



Defense Health Agency, J-7, Continuing Education Program Office

Clinical Communities Speaker Series

Review of Current Trends and Best Practices in Primary Care

May 2020 CCSS S06: Cardiovascular Health and Transgender Patients: Considerations for Primary Care Practitioners

1- This is more than about gender. What about the ambiguously sexed persons?

Dr. Hashemi: Yes, this presentation is about gender identity. The main goal here was to be able to differentiate between “sex” and “gender”. In everyday living, even in medical practice, we use these two words interchangeably but they are not the same thing. Institute of Medicine defines sex as “the classification of living things, generally as male and female according to their reproductive organs and function assigned by chromosomal complement,” while gender is defined as “a person’s self-identification as male or female”. While sex differences are caused by biological factors as consequences of genetic, molecular, cellular interaction, gender difference is due to environmental factors like social and cultural role of an individual. Sexual ambiguity is due to faulty pathways when reproductive organs are made. This was not the topic of interest today.

2- Could you please repeat where to find the paper you composed?

Dr. Hashemi: In the list of references at the end of the talk, there is a paper written by myself and my colleagues about the “Transgender Care in Primary Care Setting: A Review of Guidelines and Literatures.”

3- What are the possible outcomes if a patient abruptly or repeatedly stops the hormone treatments?

Dr. Hashemi: The main concern is mood problem. Transgender individuals usually take hormone replacement to decrease their anxiety due to gender dysphoria, which could be problematic. Some of the desired changes like hair pattern, etc. that have been achieved by taking hormone could go away if not going back on hormone.

4- Are there policy determinations as to the age of a person (child) when treatments can proceed? Especially in light of cardiovascular issues?

Dr. Hashemi: Yes, they are. WPATH has a section about the care of transgender kids. I am not aware of any data about cardiovascular health and gender-affirming hormone treatment in kids, but that doesn’t mean data does not exist. It means I do not know.

5- What additional resources are you aware of that will assist health care providers with adopting a more respectful treatment approach and environment for transgender patients?

Dr. Hashemi: There are national and international conferences. Also University of California-San Francisco (UCSF) has a website that people can do consult and ask questions. (<https://transcare.ucsf.edu/guidelines>). I love USCF transgender guidelines. Very well organized and easy to follow.

6- In light of the legislation that has passed, are there ongoing initiatives from the Veterans Affairs (VA) that address the discrimination and health care disparities experienced by individuals within the transgender community?

Dr. Hashemi: Yes, the transgender health research is an HSR&D priority research. VA also has a national LGBTQ center. They work very hard to establish guidelines. Drs. Jillian Shipherd and Michael Kauth are in charge of the program. They can be reached out at VALGBTProgram@va.gov, website: Transgender SharePoint: <http://go.va.gov/Transgender>

- 7- Treatment options for transgender patients are still very new. Do you know of any evidence-based training opportunities for health care teams supporting a transgender patient that can be attended by health care providers, either sponsored by the VA, DoD or some other reputable source?
Dr. Hashemi: Unfortunately I do not know of any program at VA but there is E-consult available nationally that any questions the providers have regarding Transgender care are answered.
- 8- Do you have any recommendations to the primary health care providers working with Active Duty transgender patients to prepare them for VA health care prior to discharge?
Dr. Hashemi: They can enroll at VA upon discharge like any other veteran. Non-discriminatory care is the VA's goal. They also can reach out to the national LGBTQ center for more information.
- 9- Has the spread of COVID-19 impacted the care for transgender patients in any way?
Dr. Hashemi: I am sure they are as affected as others. I am not aware of any hard evidence or data about how affected they are. VA Greater Los Angeles continues to offer virtual care during the COVID pandemic in non-urgent cases and face to face visits for urgent cases. I am not an expert in COVID-19 and not able to comment further.
- 10- As a primary care physician, how often do you recommend meeting with an endocrinologist or other care providers associated with the transgender patients that you care for?
Dr. Hashemi: It really depends on how comfortable one is with providing care, even if the patients are not able to meet with endocrine specialist in person, E-consult is available to the primary care physicians at VA. The primary care practitioner (PCP) is able to get recommendations via E-consult.
- 11- As a primary care provider working for the VA, can you discuss any recommendations within your health care system that you believe will improve the provision of care for a transgender patient?
Dr. Hashemi: I wish VA would change the face-sheet to include sex at birth and gender.
- 12- How long does a transgender person need to take hormone therapy?
Dr. Hashemi: It depends on the patient really, the reason for taking hormone is gender dysphoria. The hormone replacement treatment decreases the person's anxiety, improves the quality of life. Some patients do not experience gender dysphoria, so they do not need hormone treatment. While some have severe dysphoria and need to take the hormone to the full extent to have secondary sex characteristics of the opposite sex and in addition to that have surgical interventions. Gender dysphoria has a wide spectrum.