PROVIDING CARE TO THE HIV-POSITIVE TRANSGENDER PATIENT

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Providing Care to the HIV-Positive Transgender Patient

[Intro music]

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Hello, I'm Zil Goldstein, a family nurse practitioner with Beth Israel Medical Group at West 14th Street in New York City and I'm a transgender woman. Thank you for viewing this video from the New York State Clinical Education Initiative on providing care to the HIV-positive transgender patient.

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The information presented here is based on the AIDS Institute guidelines updated as of January, 2012.

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We will begin by defining the term transgender and describing some healthcare disparities faced by transgender individuals. We will then review New York State’s recommendations for medical providers on providing care to transgender patients with HIV and offer a list of resources to put these recommendations into practice.

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The word "transgender" is an umbrella term describing a diverse array of people who feel that the sex they were assigned at birth does not match the gender with which they identify. For example, a person who was born male may identify as female.

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This is commonly referred to as a transgender woman. Likewise, a person who was born female and identifies as male is referred to as a transgender man. Other identities include but are not limited to androgynous, bi-gender, multi-gender and gender-queer.

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For more information on these identities, please refer to the PDF accompanying this video titled "Transgender-Related Terminology." Some transgender people may use hormone therapy or have surgery to change their appearance to match their gender identity.

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Gender identity is a person's internal sense of being female, male, or some other gender. It is important to note that gender identity does not always match gender expression or the means by which an individual communicates their gender identity to others. Likewise, sexual orientation, which is related to sexual attraction, is distinct from gender identity. As such, we should avoid making assumptions about an individual's sex or sexual orientation based on their gender identity.
Transgender people face a number of disparities in health outcomes due primarily to discrimination, stigma, violence, and subsequent engagement in risk behaviors.

For example, transgender women in the United States experience an average HIV sero prevalence rate of 27.7 percent, much higher than found in the general population. The sero prevalence rate among African-American transgender women is double that at 56.3 percent. Rates appear to be low among transgender men but little research has been conducted to confirm these lower rates.

The experiences of discrimination and stigma that contribute to higher rates of HIV among transgender individuals have also fostered a distrust of healthcare providers. In order to overcome this distrust, it is critical for us as medical providers to be sensitive to the needs of transgender individuals.

In order to ensure that HIV-positive, transgender individuals receive quality, culturally competent health care, the New York State AIDS Institute offers a number of recommendations in the clinical guidelines titled "Care of the HIV-infected Transgender Patient," available as a PDF accompanying in this video. Let's review some of the key recommendations presented in these guidelines.

Establishing a clinical relationship based on mutual trust and respect is critical to providing care to all patients, but especially when working with transgender individuals, many of whom have had negative experiences in healthcare settings. "Injustice at Every Turn," a report of the National Transgender Discrimination Survey details the results of a national survey of transgender individuals.

Half of the participants reported having to teach their medical provider about transgender care.

In New York State, a study found that over half of transgender individuals reported that fear of being treated badly kept them from accessing health care. Building rapport with patients is one of the most fundamental and challenging aspects of providing care.

It requires changes in both medical providers and in the organizations in which they work. Individual providers may change the language they use to refer to people. Asking the patient for their preferred name and pronoun can help avoid making assumptions about their identity. For example, you may ask your patient, "What is your preferred gender pronoun?" Hospitals and health clinics should also check to make sure that intakes and other administrative forms ask questions about gender identity in an
appropriate and respectful manner. Cultural competency training is recommended for both clinical and non-clinical staff at all levels. Non-discrimination policies and family visitation policies should be reviewed and revised if needed to include gender identity and ensure the protection of transgender individuals. Organizations should also consider bathroom use and should strive, if possible, to have unisex or gender-neutral bathrooms. These steps can help to create a welcoming environment for transgender patients.

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The New York state guidelines recommend that as part of the routine management of HIV-positive patients, clinicians should perform a psychosocial assessment at baseline and at least annually. This assessment is a means to discover psychosocial factors that may influence a patient's engagement and retention in healthcare as well as adherence to treatment regimens.

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It should also explore patients' well-being beyond healthcare such as support networks including familial, romantic, sexual, and community relationships, experiences of discrimination or violence, housing status, employment and insurance, education level, and legal issues confronting the patient. This list is not exhaustive and other relevant issues to explore may surface during the course of a psychosocial assessment.

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Many transgender individuals use biomedical treatments such as hormone therapy, silicone use, breast implants, or surgery to achieve a desired physical appearance. It is often relevant to explore the extent to which patients have used, are currently using, or plan to use such treatments. If it is not relevant the purpose of the visit, you should save this discussion for a later date when a rapport has been established. However, there are times when it is essential for a provider to be aware of a patient's use of these therapies. The use of hormone therapies to encourage the development of secondary sex characteristics that align with the patient's gender identity carries the potential for myriad health risks. You should discuss these risks with transgender patients who are on or considering starting hormone therapy.

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In particular, you should discuss the increased risk for developing cardiovascular disease, certain forms of cancer, especially breast, ovarian, and uterine cancer, hepatic or liver complications, and osteoporosis. Discussion of these health risks should focus on educating the patient, not dissuading transgender individuals from initiating or continuing hormone therapy.

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The PDF accompanying this video titled "Basic Goals and Effects of Cross-Gender Hormone Therapy" outlines considerations before initiation, goals of hormone therapy, and intended and unintended effects. It is also important to be aware of a patient's use of hormone therapy if the patient is taking antiretroviral medication.
Patients on both antiretroviral therapy and hormone therapy, especially those using feminizing hormones, should be informed that antiretroviral therapy may change the amount of hormones in their body, greatly increasing or decreasing their hormone levels.

Because unsupervised treatment may result in significant health risks, including mortality, the New York state guidelines recommend that clinicians consult with or refer patients to a provider who has experience in prescribing both hormone therapy and antiretroviral therapy to select appropriate hormone treatment.

If you do not know a provider experienced in providing hormone therapy and ART, the Gay and Lesbian Medical Association website, glma.org, provides a list of health care providers with experience in providing medical care to transgender individuals. Less is known about the possible health risks associated with breast implants, gender confirmation surgeries, and silicone use, especially for HIV-positive individuals. You should closely monitor patients who are undergoing any of these procedures.

While no recommendations exist for administering silicone injections as gender confirming treatment, providers should discuss the long-term risks associated with silicone injection with their patients. Risks include the potential for silicone to interfere with mammograms, to congeal over time and move to other parts of their body causing disfigurement, and less commonly, to migrate outside the injection site into the bloodstream causing respiratory failure.

When conducting a medical screening, it is important to consider not only the standards of care for HIV-positive individuals but also the patient's level of comfort with the physical examination, especially the pelvic or genital regions. Transgender men and women require different screening.

Most transgender men, even those who have had hysterectomies, still have a cervix and require routine cervical cancer screening. This may cause considerable physical and psychological discomfort. As such, you should discuss the need for cervical cancer screening with your transgender male patients and gauge the patient's comfort with the pelvic exam. Transgender men also require a breast exam to screen for breast cancer even if most breast tissue has been removed as part of chest reconstruction.

Most, though not all, transgender women still have prostates and as such require a prostate exam. If a transgender woman is taking estrogen or another feminizing hormone, prostate-specific antigen, or PSA screening will be inaccurate and a digital rectal exam or bimanual exam is recommended instead, depending on surgical status.
Transgender female patients also require screening for breast cancer, especially if they are taking feminizing hormones.

Standards of care for HIV-positive patients can be found in the PDF accompanying this video titled "Primary Care Approach to the HIV-infected Patient.

Since HIV-positive transgender individuals experience higher rates of mental illness and substance use, it is imperative that providers assess their patients for these conditions at baseline and at least annually thereafter. Providers should explore related causes such as experiences of discrimination, violence, abuse, and homelessness.

Guidance around conducting mental health and substance abuse screenings can be found in the PDFs accompanying this video titled "Mental Health Screening: A quick Reference Guide for HIV Primary Care Clinicians" and "Screening and Ongoing Assessment for Substance Use.

All patients, regardless of gender identity and sero status, should be engaged in HIV prevention counseling.

When assessing patient engagement and sexual risk behaviors and risk reduction activities, it is important to focus on sexual behavior rather than sexual identity. This means asking about sexual activity rather than asking about sexual partners. Additionally, you should use terms used by the patient. Patients have various ways of referring to body parts and sexual activity. Using terminology expressed by the patient ensures proper understanding and avoids making assumptions about gender identity or experiences with gender confirmation therapies. For example, when discussing condom use, avoid referring to condoms as male or female as these terms may not match the gender identity of the patient. Instead, focus on the body parts that the condoms will cover, using the language the patient uses to describe those parts.

When discussing needle sharing, it is important to remember to ask not only about injection drug use but also about the sharing of needles associated with hormone or silicone use. Needle sharing not only tells HIV risk but also risk for contracting viral hepatitis and soft tissue infections. Patients who are sharing needles or syringes should be referred to a local syringe exchange program or educated on how they can access clean needles without a prescription through expanded syringe access program or ESAP pharmacies. A list of syringe exchange programs throughout New York State can be found in the PDF.
accompanying this video titled "New York State Authorized Syringe Exchange Programs" and a list of ESAP pharmacies can be found in the PTF titled "ESAP Providers."

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Many of the previous recommendations may uncover needs for services not offered by medical providers.

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Patients may require referrals for legal assistance, identity documentation, housing placement, insurance enrollment, or other social services. These referrals can be facilitated by a social worker but it is also important for us as medical providers to know about the social service needs of our patients. You may be called upon to provide documentation of health status in order to expedite the process and your responses may impact retention in care or adherence to treatment for your patient.

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In addition to the New York State Department of Health guidelines for providing care for HIV-positive transgender patients, there are resources available online from the Center of Excellence for Transgender Health, the World Professional Association for Transgender Health, the Endocrine Society, and the Sylvia Rivera Law Project. More resources can also be found on the CDC website. Thank you for viewing this important video. These guidelines can help both medical providers and patients feel more comfortable when engaging with each other in health care settings.

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For information on free training opportunities related to providing medical care to HIV-positive transgender individuals, please visit ceitraining.org.

[Video End]