Providing HIV Care for Transgender Patients: Tips for Medical Service Providers

Medical service providers need to understand and be able to respond to the health care needs and challenges of transgender patients more completely. Transgender persons are more likely to engage in medical care with organizations that provide services in a non-judgmental, respectful, and inclusive manner. By providing a safe and welcoming atmosphere, transgender patients will more likely engage in services to prevent and treat HIV infection.

Some gender-variant people do not identify with the terms transgender or transsexual; providers should not assume that all gender-variant people have the same attitudes, behaviors, beliefs, experience, or understanding of their experiences. The terms gender non-conforming or trans are sometimes used to describe individuals who fall into the broad categories of those who identify as a gender that does not match the sex and gender they were assigned at birth.

Consider these steps your agency can take to create a more welcoming atmosphere for transgender or gender-variant persons and improve their care:

Prepare Your Organization for Working with Transgender Patients

Make your office and patient intake process inclusive and welcoming for transgender patients
• Train all staff to have a basic understanding of trans populations.

• Develop a non-discrimination policy statement for transgender persons at your agency. Post the statement in your waiting area and include it in your publications.
• Have transgender-specific educational materials in your waiting area.
• Make your rest rooms unisex or gender-neutral. Transgender patients may not feel comfortable choosing either a men's bathroom or a women's bathroom.
• Display posters or visuals that welcome transgender patients.

Conduct Patient Intake and Medical History

How should we define the term transgender?
Transgender is an umbrella term to describe those who have a gender identity and sense of self that does not match what they were assigned at birth. They also may be someone who dresses like the opposite gender (cross-dressing). They may take hormones or other treatments or have surgery to change their bodies.

Persons who change their bodies through hormone treatment or surgery to become more like the opposite sex are sometimes called transsexuals. This process may be referred to as transitioning.

Biological females who transition to male physical features (Female-to-Male, or F-t-M) are called transgender or transsexual men. Biological males who transition to female physical features (Male-to-Female, or M-t-F) are called transgender or transsexual women.

Don’t make assumptions about the patient’s gender identity, beliefs, or sexual orientation. Sexual behavior does not necessarily reflect the person’s gender identity.
Learn the terminology that transgender patients use to refer to themselves
• Try to avoid making assumptions about the patient's gender identity, beliefs, or sexual orientation. Sexual orientation is not the same as gender identity. It is crucial to learn the terms that transgender patients use to refer to themselves.
• Ask the patient if they have a preferred name and pronoun. If you are not sure, don't assume. Try not to use any pronoun until you have asked. Some patients may prefer "they" or "them" as their pronoun. Generally, it is acceptable to use "he" to refer to a Female-to-Male (F-t-M) person and "she" to refer to a Male-to-Female (M-t-F) person.
• If you are uncertain what term to use, ask the patient: "What word would you like me to use?" Or simply use the patient's first or last name.
• Review your agency's intake forms to ensure that the language is appropriate for transgender patients; e.g., have appropriate choices, or even fill in the blank, for their identified gender and preferred name and pronoun.

Ask the patient if they have a preferred name and pronoun. If you are not sure, don't assume.

• Try "role-playing" with other staff members to practice interacting with transgender patients.

What Types of Health Problems/Concerns Commonly Affect Transgender Persons?

For transgender men (F-t-M):
A gynecological exam may be psychologically and physically difficult for a transgender man. Thus it should not be a requirement prior to hormone therapy. It should instead be discussed and recommended based on current medical guidelines and risk assessment. Many have not had full hysterectomies, but those who have had a hysterectomy may still have a cervix.

• Trans men with a cervix need routine cervical cancer screening, just like anyone with a cervix, according to most treatment guidelines.
• Stigma and discrimination they have experienced for years may cause them to engage in risk behaviors. It is important to assess for depression, tobacco use, and alcohol and drug use.
• F-t-Ms may have sex with men, women, or other transgender persons. Sexual health assessment should include what type of sex they have and with whom. Trans men on testosterone can still ovulate, which makes pregnancy prevention an important concern if it applies to them. They may also identify as gay.
• Patients who are receiving testosterone therapy may experience testosterone-related atrophy of the cervix, which can appear to be cervical dysplasia (cancer).
• Trans men who have had chest reconstruction (removal of breast tissue) are still at risk for breast cancer and should have routine clinic breast exams and a thorough family history.
• Binding of breasts can cause musculoskeletal problems and skin breakdown.

For transgender women (M-t-F):
• Conduct a prostate exam, as recommended by best practices. Many M-t-F patients still have male genitalia. PSA screening is often inaccurate in M-t-F patients who are taking estrogen, so a digital rectal exam or bimanual exam is recommended depending on surgical status.
• Conduct a breast exam and/or mammogram based on current guidelines and risk if there is breast tissue or if the patient has taken feminizing hormones.
• M-t-Fs may have sex with men, women, or other transgender persons. Sexual health assessment should include what type of sex the patient has and with whom. Men who have sex with M-t-Fs may increase HIV transmission risk to them.
because they may have multiple partners and engage in unprotected sex.

• In some studies, a high percentage of M-t-Fs engaged in unprotected receptive anal intercourse, had multiple casual sex partners, and engaged in sex work as a means of survival.

• Erectile dysfunction may occur due to increased levels of circulating estrogen.

• Genital tucking can cause skin breakdown, urinary tract infections, or other complications.

Be sensitive throughout the intake process

• If the patient is uncomfortable having a full physical exam and there is no medical urgency, postpone the exam until the patient is ready.

For more detailed steps on how to treat HIV infection in transgender patients, consult the NYSDOH HIV Clinical Guidelines:

www.hivguidelines.org/clinical-guidelines/transgender/care-of-the-hiv-infected-transgender-patient

Cross-Sex Hormone Therapy

Cross-sex hormone therapy for HIV-positive patients

The goal of hormone therapy is to help the patient affirm their gender by creating secondary sex characteristics that better align with their sense of self. Therapy may include hormone therapy by itself or hormone therapy plus surgical interventions, such as breast implants or complete gender reassignment surgery. Each of these procedures needs to be monitored carefully. Cross-gender therapy can give medical providers the opportunity to educate transgender patients, reduce health risks, and facilitate patient retention in health care. More importantly, it reduces the serious effects of gender dysphoria, which can lead to depression, anxiety, self-harm, and long-term morbidity and mortality for a transgender person who feels uncomfortable in a body that does not match their gender identity.

For more detailed steps on hormone therapy in transgender patients, consult the NYSDOH HIV Clinical Guidelines:

www.hivguidelines.org/clinical-guidelines/transgender/care-of-the-hiv-infected-transgender-patient

Explain to the patient that the risks of hormone therapy vary greatly, depending on their personal and family history. Therefore, it is best to take hormones prescribed by a knowledgeable health care provider. Some of these risks may include:

• Cardiovascular disease and diabetes.
• Certain types of cancer, including breast, ovarian, and uterine cancers.
• Hepatic problems due to changes in liver metabolism caused by elevated liver enzymes.
• Osteoporosis.

Silicone use
There are no clinical guidelines for administering silicone injections as gender-affirming treatment. However, transgender patients can potentially harm themselves by self-injecting. Silicone can congeal over time and disfigure the patient.

Creating a welcoming environment of respect and openness can go a long way toward preventing or successfully treating HIV infection among transgender persons.

Hormone Therapy and HIV Medications
For patients who are already taking antiretroviral medications and beginning hormone therapy:
• Refer the patient to a medical provider who has experience prescribing both hormone therapy and antiretroviral therapy (ART) or prescribe the hormones yourself with guidance from a more experienced provider.
• ART is the same for all transgender patients, regardless of gender identity. However, if the patient is taking high-dose estrogen, avoid using the drug fosamprenavir because estrogen may affect the level of fosamprenavir in the blood stream.
• Concurrent use of protease inhibitors and estrogen decreases circulating estrogen levels and may require higher doses of estrogen to achieve desired effects. If the protease inhibitor is stopped and estrogen dose is not adjusted, excess serum estrogen levels can occur.

Using illegal hormones
Ask your patient whether he or she uses hormones without a prescription; if so, ask them to specify the types of hormones. You may be able to help the patient transition from using illicit hormones to using prescription hormones. Advise the patient:
• Needle-sharing of any kind increases the risk of HIV and hepatitis transmission.
• You risk infection if you inject with unsterilized equipment.
• Inconsistent hormone dosing can cause mood swings and depression, liver damage, and blood clotting problems.

Breast injections can also interfere with the clarity of mammograms. Needle-sharing for silicone injection carries the risk of transmitting blood-borne pathogens such as HIV and hepatitis C. There have also been clinical reports of necrosis and sepsis among patients who injected free silicone (often a combination of military grade glues and other toxic substances).

Sexual Risk Assessment
• Focus on sexual behaviors rather than the patient's sexual orientation.
• Use terminology the patient will likely understand and be comfortable with. Ask the patient how they would like you to refer to their body parts (i.e., they may prefer "front hole" for vagina or prefer not to talk at all about certain body parts they do not identify with).
• Avoid using the words gay or homosexual to inquire about sexual risk.
• Ask about what types of sex the patient engages in and what body parts come into contact with another person's body parts.
• Does the patient use safer sex practices, such as condoms or dental dams?

Harm Reduction/Risk Reduction Assessment
• Assess for intravenous (IV) drug use. If the patient is injecting drugs, offer to refer him or her for counseling and treatment.
• Stress the need to use clean injection equipment to prevent the spread of HIV and hepatitis C.
• Tell the patient about the Expanded Syringe Access Program (ESAP) and any nearby needle/syringe exchange programs.

Mental Health, Substance Abuse, Homelessness
Transgender persons are more prone to mental health and substance abuse problems than the general population. These factors are often related to previous or concurrent trauma, abuse, discrimination, and homelessness, especially among adolescents and young adults.
• Any mental health or substance abuse problems discussed in the baseline interview should be referred for treatment. Re-evaluate the patient's progress at least quarterly.
• Try to refer patients to service providers who are experienced working with transgender patients.
• Try to refer youth to programs that are youth-friendly.
• Help stabilize the patient's living/housing situation to improve the patient's overall health and to increase the likelihood of adhering to a treatment plan.

Case Management and Long-Term Stability
HIV-positive transgender patients may need referrals to legal assistance or assistance with identity documentation that has their appropriate gender. They may have personal documents that refer to them by different names or genders; work with them on these discrepancies in a sensitive, non-judgmental manner. They may also need help following up on their medical appointments and adhering to a treatment regimen.
• Provide patients with letters that state their affirmed gender and preferred name. Include information that states they have undergone medical interventions to transition their gender permanently. Patients can use these letters to change their state benefits card, state ID card, and U.S. passport, among other documents.
• Provide case management services or refer the patient to a case manager who has experience working with transgender patients.
• Work with the patient and caseworker to develop a transition plan that supports the patient's wishes in a healthy and medically responsible manner.
• Keep track of any changes in the housing, support system, or other circumstances of patients in unstable living situations.

Conclusion
Creating a welcoming environment of respect and openness can go a long way toward preventing or successfully treating HIV infection among transgender persons. With appropriate support, most providers can serve the health care needs of transgender persons. If needed, seek help from an experienced provider to acquire the skills you need. Once your agency becomes known as an organization where transgender patients are welcome and well-served, you can expand your client base and positively influence other organizations to better accommodate them.

Glossary

Gender expression: The means by which individuals communicate their internal sense of gender to others, through dress, speech, or behavior.

Gender identity: A person's internal sense of being male, female, neither male nor female, or both male and female.

Gender variant/Gender non-conforming: A person who does not identify as being either male or female; who may identify as being a combination of male or female; who may identify as being male sometimes and female at other times; or who may identify as some other gender.

Gender role: Societal expectations of the feelings and behaviors that are defined as being appropriate for the male or female gender.

Transgender or Trans: An umbrella term for people whose gender identity extends beyond birth-assigned sex, behavior, or appearance.
The term may include, but is not limited to, people who identify as male-to-female (M-t-F) or female-to-male (F-t-M), cross-dressers, androgynous, and bi-gender individuals.

Transman/Transmale: A person who is assigned female gender at birth but who gender-identifies as a man.

Transwoman/Transfemale: An individual who is assigned male gender at birth but who gender-identifies as a woman.

Resources
For more detailed steps on how to treat HIV infection in transgender patients, consult the New York State Department of Health AIDS Institute's HIV Treatment Guidelines: www.hivguidelines.org/clinical-guidelines/transgender/care-of-the-hiv-infected-transgender-patient

University of California San Francisco (UCSF) Center of Excellence for Transgender Health www.transhealth.ucsf.edu

UCSF Center of Excellence for Transgender Health, Primary Care Protocol for Transgender Patient Care www.transhealth.ucsf.edu/trans?page=protocol-00-00

Transgender Law Center
San Francisco, CA
www.transgenderlawcenter.org

U.S. Centers for Disease Control
www.cdc.gov/hiv/transgender/index.htm

King County and Seattle Public Health
www.kingcounty.gov/healthservices/health/personal/glbtp.aspx

Healthcare Equality Index
www.hrc.org/hei

Legal Action Center of New York City
www.lac.org

The Lesbian, Gay, Bisexual, and Transgender Community Center (NYC)
www.gaycenter.org

New York State Syringe Exchange Programs and Expanded Syringe Access Program (ESAP)
www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes/index.htm