

**Transgender and Gender
Diverse Populations, and
Gender Affirming Pharmacy
Practice**

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Continuing Education

Target Audience: Certified Pharmacy Technicians
Activity Type: Knowledge
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Credit:
 To receive credit for this LIVE program, participants must complete an online program evaluation AND submit a request through the designated webform to obtain CE credit.
 To receive credit for this RECORDED program, participants must complete the post-test with a passing score of 70%.

Jay Holloway PharmD, AAHIVP has no conflicts of interest to disclose.

 **Accreditation:**
 The National Pharmacy Technician Association (NPTA) is accredited by the Accreditation Council for Pharmacy Education (ACPE) as an approved provider of continuing pharmacy education.

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Learning Objectives

- Identify terminology referring to transgender and gender diverse (TGD) patients and gender affirming care (GAC)
- Discuss health disparities that TGD patients experience
- Identify and interrogate misinformation regarding TGD individuals and GAC
- Recognize different elements of transition a TGD person may pursue
- Summarize GAC, including gender affirming hormone therapy (GAHT)
- Provide methods for inclusive pharmacy practice

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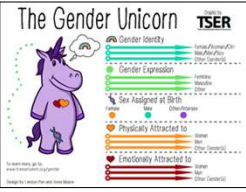
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Definitions
Basic Terminology

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Definitions

- **Sex Assigned At Birth**- the designation at birth of "male", "female", "intersex", or another sex, based on observations of anatomy or prenatal genetic testing.
- **Gender Identity**- one's innermost internal concept of self as a man, woman, another gender, or a combination or absence thereof.
- **Gender Expression**- how one presents their gender identity through appearance, dress, and/or behavior.
- **Intersex** - an umbrella term for those with differences in sex traits or reproductive anatomy



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Definitions

- **Cisgender** - an individual whose gender identity aligns with their sex assigned at birth.
- **Transgender** - an individual whose gender identity does not align with their sex assigned at birth.
- **Nonbinary** - an umbrella term encompassing identities outside of strictly "man" and "woman". Sometimes used as its own identity label.
- **Gender Nonconforming** - a person whose gender expression does not conform to prevailing societal standards for their gender. Can overlap with transgender identity.
- **Two Spirit** - An umbrella term sometimes used by Indigenous and First Nations people for identities based in Indigenous understandings of gender and sexuality. May be used as its own identity label.
- These identities are under the umbrella of "Transgender and Gender Diverse (TGD)" people.

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Definitions

- **Transgender Man (trans man, transmasculine, FtM)** - a person who was assigned female at birth but whose gender identity is masculine and/or a man.
- **Transgender Woman (trans woman, transfeminine, MtF)** - a person who was assigned male at birth but whose gender identity is feminine and/or a woman.
- **Pronouns** - how one refers to self and others as an element of gender expression.
 - he/him
 - she/her
 - they/them
- **Neopronouns** - Neologistic pronouns besides traditional he/she/they. Examples include xe/xem, ze/hir, ey/em/eir



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Definitions

- Each person’s identity and expression is unique. There is no “correct” way to be TGD
 - example: a person may prefer “transmasc” vs “transgender man” vs. “a man of trans experience”
- Language evolves over time. Some individuals within the community might self-ID with a reclaimed term.
- **Some gender identities are culturally specific.** Whether or not they identify as transgender is up to the individual.



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Definitions

- **Transition** - The process in which a person lives as their affirmed gender, rather than the one assigned at birth. Also known as **Gender Affirmation**
- **Gender Affirming Care (GAC)** - a range of interventions to support an individual’s gender identity
- **Gender Incongruence** - a disconnect a person may feel between their gender identity and their sex assigned at birth. When this creates stress or impairment to quality of life, it is “**gender dysphoria**”
- Not all TGD people experience gender dysphoria
- Not all TGD people desire or need the same transition goals



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Health Disparities

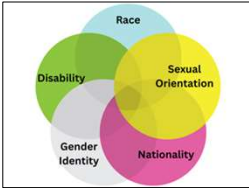
Intersectionality, Minority Stress, Health Disparities, and Discrimination in Healthcare

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Intersectionality

- Kimberlé Crenshaw
- Identities such as race, gender, sexual orientation, disability, etc can **interact in overlapping areas** of disadvantage and discrimination



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Intersectionality Examples

- Black, Indigenous, and other transgender women of color face increased rates of anti-trans violence.
- Autistic and neurodivergent TGD people may have their identity dismissed and not be allowed to access gender affirming care.
- TGD Medicaid recipients living in states where gender affirming care is prohibited from being covered by Medicaid may not be able to afford care.

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Health Disparities - General

- TGD people report high rates of discrimination and harassment
 - 48% of the 2015 US Trans Survey respondents reported discrimination in the past year due to being transgender
 - 38% of 2016-2018 Center for American Progress survey respondents
- TGD people experience higher rates of poverty and barriers to economic opportunities (employment, housing)
- 1 in 3 TGD people report homelessness at least once in their lifetime (US Trans Survey, 2015)
 - 1 in 4 experiencing homeless report avoiding shelters due to fear of discrimination
- Trevor Project 2023 Survey - 27% of transgender and/or nonbinary youth reported being physically threatened or harmed in the past year due to their identity



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Health Disparities - Health Outcomes

- **Minority Stress Model** - the stress of marginalization and discrimination leads to higher rates of poor mental health
- Transgender respondents reported higher rates of depression, anxiety than their cisgender peers (CAP, 2019)
- Over 40% of TGD youth had seriously considered suicide in the past year (Trevor Project, 2023)
 - TGD youth who had affirming school and home environment reported lower rates of suicide attempt
 - Access to gender affirming care results in improved mental health outcomes



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Health Disparities - Legislation

- 19 states **ban medical GAC** for children and adolescents
 - 5 states - **felony** to provide pediatric GAC
- 9 states **ban coverage of GAC** through Medicaid
- 8 states **ban TGD people from using restrooms** consistent with gender identity in K-12 schools
- **FL - criminal offense** for schools and government buildings
- **86% of trans and nonbinary youth** said debates about anti-trans bills negatively affected mental health (Trevor Project, 2023)



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Health Disparities - Healthcare

- TGD people report discrimination from healthcare providers
 - 47% of trans people report a negative experience with a healthcare provider
 - 28% of transgender people avoided seeking necessary medical care
 - 25% were refused gender affirming care
- **1 in 3** TGD people report having to **teach their providers about TGD populations**
- Trans people report worrying about discrimination while interacting with pharmacy
 - Half of respondents in 2019 study of 316 trans and nonbinary patients found pharmacists having "little or no competency" in providing GAC
 - TGD patients may utilize online pharmacies or alternative sources to avoid pharmacy interaction.



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Discrimination in Healthcare

- **Trans Broken Arm Syndrome** - when a transgender person either:
 - has their chief complaint ascribed to their gender identity and/or transition
 - asked invasive/unnecessary questions about their gender identity and transition not related to the visit.
- Examples:
 - A trans woman's arthritis is dismissed as a result of her estrogen, and the doctor refuses to consider other options besides discontinuing HRT
 - A trans man is asked invasive questions about his sexuality while having labs drawn for testosterone levels.



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Dispelling Myths

Myths regarding TGD individuals and Gender Affirming Care

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Dispelling Myths - Why is this important?

- As pharmacy professionals, can provide information for patients and colleagues
- Myths regarding TGD people and GAC are cited as justification for anti-transgender policies.



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Myth #1 - GAC is “Experimental”

- 1910 - Institute for Sexual Science in Berlin
 - gender affirming care provided by Magnus Hirschfeld
 - Institute was destroyed in May 1933 during Nazi book burnings
- 1979 - World Professional Organization of Transgender Health (WPATH)
 - Standards of Care Vol. 1 published
- 1990s - “Dutch protocol” - GnRH agonist, aka “puberty blockers” used for GAC for children and adolescents
 - 2013 - “Gender Affirmative” model of care for children and adolescents
- GAC is recognized as medically necessary and endorsed by over 25 medical organizations including APA, AMA, AAP, and Endocrine Society



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Myth #2 - TGD identity is “rapid onset” and “socially influenced”

- Originally from an August 2018 study by Lisa Littman published in PLoS One
 - Study was of parental observations, not adolescents themselves
 - March 2019 - Correction and apology by PLoS One
- TGD people may wait until it is safe to come out and present as their affirmed gender
- TGD people seek community with one another as resilience against minority stress



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Myth #3 - TGD people pose a threat in public restrooms

- TGD people have used restrooms corresponding with their affirmed gender prior to restroom bills
- Inclusive restrooms do not result in an increase in sexual offenses
- TGD people are more likely to be the victims of violence in restrooms (US Trans Survey, 2015)
 - 24% of respondents were confronted or questioned while using restroom
 - 12% of respondents were verbally harassed, physically attacked, or sexually assaulted when accessing restroom
 - 59% avoided using a public restroom out of fear of harassment
 - 32% reported limiting food and drink intake to avoid using restroom
- Bathroom restrictions also harm gender nonconforming cisgender people.

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Transition
Social, Legal, Medical Transition

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Transition

- May involve:
 - Social transition
 - Legal transition
 - Medical transition
- The ways and extent a person transitions **depends on personal goals**
- **Lack of transition does not invalidate TGD identity**
- Barriers:
 - Cost
 - Lack of affirming care locally
 - Discrimination
 - Anti-transgender legislation

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Social Transition

- Living as one’s affirmed gender identity and expression
- May involve changing:
 - Name
 - Pronouns
 - Gender expression (hair, clothing, voice, presentation)
- Coming out to friends, family, coworkers, and others



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Legal Transition

- Changing one’s identity documents to match the correct name and gender
- 11% of respondents said they had all IDs with correct name and gender (US Trans Survey, 2015)
- Incongruent documents can create:
 - discrepancies which limit opportunities
 - accidental outing
 - 32% of US Trans Survey respondents reported an incongruent document resulted in “verbal harassment, denial of service, asked to leave, or assaulted”
- Barriers:
 - Cost
 - Public Disclosure
 - Legal requirements - court order, proof of surgery, physician letter, etc
 - Legal restrictions



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Gender Affirming Care

Children and Adolescents, Gender Affirming Hormone Therapy (GAHT), Non Pharmacologic, Surgical Care

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Children and Adolescents

- Prior to puberty: **social transition only**
 - Allows child to safely explore gender identity
- After start of puberty: GnRH agonist, aka “puberty blocker”
 - MOA: reduces production of natal estrogen/testosterone
 - Leuprolide
 - Gives patient and care team time to make a decision regarding identity
 - Reduce distress from natal puberty
 - **Reversible**
 - Used in cisgender children for precocious (early) puberty since 1981
- After decision is made, may continue with natal puberty or gender affirming hormone therapy (GAHT)
- Genital gender confirming surgeries not done until 18
 - Gender affirming mastectomy (“top surgery”) done in cases of severe dysphoria in adolescents after consensus with patient and care team



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Estrogen+ (Feminizing) GAHT

- Estradiol: steroid hormone found in the body
- Available as a tablet, patch, IM injection
- Patient may also take medication to block testosterone
 - Spironolactone
 - Leuprolide
- Desired Effects:
 - Body fat redistribution
 - Decreased muscle mass/strength
 - Softening of skin/decreased oiliness
 - Breast growth
 - Decreased libido, sperm production, testicular volume
 - Decreased terminal hair growth
 - Voice - unaffected, requires voice training



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Estrogen+ (Feminizing) GAHT

- Multi-dose vials: good for 28 days after first opening
- Estradiol Injections
 - 18-19g to draw
 - 22-25g to administer
- Increased clot risk: counsel on smoking cessation



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Testosterone (Masculinizing) GAHT

- Steroid hormone found in the body
- Available as injection, gel, implant
- Desired effects:
 - Increased muscle mass
 - Body fat redistribution
 - Facial/body hair growth
 - Deepened voice
 - Cessation of menses
 - Clitoral enlargement
 - Changes in libido/sexual function



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Testosterone (Masculinizing) GAHT

- Multi-dose vials: good for 28 days after puncture
- Testosterone injections:
 - 18-19g needle to draw
 - 22-25g to administer
- Increased clot risk: counsel on smoking cessation
- **Not 100% effective contraceptive**
- **Schedule III federally, Schedule II in NY**
 - Be sensitive when patient presents ID



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Non-Pharmacologic GAC

- Binders - a compression garment to flatten chest profile
- Packer - object placed in the underwear to resemble a penis
- Shapewear - breast forms
- Tucking - creating a smooth crotch profile by moving the testes to the inguinal canal, then pushing the penis and scrotum posteriorly
- Voice coaching - reducing dysphoria by training pitch, volume, etc of voice



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Gender Affirming Surgical Procedures

- Surgical options not always desired/pursued by every TGD person
- Some states require surgery in order to change gender marker
- Masculinizing Procedures:
 - Mastectomy and chest contouring aka "top surgery"
 - Metoidioplasty/phalloplasty aka "bottom surgery"
 - Removal of ovaries, uterus, vagina
- Feminizing Procedures:
 - Orchiectomy, neovagina creation aka "bottom surgery"
 - Breast augmentation
 - Facial feminization surgery
 - Electrolysis hair removal

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Affirming Pharmacy Practice
Patient Interactions, Practice Environment/Systems, and Community Support

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Patient Initial Interactions

- Introduce yourself with name and pronouns
- Example: "Hi, I'm Justin, ze/hir pronouns. How would you like me to refer to you?"
- When a patient's name will be called at the pharmacy: "how would you like me to page for you?"
- Be aware not all individuals may feel safe disclosing

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Patient Interactions - Misgendering

- Briefly apologize, correct yourself, and continue the conversation
- Center the TGD individual
 - Do not over-apologize
 - Correcting you means they feel safe being open and honest
- Example: *"Hello, this is Jay. She- sorry, they will administer your COVID bivalent booster today."*



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Language To Avoid

- *"What is your real name?"*
 - A person's affirmed name is their real name
 - Bringing up past/legal names, sometimes known as "dead names", can be distressful and dysphoric
- *"You don't look transgender!"*
 - Implies that you can determine if a person is TGD by appearance
- *"Have you had hormones/surgery?"*
 - Would you feel comfortable if you were asked this?
 - A person's TGD identity does not mean they are entitled to share medical history



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Language To Avoid

- *"Biologically male/female"*
 - Reduces a person's identity to their reproductive anatomy
- *"Transgendered" and "A transgender"*
 - Person centered first language such as "transgender man/woman/person" should be used
- *"Passing"*
 - A term that should be reserved for discussion within TGD communities
- *"Transsexual"*
 - Outdated term for those seeking medical transition to alleviate dysphoria. Some individuals identify as transsexual as a reclaimed ID, should be avoided otherwise.
- *"Hermaphrodite"*
 - Outdated and inaccurate term that was used to refer to intersex individuals
- *"Transgenderism" and "Gender Ideology"*
 - Has been used recently to stigmatize TGD communities in conjunction with calls for violence



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Affirming Environment - Patients

- Pronouns on staff name tags/badges
- Visible signage
 - Transgender pride flags
 - Promotional materials featuring TGD people
 - Educational materials about TGD health
- Gender neutral over-the-counter (OTC) product labeling
 - example: "period products" or "menstrual care" instead of "feminine care".
- Inclusive restrooms
 - Gender-neutral restrooms
 - Signage encouraging customers to be respectful and that harassment will not be tolerated.



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Affirming Environment - Professionals

- Policies and Procedures
 - explicit inclusion of TGD people in anti-discrimination policies
 - gender neutral language
- Sensitivity training
- Affirmed name in employee records
- Benefits
 - GAC coverage on health insurance
 - Benefits to partners
- TGD individuals in leadership and project development
- TGD-inclusive employee services
 - name and gender change paperwork assistance
 - relocation assistance for those leaving states where GAC is banned



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Affirming Pharmacy Systems

- Consult TGD people when designing/updating pharmacy software
- Only ask what is necessary for providing care
- "Two-Step" method of data collection
 - Separate boxes for sex assigned at birth and gender identity
 - Gender and pronouns should allow patient to choose all that apply
 - Open text field
 - "Transgender man/woman" should **NOT** be separate from "man/woman"
 - Organ inventory, past medical history



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Supporting TGD Communities

- Trust from TGD patients relies on establishing a connection
- Contribute to mutual aid funds
- Collaborate with local TGD communities
- Provide free/reduced cost medical services
 - Vaccination clinics
 - GAHT education
 - Clothing exchange/providing gender affirming supplies



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Summary

- Every TGD person's identity and needs are different
- Allyship is ongoing
- Uplift, not speak over, TGD voices
- Be aware of intersectionality
- Be in open collaboration with TGD communities



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Resources

Resources for pharmacy professionals

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Resources

- **WPATH Standards of Care Vol. 8**
 - by World Professional Association of Transgender Health
 - Guidelines for providing GAC
 - Updated September 2022
- **Endocrine Society**
 - GAHT dosing, adverse effects, and monitoring
 - by Endocrine Society
 - Updated September 2017
- **UCSF Transgender Guidelines**
 - Guidelines for GAC, providing primary care for TGD patients, and providing additional support services
 - By University of California, San Francisco
 - Updated June 2016



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Resources

- **Transgender Pharmacy Resource Guide**
 - Human Rights Campaign and APhA
 - March 2021
 - Includes solutions for triaging pharmacy issues
- **National LGBTQIA+ Health Education Center**
 - Fenway Institute
- **The Trevor Project**
 - Resources for TGD children and adolescents and allies
- **National Center for Transgender Equality**
 - Comprehensive resource for TGD issues
 - State by state resources on legal document changes
 - Resources on rights as a TGD person



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