

Welcome to UVM Project ECHO: Transgender Care in the Medical Home

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Agenda

- Welcome and brief check in
- Objectives
- Presentation
- Q and A
- Present Case
- Discuss case
- Identify cases for subsequent sessions

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Trans Older Adults

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Objectives

- Be able to list and briefly describe at least 3 common concerns of trans older adults in healthcare settings.
- Be able to list at least 3 important aspects of palliative and end of life care for trans older adults.



Diversity in Clinical Practice

- This presentation will use case examples to foster discussion of trans older adulthood in clinical practice.
- 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

- Trans and GNC people were often the “different child” and may have sequelae of these experiences in adulthood, both vulnerability and **resilience**.
- Cohort effects are key in trans care. The experience and priorities of older adults are often quite different than their younger peers.
- Age of coming out/transition is also key.

Differences in “trajectory of transition” often influence experience in older adulthood.

- Older adults who transitioned decades ago: leaving a legacy of hope, though often without reaping the benefits of their younger peers.
- Authentic life, authentic discrimination and attendant risks.
- “Out Late” may still be wonderful.



Transition decades ago

- Different demographics.
- “Classic” gender roles and DSM in many cases.
- More likely to be “living stealth” currently (and previously).
- Invisible and discounted?

Older Adults, New Challenges

- Less likely to have social support, especially family support.
- Medical needs become more complex, both during and after transition.
- Fear of disability and dependence. “De-transitioning” for safety.
- Fear of dementia, vulnerability, “gender forgetting.”
- End of life planning, including memorial items. Palliative care.
- Challenge and opportunity. Legacy.



Clinical Concerns



Aging and use of estrogen/testosterone

- No clear dosing guidelines.
- Data from the Netherlands is somewhat reassuring re: long-term use.
- Post-menopausal-age estrogen use has risks, as does complete hypogonadism.
- Androgen levels also decline, though at a lower rate (1% per year from age 30?).
- Probably reduce, but gradually, while observing usual preventive/maintenance guidelines.



Preventive Care

- Most aspects are not gender specific.
- Obtaining E/T often priority, to exclusion of other services.
- Avoidance due to privacy concerns and fears?
- Substance use and smoking.
- Partner care also often not UTD.

Assisted Living/Vulnerability

- Always self reliant? Meaning of dependence.
- Past abuse? By MD/RN/therapist/other?
- Nursing home care, level of training. Hands on staff often the least prepared.
- Values and discrimination.

<https://transequality.org/the-discrimination-administration>



End of Life/Palliative Care

- Is there a will or legal “next of kin”?
- Support system is often chosen family/community.
- Hormones usually remain necessary medications.
- Catheter use?
- Staff training.
- Fears and vulnerability.
- Delirium, dementia, “gender forgetting”?
- Legacy, integrating the worlds.



After death

- Who is the legal executor, if any?
- Birth name and assigned gender, or current?
- Funereal practices, memorial.

Context

Trans older adults

- Lack of care compounded by economic disadvantage and lack of family support.
- Freedom to marry ruling came late in life.
- Generation gap? “Dead name?”
- Often not a priority of service/community organizations.
- Often hardy souls, strong sense of self.



A Few Clinical Tips

In the office:

- Respect decision not to be out.
- Declaring a pronoun may be inappropriate or offensive. Ask, then let it go.
- Who is available for support, should this be needed?
- Advance directive? Health care proxy? Other planning?
- Bear in mind need for E/T.
- Coping and autonomy may not be sweet.



Case 1: 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.”



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



Thank you.

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

A Few References

- Witten TM, Eyler AE (eds) Gay, Lesbian, Bisexual and Transgender Aging: Challenges in Research, Practice and Policy. The Johns Hopkins University Press, 2012.
- Witten TM (2015): Elder transgender lesbians: Exploring the intersection of age, lesbian sexual identity, and transgender identity.
- <https://www.endocrine.org/clinical-practice-guidelines>.
- <https://wpath.org/publications/soc>
- The Health of Lesbian, Gay, Bisexual and Transgender People (<https://www.ncbi.nlm.nih.gov/books/NBK64806/>)



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
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