

Welcome to UVM ECHO:

Facilitators: Kathy Mariani, MD
Liz Cote

Agenda

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



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.



Integrative and Preventative Trans Care

- Courtney Bowers ND
- Vermont Natural Family Medicine
 - (No disclosures to report)



Goals and Objectives

- Decrease side effects/conditions/risks affiliated with hormone therapies
 - Thrombosis
 - Migraines
 - Hot Flashes
- Decrease severity of conditions frequently reported by trans patients
 - Gastrointestinal distress
 - AUB
 - Pelvic infections/microbial overgrowth
 - Dyspareunia



Thrombosis

- Mitigating risk when administering hormone therapy by addressing other factors
 - Hyperlipidemia, Hyperglycemia and/or elevated CRP (remember that IL-6 is released by adipocytes and upregulates aromatase!)
 - Flax 4-8 tbs/day; chia 4 tbs/day OR Fiber - 50g day, 50% soluble (MyNetDiary.com)
 - Intermittent Fasting
 - Curcumin (tumeric extract): 500 mg once or twice a day (twice if also chronic pain patients)
 - 50-150g of raw onion in diet daily



Migraines

- Multifactorial etiology often includes (aside from estrogen fluctuation), stress, dietary triggers, histamine response, disordered sleep and vasodilatory responses
 - L-theanine: 200 mg once or twice a day
 - Anti-inflammatory diets and Plant-based diets
 - Low Histamine Diet
 - Magnesium: 50-400 mg twice a day
 - Feverfew/Tanacetum: 0.25 to 0.5 mg (parthenolide) twice a day
 - Melatonin: 3 mg at bedtime



Hot Flashes

- Fluctuations in estrogen, sympathetic ANS response (and several other triggers)
 - Aloe Vera Inner Fillet (2-3 tbsp 2-3 times per day)
 - Anti-inflammatory diets and plant-based diets
 - Maca/Lepidium meyenii 500-1000 mg once in am (~6 weeks to take effect)
 - Flax seeds (fresh ground): 1-2 tbsp daily
 - L-theanine: 200 mg twice per day



Gastrointestinal Distress

- Sympathetic ANS/fight or flight response dampens parasympathetic/rest and digest activity
- Lowers gastric acid secretion, enzymatic secretion and motility
- Assist anxiety/stress/PTSD patients with parasympathetic support
 - Calm app for free guided meditation
 - L-theanine: 200 mg once or twice a day
 - Epsom salt baths
 - Lavela: 1-2 caps once or twice a day



Gastrointestinal Distress cont.

- Bitter herbs/Lemon juice/apple cider vinegar: 15 drops with each meal
- Magnesium glycinate (other forms helpful just more likely to cause loose stool): 50-300 mg twice daily
- Anti-Inflammatory Diet, Plant-based diet, low histamine diet
 - Consider adding rather than subtracting
 - Chat about attention to how they feel when they consume a food = intuitive eating
- Aloe Vera Gel Inner Fillet: 2 tbsp 30+ min pc



Abnormal Uterine Bleeding

- Stabilizing the uterine lining after evaluation of structural/endometrial etiologies
 - Improve estrogen metabolism
 - DIM: 300 mg daily
 - Calcium d-glucarate: 500 mg daily
 - Flax seeds (fresh ground): 2-4 tbs daily
 - Decrease aromatization of T to E
 - Saw Palmetto: 320 mg daily
 - Nettle Root: 300-600mg daily
 - Green tea extract: 500 mg daily



Abnormal Uterine Bleeding

- Stabilizing the uterine lining after evaluation of structural/endometrial etiologies
 - Improve body response to endogenous progesterone
 - Vitex/Chaste Tree Berry: 3mg (agnuside) at night
 - Progesterone (oral micronized progesterone: 10-50 mg SL at night)



Dyspareunia

- Pelvic PT, vaginal dilators, biofeedback
- Estradiol per vag
- Magnesium glycinate: 50-300 mg twice a day
- Vitamin E (mixed tocopherols) pv: 400 iu daily (never more than 800iu/day)
- Epsom salt baths prior to intercourse
- AloeJoy lubricant or VMagic cream
- CBT or Hypnosis
- Anti-Inflammatory Diet or Plant-based Diet



Pelvic Dysbiosis

- T can induce a hypoestrogenic environment and increase the pH of the pelvic tissues, potentially creating a microbial (most often bacterial or yeast) overgrowth
 - Probiotic 1-2 times per day containing *L. rhamnosus*, *L. reuteri* and *S. boulardii*
 - Hydrogen peroxide sitz bath
 - Boric acid topically or vaginally at night (prn-30 days)
 - Decrease sugar, alcohol and dairy intake
 - Topical estradiol cream



Screenings & Resources

- Got 'em? Screen 'em! campaigns
- UCSF database:
<https://transcare.ucsf.edu/guidelines>
- WPATH
- HIV, HepC, PrEP, PEP:
<https://www.pridecentervt.org/prep/>



Research

- Please don't hesitate to contact me (I know it can be hard to find reliable research on natural therapeutics. I will happily answer questions and provide what research I have from integrative resources)
- drcourtneybowers@gmail.com

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.



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/uvmmed
- Please contact us with any questions, concerns, or suggestions
 - Katherine.Mariani@uvmhealth.org
 - Elizabeth.Cote@uvm.edu or ahec@uvm.edu

