



## TRANSGENRES

*Mieux connaître leurs spécificités  
Mieux les prendre en charge*

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Edition 2013.*

## TRANSGENDER Ageing with HIV

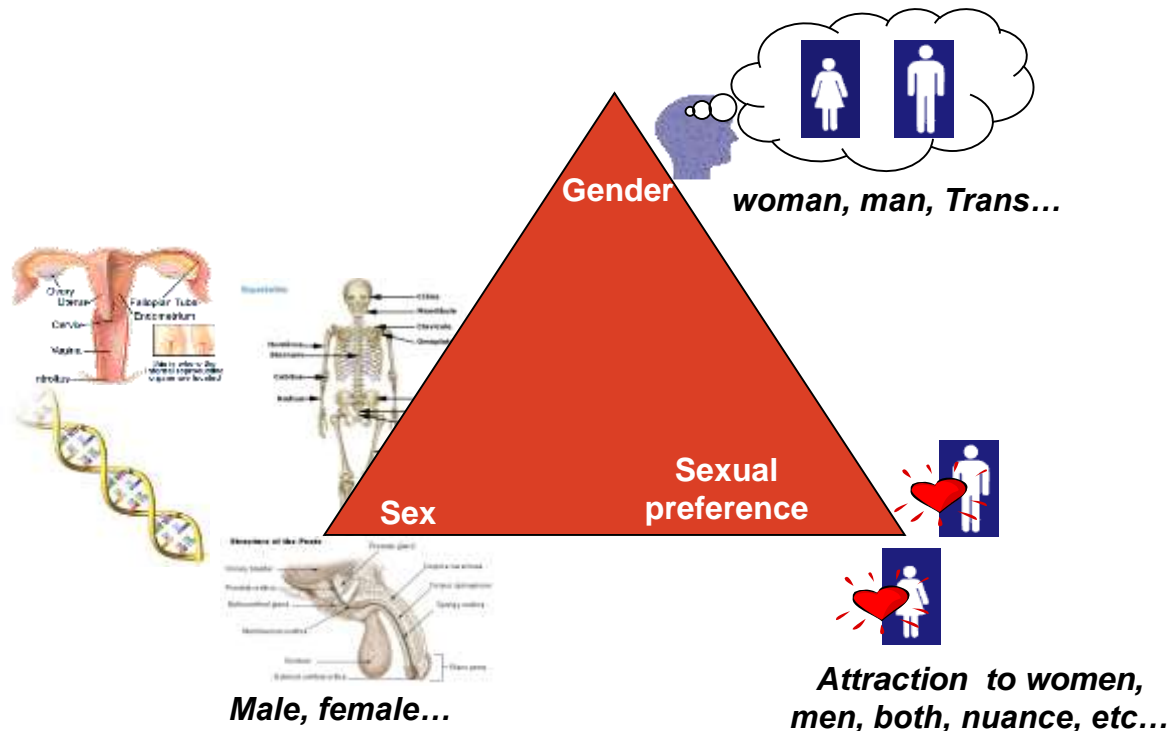
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# TRANSGENDER

## DEFINITION

The term transgender refers to a **diverse** population whose **gender identity** or **behaviour** differs from their assigned sex at birth

Coleman et al Int J Transgender 2011;13.



# REACTIONS TO TRANS

## PEOPLES' ATTITUDES

### **MIGHT REFLECT:**

- **misunderstanding**, generating some discomfort or lack of tact.
- Healthcare provider's **lack of knowledge** (**specificities** and **needs**) which may affect their access to care
- Pervasive **stigma** and **discrimination** attached to gender nonconformity affect the **health** and **wellbeing** of Trans people across their lifespan.

Bockting et al, Curr Opin Endocrinol Diab Obes. 2016;23

### **MUST BE TAKEN INTO ACCOUNT:**

- The trans-identity diversity and mainly the individual's self-gender definition.
- Intersectionality: biological sex, type of TGNC identity, sexual preference, ethnicity, geographical localization Hovart et al, 2014;61, and social-economical status. Conron Am J 2012;102.

# TRANS' REACTIONS

## HEALTHCARE IMPACTS

### **RELUCTANCES:**

- to find and to remain in a healthcare service,
- to talk about sexual health and proctologic, urologic, gynaecologic disorders or body transformations,
- to disclose their non conformed gender identity/their HIV status.

### **LEADS TO:**

- Delayed access to care
- Resort to non-professional care (e.g., silicon pump parties)
- Self-medication drugs (hormones, corticoids, benzodiazepines, antibiotics, etc) in the various galenic forms and frequently in high concentrations → Undesirable and drugs interactions effects

# AGING TRANSGENDER

## TRANS PEOPLE 50+ AGED

### **HAVE HIGHER RISKS OF:**

- Poor physical health, disability, depression and perceived stress compared to their LGB counterparts Fredriksen-Goldsen et al-Gerontologist 2013;54.
  - **Fear** of accessing **health services**, lack of physical activities, internalized **stigma**, **victimization**, and lack of social support.
  - Barriers to care are amplified by the **lack of available culturally competent services**.
  - Ageism, lack of affordable housing, and lack of family support appear to besiege TGN older adults. Bockting et al, Curr Opin Endocrinol Diab Obes. 2016;23.

### **PRESENTS TRANSITION-RELATED CARE WHEN**

- Social, identity and biological forces appear to converge and affect the clinical presentation. Ettner R, Wylie K., Maturites, 2013;74.
- Changes in cortisol secretion and down-regulation of sex steroids and other hormones possibly intensify gender “dysphoria”.  
Ettner R, Curr Opin Endocrinol diab Obes 2013;74

# TANGENDER: END OF LIFE

## ***END-OF-LIFE CARE:***

- Scarce studies related to Trans people in hospice or similar situations.  
Harding et al, J Palliat Med 2012; 15.
- Trans people fear that their gender identity will not be respected in long-term care and hospice facilities. WittenTM, Eyer AE, Transgender aging and the care of elderly transgendered patient. In: Principles of transgender medicine and surgery, The Haworth Press;2007.

## ***SEXUALITY AND INTIMACY REMAIN IMPORTANT IN PALLIATIVE CARE***

- Regarding LGBT people : Clinicians should work to avoid heteronormative stereotypes and focus on goals of care to enhance quality of life for all patients. Curr Opin Support Palliat Care, 2016;10.

# TRANS HIV EPIDEMIOLOGY

## TRANS WOMEN AND HIV

### *META-ANALYSES OF HIV INFECTION PREVALENCE:*

- Baral (Lancet ID 2013) : **19,1%**
  - Odds ratio **48,8** with respect to general adult population
- Operario (JAIDS 2008): **27,3%** Trans Women Sex Workers (SW)
  - Economic and social exclusion
  - Lower self-esteem
  - Diverse partnerships
  - Condomless receptive anal intercourse (stable partner and clients)
  - Unknown HIV status of their (stable) partner
  - Ignorance of transmission modes of HIV / STI / viral hepatitis infections, (e.g., neo-vagina would be contamination free).

→ Adapted harm reduction and integrated health programs to obtain

↓ **50%** prevalence in the next 10 years Poteat et al, Lancet, 2015;385

→ Official survey on Trans HIV infection are expected (~ CDC/UNAIDS)  
Trans women are not MSM, nor natal female: **Misclassification → Invisibility**

# AGING HIV TRANSGENDER WOMEN

## ***BARRIERS TO OPTIMAL HEALTH OUTCOMES AMONG AGING HIV PATIENTS WITH MULTIPLE COMORBIDITIES INCLUDE:***

- Being diagnosed with HIV infection late in the course of the disease  
(DCD 2013)
- Lack of a social and emotional support → e.g., increases STI
- Polypharmacy
- Physical limitations

## ***THE HIV TRANSGENDER STATUS INCREASES HEALTH DISPARITIES***

- Lack of insurance or underinsurance for health services
- Lack of knowledge among health care providers and support staff
- Insensitivity, hostility and discrimination
- Non-observance of ART
- Transgender women SW are more concerned



# RISKS OF...

## CROSS-SEX HORMONES THERAPY

### **HIGH CONCENTRATIONS, SELF-MEDICATION OR INADEQUATE MEDICAL PRESCRIPTION (WITH OR WITHOUT ART) FOR TW:**

- Acute thromboembolic on short-term
  - Cardiovascular accidents and CV disease on long-term increase with age and pre-existing CV disease
  - Liver dysfunctions
  - Metabolic disorder (cross hormones and/or ART)/diabetes/overweight
  - Osteoporosis, mainly due to absence of cross sex hormones treatment after sexual reassignment Gooren Eur J Endocrinol. 2014 Jun;170(6)
  - Adrenal insufficiency, meningioma, prolactinoma, breast cancer. Go
  - Mood swing Gooren, N Engl J Med 2011; 364
- Verify hormonal and ART blood levels/switch, **Transdermal oestrogens are safer**, D Vit, ODM, mammography or NMR, risks of CV/comorbidities.
- Psychiatric/ psychological evaluation/ screening neuro-cognitive disorder

# RISKS OF ...

## BODY TRANSFORMATIONS

### *IMPLANTS OF SOFT TISSUE FILLERS (INDUSTRIAL SILICONE) WITHOUT MEDICAL SUPERVISION:*

- « Siliconomas »
    - necrosis and/or secondary infection (erysipelas, cellulite, fasciitis).
  - Pneumonia
  - Pulmonary embolism ( ~ fat embolism)
  - Septic Shock
- Verify self-medications (corticoids, NSAI, analgesics, antibiotic) their undesirable effects

# RISKS OF...

## SEX REASSIGNMENT SURGERY (SRS)

### ***BAD OBSERVANCE OF POSTOPERATIVE INSTRUCTIONS***

***– during 3 months: no vaginal penetration, vaginal canal dilatation –  
MAY RESULT IN:***

- Infectious complications
- Fistulisations
- Neovagina's canal stricture/obstruction and/or urethral stricture

→ Gynaecological, urological (prostate enlargement) and/or surgery monitoring are necessary

→ Pap smear is recommended

# RISKS OF CONTAMINATIONS

## HIV / STI / VIRAL HEPATITIS

### *AMBROISE PARE HOSPITAL HIV TRANS WSW COHORT 1998-2011:*

- 139 HIV TW : 94% Latino American/ 97% SW, Median age:37
  - 43% AIDS stage of which 52% Tb OI
  - Median of CD4 Nadir: 256 cel /mm<sup>3</sup>
  - 80% HIV viral load<50 copies/ml /87%FHDH
  - 5% HIV-HCV co-infection
  - 5% HIV-HBV co-infection / 66% HBc Ab +
  - 60% syphilis history
  - 64% HPV : 61% condyloma /AIN1; 3% AIN3 : 1 anal canal carcinoma
- Screening: Tb, syphilis, gonorrhoea, HPV, chlamydia, HCV, HBV et HAV. If necessary propose HBV or HAV vaccination.

# RISKS OF CONSUMPTION...

## OF TOBACCO, ALCOHOL, PA Substances

- Smoking tobacco/cannabis PLHIV increases
  - ≈13X the lung cancer risk
    - CV risks (+oestrogens)
- Alcohol risks increases with oestrogens and ART interactions
- Sleeping pill (BZD/opioid) overconsumption
- Coke may cause heart stroke without atheroma

→ CAGE/NDT questionnaires screening even for 50+ TW

→ Address to addiction care services

→ Limit the intake or cessation programs (harm reduction)

- Replacement of opioids in cases of consumption disorders
- Avoid sharing the same "sniffer", crack pipe or injection

# MENTAL HEALTH

## PSYCHOLOGICAL/PSYCHIATRIC SUPPORT

### *TAKE INTO ACCOUNT THE:*

- Native language and cultural aspects
- Style and history of life
- Precariousness
- Individual trans-identity process
- Somatic comorbidities

→ Avoid leaps or preconceived ideas

# CONCLUSION: INTEGRATED CARE

## INTER- AND PLURI-DISCIPLINARITY

### *PRIMARY CARE*

- Health promotion, diseases prevention, health maintenance, counselling, patient education and empowerment.
- Integrated Health gender care in HIV care (vice-versa)

### *COORDINATION OF SERVICES ACROSS PATIENT CARE CONTINUUM:*

- Aging Trans women population living with HIV require extensive care coordination as consequence of complications related with transition's gender and another comorbidities and chronic diseases.

Official survey, Evidence-based HIV prevention, education, care and treatment intervention for TSW, inclusion of gender health in care providers' curriculum are urgently needed.