

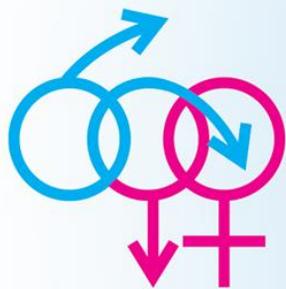
WPATH 2018

Buenos Aires
Argentina

Dr Fiona Bisshop
Holdsworth House
Medical Practice
Vice President, SHSQ
Exec member AusPATH



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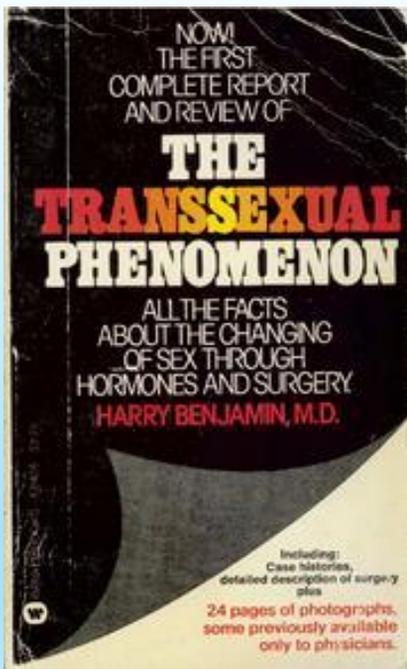
WPATH WORLD PROFESSIONAL
ASSOCIATION for
TRANSGENDER HEALTH

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1978
 Harry
 Benjamin
 International
 Gender
 Dysphoria
 Association

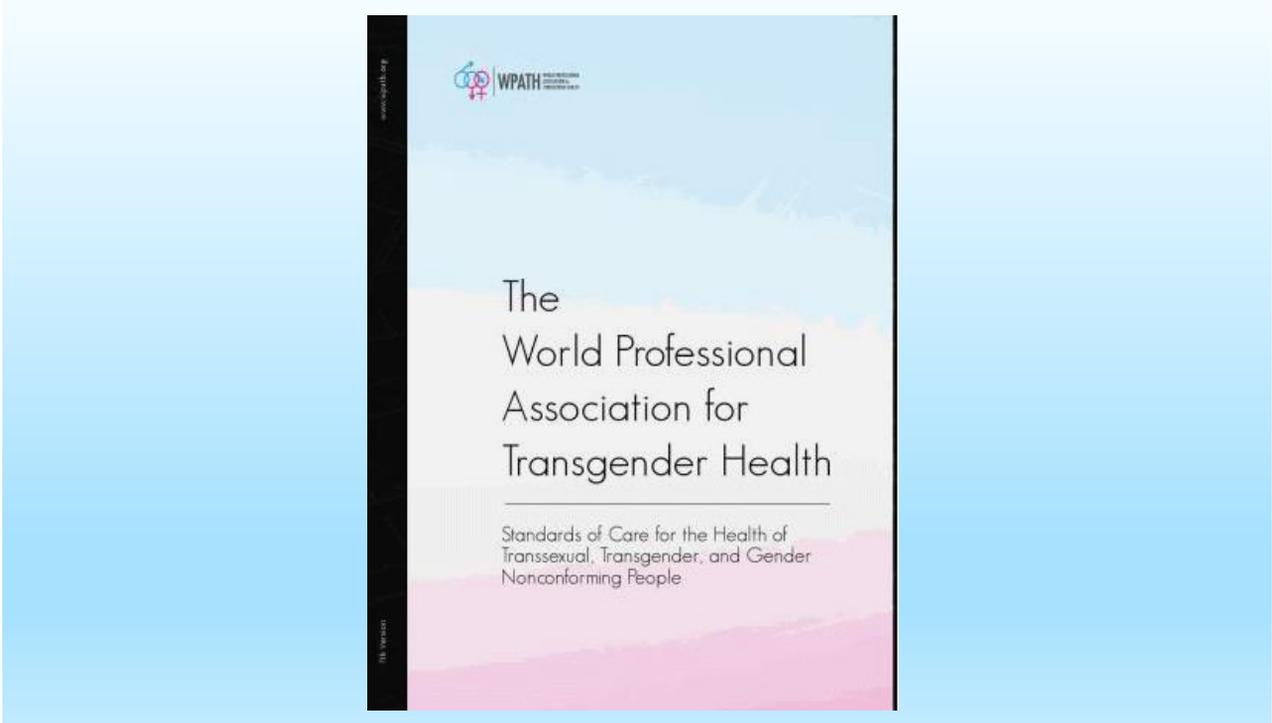


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"...our emotions are the very essence of life, and they are indeed the source of all that makes life worth living...."

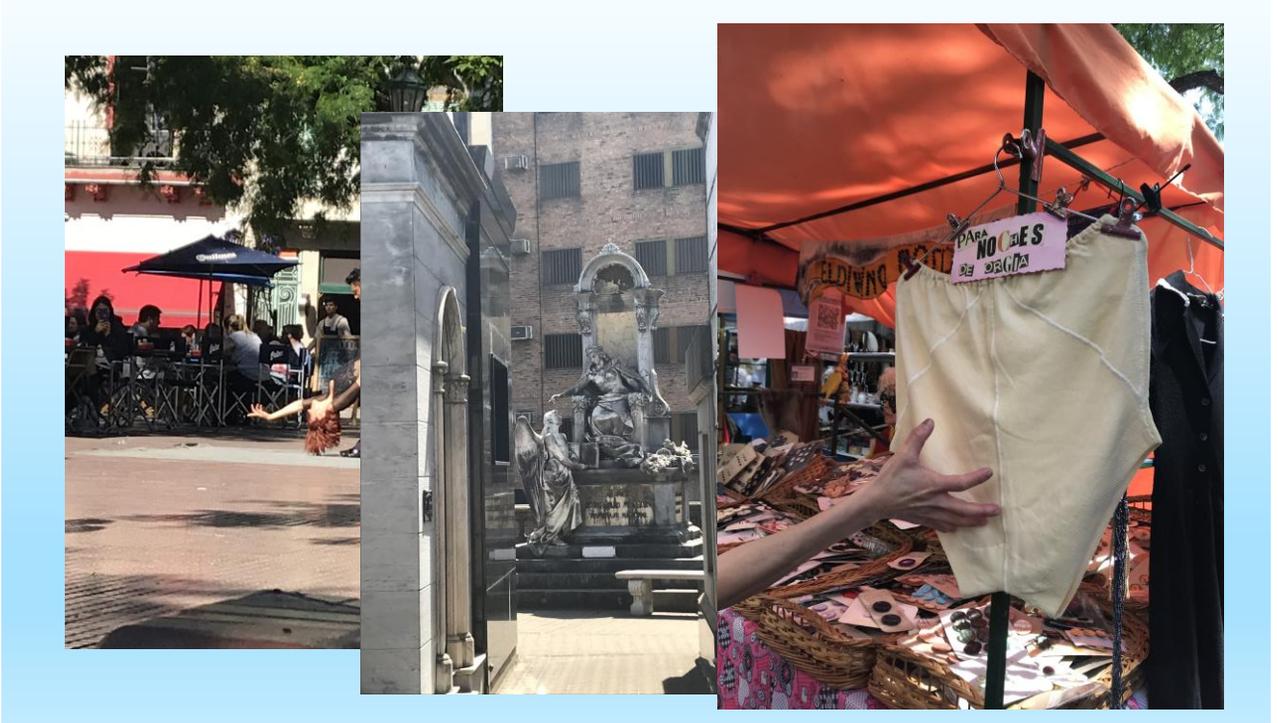
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Transgender Rights in Argentina

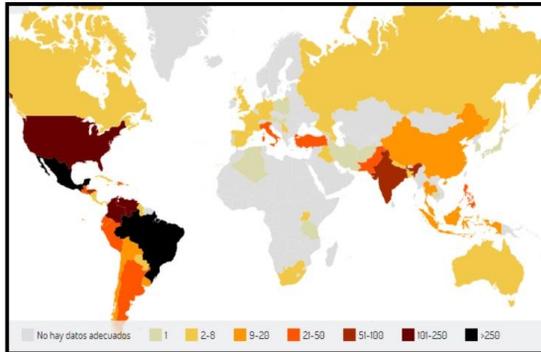
- Have been lauded as some of the world's most progressive
- 2012 Gender Identity Law passed
- Transgender hate crime laws

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Life expectancy

- Estimated life expectancy:
- Between 35 and 40 years old
- Health problems and violent deaths

World Trans Hate Crime Map



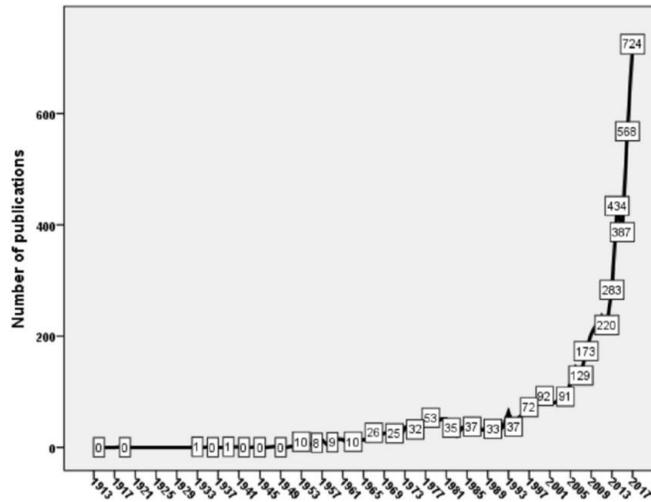
Trans murder map
16 trans murdered in 2016
Highly underreported



FUNDACIÓN HUÉSPED
PREVENCIÓN. CIENCIA. DERECHOS.

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Global research in TG



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Sweilch BMC International Health and Human Rights (2018) 18:16



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MEDICAL RISKS OF HRT

MORTALITY

- 20 yr retrospective cohort analysis from VUMC, Amsterdam
- Showed increased mortality in trans women
- Accounted for by suicide and AIDS

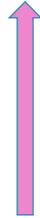
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MEDICAL RISKS OF HRT

CARDIOVASCULAR

Only clear signal was 2-4 fold increase in VTE

Increasing risk



ethinyl oestradiol
oral oestradiol valerate + progesterone
oral oestradiol valerate

No risk from transdermal oestrogen

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BONE DENSITY

Cohort data – 7000 people over 40 yr

- Only ↑ risk of fracture was in older trans women who smoked

Study of 1st 10 yr on HRT

- No mean change in BMD from baseline
 - BMD slightly lower in trans women on lower dose E
 - BMD slightly higher in older trans men
 - 14% of trans women had osteoporosis prior to commencing HRT!
- Consider baseline bone density in older trans women who smoke

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BREAST CANCER

Lifetime background incidence – cis women 1/8
- cis men 1/1000

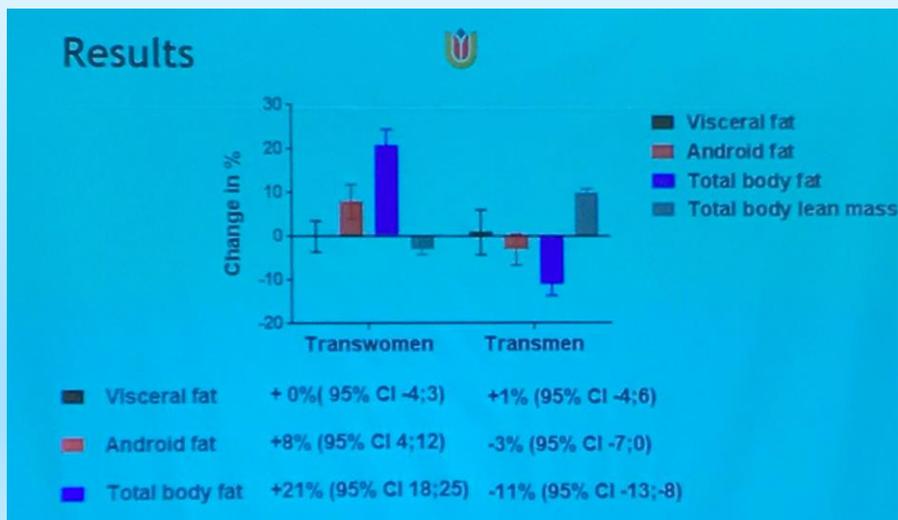
Most is E-receptor positive

Trans women develop a slight increase in risk compared with cis men, and are diagnosed at a younger age, but no evidence for increased screening cf. cis women

Risk drops for trans men

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BODY FAT



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LIPIDS

After 12 mth on HRT:

Trans women

- Slight drop in lipids
- Slight increase in insulin resistance

Trans men

- Slight increase in LDL/TG
- Slight decrease in insulin resistance

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HRT FOR NON BINARY PEOPLE



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HRT FOR NON BINARY PEOPLE



- No current literature on HRT for NB
- No long term data on outcomes
- Impossible to guarantee preferred changes eg - no breast growth
- no facial hair
- Beware low BMD if working with low doses of hormones for extended periods

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HRT FOR NON BINARY PEOPLE AMAB

Using GnRH analogues to suppress testosterone w/o E
(if breast growth not desired)

- up to 18 mth has no impact on BMD
- after 18 mth BMD will begin to decline
- will result in far less gynaecomastia than either cyproterone (20%) or spironolactone (50%)

Bicalutamide (blocks androgen receptor) is cheaper, but may still cause breast growth, and rare liver dysfunction

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HRT FOR NON BINARY PEOPLE AMAB

Clinical approach to partial feminization

- low dose oestrogen alone will not suppress testicular function – androgen suppression is needed in order to change significantly from the male phenotype
- breast development is possible at all oestrogen doses
- muscle mass drops once $T < 10$ nmol/l
- sexual dysfunction once $T < 5$ nmol/l
- body hair reduction at $T < 3$ nmol/l

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HRT FOR NON BINARY PEOPLE AMAB

Clinical approach to partial feminization

- Sexual function may be preserved with the aid of PDE5 inhibitors (Viagra)
- Careful consideration of choice of anti-androgen to avoid unwanted excess feminization

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HRT FOR NON BINARY PEOPLE AFAB

Clinical approach to partial masculinization

- reliable pattern of changes after starting T
 - voice drops first, then facial hair develops
 - can stop androgen therapy at the desired stage of change, or switch to low dose

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HRT FOR NON BINARY PEOPLE AFAB

Clinical approach to partial masculinization

If T is stopped:

- body hair patterns will regress to female distribution, but not facial hair
- Body fat and muscular strength regress to female pattern
- clitoral growth will not regress
- menstruation will return

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HRT FOR NON BINARY PEOPLE AFAB

Clinical approach to partial masculinization

Low Dose T

- Can be useful if desire genital growth, lower voice and minor increase in body hair
- Relies on achieving hormone levels at a particular pubertal stage
- May be difficult to achieve
- beware BMD drop if using low dose T, could potentially use raloxifene for bone protection

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HOT TOPICS IN GENDER MEDICINE!



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PERIOPERATIVE ISSUES FOR TRANS MEN

- Atrophic vaginal tissue is more susceptible to trauma, bacterial vaginosis, and perhaps cystitis
- Vaginal cuff (the top part of the vagina that is stitched closed during hysterectomy) may take longer to heal in the low oestrogen state
- Use of oestrogen cream post-operatively for hysterectomy can decrease bleeding and improve healing times

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PERIOPERATIVE ISSUES FOR TRANS MEN

PELVIC PAIN IS COMMON

- Pelvic pain due to pelvic floor muscle spasm can be made worse by hysterectomy
- Post-orgasm pain is common, multifactorial, and very little published literature exists
- Pelvic pain can be related to dips in testosterone level

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PERIOPERATIVE ISSUES FOR TRANS MEN

OVARIAN CONSERVATION

- In the US there is concern about trans men losing access to testosterone in the future → so conserving ovaries may be important for maintenance of bone health if cannot access T
- Conservation for later egg harvest, consider salpingectomy (as most ovarian cancers start in the tubes)

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THE NEOVAGINA



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THE NEOVAGINA

DISCHARGE

- No lactobacilli in neovagina
- Coliform bacteria may represent colonization not infection (especially if having anal and vaginal sex), and may not require treatment
- Gardnerella/BV is common and may not need Rx if symptom-free
- Topical E can be helpful

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THE NEOVAGINA

BLEEDING

- Examine – anoscope may be easier to use than duck-bill spec
- Granulation tissue post-op – cautery using Ag nitrate stick
- Remember STIs including Herpes and HPV

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CHEST DYSPHORIA SCALE

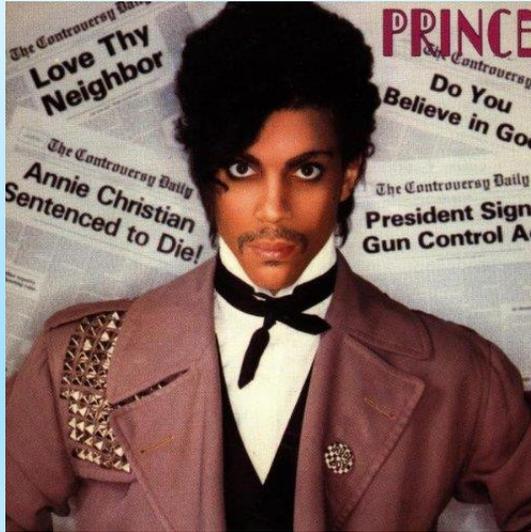
Published in JAMA Paeds – Johanna Olson-Kennedy

It measures dysphoria in 4 domains:

- **Recreational:** I avoid swimming in public or going to the beach because of my chest
- **Social:** Dating and intimacy is difficult due to my chest
- **Physical:** I avoid going to the doctor due to my chest
- **Emotional:** I feel like my life hasn't started yet because of my chest

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CONTROVERSY



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STOPPING OESTROGEN PRE-SURGERY

- currently surgeons routinely ask trans women to stop oestrogen 4 to 6 weeks prior to their gender affirmation surgery
- there is absolutely no evidence base for this
- stopping E for such a long time is problematic and may lead to harm
- some women resume it after a while because they feel so bad without it
- some women take up smoking again to help them cope, which is probably worse for postoperative outcomes!

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ANZPATH
Australian and New Zealand Professional Association for Transgender Health

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What we do
ANZPATH actively promotes communication and collaboration amongst professionals involved in the health, rights and well-being of people who experience difference in sexual formation and/or gender expression.

Membership
Join ANZPATH today

Upcoming Event
ANZPATH Biennial Conference 2019
When: October 2019
Where: WESTERN AUSTRALIA
[View this event](#)

ANZPATH → AusPATH

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The Royal Children's Hospital Melbourne

Australian Standards of Care and Treatment Guidelines
For trans and gender diverse children and adolescents

Version 1.1

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AusPATH Conference 2019

24th - 26th October Fremantle, Perth



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THANK YOU!



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