


# 10 THINGS for TRANSGENDER PEOPLE to DISCUSS WITH THEIR HEALTHCARE PROVIDER



*Following are health issues GLMA's healthcare providers have identified as most commonly of concern for transgender persons. While not all of these items apply to everyone, it's wise to be aware of these issues.*

**1. Access to Health Care:** Transgender persons are often reluctant to seek medical care through a traditional provider-patient relationship. Some are even turned away by providers. A doctor who refuses to treat a trans person may be acting out of fear and transphobia, or may have a religious bias against GLBT patients. It's also possible that the doctor simply doesn't have the knowledge or experience he needs. Furthermore, health care related to transgender issues is usually not covered by insurance, so it is more expensive. Whatever the reasons, transgender people have sometimes become very ill because they were afraid to visit their providers.

**2. Health History:** Trans persons may hide important details of their health history from their doctors. Perhaps they fear being denied care if their history is known. Even many years after surgery, they may omit the history of their transition when seeing a new provider. Patients should see their provider as an equal partner in their health care, not as a gatekeeper or an obstacle to be overcome.

**3. Hormones:** Cross-gender hormone therapy gives desirable feminizing (or masculinizing) effects, but carries its own unique risks. Estrogen has the potential to increase the risk of blood clotting, high blood pressure, elevated blood sugar and water retention. Anti-androgens such as spironolactone can produce dehydration, low blood pressure, and electrolyte disturbances. Testosterone, especially when given orally or in high doses, carries the risk of liver damage. Hormone use should be appropriately monitored by the patient and provider. Some trans people tend to obtain hormones and other treatment through indirect means, bypassing the health care system. Taking hormones without supervision can result in doses too high or too low, with undesired results.

**4. Cardiovascular Health:** Trans persons may be at increased risk for heart attack or stroke, not only from hormone use but from cigarette smoking, obesity, hypertension, and failure to monitor cardiovascular risks. Trans women may fear that a provider who finds them at risk for cardiovascular disease will instruct them to stop their hormones, and so they do not seek medical attention even when they have early warning signs of heart disease or stroke.

**5. Cancer:** Hormone-related cancer (breast in trans women, liver in women or men) is very rare but should be included in health screening. A greater worry is cancer of the reproductive organs. Trans men

who have not had removal of the uterus, ovaries, or breasts are still at risk to develop cancer of these organs. Trans women remain at risk, although low, for cancer of the prostate. Furthermore, some providers are uncomfortable with treating such cancers in trans people. Cases have been reported where people delay seeking treatment, or are refused treatment, until the cancer has spread.

**6. STDs and Safe Sex:** Trans people, especially youth, may be rejected by their families and find themselves homeless. They may be forced into sex work to make a living, and therefore at high risk for STDs including HIV. Other trans people may practice unsafe sex when they are beginning to experience sexuality in their desired gender. Safe sex is still possible even in transgender relationships.

**7. Alcohol and Tobacco:** Alcohol abuse is common in transgender people who experience family and social rejection. Alcohol combined with sex hormone administration increases the risk of liver damage. Tobacco use is high among all trans persons, especially those who use tobacco to maintain weight loss. Risks of heart attack and stroke are increased in persons who smoke tobacco and take estrogen or testosterone.

**8. Depression/Anxiety:** For many reasons, trans people are particularly prone to depression and anxiety. In addition to loss of family and friends, they face job stress and the risk of unemployment. Trans people who have not transitioned and remain in their birth gender are very prone to depression and anxiety. Suicide is a risk, both prior to transition and afterward. One of the most important aspects of the transgender therapy relationship is management of depression and/or anxiety.

**9. Injectable Silicone:** Some trans women want physical feminization without having to wait for the effects of estrogen. The silicone, often administered at pumping parties by non-medical persons, may migrate in the tissues and cause disfigurement years later. It is usually not medical grade, may contain many contaminants, and is often injected using a shared needle. Hepatitis may be spread through use of such needles.

**10. Fitness (Diet & Exercise):** Some trans people are sedentary and overweight. Exercise might not be a priority, and they may be working long hours to support their transitions. A healthy diet and a frequent exercise routine are important for trans persons. Good health prior to sex reassignment surgery may reduce a person's operative risk and promote faster recovery.