Autism and Transgender Health

A novel approach to clinical care of this population

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Learning Objectives

1. Background
2. Clinical approach
3. Future Directions
Background
Know Your Lexicon

- he/him
- demigender
- trans
- coming out
- sex assigned at birth
- non-conforming
- gender dysphoria
- AMAB
- MTF
- bigender
- pangender
- butch
- preferred pronouns
- FTM
- transwoman
- top surgery
- phalloplasty
- metoidioplasty
- transition
- body shape
- genderfluid
- genderqueer
- phallic
- genital surgeries
- transphobia
- genitoplasty
- vaginoplasty
- other
- clothing
- voice
- internal sense
- hormone therapy
- assigned sex
- surgical alteration
- assigned male at birth
- assigned female at birth
- gender affirming surgery
- gender dysphoria
- name change
- physical
- social norms
- cultural constructs
- legal documents
- presentation
The Gender Unicorn

Graphic by: TSER

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

Design by Landyn Pan and Anna Moore

To learn more, go to: www.transstudent.org/gender

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Gender Health – Terminology and Definitions

- **Transgender**: Gender identity differs from birth-assigned sex
  - Transgender man: Female-to-male, FtM, trans man... or “man”
  - Transgender woman: Male-to-female, MtF, trans woman... or “woman”
  - Adjective: transmasculine, transfeminine

- **Cisgender**: Nontransgender

- **Gender non-binary**: gender-fluid, gender-nonconforming, gender-diverse, genderqueer, agender
  - Legal Gender X in CA

- **Intersex/DSD**: Conditions where reproductive or sexual anatomy does not exclusively align with typical definitions of female or male
Gender Health – Terminology and Definitions

- **Gender dysphoria**: psychological distress caused by incongruence between GI and assigned sex
- **Transition**: Process by which an individual aligns gender expression with gender identity
  - Social, Legal, Medical, Surgical: Unique to individual
- **Gender affirmation**: Interacting with someone in a way that supports their gender goals
- **Preferred/Chosen Name and Pronouns**: May not correlate with GI
  - Feminine: She/her/hers
  - Masculine: He/him/his
  - Gender-neutral: They/them/theirs (and others: xe, ze, hir, zir)

Downloadable resource: [https://www.lgbthealtheducation.org/publication/lgbt-glossary](https://www.lgbthealtheducation.org/publication/lgbt-glossary)
Epidemiology/Demographics

Phone Survey:
- 0.6% US adults (28 states)
- Inverse correlation with age
  - 2.7% youth TGNC
- Poor data on gender breakdown

Source: UCLA Williams Institute, July 2016
Data from CDC’s Behavioral Risk Factor Surveillance System
Higher Risk For:

1. Violence / Mistreatment due to transgender status
   - Family, school, partners, sexual assault

2. Economic Strain
   - Poverty, unemployment, homelessness

3. Negative Health Outcomes
   - Discrimination, Mistreatment, lack of coverage, suicide

4. Intersectionality
   - Negative effects amplified

Sources: National Center for Transgender Equality: ustranssurvey.org
Gender Affirmative Model

- No gender identity or expression is pathological
- Gender presentations are diverse
- Gender involves an integration of biology, development, socialization, culture and context
- Gender may be fluid, is not binary, and can change over time
- Any pathology present is more often caused by cultural reactions to gender diversity than by internal psychological disturbances

Focus is on resilience, coping, and wellness

“Both sexual orientation and gender identity can be fluid, dynamic, and change over time and can only be meaningfully self-defined by each individual.”

- Juno Obedin-Maliver and Harvey J Makadon
Gender Dysphoria

The distress that may accompany the incongruence between one’s experienced or expressed gender and one’s sex assigned at birth.

- Gender dysphoria is the terminology used in the APA Diagnostic and Statistical Manual (DSM 5)
- Endocrine Society Guidelines (2018), WPATH SOC8, ICD-11 use the term Gender Incongruence
Transitioning – Every Transition is Unique

Social

Medical

Legal

Surgical
Social Transitioning or “Coming Out”

Today I am telling you that I am transgender
Support Improves Outcomes

Peer

School

Workplace

Provider

Family

Access to gender-affirming care

Access to health care
Medical and Surgical Transition

• Treatment involves evidence-based interventions which reduce gender incongruence and thus improve gender dysphoria

• Gender-affirming treatments include:
  • Hormone therapy
    • Pre-pubertal (Tanner 1): no medical treatment indicated, consider social transitioning measures
    • Early puberty (Tanner 2-4): “Blockers” (puberty suppression with GnRH analogs)
    • TW: Estrogen + testosterone-blockers
    • TM: Testosterone
  • Gender-affirming surgeries
    • “Top surgery”: Chest reconstruction
    • “Bottom surgery”: Genital reconstruction
    • “Facial feminization”: Facial reconstruction
    • “Tracheal shave”: Reduction chondrolaryngoplasty
  • Other gender-affirming measures:
    • TW: Electrolysis/laser hair removal, Voice therapy/surgery, Body shaping procedures (liposuction, etc), Silicone injections (pumping), Tucking
    • TM: Binders, voice therapy/surgery, packing
Treatment Outcomes

• *Pubertal suppression*: Improved depression, general functioning, behavioral and emotional problems. Reduced suicidality. No change in GD, body image

• *Hormones + surgery in youth-treated patients*: Functional and psychological outcomes at population norms

• Regret rates low

Nguyen et al, 2019; de Vries et al, 2013 and 2011
Clinical Approach
What Can Providers and Practices do?

- Rethink society’s norms
  - Consider gendered language and gender bias in everyday life

- Practice cultural humility

- Treat your patients respectfully
  - Use correct patient identifiers
  - Use your patient’s language for anatomy
    - (i.e. chest, genitals, bottom, front bottom)
  - See the patient as a whole person, not just their gender
  - If you make a mistake, take ownership, apologize, and MOVE ON!

- Educate yourself
  - Take ownership of ignorance/inexperience
  - Differentiate between “I don’t know” and “science doesn’t know”
  - Rather than turning the patient away, seek answers
Clinical Approach – Interactions

- There should be an open-ended and non-judgmental discussion about gender identity with patients with autism
- Validate their concerns and experiences
- Help them to identify their supports
- Referral to appropriate specialists for medical and surgical management and mental health support
Clinical Approach – Interactions
(Why Pronouns Matter)

Transgender and nonbinary youth who report having their pronouns respected by all or most of the people in their lives attempted suicide at half the rate of those who did not have their pronouns respected.

Youth who attempted suicide, comparison of number of people who respected their pronouns:

- None: 28%
- A few: 25%
- Some: 24%
- A lot: 19%
- All or most: 12%

Amount of people in transgender and nonbinary youth’s lives who respect their pronouns:

- None: 7%
- A few: 35%
- A lot: 17%
- Some: 21%
- All or most: 20%
Autism and Transgender Overlap

1. Analysis of 5 databases looked at 641,860 people’s responses
2. 30,892 have autism and 3,777 identify as gender diverse
3. 895 gender diverse people (24 percent) reported having autism
4. Gender-diverse people reported more traits linked with autism
Clinical Approach – Social Determinants

• Consider and address health disparities that affect Transgendered people and people with Autism

• Both groups have higher morbidity and lower life expectancy

• The combined group has been studied and LGBTQ+ respondents with autism reported much higher rates of unmet health care need, inadequate insurance provider networks, and rates of being refused services by a medical provider.
Future Directions
Future Directions

• Standardizations of processes of care
• Better use of Electronic Health records
• More consideration of health disparities in both of these groups and the combined group
Thank you!
References


• Some slides adapted from Dr. Amy Weimer’s lecture series, “Transcending Gender: Medical Care for Gender-Diverse Youth” (UCLA Gender Health Program).
Thank you for joining us!

Developed with support from AUCD and the Interdisciplinary Technical Assistance Center on Autism and Developmental Disabilities, which is funded through a Cooperative Agreement (Grant # UA5MC11068) with the Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB). The contents do not necessarily reflect the views or policies of MCHB, the Health Resources Services Administration, U.S. Department of Health and Human Services, or the U.S. Government.
Interview