transgender

Transgender Individuals remain one of the most underserved groups in healthcare

Most endocrinologists do not offer

Most endocrinologists do not offer care and feel neither comfortable nor competent to do so.

Disclosures:

- Dr Jorge de Jesús has no formal training or experience in treating transsexual individuals
- This presentation is a summary of my opinions based on current clinical guidelines and most recent published medical literature
- I have no conflict of interests with the content of the presentation to be offered
- I have received honorariums as speaker from pharmaceutical companies as : Janssen; Sanofi-Aventis- Merck

Objectives:

Destigmatize the transgender individual

(to remove association of disgrace or shame)

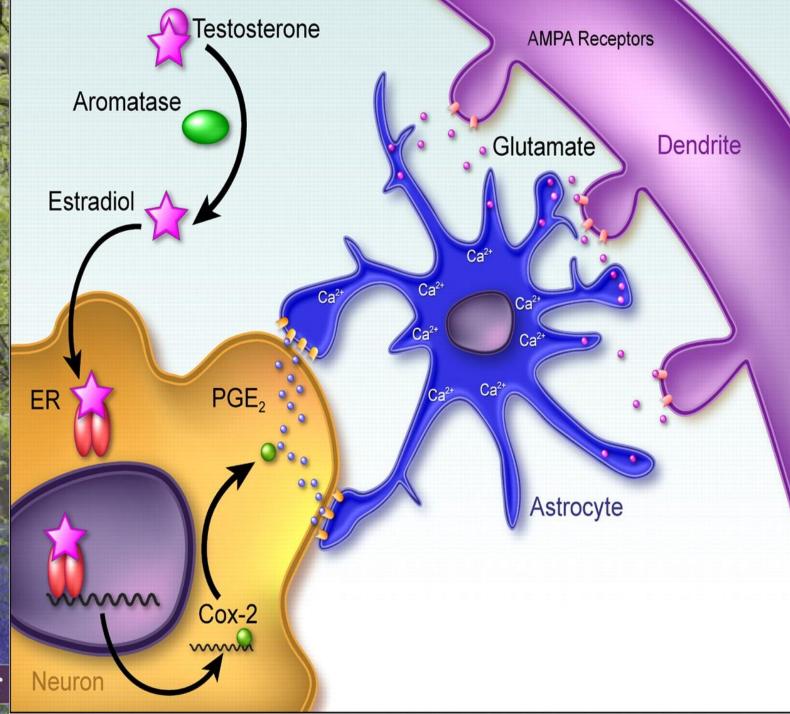
Take affirmative actions to help this population when they ask for help

Motivate endocrinolgy training curriculums to include transgender health issues

Have a multidisciplinary approach for addressing the complex issues that affect these individuals.



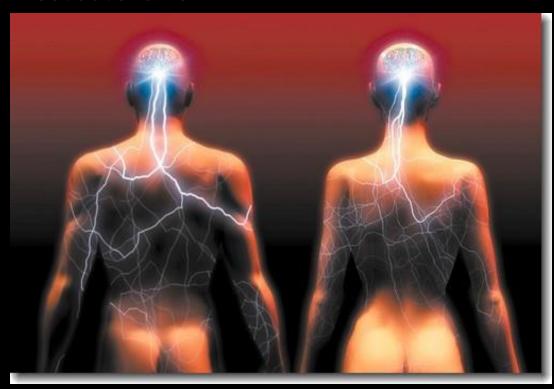
"Scientists hypothesize that a combination of genetic, hormonal and social factors determine sexual orientation. These factors [...] include genes, prenatal hormones, and brain structure." whisper



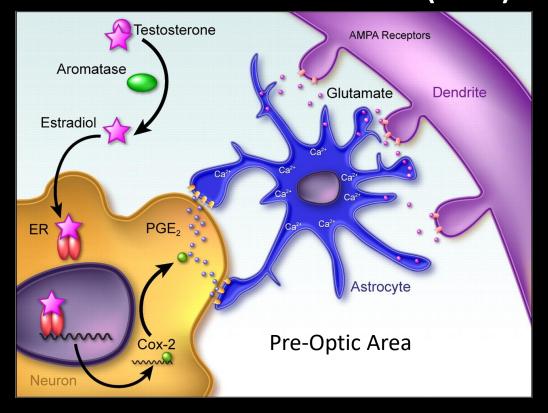
At 6-12 weeks IUP testosterone and conversion to DHT: responsible for formation of penis, prostate gland; scrotum. In the absence of T or DHT female genitalia will develop instead

Brain development does not occur in full definition until the second half of pregnancy after genitals have developed Male brain has subtle but critical differences from Female brain

Testosterone-DHT - E2

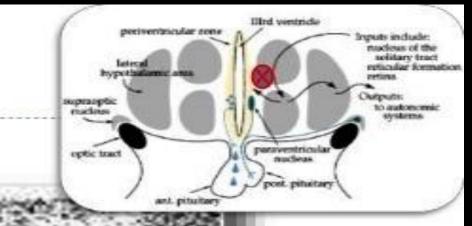


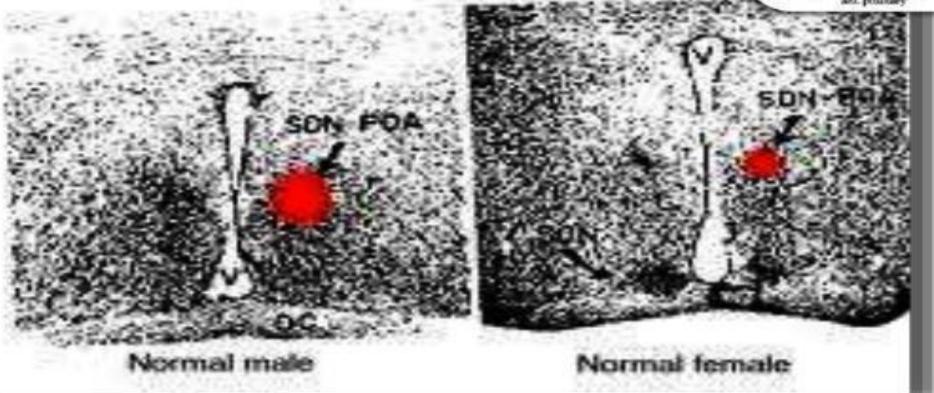
Effect on dendrite arborization (male)



The SDN-POA nucleus

Núcleo sexualmente dimórfico

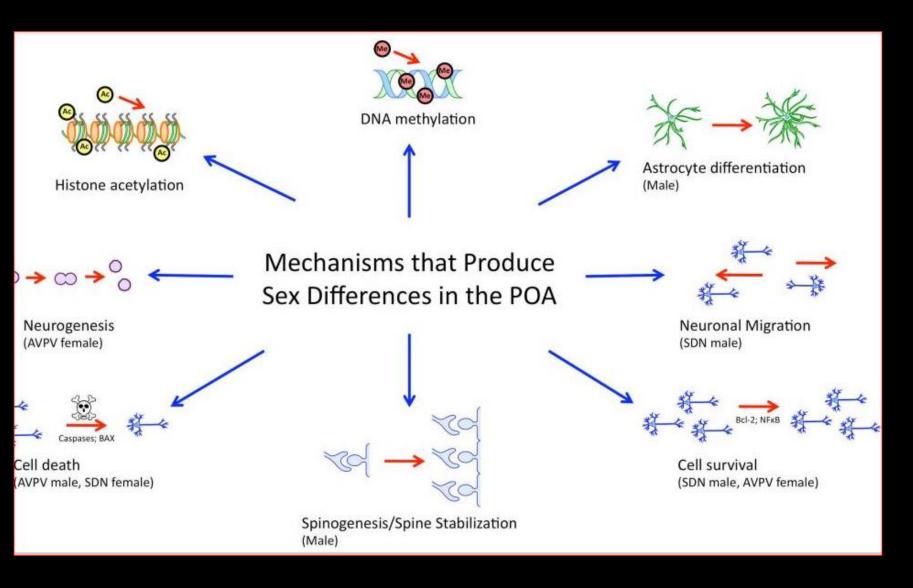


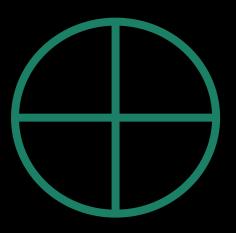


Male SDN-POA is 2 to 3 times larger than female SDN-POA

Variation in size of the SDN-POA

The Sdn-poa Area In The Human Brain: A Comparative Morphometric Study, Michel A. Hofman And Dick F. Swaab The fact that brain and the genitalia develop at different times in gestation there is **the possibility** that **a misalignment** between genitals and brain can take place





Neurobiologic Basis for Transgender?

- Dimorphic brain structures (human)
 - Sexually dimorphic
 - Cell groups preoptic & anterior hypothalamic areas >> INAH-1,-2,-3
 - —Suprachiasmatic nucleus
 - Bed nucleus of the stria terminalis (BSTc)
 - -Anterior commissure
 - —Right putamen
 - Sexual orientation dimorphic
 - -INAH-3
 - Gender dimorphic?

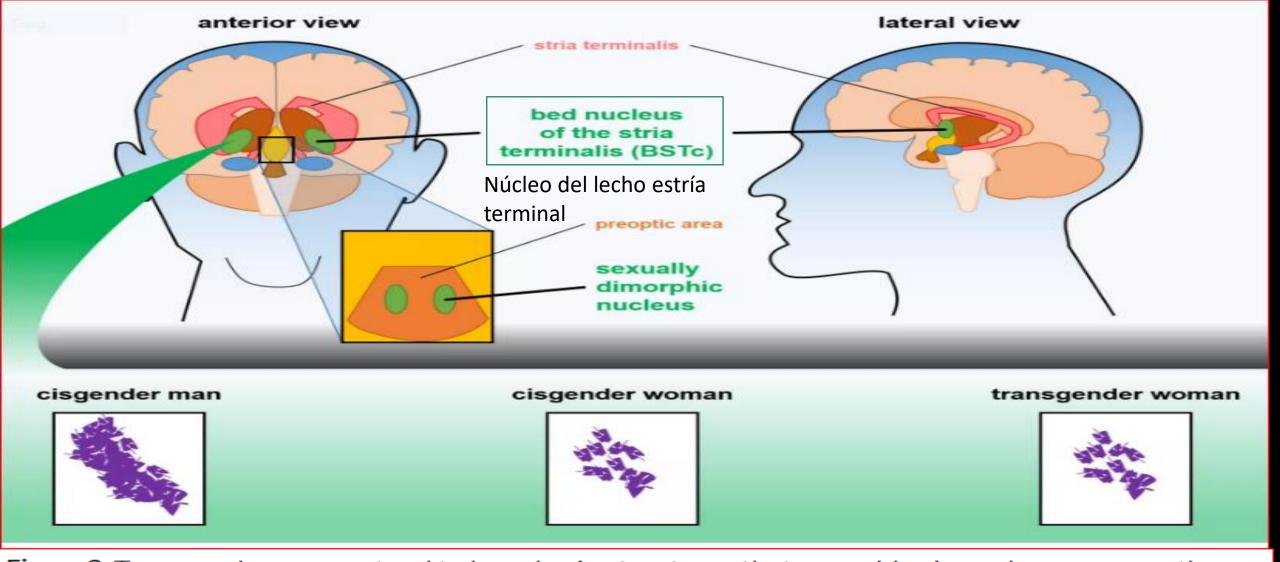


Figure 2: Transgender women tend to have brain structures that resemble cisgender women, rather than cisgender men. Two sexually dimorphic (differing between men and women) areas of the brain are often compared between men and women. The bed nucleus of the stria terminalus (BSTc) and sexually dimorphic nucleus of transgender women are more similar to those of cisgender woman than to those of cisgender men, suggesting that the general brain structure of these women is in keeping with their gender identity.

Functional dimorphism

Sexual dimorphism in olfactory signaling

Lisa Stowers^a and Darren W Logan^b

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AND*



*14,16 androstandien 3 one Male sweat; saliva; semen Sexual arousal in heterosexual women Positive mood ACTH-Cortisol

EST
Estrogen derivative
from urine in
pregnant women



Anterior Hypothalamus Is Activated by Sex Pheromones

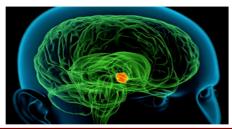
Feromona

 Positron emission tomography (PET scans) of anterior hypothalamus while subjects smell sex pheromones

AND = progesterone derivative 4,16-androstadien-3-one EST = estrogen-like steroid estra-1,3,5(10),16-tetraen-3-ol (EST)

Subject	Activation of anterior hypothalamus		
Heterosexual males	EST		
Homosexual males	AND		
Heterosexual females	AND		
Homosexual females	EST		

Kisspeptin Expression in the Human Infundibular Nucleus in Relation to Sex, Gender Identity, and Sexual Orientation



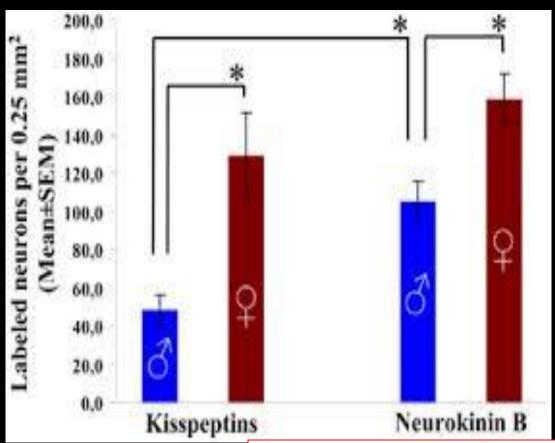
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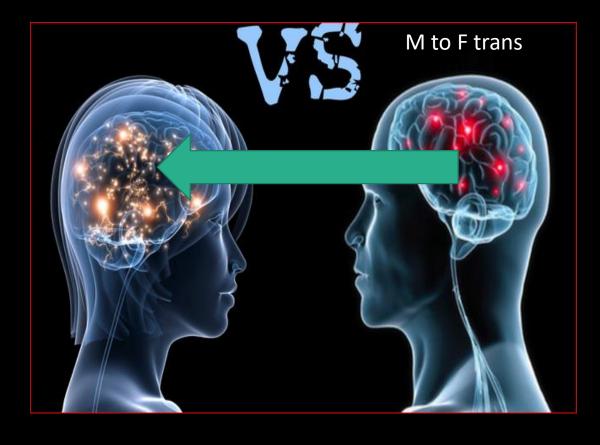
CONTEXT:

Since the discovery of its central role in reproduction, our functional neuroanatomical knowledge of the hypothalamic kisspeptin system is predominantly based on animal studies. Although sex differences in kisspeptin expression have been shown in humans in adulthood, the developmental origin of this sex difference is unknown.

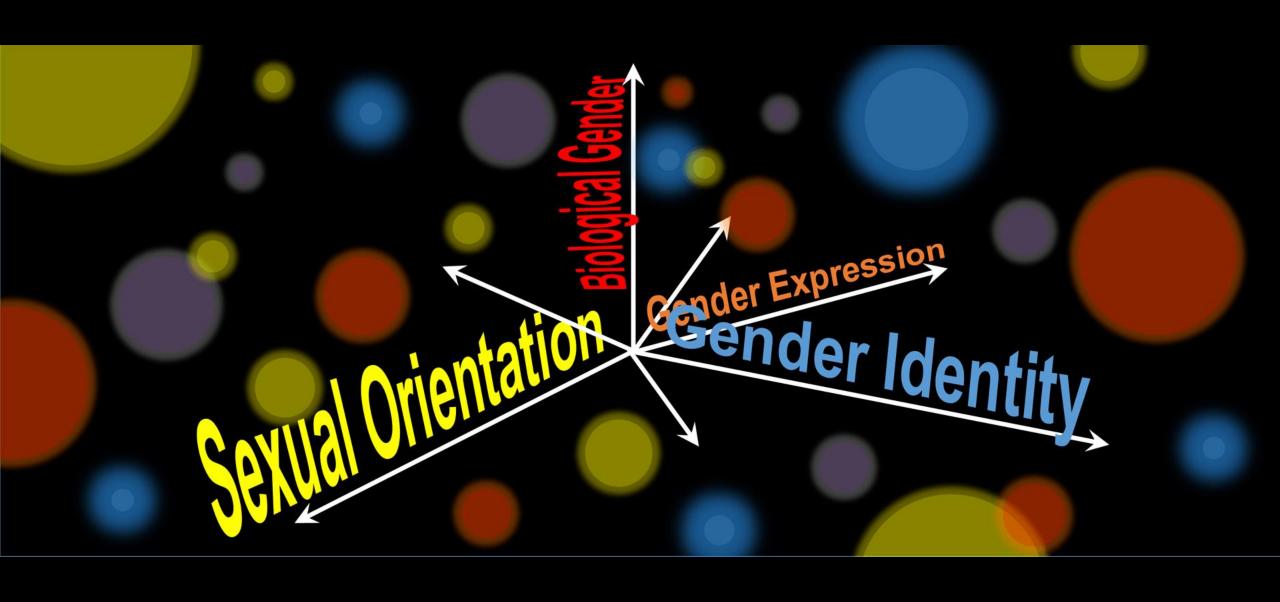
OBJECTIVES:

Our objectives were to determine the following: 1) when during development the sex difference in kisspeptin expression in the infundibular nucleus would emerge and 2) whether this sex difference is related to sexual orientation or transsexuality.





CONCLUSIONS: These findings suggest that infundibular kisspeptin neurons are sensitive to circulating sex steroid hormones throughout life and that the sex reversal observed in MTF transsexuals might reflect, at least partially, an atypical brain sexual differentiation.



Definitions

Term	Definition
Sex	biological sex, XX or XY
Gender Identity (Affirmed gender)	person's sense of being men, women or indeterminate
Gender Role	behaviors, attitudes and traits that a society designates as masculine or feminine
Sexual Orientation	is the sex to whom one is attracted sexually
Sexual Identity	sex regarded by himself or herself

HORMONES & GENDER IDENTITY

- Insights from:
 - Congenital Adrena XX females predominate heterosexual orientation Hyperplasia (CAH)
 - Variety of other hormonal, nonhormonal DSDs (46XY)
 - -5 α-reductase-2 deficiency
 - -17 β-HSD-3 deficiency

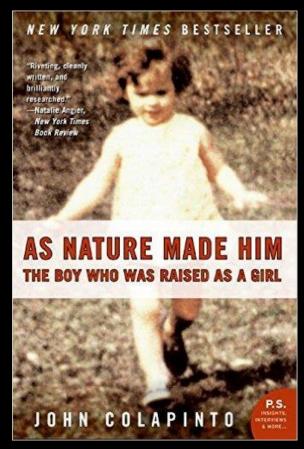
- XY raised as girls, at puberty predominate male heterosexual behavior
- Complete Androgen Insensitivity

Female heterosexual (XY)

—Cloacal exstrophy

Gender Identity is Programmed at Birth (social factors have influence)

Case of John –Johan-John (XY)



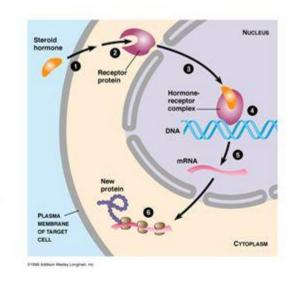
Feeling male, as he was born, transitioned back to male at age 14.

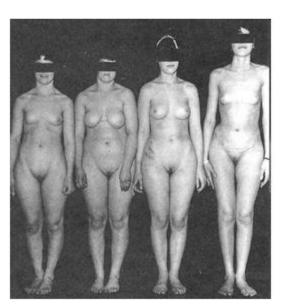
Attempted marriage. Failed . Suicide at age 38

Lost penis at 8 months and raised as a girl

Androgen Insensitivity

- Incidence about 1 in 20,000 births
- Used to be called "testicular feminization". 46,XY with normal (undescended) testes. The testes secrete testosterone, but the cells lack a receptor for it. No receptor = no response to the hormone. Complete androgen insensitivity, CAIS.
- As a result, the male ducts (vas deferens, epididymus, seminal vesicles)
 are not present. However, the testes secrete MIS, which causes the
 female ducts (uterus, fallopian tubes, upper vagina) to degenerate.
- External genitalia develop as male if DHT is present, but testosterone and DHT use the same receptor. So, female external genitalia, including the lower 2/3 of the vagina.
- At puberty, the testes again secrete testosterone. The enzyme
 aromatase converts it into estradiol. Thus, female secondary sexual
 characteristics develop. Often "voluptuously feminine". No
 menstruation of course: no ovaries and no uterus. Pubic and armpit hair
 is usually scant or absent.
 - Occasionally, the undescended testes can become cancerous, so they are
 often surgically removed after puberty is complete (so as to get normal
 female development).





Complete Androgen
Insensitivity Syndrome
2-5/100,000
Tend to be sexually oriented toward men despite XY karyotype

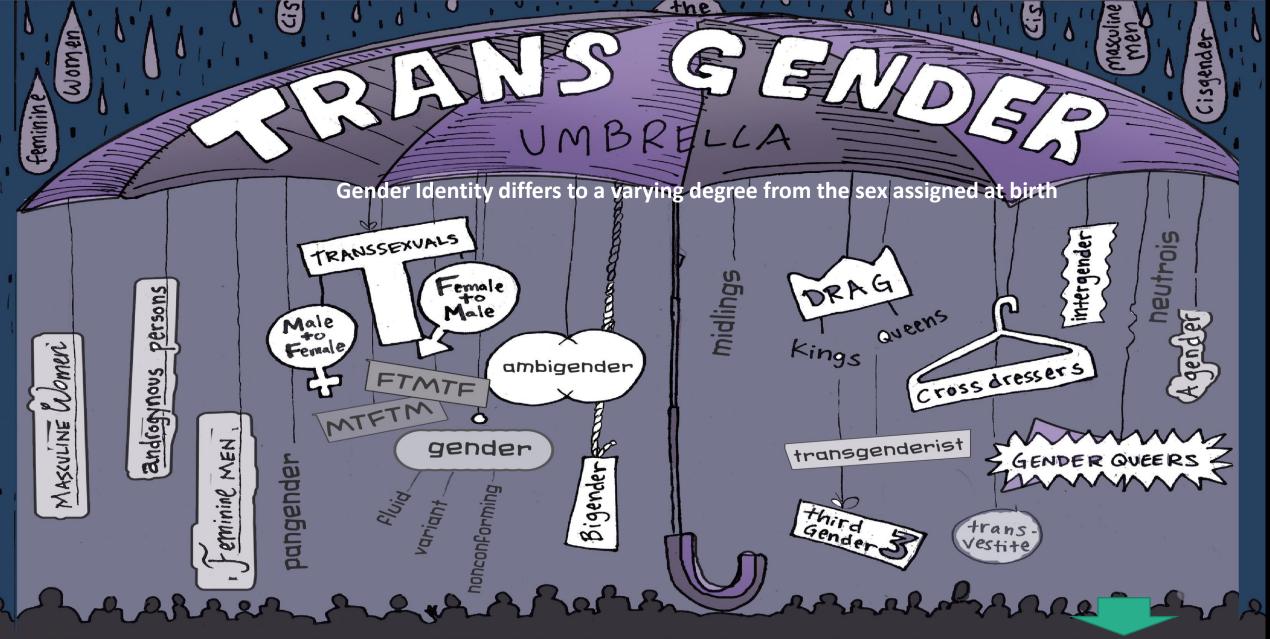
5 alpha reductase deficiency



Guevedoces

XY karyotype
Usually a baby girl with a large clitoris
At puberty clitoris enhances; testes descend, develop masculine features
Even when raised as girls more than 60% become heterosexual males

This would tend to indicate that testosterone more than DHT is responsible for the organizational brain



What does transgender mean? What do all these different identities have in common?

An element of crossing over or challenging binary gender roles or expectations.

Transsexual:*

Gender identity that is inconsistent with the individual's assigned sex

A desire to transition permanently to the gender with which he/she identifies (ICD-10)

Persistent presence of transsexual identity for at least 2 years

Usually early in adolescence

And that is not a symptom of another mental disorder (schizophrenia)

Not associated with chromosomal / receptor defects abnormalities

Emphasis that this is not a disease

* DSM-5 replaced with Gender Dysphoria

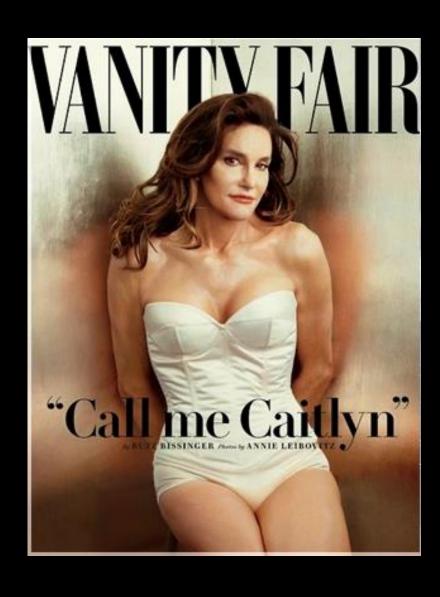
Gender Dysphoria:*

Distress and unease from gender identity and sex incongruence



Condition is associated with clinically significant distress or impairment in social, occupational, and other important areas of functioning

^{*}Diagnostic and Statistical Manual of Mental Disorders



*Transwomen: M to F

Assigned male gender at birth (XY)

Affirm a feminine identity

Use medical and or surgical means to physically transition

*Transman (Female to Male): assigned female sex (XX)at birth who identifies as male

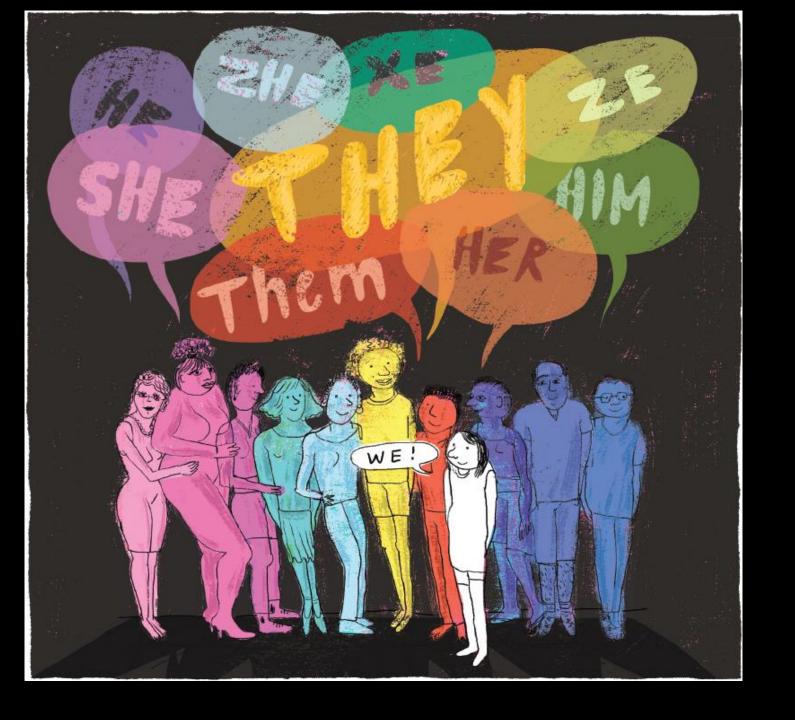
Ivonne: 2007 best female

Balian :after gender reassignment Vaulter in Germany surgery 2008



^{*}American Society for Clinical Pathology 2016 Medscape

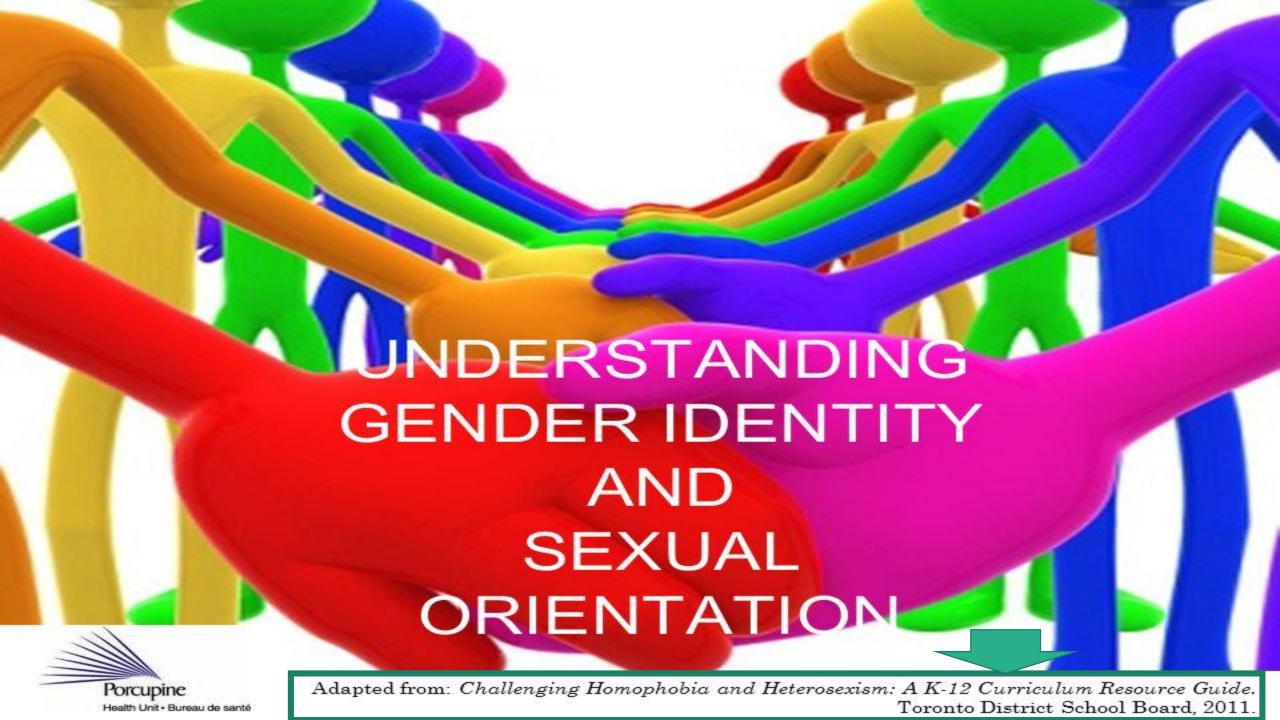




Non-Binary:

Umbrella term describing someone who does not ascribe to male or female

Both
Neither
Combination
"Flow"



Epidemiology: Transgender Individuals

Dutch Population

- The Amsterdam Gender Dysphoria Clinic
- Prevalence 1 in 10,000 assigned males
- 1-30,000 assigned females
- (four decades study)
- Archives of Sexual Behavior Netherlands

Meta-analysis overall population

- Overall population:
- 1-20,000 individuals
- 1-15,000 transwomen
- 1-40,000 transmen
- Arcelus et al (Eur Psychiatry 2015)

My family keeps say I think "I'm better than everyone" because don't talk and hate to be touched.

HATE

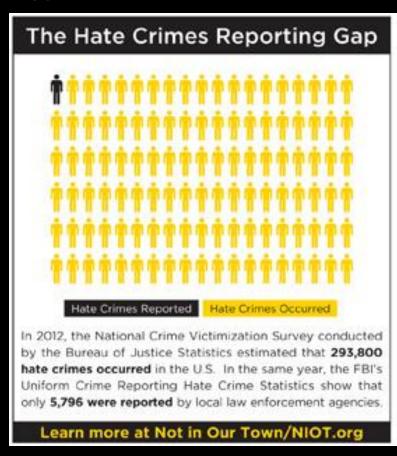
I'm transgender ftm I hate my body and want to die.

whisper

BEING A TRANSGENDER GUY MYSELF, HATE IT WHEN OTHER TRANSGENDER PEOPLE ARE BEING DISRESPECTFUL TO PEOPLE WHO DON'T UNDERSTAND THE SITUATION, LIKE THERE IS NO REASON TO BE RUDE. LET THEM THINK WHATEVER THEY Whisper

Hate Crimes Statistics

Crimes



Reported cases

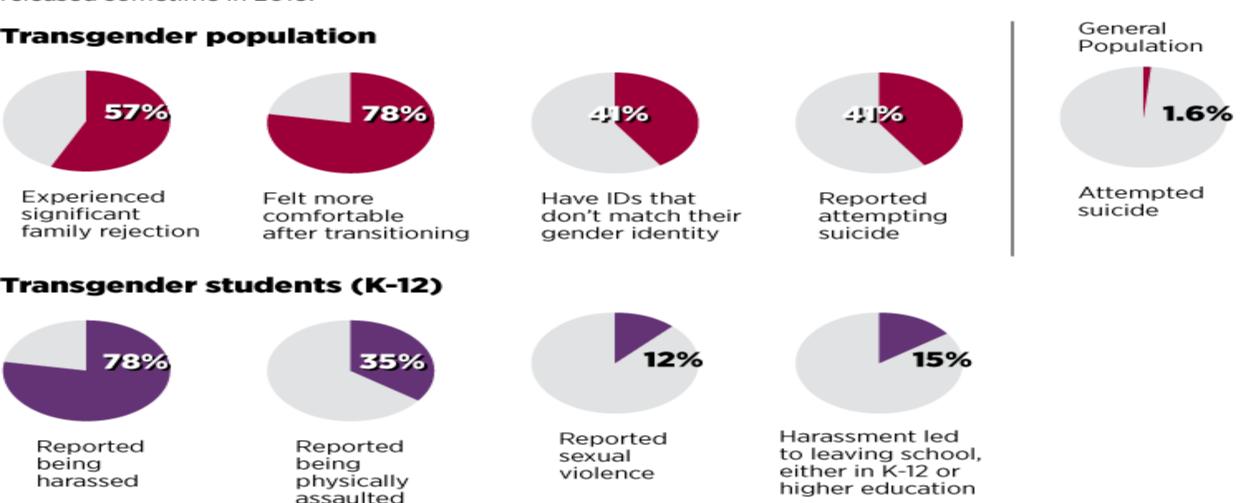
On February 12, 2008, Lawrence King of Oxnard, California was shot and killed by a classmate because he liked to wear girls' clothes. He was 15 years old.

Table 12: Lifetime suicide attempts by gender identity and mental health disability

	Have Attempted Suicide	
Gender Identity	MH Disability	No MH Disability
Trans Women / MTF	360 (67%)	891 (37%)
Trans Men / FTM	263 (67%)	559 (40%)
Cross-dresser (male-assigned)	39 (54%)	108 (17%)
Cross-dresser (female-assigned)	27 (56%)	57 (40%)
GNC / Genderqueer (male-assigned)	18 (62%)	43 (33%)
GNC / Genderqueer (female-assigned)	82 (59%)	130 (29%)

Transgender statistics

The National Transgender Discrimination Survey was released in 2011 and surveyed more than 6,000 transgender people in the United States. A follow-up survey is currently being conducted and will be released sometime in 2016.



Published in 2011, there were 6,456 valid responses to the 70-question survey. The survey did not use statistical testing and does not establish the statistical significance of the claims.

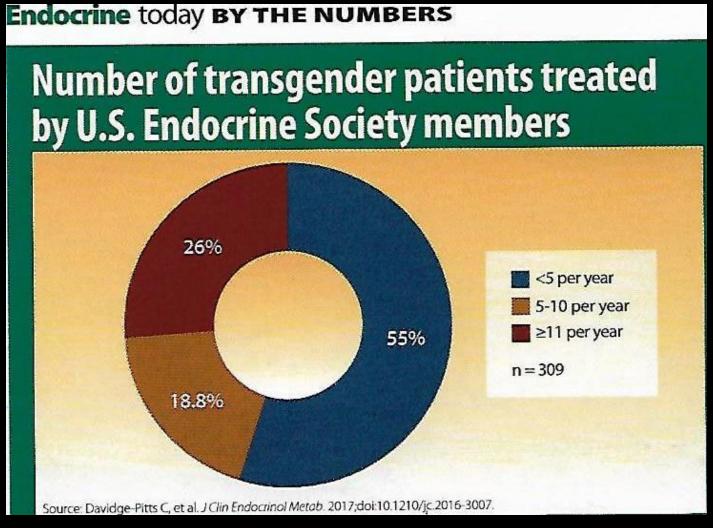
Pilot Clinic: Results of Voluntary Training Program

- Staff showed significant reduction in negative attitudes toward transgender individuals (P<.05)
- Improved transgender-related clinical skills (P<.01)
- Awareness of actions that can cause transgender stigma
- Training is not enough. Having a provider with experience in treating transgender individuals could improve communication and clinical skills
- Staff should also get "brief boosters" to sustain knowledge gained.
- Trial of model clinic in other sites and share curriculum and online modules

Many Healthcare Providers Fail Transgender People(National Center for Transgender Equality)

- US survey on transgender people 2015(NCTE)
- Anonymous on line survey 27,000 adults
- 1:5 reported that their healthcare professional tried to stop them being transgender
- Those who had negative experiences more likely to suffer distress; attempt suicide; run away from home; homeless; and engage in sex work than their counterparts that did not had negative experiences.
- Need to improve how medical professionals respond to transgender patients.

Training Needed in Transgender Care



Survey conducted by Davidge-Pitts
Assess transgender status of healthcare in U.S.
Endocrinology Training Programs

Only 22 programs provided comprehensive transgender –oriented sexual and social history taking

14 provided education on systemic physical examination

13 provided education on psychosocial and legal issues.

Common findings:

Lack of interest

Lack of training

Lack of funding

Need for providers to become competent in the area of transgender medicine.

Pilot Clinic Could be a Model to follow: Voluntary Training Program

- Outpatient Clinic in New York (2015) low socioeconomic/income individuals
- 2 hour training sessions with sample scenarios and group discussion
- Overview of transgender identity, stigma, health disparities
- Session for Health Care providers on : transgender care; current guidelines; transitioning; specific screening; hormone therapy; and long term monitoring
- Staff member role: creating transgender affirmative environment; medical forms; billing issues; (including front line-staff);
- Psychologist; Psychiatrists; Social workers

"Primum Non Nocere"

- Our mission as physicians is to help others
- Even one word could have negative impact in the individual that is seeking help
- Stop being judgmental and start being compassionate
- Improve curriculum of training programs to at least sensitize the Health Care Professionals to improve understanding of the transgender and optimize the resources available to help them
- If we do not lead, these individuals will fall into unconscionable individuals with no heart, cold blooded, and delinquents

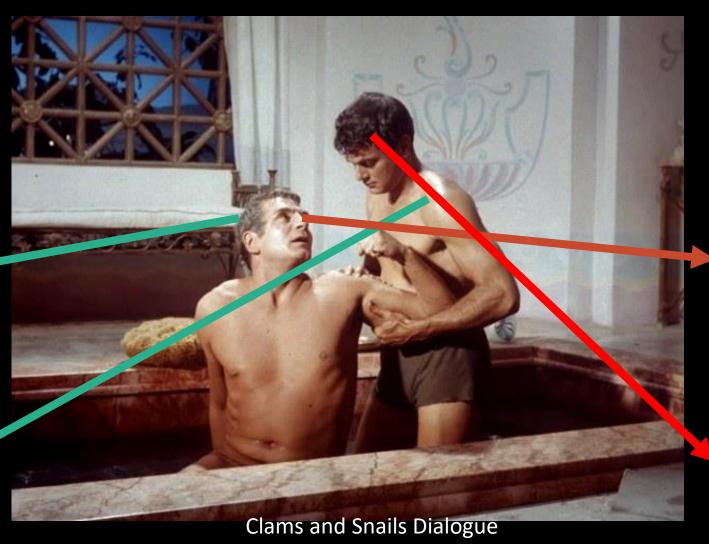
Spartacus: Bath Scene

Scene was taken out in 1960 when film was first Shown to the public

Do you like Clams?



Yes, when available



1990's again included as it was in the original version

Do you like snails?



No, Master!!

Jamie Lee Curtis



Su padre era un mujeriego

Nadie esta excento

Todos temenos hijos , nietos , familia y amigos

Jamie describe a su padre como lejano A pesar de que fue un gran proveedor

Tony Curtis excluyó a Jamie en su testamento





