



Gender-affirming care for trans and non-binary youth: Lessons for Canadian medical education from Trans Youth CAN!

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Disclosures

- None



Background

- Education and training in trans and gender diverse youth health exists in Canadian medical schools and residency training, BUT...
 - Not standardized
 - Not comprehensive
 - Trans youth have health care needs beyond gender
- Need to train physicians on competent and inclusive gender-affirming care



Background

- Trans and Gender Diverse (TGD) youth say they experience:
 - Being referred to multiple providers who lack competence in gender affirming care
 - Difficulty with access to clinician who is inclusive and respectful
 - Lack of appropriate reproductive counselling, STI screening
 - Difficulty accessing non-gender related mental health counselling



Background

- Medical trainees, residents, & clinicians say:
 - Limited experience and training in TGD healthcare
 - Limited faculty with TGD proficiency
- > 90% of Canadian medical students feel ill-prepared to address TGD healthcare

Chan B et al. *Transgender Health*, 2016; 1: 142-150.



Trans Youth CAN! Cohort Study

Sample

- 174 youth aged puberty to 15 years
- Referred to one of 10 gender clinics for blockers or hormones
 - **‘gender clinic’**=medical clinics providing gender-affirming medical care (e.g., puberty suppression/hormones)
 - Youth recruited at 1st medical appointment at clinic
- 160 matched parents/caregivers



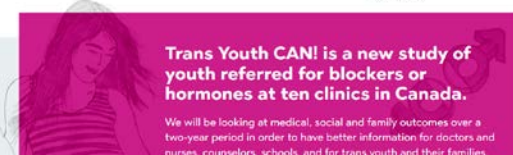
Data on social, family, and medical outcomes.

Data (2 years of follow-up)

- Interviewer-administered youth questionnaires
- Self-completed parent/caregiver questionnaires
- Clinical records
- Online symptoms checklists

Follow our progress and get results here!

www.transyouthcan.ca



Youth's Age & Gender

	Total (n=174)
Age	
10–13 years	31.0%
14–15 years	69.0%
Gender	
Male/primarily a boy	75.8%
Female/primarily a girl	15.9%
Non-binary or another gender*	8.3%

*Proportion non-binary not significantly different between transmasculine & transfeminine youth

Other words youth use to describe their gender:

Garçon féminin
 Non-binary boy
 Androgynous
 Demiboy
 Cis but questioning
 Flamboyant
 Genderfluid
 Neither gender
 Genderqueer
 In the middle of male and female



Youth's Health History

	Total (n=174) %	Transfeminine (n=37) %	Transmasculine (n=137) %
Diagnoses			
Anxiety	40.2	25.9	43.5
Depression	32.0	19.4	34.9
ADHD*	23.3	38.7	19.8

	Total (n=174) %	Transfeminine (n=37) %	Transmasculine (n=137) %
Self-harm			
Ever	67.6	61.5	69.0
Past year*	57.2	40.1	61.2
Suicidality			
Ideation, ever	58.1	58.8	58.0
Attempt, ever	36.0	30.8	37.3
Ideation, past year	34.5	35.1	34.4
Attempt, past year	16.8	12.4	17.9

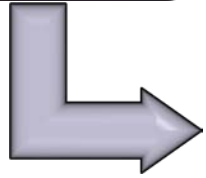
**Significant difference found between transmasculine & transfeminine*



Key gender milestones (average age in years)

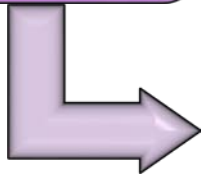
9.9

- Realized gender was different from what others called them



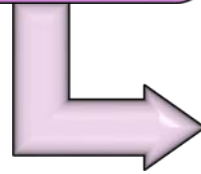
12.3

- Starting living in their gender



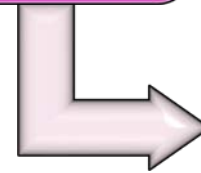
12.6

- First spoke to someone outside the family about their gender



13.7

- Referred to gender clinic



14.3

- First medical appointment at gender clinic



Providers seen before gender clinic

- Youth met with several types of providers before clinic regarding their gender
 - Family doctor: 68.5%
 - Psychologist: 41.3%
 - Paediatrician: 28.8%
 - *41.0% of youth also saw non-clinical community stakeholders (school counsellors, community groups, religious leader, Indigenous elder) regarding their gender*
- The **FIRST** health care provider youth saw to discuss hormones/referral for hormones
 - Family doctor or paediatrician: 58.9%
- Referrals to gender clinic
 - Family doctor or paediatrician: 68.8%
- On average youth saw **2.7** different types of providers, with some up to 8



Time spent seeking care

On average, youth said they spent...



seeking hormone treatment

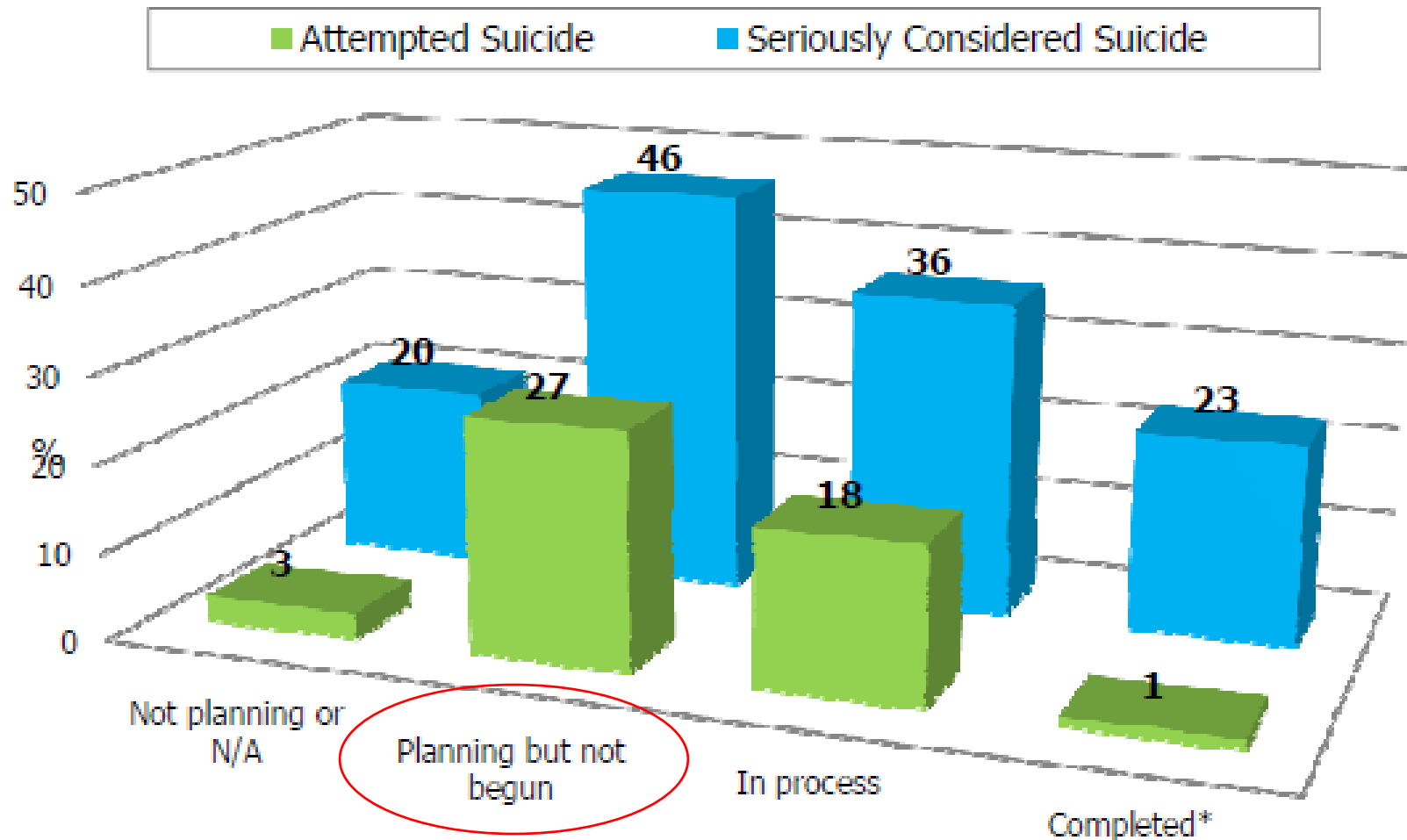
On average, youth are waiting...



from referral to their first appointment at gender clinic to discuss blockers/hormones

Suicide Risk and Medical Transition Status

Medical Transition Status and Past-year Suicidality



*Completing a medical transition was self-defined, and involved different combinations of hormones and/or surgery for different people

Receiving care

- 62.4% of youth received a prescription at their first medical appointment at gender clinic (*no difference by gender group*)

Medications prescribed	Transfeminine (n=27) %	Transmasculine (n=137) %
Leuprolide acetate	53.0	45.2
Testosterone	--	11.7
Leuprolide acetate + testosterone	--	1.7
Leuprolide acetate + estrogen	6.6	--
Spironolactone	9.5	--
Continuous oral contraceptives	--	1.0
Medroxyprogesterone acetate	--	1.3



Conclusions

- Majority of youth are seeing a family doctor or paediatrician before gender clinic
 - AND are referred to clinic by family doctor or paediatrician
- Spend a long time trying to get care/referral to clinic, and then long wait times for appointment once referred to gender clinics
- Common prescriptions provided in gender clinics include depot Leuprolide, oral contraceptives, medroxyprogesterone
- TGD youth have additional health needs including need to assess general mental health, and gender-specific needs



Conclusions: Importance of Primary Care Providers

- They can play a key role in easing the distress of gender dysphoria
 - Support positive mental and physical health for this vulnerable group of youth
 - Ensure links to local community resources for support – e.g., parent support groups, youth support groups, access to binders/packers etc, process for gender-affirming hormones/surgeries
 - Support for parent/caregivers and address their concerns
 - Support in the school - e.g., name/pronouns, bathrooms
- Hormones?
 - Contraception for menstrual suppression: YES! They already do this for all kinds of reasons
 - Lupron: POSSIBLE! They need to be empowered through training to provide this care



Conclusions

- TWO key recommendations for medical education:
 1. Systematic integration of gender affirming care across education (family practice, paediatrics, endo, OB/GYN, etc.), not just “trans health” modules
 2. Trans curriculum should include non-gender related health concerns



Conclusions

- There is an opportunity to push for change in medical education right now
 - Movement in medical education to bring in antiracism as a professional competence
 - ***“Not neutral: Reimagining antiracism as a professional competence”*** Sharda, Dhara, & Alam - CMAJ Jan. 2021 commentary
 - Build on this momentum to think about **anti-oppression as professional competence** (e.g., gender, race, disability, SES, etc.)



Conclusions

- You **will** have gender diverse patients in your practices
- How to be gender-affirming and respectful of gender diverse patients: e.g., name and pronouns
- Ongoing mentorship and training, links with community organizations (asset based community approach)



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19 youth who provided
feedback on survey items
(English and French groups)

9 parents/caregivers who
provided feedback on survey
items (English and French
groups)

6 youth and 7 parents in our
Community Consultation
Committees

Our youth participants

Our parent/caregiver
participants

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