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Prevalence of hormone prescription and education for cis and trans women by medical trainees

Madison T Meister
University of Louisville

Laura A. Weingartner
University of Louisville

Emily J. Noonan
University of Louisville

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Introduction

- LGBTQ+ patients experience a disproportionate number of barriers to healthcare and trans patients experience discrimination due to gender identity¹
- Transgender patients may take hormones to affirm their gender identity, such as feminizing gender-affirming hormones (estrogen) taken by some transgender women²
- Studying how trainees discuss the risks of hormones for both cis and trans women can demonstrate if disparities exist and how we may address them to overcome the multitude of healthcare barriers these patients report³

Objectives

The purpose of this study was to investigate:

- A comparison of the rate at which cis women and trans women are prescribed hormones
- The prevalence of hormone health risk discussions by medical trainees

Methods

- Interviews were conducted by third year medical students with standardized patients in a primary care setting with a new patient to establish care
- 50 videos were analyzed with patients who were cis women (n= 28) and trans women (n=22)
- Each patient was trained to report use of estrogen patches they had purchased online for acne control (cis) or gender-affirming (trans) purposes
- Each patient asked the student for a prescription
- Students had previously completed LGBTQ clinical skills training in which estrogen would be appropriate for trans women, while students would be expected to be recommended a combination estrogen/progestin contraceptive to cis women.
- This study was approved by the University of Louisville Institutional Review Board.

Results

Figure 1: Hormone Prescription Rates for Cis and Trans Women

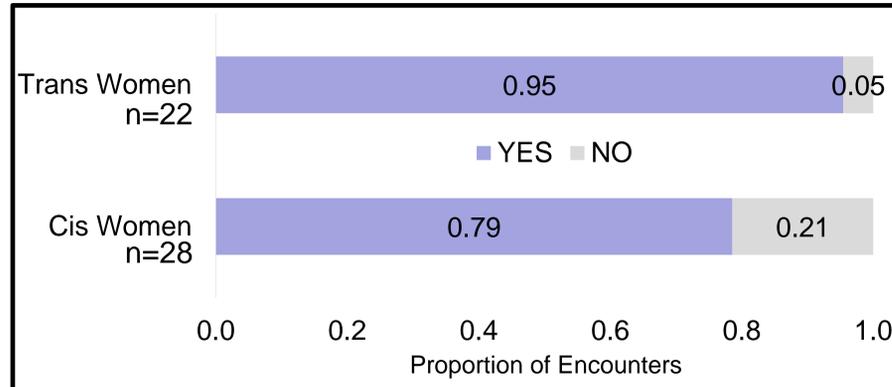


Figure 2: Frequency of Personal Knowledge and Risk Discussions

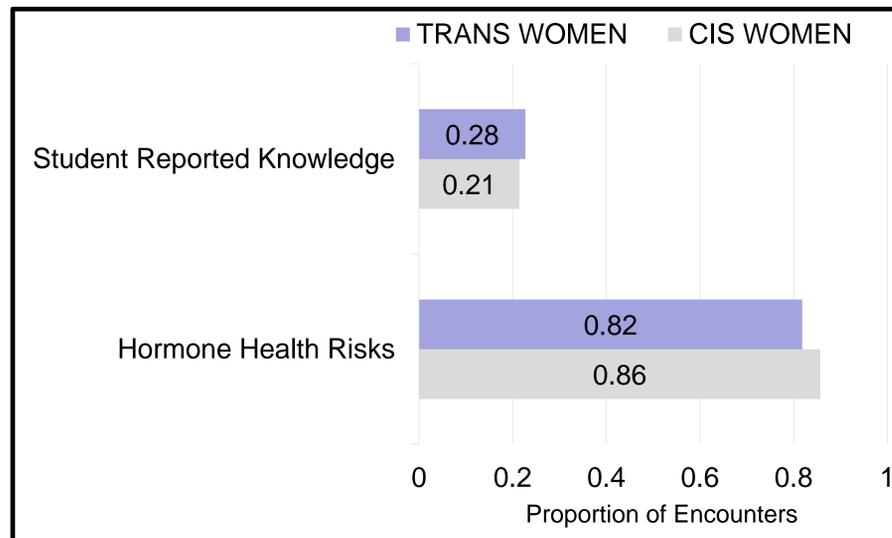


Figure 3: Examples of Common Language Used Across Hormone Discussions

<p>Medication Risks: “Uncontrolled estrogen can have adverse long-term side effects, such as increasing your risk for cancers.”</p>	<p>Delayed Prescription: “I would have to do some research, but I would like to prescribe them for you.”</p>	<p>Informative Discussion: “There are a lot of hormone delivery methods we could use to get the results you want.”</p>
<p>Distribution Risks: “Taking hormones that you order online can have a number of side effects.”</p>	<p>Alternatives for Cis Women: “I would really like to prescribe an oral contraceptive instead of just estrogen.”</p>	<p>Condescending Discussion: “Just because it worked for your friend doesn’t mean it will work for you.”</p>

- Students agreed to prescribe hormones more frequently to patients who identified as trans women than cis women (Figure1)
- Of the 90% (n=43) of students who agreed to prescribe hormones, 47% (n=20) prescribed it conditionally, including: pending lab results, students desire to research hormones, or checking with their attendings
- Three students who did not agree to prescribe hormones referred the patient to dermatology, OBGYN, or endocrinology
- Students discussed their personal knowledge prescribing hormones at similar rates among the trans and cis women (Figure 2)
- A majority of students discussed hormone health risks with patients (Figure 2)
- Many students wanted to prescribe different hormones (ex: oral contraceptives) or do more research on the topic (Figure 3)
- Of the total encounters where risks were discussed (n=42), 69% (n=29) were informative and 6% (n=4) were condescending (all with cis patients)

Discussion

- Students in this study were willing to prescribe estrogen to trans women
- Our findings suggest that LGBTQ clinical skills training may prime students to be able and willing to prescribe hormones for gender-affirming care in a primary care setting
- Our findings also show that the majority of students discussed hormone health risks with their patients, regardless of gender identity
- One limitation of this study is that our analysis did not separate the risk discussions by the type of hormones for cis women (unopposed estrogen v. combination estrogen/progestin oral contraceptive), which may artificially inflate risk discussions that cis women would typically encounter relative to trans women
- Follow-up studies should compare risk discussions among trans women seeking estrogen and cis women seeking oral contraceptives
- Future studies could also compare rates of hormone prescription and risk discussions among students who have not had similar LGBTQ clinical skills training

Acknowledgements

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