent to Begin GAHT

• WPATH--> 18 and older, informed consent recommended to start GAHT, therapist letter of support not required

• Under 18, guardian(s) consent necessary, therapist letter of support necessary

• **Key components of consent:** reversible vs irreversible changes, required lab monitoring, known and unknown risks.
MASCULINIZING HORMONES

- TESTOSTERONE: INJECTABLE (SQ VS IM)
- TRANSDERMAL (GEL/PATCH)
- TESTOPEL
- “Microdosing”, Gender Based Lab values, Dose Titration...
FEMINIZING HORMONES

- **Estrogens:**
  - Oral (PO vs SL), Injectable, Transdermal
  - 17 beta estradiol “ESTRADIOL” - avoid ethinyl estradiol/conjugated equine estradiol
- **Anti Androgens:**
  - Most common in US: Spironolactone, Finasteride/dutasteride (Bicalutamide)
- **Progesterone:**
  - Possible positive effect on breast/areolar complex and mood
CASE 1: Is it Safe to Start?

17 yo trans male teen- desires hormonal transition with testosterone.
- Cutting/Passive SI - increasing in frequency and intensity
- Mood Instability and social anxiety
- Struggling in school/work

“I won’t feel better unless I transition.”
- Supports: psychiatrist/therapist/parents
- Parents feel he is too unstable to begin HT. Concerned about “regret”/”changing his mind.”
You Can Do This!
RESOURCES

WPATH: wpath.org

UCSF Center for Excellence for Transgender Health: Guidelines for the Primary and Gender Affirming Care of Transgender and Gender Nonbinary People: transhealth.ucsf.edu

Endocrine Society Clinical Guidelines: Endocrine Treatment of Gender - Dysphoric/Gender - Incongruent Persons: endocrine.org
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.
• RECORDING TO BE STOPPED
Conclusion

• 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/uvmmmed

• Please contact us with any questions, concerns, or suggestions
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