

Trans Health Symposium: Caring for Adult Patients in Family Medicine

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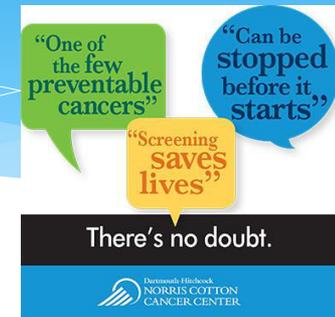
What can Family Doctors do for transgender patients?



- * Routine checkups, bloodwork and immunizations
- * Care of chronic and acute medical conditions
- * Coordinate care between specialists and make referrals
- * Advocacy and advanced care planning
- * Cancer screenings tailored to each person's medical/hormonal, surgical, and family history

Cancer Screenings for Adults

- * Pap smears age 21-65 (every 3-5 yrs)
- * Mammograms age 45-75 (every 1-2 yrs)
- * Prostate cancer screening with PSA age 50+ (only for high risk populations)
- * Colonoscopy age 50+ (every 10 years)
- * Lung cancer CT age 55+ (yearly) for patients with a significant tobacco history



Recommended cancer screenings for transgender women



- * Breast augmentation does **NOT** appear to increase risk of breast cancer
- * No evidence supports screening mammography for transgender women receiving hormones
- * Consider screening mammography every 1-2 years for transgender women at **high risk**: >50 with >5 years estrogen or progesterone use, positive family history, or BMI>35
- * Transgender women still have a prostate, even post-op, but the PSA can be falsely low due to feminizing hormones, even in the presence of cancer

What cancer screening tests are recommended for transgender men?

- * For transgender men who have had “top” surgery, **no screening mammograms are needed.**
- * Yearly chest and axillary exams are recommended.
- * The same Pap smear guidelines should be followed as for natal women – however, some patients may find this procedure traumatic.



Which vaccinations are recommended for Transgender patients?



- * MSM (gay, bi, or transgender)
 - * **Hep A and B through age 26** if not previously vaccinated (C level recommendation)
 - * **Meningococcal vaccine** if they have at least one other risk factor (medical/occupational/lifestyle)
- * **Transgender adults should get vaccinated against Hep B** if they have had >1 partner in the last six months, recent STI, needle sharing*, or travel to endemic areas

Screening for Heart Disease



- * Regardless of hormone status, transgender patients are at higher risk for heart disease
- * Both masculinizing and feminizing hormone therapy increase risks of high blood pressure, diabetes, and high cholesterol, all of which predispose patients to heart disease

Transgender Elders

- * A diverse group, in and of themselves
- * Came of age in a time of few resources and a lot of stigma
- * Less likely to access healthcare services



What can hospitals and nursing homes do to improve the care of trans elders?

- * Staff education
 - * Project Visibility:
<http://www.bouldercounty.org/.../seniors/pages/projvis.aspx>
 - * SAGE (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders)
<http://www.sageusa.org/advocacy/dec.cfm>
- * Involve the ombudsman (nursing home) or patient care representative (hospital)
- * Consult with a therapist
- * Find a compatible roommate, if not in a private room

References

- * Makadon HJ, Mayer KH, Potter J, and Goldhammer H. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health. 2nd Edition. Philadelphia, PA: American College of Physicians, pp 481-511.
- * Amber Ralls
- * Laura Jane
- * Questions? Email me at cc5ds@virginia.edu