



AMERICAN ACADEMY OF  
**HIV MEDICINE**



PennState  
**Health**

**Alder**  
Health  
Services

# Transgender Inclusive HIV Care

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Jarrett Sell, MD FAAFP AAHIVS

Associate Professor

Dept of Family and Community Medicine

Penn State Health Hershey

Medical Director, Alder Health Services

# About this Activity

This activity is jointly provided by the Annenberg Center for Health Sciences at Eisenhower, the American Academy of HIV Medicine, in collaboration with Postgraduate Institute for Medicine.



This activity is supported by independent educational grants from Gilead Sciences, Janssen Therapeutics, Merck Pharmaceuticals and ViiV Healthcare.

# CE Information

## Target Audience

This activity has been designed to meet the educational needs of physicians, physician assistants, nurse practitioners, registered nurses and pharmacists.

## Statement of Need/Program Overview

Learners are expected to leave the webinars with a clear understanding of what treatment options are available to address a number of topics related to treatment of HIV and the needs of various populations. Learners should feel more comfortable choosing appropriate treatment plans for a number of topics, with the goal of improving quality of life while decreasing disease-related morbidity and mortality. Potential uses, drawbacks, barriers, and advantages of various interventions and treatment plans should be well understood following each webinar. Providers participating in a given webinar should be able to more accurately tailor treatment needs to their individual patients with co-existing conditions, taking into account their unique needs and situations

# CE Information

## Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Annenberg Center for Health Sciences at Eisenhower and the American Academy of HIV Medicine. The Annenberg Center for Health Sciences at Eisenhower is accredited by the ACCME to provide continuing medical education for physicians.

## Physician Continuing Medical Education

The Annenberg Center for Health Sciences at Eisenhower designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# CE Information

## Continuing Pharmacy Education

The Annenberg Center for Health Sciences at Eisenhower is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.



## Credit Designation

This program has been developed according to the ACPE Criteria for Quality and is assigned ACPE Universal Activity 0797-9999-21-021-L01-P. This program is designated for up to 1.0 contact hours (0.1 CEUs) of continuing pharmacy education credit.

## Type of Activity

Knowledge

## Continuing Nursing Education

The Annenberg Center for Health Sciences at Eisenhower is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

## Credit Designation

1.0 contact hours may be earned for successful completion of this activity. Designated for 0.25 contact hours of pharmacotherapy credit for Advanced Practice Registered Nurses

# Disclosure of Unlabeled Use



This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. The planners of this activity do not recommend the use of any agent outside of the labeled indications.

The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of the planners. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

# DISCLOSURES

- The planners, our presenters, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters

# Disclaimers



Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications or dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.



There is no fee for this activity.

# Learning Objectives

- Review terminology of gender identity and sexual orientation
- Identify transgender specific health needs and ways to reduce HIV and health disparities within this vulnerable population
- Describe the intersection of HIV and gender minorities
- Recognize common drug interactions between anti-retrovirals and hormones
- Develop strategies to creating a gender-affirming healthcare environment for transgender individuals

# Epidemiology - General

- How Many People in the US Identify as Transgender?
  - 1.4 million adults in the United States aged 18 years and older identify as transgender
    - 0.6% of the adult population.
  - Estimated that almost 2% of high school students identify as transgender

Flores et al. 2016; Herman et al. 2017; Johns et al. 2017

# Epidemiology - HIV

- HIV prevalence among transgender people is 14% among transgender women and 2% among transgender men
  - The highest prevalence is among black (44%) and Hispanic/Latino (26%) transgender women

Becasen et al. Am J Public Health, 2018

# Epidemiology – Newly Dx HIV

- Gender
  - 84% were transgender women
  - 15% were transgender men
  - 0.7% reported other gender identities.
- Race
  - >50% of both transgender women (51%) and men (58%) with newly diagnosed HIV were black/African American.
- Age
  - Most aged 20-24 years (26%) or 25-34 yo (35%)
- Region
  - Almost half of transgender people with newly diagnosed HIV resided in the South (44%)
- HIV Severity
  - 18% had AIDS at the time of diagnosis

# Epidemiology – Ryan White Program

- In 2017, the Ryan White HIV/AIDS Program provided services for 8,811 transgender people, representing 1.8% of Ryan White clients
  - 7,837 (89%) were transgender women
  - 853 (10%) were transgender men
  - Majority were black and/or African American (5,081 individuals [57.6%]) or Hispanic/Latino (2,619 individuals [29.7%])
- Transgender Ryan White clients were less likely to:
  - Have stable housing (77% vs. 87%),
  - Live above the federal poverty level (24% vs. 37%)
  - Be virally suppressed (81% vs. 86%)

HRSA, Ryan White and Global HIV/AIDS Program annual client-level data report, 2017. 2018

# TERMINOLOGY

# Case

40 yo patient assigned female at birth (AFAB), with masculine appearance, who presents to the office for a routine HIV follow up visit.

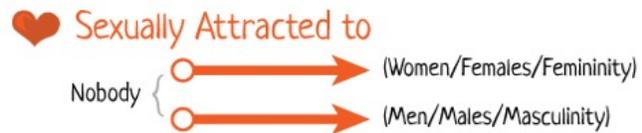
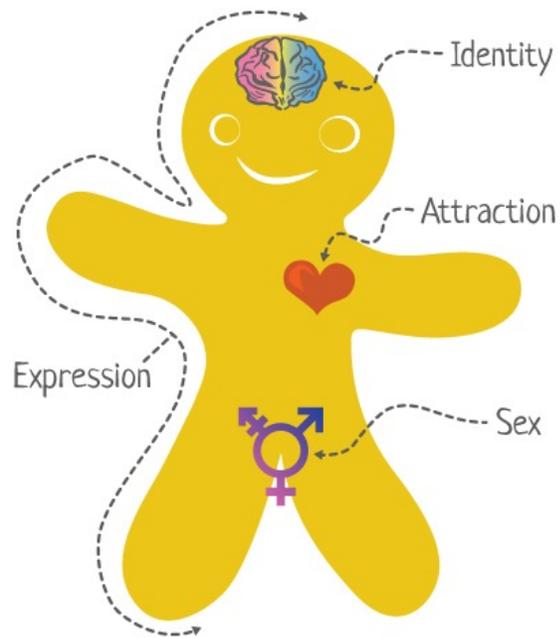
- 3 sexual partners in the past year
- Has had sex in the past with both men and women
- Lives with a female partner

How would you describe this patient's gender identity and sexual orientation?

# Definitions

- **Sexual Orientation**
  - The preferred term used when referring to an individual's physical and/or emotional attraction to the same and/or opposite gender. “**Gay,**” “**lesbian,**” “**bisexual**” and “**straight**” are all examples of sexual orientations.
- **Gender Identity**
  - Refers to a person's innate, deeply felt psychological identification as a **man,** **woman** or some **other** gender

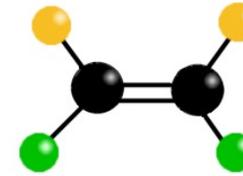
# The Genderbread Person v3.2 by its pronounced METROsexual.com



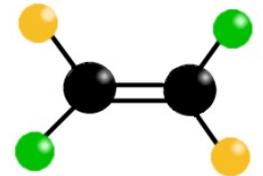
# Transgender Definitions

- **Transgender**

- An umbrella term describing the state of a person's gender identity which does not necessarily match the gender they were assigned at birth.
- Other words commonly used are:
  - Female-to-male (FTM) / transgender man / trans masculine
  - Male-to-female (MTF) / transgender woman / trans feminine



*fig.1: cis*



*fig.2: trans*

- **Cisgender**

- A person whose gender identity is consistent with that which was assigned at birth
  - Ex. assigned female at birth, now female gender identity = Cisgender woman

# Terminology

- Transition
  - An individualized process by which transgender people move from living as one gender to living as another gender.
  - There are three general aspects to transitioning:
    1. **Social** (dress, name, pronouns)
    2. **Medical** (hormones, surgery)
    3. **Legal** (gender marker, name change).
  - Each path through transition is unique to the individual.

# What Is Non-Binary?

- Having a gender that does not meet societal concepts of “all male” or “all female”
- A person may feel and identify as being:
  - All male and all female
  - A fixed mix of some male and some female
  - Fluid and moving between male and female
  - Neither male nor female
  - Non-gendered
  - Beyond male and female

# The Gender Binary



# U.S. Transgender Survey

	2011	2015
Non-Binary		31%
Genderqueer	22%	29%
Gender non-conforming or gender variant	32%	27%
Gender fluid/fluid		20%
Androgynous	14%	18%
Two-spirit	15%	7%
Bi-gender		6%
Third gender	10%	4%
Butch	8%	5%

More than **35%** of respondents indicated that their gender identity was best described as **nonbinary** or **genderqueer**

# Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Design by Landyn Pan

[t transstudent.tumblr.com](https://transstudent.tumblr.com)  
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[twitter.com/transstudent](https://twitter.com/transstudent)

For more information,  
go to [transstudent.org/graphics](https://transstudent.org/graphics)

**TSER**  
Trans Student Educational Resources

# Greetings

- It is not always possible to know a person's gender identity based on their name, their appearance, or the sound of their voice.
  - This is the case for all people, and not just trans people.
- Neutral is best
  - “How may I help you?” (w/o sir/madam)

# Greetings

- Ask routinely and respectfully about names/pronouns
  - “Could your chart be under another name?”
  - “What is the name on your insurance card?”
  - “What are your preferred pronouns or preferred name?”
  - “How would you like to be addressed?”
- Waiting room is not the place to have most discussions
- Avoid “Mis-Gendering” or “Dead Naming”
- Never ask a person what their “real” name is.
- Consider sharing your preferred pronouns in your greeting
- OK to make mistakes

# GENDER AFFIRMING THERAPIES

# CASE

- 25 yo assigned male at birth (AMAB) who presents for a routine HIV follow-up and expresses desire to start feminizing hormone therapy.
- *What do you do next?*

# CASE

## Initial Steps before Initiation of Hormones:

1. Listen to their Story
2. Discuss Goals
  - Gender Spectrum
3. Risk/Benefits
4. Labs
5. Consent
  - Minors
  - Mental Health “Letter of Support” vs. “Informed Consent”

# DSM 5 Criteria - Gender Dysphoria

- A strong and consistent cross-gender identification.
- Persistent discomfort with his or her own sex or a sense of inappropriateness in the gender role of that sex.
- The disturbance is not concurrent with an intersex condition.
- The disturbance causes a clinically significant distress or impairment in social, occupational, or other areas of functioning.

(DSM IV = Gender Identity Disorder)

# Treatment Options

1. Changes in gender expression and role
2. Behavioral Health Therapy
  - Exploring gender identity, role, and expression
  - Addressing the negative impact of gender dysphoria and stigma on mental health
3. Hormone therapy
  - To feminize or masculinize the body
4. Surgery
  - To change breasts/chest, external and/or internal genitalia, facial features, body contouring

# Guidelines

- World Professional Association of Transgender Health (WPATH) Standards of Care (2011)
- Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline (2017)
- UCSF Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2016)

# Transgender Medicine

- Gender-Affirming Hormone Therapy  
(Hormone Replacement Therapy – HRT)
  - Feminizing Hormone Therapy
    - Anti-androgens
    - Estrogens
    - +/-Progestins
  - Masculinizing Hormone Therapy
    - Androgens

# Consent Models

1. Routine evaluation and letter of support from mental health professional
2. “Informed Consent” Model
  - A study of the practices of 12 large volume gender clinics in a diversity of settings found minimal risk of regret and no known cases of malpractice suits.  
*(Deutsch MB, Transgenderism, 2012)*

\*Consider written and/or verbal consent for treatment

# Feminizing HT- Estrogen Effects

- Skin Changes—finer skin, thin nails
- Female fat redistribution: Abdomen to breasts and hips
- Muscle changes
- Breast development
- Decrease hair loss
- Decreased body hair
- Improvement in mood
- Heightened sensitivity to smell and color

# Side Effects of Estrogen

- Breast cancer
  - 2019 Dutch study showed breast CA risk in transgender women was higher than in cisgender men, but lower than in cisgender women (de Blok CJM et al., BMJ, 2019)
- Decreased libido, loss of erections, infertility
- Reduced bone density (also increased risk with HIV)
- Hyperprolactinemia
- High blood pressure
- Thromboembolic events
- Cardiovascular disease
  - Avoid ART with increased risk of CV Dz (e.g. ABC, boosted DRV, LPV/r)

# Transgender Cardiovascular Events

- 2018 Kaiser Permanente Cohort Study
  - Matched nearly 5000 transgender adults with 50,000 cisgender men and 50,000 cisgender women.
  - 4yr follow-up
- Transfeminine (MTF) adults had:
  - VTE incidence of 5.5 / 1000 person-years
  - Ischemic stroke, 4.8 /1000
  - MI, 2.9 / 1000.
- VTE + stroke rates were higher for transfeminine than matched cohorts.
- Evidence was limited on cardiovascular outcomes in transmasculine (FTM) adults.

# Menopausal HT and VTE Risk

- 2019 Case-Control Study in UK
  - 80,000 women (age range, 40–79) with VTE diagnosed from 1998 to 2017 and 390,000 control women matched by age and practice.
- Compared with no HT, use of oral conjugated equine estrogen (CEE) (odds ratio, 1.49) or estradiol (OR, 1.27) was associated with elevated risk for VTE
- In contrast, use of transdermal estradiol (most commonly administered by patch) was not associated with excess VTE risk (OR, 0.96)

# Masculinizing HT - Testosterone Effects

## Positive

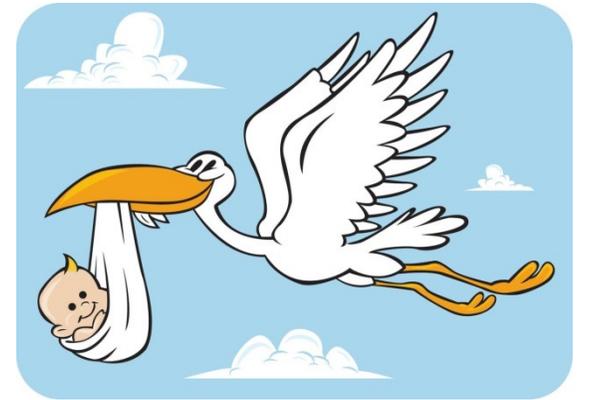
- Deepening of the voice in about 1-3 months
- Periods cease within 2-6 months
- Muscle mass increases about 30%, reduces fat and redistributes fat to male pattern
- Facial hair develops in 6-24 months and may take 5 years to maximize. (Highly individual)
- Clitoral enlargement

## Negative

- Male pattern baldness
- Acne
- Infertility
- CV Disease?

# Fertility

- Explore options for fertility preservation (sperm or embryo banking) and reproduction prior to starting hormones or removal of gonads
- Gender affirming hormone therapy alone is not a reliable form of contraception but may lead to permanent infertility
  - Lack of menstrual bleeding in those assigned female at birth does not always indicate infertility



# Gender-Affirming Surgery

- Feminizing Genitoplasty (MTF): “Bottom Surgery”

- Penectomy
- Orchiectomy
- Vaginoplasty

## “Top Surgery”

- Breast Augmentation
- Chest Reconstruction

## Facial Feminizing Surgery

- Laryngochoondroplasty

- Masculinizing Genitoplasty (FTM): “Bottom Surgery”

- Metoidioplasty
  - Clitoris separated from labia minora
- Phalloplasty
- Scrotoplasty +/- Testicular Implants
- Hysterectomy +/- OOP
- Vaginectomy

## “Top Surgery”

- Mastectomy

# Gender-Affirming Surgery Mental Health Outcomes

- 2019 Swedish Registry-Based Study
  - 2005-2015 identified 2679 transgender individuals.
- Baseline transgender data:
  - 3x higher chance of treatment for mood/anxiety disorders
  - 6x higher rates of hospitalization after a suicide attempt
- Odds of mental-health treatments fell linearly with the passage of time since the last gender-affirming surgery
  - $\geq 10$  years later, these rates were only 1.7 times higher than in the general population.
- Odds of hospitalization after a suicide attempt fell to zero  $\geq 5$  years after surgery

# TRANSGENDER HEALTH DISPARITIES

# CASE

28 yo AFAB who presents to the office to discuss transgender hormones.

- Started adopting masculine appearance 1 yr ago. (Gender Expression)
- Mentally, clear identification as male since 8yo. Recently, identified as genderqueer. (Gender Identity)
- Pansexual. Lives with bisexual partner. (Sexual Orientation)
- 8 yrs of considering hormones
- Expects transition would be safer and more comfortable emotionally. Therapist supportive.
- Many years of anxiety and depression
- +Tobacco use. h/o drug use.
- Never had a pap. No recent HIV/STI testing.

# Important Health Disparities

- Psychosocial stress and discrimination may contribute to higher rates of:
  - Drug, alcohol, and tobacco use
  - Homelessness
  - HIV infection
    - Up to 4-8x that of the general public
    - Highest for people of color
  - Suicidal ideation and suicidal attempts (40-50% vs. less than 2%)

\*Usual conditions, including HIV, may be magnified due to lack of or delayed routine care

# Transgender Health Differences

- National Behavioral Risk Factor Surveillance System
  - 730,000 respondents, from 2014-17, 0.55% identified as transgender.
- Compared with cisgender adults, transgender adults were more likely to:
  - Smoke cigarettes (19% vs. 16%)
  - Be physically inactive (35% vs. 26%).
  - Self-report fair or poor health status (25% vs. 18%)
  - Experience severe mental distress (20% vs. 12%)

# 2015 US Transgender Survey

In the past year ...

- 25% had a problem with their insurance related to being transgender
  - 55% denied coverage for transition-related surgery
  - 25% denied coverage for hormones
- 33% had at least one negative experience related to being transgender with a health care provider
  - Refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
- 23% did not see a doctor when they needed to because of fear of being mistreated as a transgender person

# Routine Trans Medical Care

- For the most part, screening remains based on anatomy  
(We treat what is there)
  - PAPs/mammograms/prostate exams as indicated (with creativity)
    - Self-collected HPV testing for trans men
    - “Healthy Parts” screening campaign at Alder
  - Screen for common issues (smoking, drug use, etc.)
  - Assess for additional risk factors (history of sex work, HIV exposure, depression/suicidal ideation.)
  - Assess for common medical conditions (HTN, DM)
  - Be aware of the patient’s history with the medical community and subsequent fears or reluctance to trust.

# HIV PREVENTION AND MANAGEMENT FOR TRANSGENDER PEOPLE

# Barriers to HIV Care

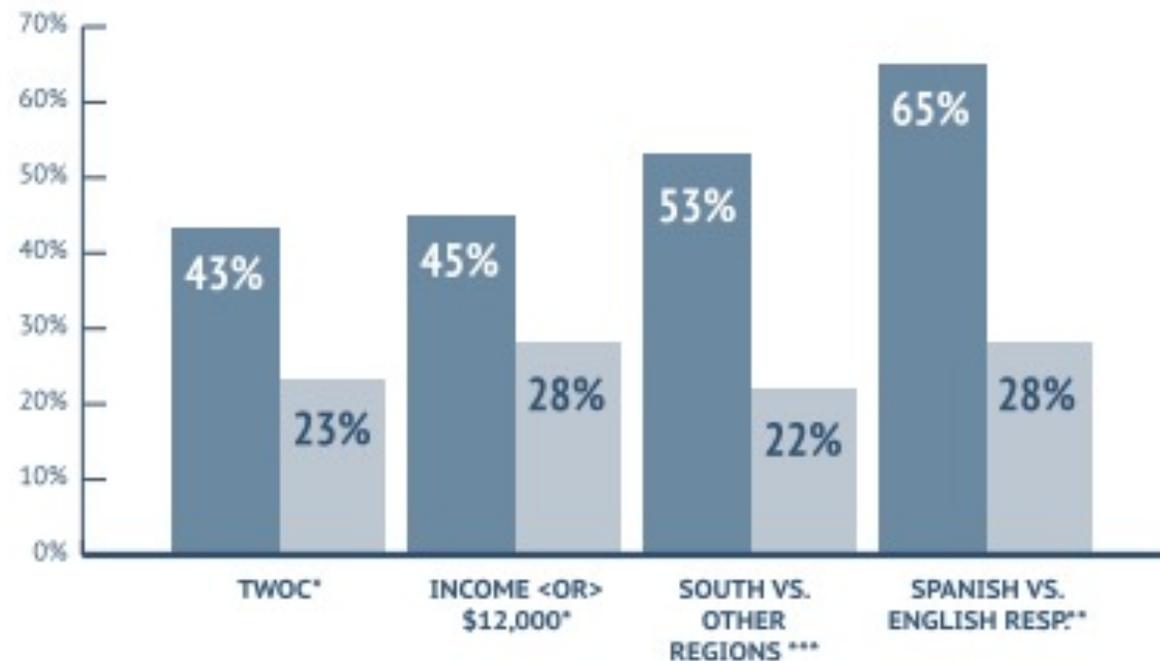
- For many transgender people, gender-affirming therapy (e.g., feminizing hormones) is a greater priority than HIV treatment and care.
- Concerns about adverse interactions between antiretroviral (ARV) drugs and gender-affirming hormone therapy are common among transgender people
- One study found that 40% of transgender women with HIV did not take their ARV drugs as directed due to concerns about drug-drug interactions
  - Yet, <50% had discussed this concern with their providers

# Barriers to Hormone Therapy

- August 2015, Positively Trans, a project of Transgender Law Center, held focus groups with transgender women of color (TWOC) living with HIV in Atlanta and Miami
- Access to transition-related care remains a high barrier, with >33% reporting that accessing hormone therapy is “somewhat or very difficult.”

Fig. 2

## Differences in Difficulty in Accessing Hormone Therapy, by Key Characteristics



\*indicates  $p < 0.05$  \*\*\*indicates  $p < 0.001$

# ART Unlikely to Impact HRT

- **All NRTIs**
  - Includes oral PrEP
- **Entry Inhibitors:**
  - Ibalizumab (IBA)
  - Maraviroc (MVC)
  - Enfuvirtide (T-20)
- **Unboosted INSTIs:**
  - BIC
  - DTG
  - RAL
- **NNRTIs:**
  - RPV
  - DOR

No dose adjustments necessary

# ART Likely to Increase HRT

- **ART**
  - EVG/c
  - All boosted PIs
- **HRT Concentration Increased**
  - Dutasteride
  - Finasteride
  - Testosterone
- **Recommendation**
  - Monitor patient for associated adverse effects
  - Decrease the doses of HRT drugs as needed to achieve the desired clinical effects and hormone concentrations.



# ART Likely to Decrease HRT

- **ART**
  - NNRTIs: EFV, ETR, NVP
- **HRT Concentration Decreased**
  - Dutasteride
  - Finasteride
  - Testosterone
- Estradiol (also decreased with PI/r, but not clear the effect of EVG/c or PI/c)
- **Recommendation**
  - Increase the doses of HRT drugs as needed to achieve the desired clinical effects and hormone concentrations



# CREATING AN INCLUSIVE HEALTHCARE ENVIRONMENT

# Gender Affirming HIV Care

## DHHS Guidelines:

- *HIV care services should be provided within a gender-affirmative care model to reduce potential barriers to ART adherence and to maximize the likelihood of achieving sustained viral suppression (**All**).*
- Gender affirmation describes processes whereby a person receives social recognition, value, and support for their gender identity and expression

# Gender Affirming HIV Care

- Individuals are more likely to engage in HIV care when gender affirmation needs are met
- Participants who work with HIV care providers who affirm their gender (e.g., providers who use their chosen name and pronoun) were more likely to be virally suppressed
- Integrating HIV care with gender care facilitates treatment and is associated with higher rates of viral suppression

Dowshen et al. *Transgend Health*, 2017; Chung et al., 2016;  
Sevelius et al. *Ann Behav Med*, 2014

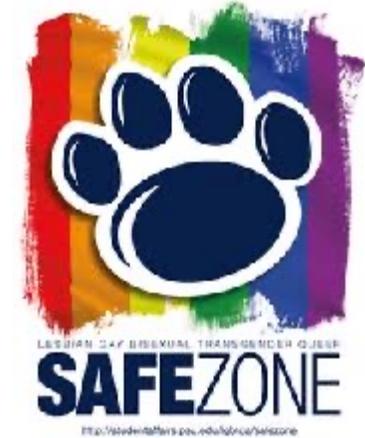
# Becoming Trans Inclusive

- Visible Signs
  - Rainbow flags in clinics
  - Rainbow stickers or LGBTQ ally pins on badges
- Forms
  - Birth name/preferred name
  - Sexual Orientation/Gender Identity (SOGI)
  - Information relevant to LGBTQ community is included in welcome packets
- EMR
  - Clearly identify preferred name and pronouns



# Becoming Trans Inclusive

- Education of staff/providers:
  - Safe Zone Training
  - National LGBT Health Education Center Resources
- Transgender Local Resources
  - Regional Medical, Surgical and Mental Health Experts
  - Support Groups (LGBT Center, TransCentral PA)



# Alder Health Services

Focus on individuals living with HIV/AIDS and members of the LGBTQ community

- Primary Care + HIV Care (MD + CRNP)
- Behavioral Health (MD + Therapists)
- Education & Prevention & Wellness
- HIV Case Management



# National Resources

- The Fenway Institute <http://thefenwayinstitute.org/>
- CDC LGBT Health <http://www.cdc.gov/lgbthealth/>
- UCSF Center for Excellence for Transgender Health <http://transhealth.ucsf.edu/>
- World Professional Association for Transgender Health (WPATH) <http://www.wpath.org/>
- National Center for Transgender Equality <https://transequality.org/>
  - Includes state specific ID documents center
- DHHS: Guidelines for the use of Antiretroviral Agents in Adults and Adolescents Living with HIV. Considerations for Antiretroviral User in Special Patient Populations. Transgender People with HIV <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/transgender-people-hiv>

# Conclusion

- Ask. Don't Assume.
- Address Health Disparities => Health Equity
- Identify Local Resources



Questions??? [jsell@pennstatehealth.psu.edu](mailto:jsell@pennstatehealth.psu.edu)

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