

# Aging LGBT Patients: Medically and Culturally Competent Care

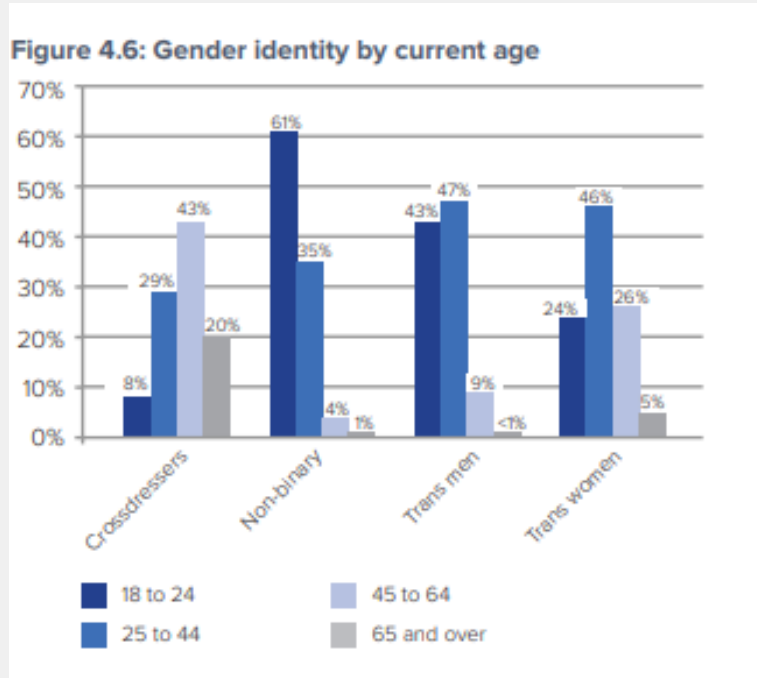
Boyd Hammond, MPAS, PA-C  
University of Colorado School of Medicine



University of Colorado **Anschutz Medical Campus**



# LGBT patients are aging



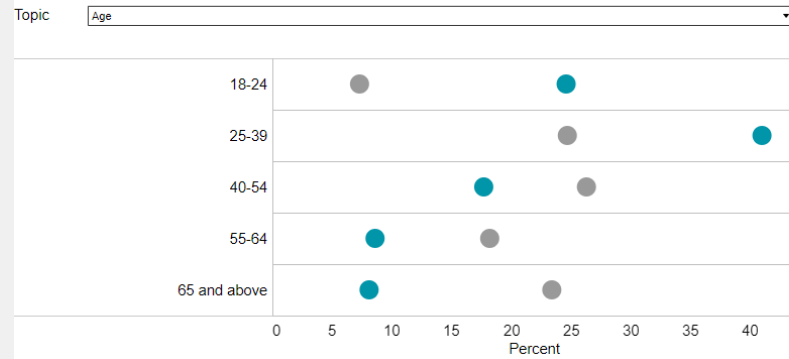
- The largest transgender survey to date was from 2015 and showed an aging transgender population. Likely, even higher now. Note that crossdressers is a term older patients tend to be more comfortable with.

<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>



# LGBT patients are aging

Compare the percent distributions of **LGBT** and **non-LGBT** adults aged 18 and over for selected characteristics.



- According to 2021 US Census data, 8.1% of adults over the age of 65 identify as LGBT.

<https://www.census.gov/library/stories/2021/11/census-bureau-survey-explores-sexual-orientation-and-gender-identity.html>



# Terminology – Gender Identity

- A person's innate, deeply-felt psychological identification as a man, woman, or something else, which may or may not correspond to the person's external body or assigned sex at birth (i.e., the sex listed on the birth certificate). “Sexual identity” should not be used as a synonym for, or as inclusive of, “gender identity”.

<https://fenwayhealth.org/the-fenway-institute/>



# Terminology – Gender Expression

- The external manifestation of a person's gender identity, which may or may not conform to the socially-defined behaviors and external characteristics that are commonly referred to as either masculine or feminine. These behaviors and characteristics are expressed through carriage (movement), dress, grooming, hairstyles, jewelry, mannerisms, physical characteristics, social interactions, and speech patterns (voice).

<https://fenwayhealth.org/the-fenway-institute>

# Terminology - Transgender

- An umbrella term for people whose gender identity and/or gender expression differs from their assigned sex at birth (i.e., the sex listed on their birth certificates). Some groups define the term more broadly (e.g., by including intersex people) while other people define it more narrowly. Transgender people may or may not choose to hormonally or surgically transition.

<https://fenwayhealth.org/the-fenway-institute/>



# Inclusive Spaces



- Physical Signs – stethoscope pin?
- Inclusive paperwork
  - Fill in the blank gender response
  - Pronouns
- Gender neutral restrooms



# Masculinizing Gender Affirming Hormone Therapy

- Criteria for initiating GAHT:
  - » Persistent long standing documented gender dysphoria or incongruence
  - » Capacity to make health care decisions
  - » Age of majority (18 in US)
  - » Psychiatric and medical conditions stable



# Route of Administration and Starting Dose

	Typical Initial Dose	Notes
Testosterone cypionate and enanthate	50 mg/week IM or SQ	Weekly administration helps with cyclical symptoms, still with peak and trough
Testosterone Patch	2 mg or 4 mg daily	More even levels
Testosterone Gel	1.62% 1 pump daily (20.25 mg)	Needs to not come in contact with people/animals



# Monitoring Levels

- Testosterone: check every 3 months for first year, then 1 to 2 times yearly
- Hematocrit: at baseline, every 3 months for first year, then 1 to 2 times yearly
- LFTs?: No longer routinely recommended given safety profile of testosterone used in USA
- Lipids, A1c, BP: at “regular” intervals



# Goal/Normal values

- Testosterone: Goal of 400-700 (midcycle level if on injections, otherwise in normal lab range)
- Hemoglobin/Hematocrit: Upper Limit of Normal – use male values, Lower Limit of Normal – generally use male values, if still menstruating regularly can use female value
- Other labs values not well studied male versus female normal limits



# Other Monitoring

- Pap smear: If cervical tissue present, screen per ACOG guidelines
- Osteoporosis?: Screen if patient non-compliant with testosterone, discontinues testosterone after oophorectomy
- Breast cancer screening: if no mastectomy then regular mammograms per ACS, if mastectomy then annual breast examinations
- STI testing as indicated



# Feminizing Gender Affirming Hormone Therapy

- Criteria for initiating GAHT:
  - » Persistent long standing documented gender dysphoria or incongruence
  - » Capacity to make health care decisions
  - » Age of majority (18 in US)
  - » Psychiatric and medical conditions stable



# Route of Administration and Starting Dose

	Typical Initial Dose	Comments
Oral Estradiol (17-beta estradiol)	2 mg daily	Divide BID once over 2 mg
Estradiol Valerate IM	5 mg weekly	Cyclical symptoms
Estradiol Cypionate IM	2 mg weekly	Cyclical symptoms
Estradiol Transdermal	0.05 mg/24 hours	Even dosing



# Antiandrogen Therapy

	Initial Dose	Notes
Spironolactone	50-100 mg daily	> 50 dose BID, most commonly used unless not tolerated
Finasteride	5 mg daily	
Dutasteride	0.5 mg daily	May have more dramatic feminizing effects than finasteride





# Monitoring Levels

- Estradiol: every 3 months for first year, then 1 to 2 times yearly
- Testosterone: every 3 months for the first year, then 1 to 2 times yearly
- Electrolytes if on spironolactone: baseline, every 3 months for the first year, then 1 to 2 times yearly
- Lipids: baseline, then at regular intervals
- STI testing as indicated



# Goal Levels

- Estradiol: 100-200 (mid cycle if using injections)
- Testosterone: <50



# Specifics for your patient population

- **Important takeaway – GAHT is generally continued lifelong**
- As transwomen age their risk of VTE increases. **Many recommend only using estrogen patch in patients who are over 50**
- If transwomen are able to have an orchiectomy, it eliminates the need for antiandrogen therapy which eases the burden of additional medications



# Specifics for your patient population

- Should we be using lower testosterone doses in older men?
  - » No consensus on changing goals for this population yet
- Any additionally monitoring for older patients?
  - » Increased cancer screenings? CVD disease screenings?



# Ongoing research at CU

- Dr. Sean Iwamoto's current trials:
  - » Novel Evaluations of Aging and Gender-Affirming Hormone Therapy on Vascular Endothelial Function and Metabolic Profiles in Transgender women Compared to Age Group-Matched Cisgender Adults
  - » Novel Evaluations of Aging and Gender-Affirming Hormone Therapy on Vascular Endothelial Function and Metabolic Profiles in Transgender Men Compared to Age Group-Matched Transgender Women and Cisgender Adults
  - » The Effects of Orchiectomy and Age on Vascular and Metabolic Health in Older versus Younger Transgender Women
- More information to come!



# What about HIV?

- Almost 1 in 6 new HIV diagnoses occurs in patients over 50 years old
- Are you offering your older patients PrEP?
- Descovy is a safer medication for PrEP than Truvada for patients with osteoporosis or kidney disease.
  - » Added bonus: descovy is a smaller pill.



- Thank you!
- [Daniel.B.Hammond@cuanschutz.edu](mailto:Daniel.B.Hammond@cuanschutz.edu)

