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Today I'm going to be talking about transgender health. And I will provide you with important points to consider when working with patients who are transgender identified, have gender dysphoria, or gender non-conforming. I want to start off with having basic descriptions of some of the terms that I'm going to be using.

The first term is natal sex. Natal sex refers to the typical binary options that are ascribed to individuals. So for example, male or female.

This option really ask about individual's anatomy. Essentially, the question of are you male or female is asking do you have a penis or a vagina. This can also be related to endocrine related characteristics, such as degree of testosterone or estrogen. And it can also relate to chromosomes.

The next term is gender identity. Gender identity as a socially constructed term. It's about one's internal sense of one's internal maleness or femaleness, or both, or lack of.

The other term is sexual orientation. Sexual orientation is typically established by our own set of physical, psychological, and social characteristics that we follow or value. For example, individuals may be attracted to others due to the perceived idea that they have the reproductive organs that are needed to reproduce. And then from there, build on to their attraction. So for example, someone might have an affinity toward brown eyes, but only under the condition that they hold one particular reproductive characteristic.

The next term is gender dysphoria or incongruence. This is when an individual's natal sex and gender identity are not concurrent, and typically leads to distress, uneasiness, or generalized dissatisfaction about life. We see gender dysphoria or gender incongruence throughout different cultures. For example, among American Native people, there are third genders or third spirits. In South Asia there's a Hijra.

In terms of working with transgender individuals, it's important that the provider keep in mind minority stress, which is the experience of physiological, psychological stress responses that are the result of discrimination, fear of rejection, and having to conceal and hide one's identity. This often leads to mistrust, emotional inhibition, lack of spontaneous expression, and social isolation. Mental health wise, this really impacts the individual. Research demonstrates that approximately 50% of transgender individuals experience significant depressive symptoms. And anywhere from 1/3 to 50% of individuals experience active suicidal ideation, or have experienced a suicide attempt.

Many providers ask me, what do I do when I get a transgender patient? I typically tell them treat others like you'd like to be treated yourself. However, in this case, make sure to also ask for gender pronouns and preferred names. They might be different from what's listed in the medical record.

In terms of focusing on the medical needs for why they're coming in, focus on the actual anatomy and endocrine aspects that the individual has. So for example, if a transgender individual is post-operative, and they no longer have breasts, or they no longer have the scrotum, testicles, or penis, focus on what the opposite gender might need for their medical needs.

When working with transgender individuals, keep in mind to go beyond gender binary, as this may impact your treatment trajectory. For example, there are some individuals who are gender nonconforming, who might only want to be on cross sex hormones for six months, until they get the physical characteristics that they desire. It really is about developing a tailored individual treatment plan that's going to respect and focus on the individual's needs.

One of the most important things that you can do for an individual is ask the question of did you feel respected today, and did you feel understood? While these questions might appear the same, they are very different. Someone can feel respected in your medical visit, but may not feel understood. If asking these questions, that will help prevent any misunderstandings in the future.

It's going to be important that you work with health care providers who are familiar with transgender health, as many of them follow the world Professional Association for Transgender Health Standards of Care. And this involves guided treatment for individuals who have gender dysphoria or gender non-conforming. I often times parallel transgender health to individuals who are pregnant in that individuals that are pregnant are not inherently flawed, and they're not in a disease state, but require medical guidance.

When working with transgender individuals, it's going to be very important that you provide a safe environment to allow the individual to express their needs. And for you to work with them and an open minded manner. This may mean not making assumptions about what their treatment goals are, or where they want to go in terms of their gender expression.

I want to make sure that I leave you with resources for working with transgender, gender nonconforming, and gender dysphoric patients. Please see the resources listed on this slide. Thank you for the opportunity to present this material.