GENDER DIVERSE YOUTH/YOUNG ADULTS

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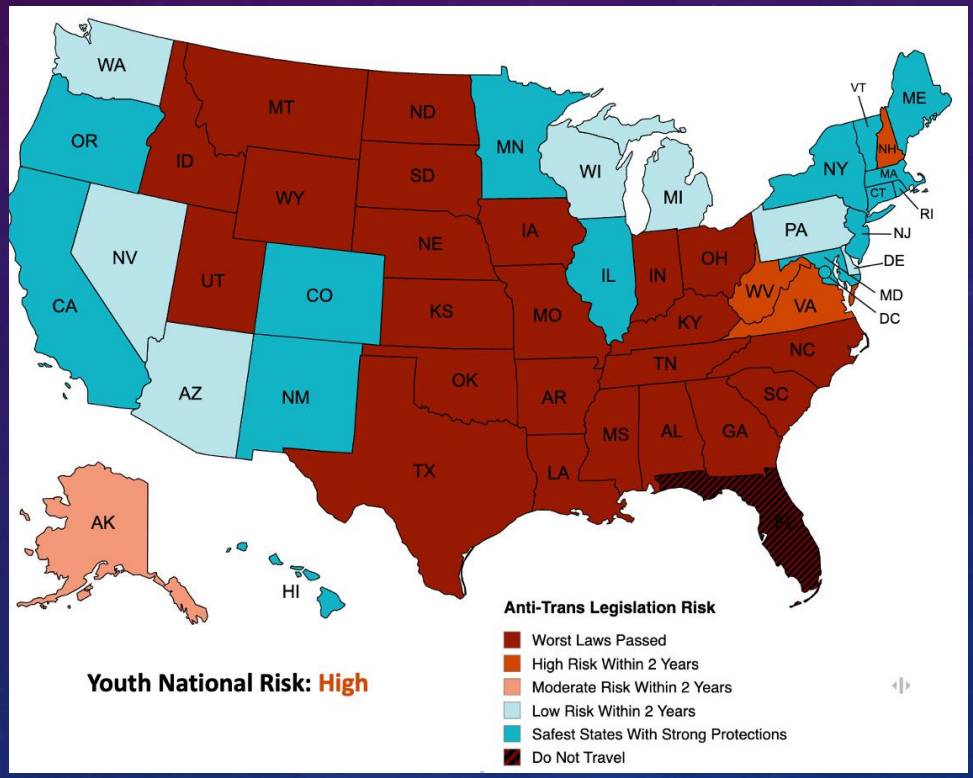
HE/HIM/HIS

OUTLINE

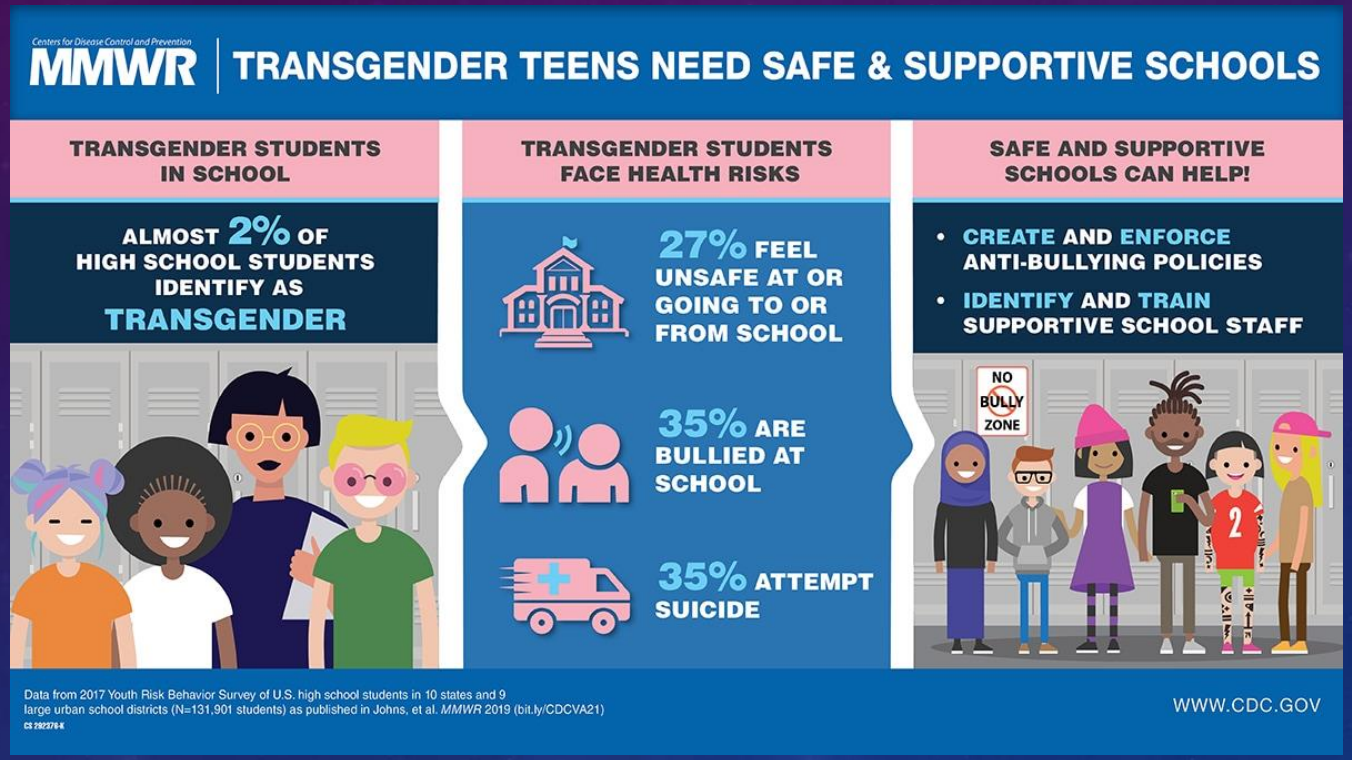
- Anti-trans legislature
- Special Considerations
- GnRH Analogs
- Transmasculine Youth
  - Menstrual Suppression
  - Gender Affirming Hormones
- Transfeminine Youth
  - Androgen Blockade
  - Gender Affirming Hormones

ANTI-TRANS LEGISLATURE, 07/2024



SPECIAL CONSIDERATIONS

SPECIAL CONSIDERATIONS, CONT.



GNRH ANALOGS

- Lupron
- This is a medication that we use to pause natal puberty
- We use this after folks have met w/ behavioral health, behavioral health thinks it is the right choice and they are at the right spot in puberty
- We ideally want to be able to start this in stage 2 of puberty (there are a total of 5 stages)
    - Goal of this is to give them more time to decide RE: which way to go w/ gender, it also pauses somatic growth and allows for no physical changes that would necessitate surgery in the future

GNRH ANALOGS

- Important to note – this is not what everyone does, only those who we meet at the right time in development
- There is no recipe for a gender transition

TRANSMASCULINE YOUTH

- First step to this will be menstrual suppression
- This is not for everyone
- What we use here would anything in the contraceptive world – but, we use these three agents the most commonly:
  - Aygestin, Depo Provera, Seasonale
  - Aygestin – progesterone only medication, if taken at the same time no bleeding, can have light bleeds, but rare
  - Depo Provera – IM, every 3 months, menstrual suppression nearly universally by 9 months but SIDE EFFECTS
  - Seasonale – extended cycling combined oral contraceptive; does have ethinyl estradiol in it, 4 menstrual cycles/year

TRANSMASCULINE YOUTH

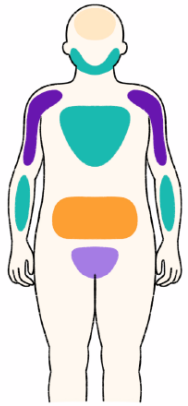
- Gender Affirming Hormone
  - Testosterone cypionate
    - SubQ injection, every 7 days, generally start at 50 mg
    - Requires a teach visit
  - Testosterone gel
    - Daily application, struggles w/ suppression of menstrual cycle
  - Testosterone pellets (testopel)
    - Fully managed by urology, pellets placed every 4 months, dissolve in to the body, does require specific timing of labs and coming to be seen every 3-4 months
  - PO T?
    - Undecoate – I have never been able to put in an RX for this, has always been denied by insurance

TRANSMASCULINE LAB GOALS

- Testosterone Values that are therapeutic:
  - 350-750
  - Can adjust dose based upon lab values but really try to do this rarely

Expected effects timeline of using testosterone for gender affirming hormone therapy

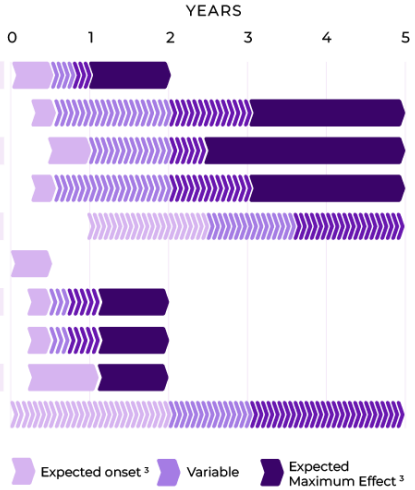
IRREVERSIBLE
- Scalp hair loss
- Deepened voice
- Facial and body hair growth
- Clitoral enlargement



REVERSIBLE
- Skin oilness/acne
- Increased muscle mass/strength
- Vaginal atrophy

VARIABLE
- Fat redistribution

PHYSICAL EFFECT	REVERSIBILITY	ONSET
Skin oiliness / acne	Reversible	1 - 6 months
Body fat redistribution	Reversible/variable	3 - 6 months
Increased muscle mass / strength [1]	Reversible	6 - 12 months
Facial / Body hair growth	Irreversible	3 - 6 months
Scalp hair loss	Irreversible	Variable
Cessation of menses	Reversible	2 - 6 months
Clitoral enlargement	Irreversible	3 – 6 months
Vaginal atrophy [2]	Reversible	3 – 6 months
Deepened voice	Irreversible	3 – 12 months
Infertility	Irreversible	Variable



1. Significantly dependent on amount of exercise
2. Use client's preferred terminology: Terminology such as "clitoral" and "vaginal" maybe triggering to some but not all clients.
3. Estimates represent published and unpublished clinical observations

TRANSFEMNINE YOUTH

- Androgen blockade
  - In general, most folks are not met at the right time of life to utilize Lupron
  - Thus, when we meet these folks, we have two goals: lower the T, increase the E
    - In this instance, we utilize spironolactone
    - This serves for androgen blockade
      - Important, spironolactone does not affect the T value, simply block its effects
      - In general, final dose is 100 mg/BID

TRANSFEMININE YOUTH

- Must use estradiol to increase the E level
- Can be done as injections or PO tablets
- Patches are a possibility, but we have not been successful RE: suppressing T sufficiently w/ these so avoid them
- A lot of dose manipulation w/ this dosing but we start at 1 mg/BID of PO E – there is a caution here that starting too high too quickly can lead to physical abnormalities that folks are not happy w/

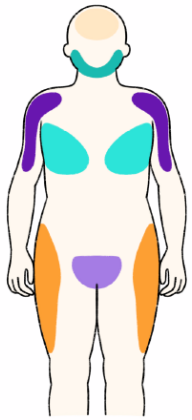
LAB VALUES

- T less than 50, E above 100

Expected effects timeline of using estrogen and anti-androgens for gender affirming hormone therapy

IRREVERSIBLE
- Chest growth

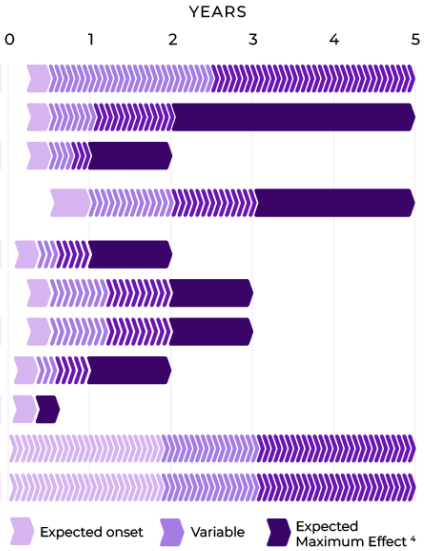
VARIABLE
- Decreased spontaneous arousals
- Decreased libido
- Decreased testicular volume
- Decreased sperm production
- Erectile dysfunction



REVERSIBLE
- Skin softening/Decreased oiliness
- Thinned/slowed terminal hair growth
- Decreased muscle mass/strength

VARIABLE
- Fat redistribution

PHYSICAL EFFECT	REVERSIBILITY	ONSET
Softness of skin/decreased oiliness	Reversible	3 - 6 months
Body fat redistribution	Reversible/variable	3 - 6 months
Decreased muscle mass / strength [1]	Reversible	3 - 6 months
Thinned/slowed growth of body / facial hair [2]	Reversible	6 - 12 months
Male Pattern Baldness [3]	Reversible	1 - 3 months
Breast growth	Irreversible	3 - 6 months
Decreased testicular volume	Variable	3 – 6 months
Decreased libido	Variable	1 – 3 months
Decreased spontaneous erections	Variable	1 – 3 months
Decreased sperm production	Variable	Variable
Erectyle Dysfunction	Variable	Variable



1. Significantly dependant on amount of exercise
2. Complete removal of male facial and body hair requires electrolysis, laser treatment or both
3. No regrowth, loss stops
4. Estimates represent published and unpublished clinical observations

CASE

- 16 y/o female who has been admitted to the hospital for IV pain medications. The IV pain medications are for a primary HSV outbreak – this is known to be painful and for some folks, they do require admission for this
- I do not have a prior relationship w/ this person, is not on any medications presently
- Is on IV toradol in the hospital, has also been put on PO acyclovir
- Put on the adolescent medicine team
- Mom at the bedside demanding to know why she has been admitted
- How to handle this situation and how to handle the communication?

- Of note – the connection to substances came about later when it was learned that the patient was only ever physically intimate while under the influence of marijuana