

# POINTS & PEARLS

A Quick-Read Review of Key Points & Clinical Pearls, September 2020

## Emergency Care for Transgender and Gender-Diverse Children and Adolescents

### Points

- Lack of knowledge and cultural competency regarding care for transgender and gender-diverse (TGD) youth can create barriers to effective care and negatively affect the quality of care patients receive.
- TGD refers to any person whose internal sense of gender is not aligned with their sex assigned at birth. Some TGD individuals begin to express these feelings as early as toddlerhood.
- Gender exploration or dysphoria may evolve over time.
- A good approach is to introduce yourself and your pronouns, and ask the patient their name and their pronouns. “You/your” and “your child/your child’s” are neutral terms. If you use an incorrect name or pronoun, apologize and move on.
- Patients may have their own way of referring to themselves and all efforts should be made to use the patient’s chosen words. If the name on their medical record is different than the name the patient tells you and the name on record must be used, offer an explanation for why it is necessary, as this can sometimes be a negative experience for the patient.
- Examine only the relevant anatomy, as breast and genital examinations may be particularly sensitive. If these examinations are necessary, offer an explanation for why they are needed, ask permission, have a chaperone present, or offer alternatives for evaluation or treatment.
- Gender-affirming interventions may help children and adolescents feel more aligned with their gender identity as they develop. Individuals may use tucking, packing, and/or binding to align their external appearance with their gender identity and/or to increase their sense of safety in public places. Associated side effects may include urinary tract infections (UTI), skin breakdown, or musculoskeletal pain.
- Pubertal changes can lead to distress in TGD youth. Medical gender-affirming therapies such as pubertal suppression, feminizing or masculinizing hormones, contraception, and fertility preservation may decrease distress.

### Pearls

- TGD youth are at increased risk for substance abuse, suicide, self-harm, anxiety, depression, and eating disorders, as well as physical and sexual violence, family rejection, homelessness, food insecurity, and poverty. Screen for social determinants of health as well as intimate partner or caregiver violence.
- While most healthcare needs of a TGD youth will be the same as those of a cisgender patient, one should respectfully inquire about psychosocial stressors, behavioral health, hormone therapies, and do-it-yourself or unsupervised medical and surgical therapies.
- Unwanted disclosure of TGD status to parents could compromise the patient’s housing status or lead to abuse. Confidentiality for the minor should be maintained unless there is a risk of life-threatening harm to the patient or others. Involve Child Protective Services if there is concern for safety.
- Gender identity and exploration is complex and patient referrals should be made to professionals experienced with TGD youth.

### Issue Authors

#### Hannah Janeway, MD

International and Domestic Health Equity and Leadership Fellow, Department of Emergency Medicine, UCLA, Los Angeles, CA

#### Clinton J. Coil, MD, MPH, FACEP

Associate Health Sciences Clinical Professor, David Geffen School of Medicine at UCLA; Co-Medical Director for Transgender Health, Los Angeles County Department of Health Services, Los Angeles, CA; Chief Quality Officer, Harbor-UCLA Medical Center, Torrance, CA

### Points & Pearls Contributor

#### Samira Abudinen Vasquez, MD

Pediatric Chief Resident, Icahn School of Medicine at Mount Sinai, Elmhurst Hospital Center, New York, NY

#### Jeranil Nunez, MD

Assistant Medical Director, Pediatric Emergency Medicine, Mount Sinai Beth Israel; Associate Professor of Clinical Emergency Medicine, Icahn School of Medicine at Mount Sinai, New York, NY

**Table 1. Terminology and Definitions Relating to Gender Identity and Expression**

Term	Definition
Gender identity	A person's deeply held sense of being a man, a woman, some of both, or neither (nonbinary). Gender identity is self-defined and cannot be assigned by others.
Gender expression	The manner in which a person represents their gender identity through speech, mannerisms, and/or clothing.
Cisgender	A person whose gender identity matches their sex assigned at birth.
Transgender	A person whose gender identity is different from their sex assigned at birth.
Transgender man/transmasculine person	A person whose sex assigned at birth was female who now identifies as male.
Transgender woman/transfeminine person	A person whose sex assigned at birth was male who now identifies as a female.
Gender nonbinary/genderqueer/gender diverse/third gender	A person who does not identify as male or female or experiences their gender outside the traditional gender binary.
Gender fluid	A person whose gender identity is not static and can change over time.
Sexual orientation	A person's physical, romantic, or sexual attraction to others.
Gay	A man attracted to other men. Some women who are attracted to other women also use this term.
Lesbian	A woman attracted to other women.
Bisexual	A person who is attracted to more than 1 gender.
Pansexual	A person who is attracted to a person regardless of their gender identity.
Queer	An umbrella term that may be used in place of almost any of the above terms or to indicate all of them collectively (while this term is used widely to self-identify, some individuals still perceive it as a slur).

**Words to Avoid\***

Transsexual, transvestite, transgendered, transgenders, transgenderism, sex-change, hermaphrodite, cross-dressing, sex reassignment surgery

\*Some patients may use these terms to self-identify. While their use should be avoided when discussing transgender care in general, the terminology the patient most closely identifies with should be used. For example, if a patient identifies as transsexual, that term should be used with that patient.

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- Side effects from pubertal suppressive medications are minimal; other organic causes for clinical complaints should be fully explored in patients taking these medications.
- Side effects from hormonal therapies are generally extrapolated from adult studies and should be discussed with patients, as other risk factors may increase the risk of complications.
- While uncommon for minors, research suggests that gender-affirming surgery can improve mental health and quality of life for TGD individuals.
- Top (chest) surgery is more common than bottom (genital) surgery. Surgical complications should be evaluated by a surgeon.
- Complications from subcutaneous silicone injection for body sculpting can lead to pulmonary embolism, systemic inflammation, or organ damage.
- Consider sexually transmitted infections as well as UTIs in patients with urinary complaints.
- Pregnancy should be considered in any patient with a uterus, regardless of their gender identity, stated sexual orientation, or hormonal therapies.

**Most Important References**

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17. Lech CA. EMRA Transgender Care Guide. Irving: Emergency Medicine Residents' Association. 2018. (Book) <https://www.emra.org/globalassets/emra/publications/books/transgencareguide-final.pdf>

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 4375 Holcomb Bridge Rd, Suite 100  
 Peachtree Corners, GA 30092

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