


THE TRANSGENDER PATIENT
Understanding the concerns, barriers and approaches necessary to meet their needs

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Her / Hers / She


OBJECTIVES

- Understand the concept of Transgenderism.
- Identify the health concerns of the transgender community.
- Understand the barriers faced by transgender people in accessing healthcare.
- Identify ways to be *trans inclusive* in any healthcare setting.
- Understand the nutritional concerns and approaches for transgender patients.



CODE OF ETHICS

“...Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity...”⁸



RD ROLE

- o "One of the most important roles of the registered dietitian nutritionist is to provide medical nutrition therapy that is relevant to an individual's culture, ethnicity and dietary preferences" -Z. Breeding 2

TRANSGENDERISM

- o Not a gender itself. All transgender people have a gender-although it may differ from their sex at birth.
- o Many different people from diverse backgrounds.
- o Not a mental illness
- o No single, proven explanation for why some people are transgender.

KEY TERMS

- o **Transgender:** An adjective used as an umbrella term to describe the community of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth. 1
- o **Male to Female (MtF):** Individuals whose assigned sex at birth was male and who have changed, are changing or wish to change their body and/or gender roles to a more feminized body or gender role. MtF persons are often referred to as *transgender women, transwomen* or *trans women*. 1
- o **Female to Male (FtM):** Individuals whose assigned sex at birth was female and who have changed, are changing or wish to change their body and/or gender roles to a more masculine body or gender role. FtM persons are often referred to as *transgender men, transmen* or *trans men*. 1
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KEY TERMS

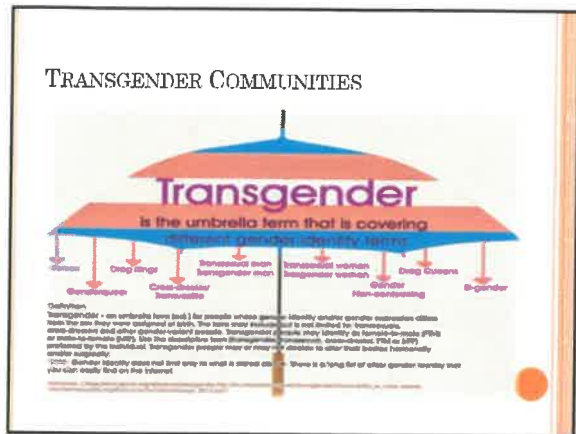
- **Cisgender:** An adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth; a person who is not transgender or gender non-conforming. ¹
- **Gender Non-Conforming:** An adjective used as an umbrella term to describe people whose gender expression or gender identity differs from the gender norms associated with their assigned birth sex. ¹
- **Genderqueer:** A term used to describe a person whose gender identity does not align with a binary understanding of gender (i.e. a person who not identify full as either a man or woman). ¹

KEY TERMS

- **Hormone Therapy (gender affirming hormone therapy, hormone replacement therapy):** The use of hormones to masculinize or feminize a person's body to better align that person's physical characteristics with his or her gender identity. ¹
 - People wishing to feminize their bodies receive anti-androgens and/or estrogens.
 - People wishing to masculinize their bodies receive testosterone. ¹

TRANSGENDER COMMUNITIES

- Not all transgender people are identical, nor do they have the same experience, understanding or view of gender.
- Medical and surgical gender transition is a goal for some, but not all.
- There is no one way to be transgender.



HEALTH CONCERNS

- October 2016: National Institutes of Health formally designated *sexual and gender minorities* as a health-disparate population.
 - Cancer
 - HIV/AIDS
 - Mental health disorders
 - Limited access to quality health care

HEALTH CONCERNS

- Hormones
- Eating Disorders
- Weight Gain
- Chronic Conditions
- Access to quality healthcare

HORMONE RISKS

- Hormone Replacement Therapy (HRT)
 - Once started, HRT is typically used long-term
 - Not all transgender individuals use HRT
- Hormone Suppressants
 - To delay puberty in children and adolescents
 - Can cause complications in bone health ₁



HORMONE RISKS

- FtM on HRT
 - Testosterone – liver damage, increased risk of osteoporosis, weight gain/changes in body composition, altered lipid profiles,
 - Increase in muscle mass possibly resulting in bone tissue production and short-term increase in bone mass. ₂
 - Long term Testosterone HRT may decrease bone mass, contributing to increased risk of osteoporosis ₂



HORMONE RISKS

- MtF on HRT
 - Estrogen – increase blood pressure, blood glucose and blood clots/ thromboembolic disease, weight gain/changes in body composition, altered lipid profiles ₁
 - Anti-androgens (i.e. Spironolactone) – lower blood pressure, disturb electrolytes, dehydrate the body
 - Progesterone- weight gain



EATING DISORDERS

- No clear etiology.
- Complex relationship between sexuality, gender identity, body image and eating disorders. ₁
- High incidence within transgender population
- Multifactorial = need for interdisciplinary team approach₁



WEIGHT GAIN

- Gym avoidance due to social pressures.₅
- FtM:
 - Increased calorie intake to mask upper body appearance. ₅
 - HRT: Decrease in body fat / increase in lean body mass. ₁
- MtF:
 - Restrict calories/protein to maintain thinner, less muscular physique. ₅
 - HRT: Increase in body fat / decrease in lean body mass. ₁



CHRONIC CONDITIONS

- Cardiovascular Disease
- Type 2 Diabetes
- HIV
- Cancer
- Obesity
- Depression
- COPD
- CKD



STIGMATIZATION & STRESS

- Elevated prevalence of chronic disease ₁
- Underlying contributor to adverse health outcomes ₁
- Other stigmatized groups researched have shown direct links between stigma, stress, negative health effects such as HTN, DM and cardiometabolic disturbances. ₁

BARRIERS TO ACCESSING HEALTH CARE

- Avoidance due to fears of rejection, negative experiences, trauma
 - Being "outed" when they aren't ready
 - Fear of being treated like a "freak"
 - Being refused care
 - Being a victim of violence
- Transgender health services are often not covered by insurance.
- Substantial impediment in receiving care they need, increasing risk for chronic disease. ₁
- Providers' lack of knowledge about trans health and health care issues.
- Medical School Curricula and residency training rarely include LGBTQ health issues. ₁

BARRIERS TO ACCESSING HEALTH CARE

- US Transgender Survey :
 - One third of respondents reported having at least one negative experience with a provider in the past year. Denial of care, verbal, physical or sexual harassment; and the need to educate the provider about transgender health issues in order to receive appropriate care. ₁
 - 23% respondents avoided necessary medical care because of fear of discrimination and mistreatment. ₁
- National Transgender Discrimination Survey :
 - 28% respondents to the National Transgender Discrimination Survey avoided necessary medical care because of fear of discrimination and mistreatment; ₁

BARRIERS TO ACCESSING HEALTH CARE

- Many medical institutions/insurance companies do not allow transgender expression as an option in the personal identifiers portion of the medical chart. ²

BE TRANS INCLUSIVE

- Ask about gender expression – use the appropriate pronouns (even when while discussing physical conditions that align with birth-assigned sex). ³
- Maintain rapport
- Ask questions – do not assume
 - Is HRT being administered as part of their transition process? ²
- Emotional Sensitivity, understanding and acceptance ²
- Add gender question to patient – intake forms.
 - Gender, sex and preferred pronouns. ³

Creating an Affirming Environment for Transgender and Gender Non-Conforming Patients

BEST PRACTICES	EXAMPLES
When addressing patients, avoid using gender specific terms like "he" or "she".	"How may I help you today?"
When talking about patients, avoid pronouns or other gender specific terms. If you have a record of the name used by the patient, use it in place of pronouns. Better yet, be consistent. ²	"Name patient is here in the waiting room." "Are you here for a scheduled appointment?"
When asking if you are gender diverse, patients' gender or pronouns should be asked.	"What gender would you like us to use and what are your pronouns?" "I would like to be respectful. How would you like to be addressed?"
Ask respectfully about names if there do not match in your records.	"Could your chart be under another name?" "Is that the name on your insurance?"
Ask you good? Publicly apologize	"I apologize for using the wrong pronoun. I did not mean to disrespect you. How would you like for me to refer to you?"
Ask and information that is necessary for providing care	"Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?"

Post this sheet on your wall or desk as a helpful reminder!


Quick Tips: Trans Inclusion
A guide for service providers

- 1 Language
- 2 Manners
- 3 Focus
- 4 Policies
- 5 Confront
- 6 Paperwork
- 7 Know & Tell
- 8 Empower
- 9 Be Creative
- 10 Advocate

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JOHN OLIVER ON TRANSGENDER RIGHTS

<https://binred.it/2JxZ6en>



NUTRITIONAL NEEDS

- o Clinical & Psychosocial in nature₁
- o Incremental, discrete, practical lifestyle changes with support of a multidisciplinary team are sustainable and effective. ₁
- o Take into consideration HRT
- o Surgical interventions: standard elevation in protein and calorie needs post surgery for wound healing. ₂
- o Investigate impact of HRT on calorie needs.

NUTRITIONAL NEEDS

- Transgender Women (MtF) on HRT
 - Decreased intake of refined carbohydrates to offset risk for increased triglycerides. ⁵
 - Iron requirements remain the same (a women's MVI would be inappropriate) ⁵
 - Female calculations are used (if on long term HRT) ⁴

NUTRITIONAL NEEDS

- Transgender Men (FtM) on HRT
 - Decrease saturated fats and increase fiber to offset (LDL cholesterol) ⁵
 - Healthy/balanced diet to offset increase in visceral fat ⁵
 - Meet RDI for calcium/vit. D with non/low-fat dairy ⁵
 - Iron requirements decrease from 18mg to 8mg once menstruation ceases – a standard women's MVI should be avoided. ⁵
 - If prescribed diuretics, a diet lower in potassium rich foods may be necessary. ⁵
 - Male calculations are used (*if on long term HRT) ⁴

NUTRITIONAL NEEDS

- Children/ Adolescents
 - Similar nutritional requirements until hormone suppressants are administered. ⁵
- May impact bone growth and optimal development. ⁵
 - Weight bearing exercise ²
 - Calcium/Vit D supplementation may be warranted. ²

FURTHER RESEARCH IS NEEDED

- Investigate impact of HRT on calorie needs.
- Consortium of 5 research institutes in Europe and the US, exploring possibility of a component in the genome that contributes to one's gender identity. 2

RESOURCES

- "Living Out Loud-How to Serve Transgender Clients Where They Are"
 - Maryland Department of Health and Mental Hygiene
 - Contact: Jean-Michel Breville
 - jean-miche.breville@maryland.gov
 - (410)-767-5016
- Center of Excellence for Transgender Health
 - Tons of great resources and online learning
 - <http://www.transhealth.ucsf.edu/>

REFERENCES

1. Caring for Transgender Patients and Clients : Nutrition-Related Clinical and Psychosocial Considerations [http://jaoonline.org/article/S2212-2672\(18\)30299-5/abstract](http://jaoonline.org/article/S2212-2672(18)30299-5/abstract)
2. Nutrition Considerations for the Transgender Community <http://foodandnutrition.org/from-the-magazine/nutrition-considerations-transgender-community/>
3. Advice for RDs with Transgender Patients <http://easdanutrition.org/fall-2014/advice-rds-transgender-patients/>
4. Ask the Expert: Counseling Transgender Clients <http://www.robynstichnik.com/newsarchive/1217p8.shtml>
5. Nutrition for the Transgender Community <https://dox.breville.com/transgender/>
6. Quick Tips: Trans Inclusion <https://forge-forward.org/2010/04/25/quick-tips-providers/>
7. Best Practices for a Transgender-Affirming Environment http://www.hatjhealthadvocates.org/wp-content/uploads/13-017_TeamLessPracticesforPractitioners_v6_02-19-13_FINAL.pdf
8. Commission on Dietetic Registration: Code of Ethics <http://www.cdnrg.org/code-of-ethics>

Quick Tips: Trans Inclusion

A guide for service providers

- 1 Language**

Use the name and pronoun preferred by your clients, even when they aren't around. If you are unsure which pronoun a client prefers, ask. If you need to discuss "gendered" body parts with a client, echo the terms they use (such as "chest" rather than "breasts").
- 2 Manners**

If you wouldn't discuss your genitals with a colleague, it's probably inappropriate to ask a client about theirs. A person's genitals do not determine their gender for the purposes of social behavior, service provision, or legal status. Do not discuss a person's transgender status with others unless it is absolutely necessary to provide them with appropriate care or services. (Think: HIPPA.)
- 3 Focus**

Focus on what services the client is asking for. Most of the time, the services a transgender person is seeking is unrelated to their gender identity. Transgender clients should not be used as educational opportunities for yourself or colleagues.
- 4 Policies**

Make sure your agency has a written policy of non-discrimination on the basis of sexual orientation and gender identity. Ensure all staff know about and follow the policy.
- 5 Confront**

Ensure your agency has, shares with clients, and enforces a "safe space" policy in which prejudicial behaviors and statements by all staff and all clients are not permitted.
- 6 Paperwork**

Intake forms and other documents that ask about gender should allow clients to write in a response, or include a transgender option. Make sure questions appropriately distinguish between sexual orientation (the gender(s) someone is attracted to) and gender identity (the internal sense of being female, male, or something else).
- 7 Know & Tell**

If you need to ask a client a personal and/or sensitive question, tell the client why that information is needed before you ask. If you don't know why the information is needed, it is likely not pertinent to care and should not be asked.
- 8 Empower**

Although some clients need service providers to "take charge," many desire and are capable of helping direct their own care or services. If appropriate for that individual, ask transgender clients how they would like you to handle service provision issues.
- 9 Be Creative**

Transgender people may not fit into existing systems or forms. Respect your client by adapting the form or system to fit their needs, rather than forcing the client into a pre-determined and ill-fitting box.
- 10 Advocate**

Whenever possible, advocate for system, policy, and form changes so they better fit clients of every gender identity. If you aren't able to advocate for system change within your agency/field, consider volunteering your time at/for a transgender organization or event.

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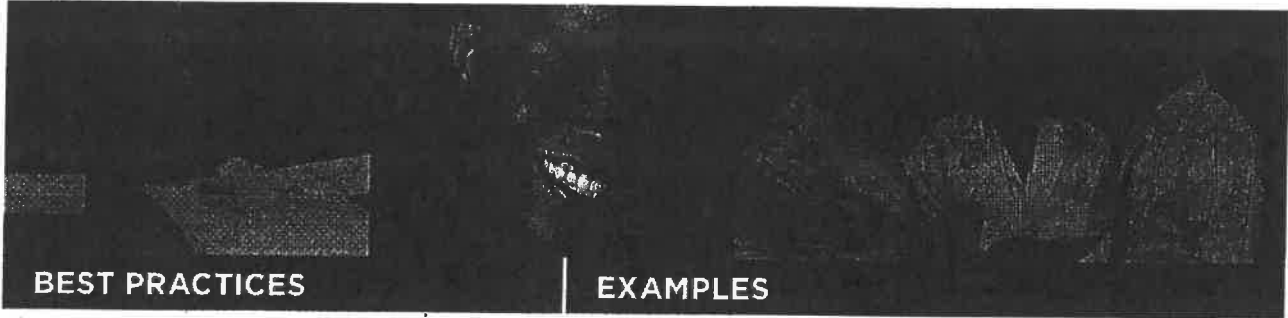


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Best Practices for a Transgender-Affirming Environment



BEST PRACTICES

EXAMPLES

When addressing patients, avoid using gender terms like "sir" or "ma'am."

"How may I help you today?"

When talking about patients, avoid pronouns and other gender terms. Or, use gender neutral words such as "they." Never refer to someone as "it".

"Your patient is here in the waiting room."
"They are here for their 3 o'clock appointment,"

Politely ask if you are unsure about a patient's preferred name.

"What name would you like us to use?"
"I would like to be respectful—how would you like to be addressed?"

Ask respectfully about names if they do not match in your records.

"Could your chart be under another name?"
"What is the name on your insurance?"

Did you goof? Politely apologize.

"I apologize for using the wrong pronoun. I did not mean to disrespect you."

Only ask information that is required.

Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?



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