

# Exploring gender identity?

## 5 HOT TIPS

# to successfully manage trans health in a busy primary care practice

June 7, 2021

Mental health (and... COVID-19)

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# Faculty/Presenter Disclosure

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- Principial Investigator (2019 – 2021)  
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# THOMAS

- Thomas is 31 years old and was assigned female at birth. He has had significant gender dysphoria since childhood but has never felt able to safely exhibit a more masculine appearance.
- Thomas has recently come out to his friends, family and workplace and was pleasantly surprised at their supportive response. He has asked everyone to start calling him by his preferred name, Thomas, and using he/him/his pronouns.
- **You are Thomas's family physician, though he hasn't come to see you in several years. You know him as "Jennifer" and he presents to your office today to discuss gender transition and how you can help him with this.**

# ADRIAN

- Adrian is 18 years old and was assigned male at birth. Adrian identifies as female and has been on pubertal suppression therapy (GnRH analog- Lupron) since age 11. Her pediatric endocrinologist added Estradiol to her hormone regimen at age 15 and she has been very satisfied with the feminizing effects.
- **She is now ready to find a family physician to support her in continuing her social, medical and possibly surgical gender transition.** She is otherwise healthy, has a very supportive family and is doing well from a mental health perspective.

# SAGE

- Sage is a 35-year-old construction worker, who was assigned female at birth, but identifies as non-binary. Sage's preferred pronouns are them/they/theirs.
- Sage had previously been with a family doctor who wasn't comfortable with their non-binary identity. **They are keen to find a new family doc they can trust and really open up to about sexual health and their gender journey.**

## Gender dysphoria news, perspectives, guidelines, and reference

A new policy in Stockholm has ended the practice of prescribing puberty blockers and cross-sex hormones to minors with gender dysphoria. See what drove that decision, paralleling similar policies around the US and abroad. [Read more](#)



[View Now »](#)

### Related News & Perspectives

[Ban Hormones for Transgender Kids? Point-Counterpoint »](#)

[Transgender Teens: Is the Tide Starting to Turn? »](#)

[Transgender Hormone Therapy Linked to Blood Pressure Changes »](#)

[Arkansas First State to Ban Transgender Medical Treatments for Youths »](#)

[Many Unknowns on Fertility Preservation in Transgender Patients »](#)

[Cardiovascular Risks Elevated in Transgender Youth »](#)

# Needs?

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Please ASK  
use (Q+A / CHAT)



Why are we  
talking about  
this?

Approx 1% of  
your

clinic  
population....

Why are we  
talking about  
this?

Approx 1% of your

clinic population....

**may be TGD/GD**

So how do you successfully manage  
trans health / gender exploration in a  
busy primary care practice??

So how do you successfully manage  
trans health / gender exploration in a  
busy primary care practice??

dr j's

**5 HOT TIPS**



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#1

**You don't have to do it all – but.....**

Be open, curious, non-judgmental and **QUICK** to refer or get some supports in place:

- #1 - Skipping Stone Foundation
- Calgary Centre for Sexuality
  - Many expert Gender psychologists (child, adolescent, adult)
  - eReferral
  - The Alex - Community Clinic
  - The METTA clinic at ACH
  - Jablonski Health (tele-consults)
  - Adult Gender Clinic at FMC (36 month wait list /signing authority for trans affirming surgeries )

Best Canadian  
guide to medical  
transition, Follow  
up, screening  
protocols, risk  
assessments etc.





Accelerating Change  
Transformation Team  
(formerly Toward Optimized  
Practice)

<https://actt.albertadoctors.org/CPGs/Pages/Transgender-Health-Care.aspx>

**Transgender Health In Primary Care - Initial Assessment**  
**Feminizing Chest Surgery - Summary For Primary Care Providers**  
**Masculinizing Chest Surgery - Summary For Primary Care Providers**  
**Metoidioplasty**  
**Phalloplasty - Summary For Primary Care Providers**  
**Vaginoplasty - Summary For Primary Care**

# Trans Day of Visibility March 31

Here's how you can show your support:

Learn **trans**  
terminology

Support  
**trans-led**  
organizations

Be an **ally** and  
a **confidant**

Go to local  
**Transgender Day**  
**of Visibility** events

Make spaces **safe**  
and **inclusive** for  
**trans people**

#FreeToBeMe

Canada



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# Just ASK (and record on EMR)

- ASAB (assigned sex at birth)
- Preferred name, preferred pronouns
- Gender identity
- (REMEMBER: Sexual preference / attraction is a completely separate issue to gender)



# DSM 5 criteria

**A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:**

1. Incongruence between preferred gender and natal sex characteristics
2. Wish to prevent or remove natal sex characteristics
3. Desire for sex characteristics of alternative gender
4. Desire to be an alternative gender
5. Wants to be treated as an alternative gender
6. Have feelings and reactions of alternative gender



# Gender identity

**What is your current gender identity?** (Check all that apply)

- Male
  - Female
  - Transgender Male / Trans Man / Trans masculine
  - Transgender Female / Trans Woman / Trans feminine
  - Two spirit
  - Genderqueer, gender fluid, Non-binary
  - Agender
  - Additional Gender Category/(or Other), please specify
- 
- Decline to Answer
- What sex were you assigned at birth on your original birth certificate?**  
(Check one) → MALE → FEMALE

LGBTQQIP2SAA

As of June 7, 2021

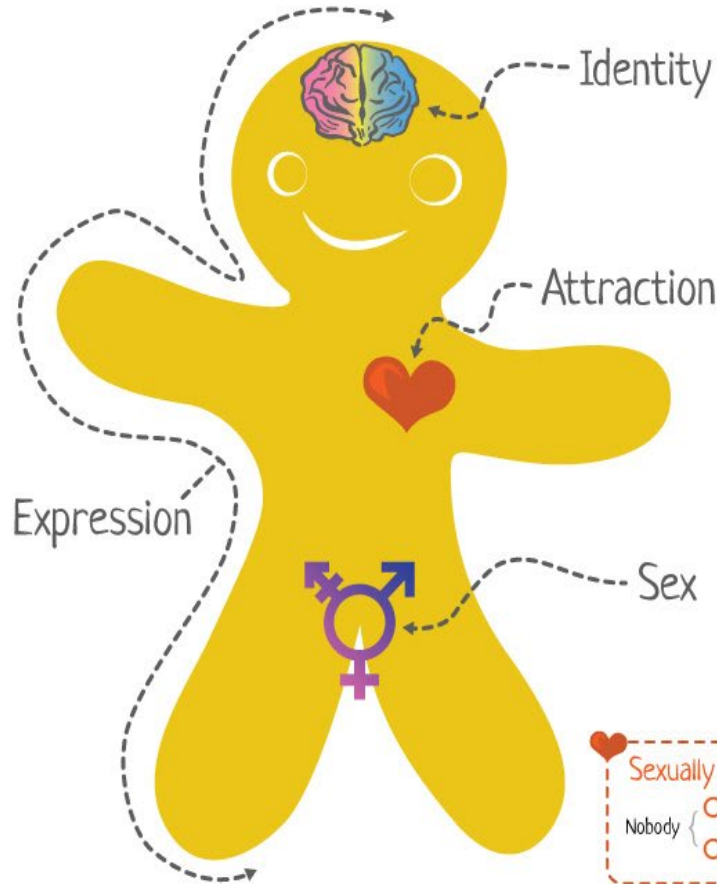
2SLGBTQ+

# Gender vs Sexuality

## The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos

**Gender Identity**

⊘ Indicates a lack of what's on the right.

Woman-ness

Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

"woman" "man" "two-spirit" "genderqueer"

**Gender Expression**

Feminine

Masculine

The ways you present gender; through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

"butch" "femme" "androgynous" "gender neutral"

**Biological Sex**

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

"male" "female" "intersex" "MtF Female"

**Sexually Attracted to**

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

**Romantically Attracted to**

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>





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#3

## Learn to say (something like....)

*“Is there anything you would like me to know about your gender, body or sexuality that would allow me to provide you with the best care possible?”*



4

#4

If make a mistake, **APOLOGIZE**  
and move on....



5

Transition is a unique and  
non-linear journey  
with multiple potential  
options and menus

# TRANSITION

GENDER IDENTITY

SOCIAL

LEGAL

MEDICAL (hormonal / surgical)



# FEMINIZING





# MASCULINIZING

FUTURE???

**TRANSGENDER  
HEALTH for  
Alberta**



THANKS



Q+A