

2-2021

Menstrual management in adolescent transgender males

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Recommended Citation

Eisenberg, Julia; Felleman, Sarah; Bear, MPH, Benjamin; Efron, MD, Arielle; Kazak, PhD, ABPP, Anne; Alioto, PhD, Anthony; Graber, DO, Evan; Short, PhD, MPH, Vanessa; Gannon, PhD, MSPH, Meghan; and Schwartz, MD, Beth, "Menstrual management in adolescent transgender males" (2021). *Phase 1*. Paper 17.

https://jdc.jefferson.edu/si_phr_2023_phase1/17

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Menstrual management in adolescent transgender males

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Introduction

- **Transgender** individuals are those whose gender identity is incongruent with sex assigned at birth.¹
- Transgender adolescents have an increased risk of suicide, depression, anxiety, self-harm, substance abuse, and eating disorders due to **gender dysphoria**.²
 - Gender dysphoria is a diagnosis that indicates the conflict or distress associated with gender incongruence.¹
- Though individuals of all gender identities can menstruate, many perceive it to be a strictly female bodily function.³ Anecdotal evidence suggests that, because of its feminine association, puberty and menarche can be distressing events for transgender males and may contribute to gender dysphoria.⁴
- The use of menstrual management in treating gender dysphoria in this population has never been fully evaluated.

Objectives and Hypothesis

- **Objective:** evaluate the use of menstrual management to alleviate gender dysphoria in adolescent transgender males.
- **Hypothesis:** adolescent transgender male patients that use menstrual management will have decreased gender dysphoria related to menses.

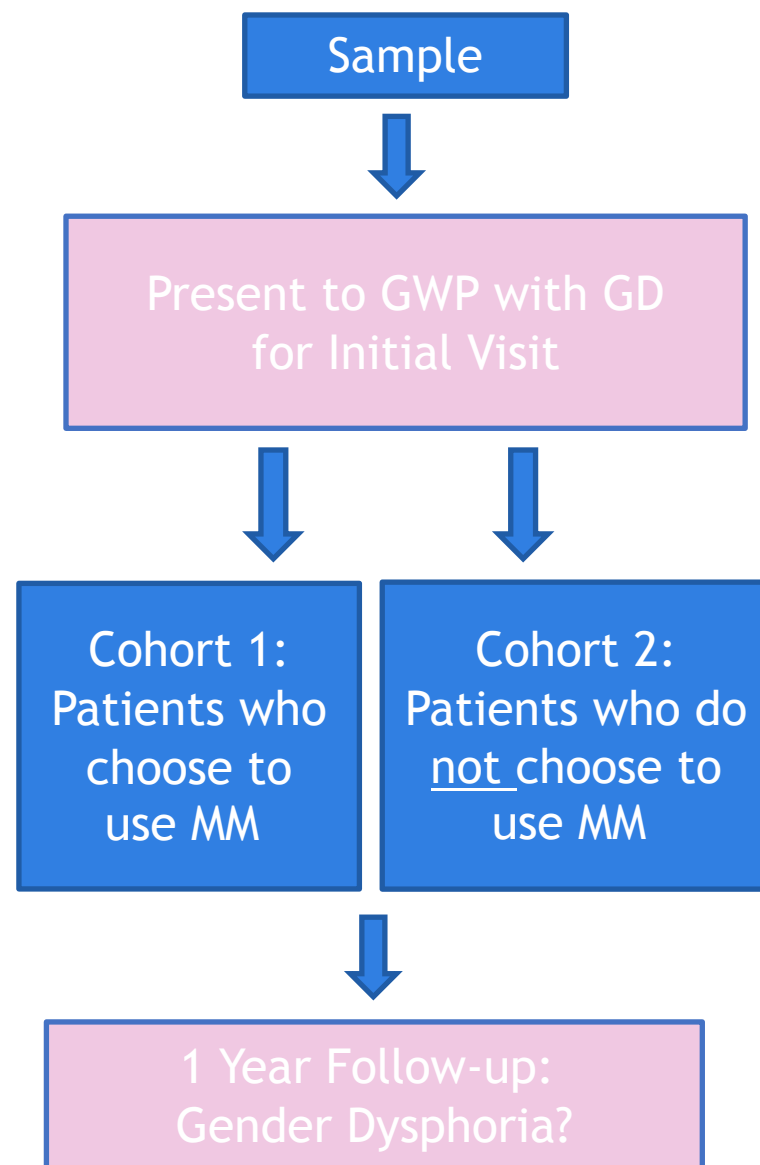


Methods: Population and Data Collection

- The target population is transgender male adolescents who have reached menarche and were assigned female sex at birth
- Data was collected on all patients presenting with gender dysphoria seen in the Gender Wellness Program (GWP) clinic at Nemours from 2018-2020
- Our study sample includes the patients who:
 - Were under 18 at the initial visit
 - Self-reported their gender identity as transgender male
 - Assigned female sex at birth and have reached menarche
 - Were not prescribed hormone therapy or puberty blockers
 - Reported gender dysphoria related to menses

Methods: Design and Data Collection

- This was a **retrospective cohort study**
- Data was collected from a comprehensive chart review of provider notes at the GWP clinic
- Chart information documented in REDCap
- Patients were split into cohorts based on their choice to use or not use menstrual management at the initial visit
- Improvement in gender dysphoria in each cohort was then assessed at the 1 year follow up visit



Examples of Data Collection (Initial Visit)

On testosterone currently?	<input type="radio"/> Yes <input checked="" type="radio"/> No	reset
History of prior menstrual management method (MMM) use?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not reported	reset For menstrual management (not contraception) but can be for both; If for contraception only, answer is No
Current MMM use?	<input type="radio"/> Yes <input checked="" type="radio"/> No	reset At initial GWP DOS; for menstrual management (not contraception) but can be for both; If for contraception only, answer is No
Desires MMM?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported	reset Regardless of current use; For menstrual management (not contraception) but can be for both; If only wants for contraception, answer is No

Examples of Data Collection (Initial Visit)

Reasons for MMM use/desire	<input checked="" type="checkbox"/> Amenorrhea <input type="checkbox"/> Regular periods <input type="checkbox"/> Less frequent periods <input type="checkbox"/> Improved bleeding <input type="checkbox"/> Improved menstrually-related pain <input type="checkbox"/> Improved non-menstrually-related pain <input type="checkbox"/> Improved menstrually-related symptoms <input type="checkbox"/> Improved menstrually-related moods <input checked="" type="checkbox"/> Improved menstrually-related dysphoria/distress <input type="checkbox"/> Other
Plan to start new MMM?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe/Unsure <input type="radio"/> Not reported reset
MMM prescribed by GWP provider?	<input checked="" type="radio"/> Yes <input type="radio"/> No reset <small>Including method change (but not refill of current MMM); by Gyn, AM, or Endo (ok if not official GWP visit)</small>
Which MMM prescribed/inserted?	<input type="radio"/> Combined OCP <input type="radio"/> Progestin-only OCP <input checked="" type="radio"/> Aygestin (norethindrone acetate) <input type="radio"/> Depo Provera injection <input type="radio"/> Nexplanon implant <input type="radio"/> Levonorgestrel IUD (Mirena/Liletta/Kyleena/Skyla) <input type="radio"/> Copper IUD (Paragard) reset <small>Including method change (incl OCP change but not continuation of same)</small>

Examples of Data Collection (Follow-Up Visit)

Improved bleeding?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported <input type="radio"/> Not applicable (no prior bleeding complaints)	reset
	From baseline; Y if now amenorrheic	
Improved pain?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported <input type="radio"/> Not applicable (no prior pain complaints)	reset
	From baseline	
Improved non-pain menstrual symptoms?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported <input checked="" type="radio"/> Not applicable (no prior symptoms)	reset
	From baseline	
Improved menstrually-related moods?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported <input type="radio"/> Not applicable (no prior mood complaints)	reset
	From baseline	
Improved menstrually-related dysphoria/distress?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not reported <input type="radio"/> Not applicable (no prior menstrually-related dysphoria)	reset
	From baseline	

Methods: Analysis

- Our main predictor was whether the patient chose to use menstrual management at the initial visit
- Our main outcome was if the patient responded "yes" when the provider asked if the patient had "improved menstrually-related dysphoria" at the one year follow up visit
 - When a patient responded "yes" that is an outcome of "Reduced dysphoria" (Outcome A)
 - When a patient reported "no" that is an outcome of "Dysphoria" (Outcome B)
- We quantified these outcomes using odds ratio and absolute risk reduction to compare how menstrual management impacted gender dysphoria related to menses at the one year follow up visit
- Our data collection and analyses were a collaboration with Nemours Children's Hospital

Results

- 91% of patients who used menstrual management reported improved menstrually-related gender dysphoria after one year
- Patients who used menstrual management are 209 times more likely to report decreased gender dysphoria relating to menses
- There is an 87% reduction of gender dysphoria related to menses with menstrual management

Outcome based on Predictor	Reduced Dysphoria (A)	Dysphoria (B)
Used MM (Cohort 1)	55	5
Did not use MM (Cohort 2)	1	19

Conclusions

- This study assesses the impact of menses and menstrual management on gender dysphoria in post-menarchal adolescent transgender males seen in the GWP clinic since 2018
- Our results indicate that menses are psychologically distressing to adolescent transgender males and that transgender males who use menstrual management experience an improvement in menstrually-related gender dysphoria
- Menstrual management is a currently overlooked area that appears to offer a unique intervention in this psychologically vulnerable population
- Our findings can help inform the delivery of more compassionate and comprehensive care to this community



Limitations



Chart documentation

This study was limited by incomplete documented patient histories and doctor's notes



Selection bias

This study includes only patients who are seen at the GWP clinic



Procedure bias

The two cohorts did not have the same number of follow up visits

Future Improvements



Chart documentation

Create a patient intake form assessing gender dysphoria at initial and follow up visits



Selection bias

Innovative patient recruitment strategies for future studies



Procedure bias

Offer more frequent follow up visits to patients who are not using menstrual management

Next steps

1

Prospective study to evaluate the impact of menstrual management on gender dysphoria and overall mental health in transgender male adolescents

2

Evaluate the efficacy of different menstrual management methods in improving menstrually-related gender dysphoria

3

Develop evidence-based menstrual management interventions and guidelines to improve psychological well-being and avoid adverse outcomes in this population

Disclosures and Acknowledgements

- Benjamin Bear, MS
- Arielle Efron, MD
- Anthony Alioto, PhD
- Evan Graber, DO
- Vanessa Short, PhD, MPH
- Beth Schwartz, MD
- Nemours GWP



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