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HEALTH CARE OF TRANSGENDER PEOPLE IN HORMONAL USE: A INTEGRATIVE REVIEW OF THE LITERATURE

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ABSTRACT

The objective of this study was to evaluate national and international scientific evidence on the health care of transgender people using sex hormones. This is an integrative review, accomplished from consultation with the Virtual Health Library and the Medline, Cinahl, BDNF, Cuiden and Lilacs Databases. The inclusion criteria for selection of the sample were: articles published in English, Portuguese and Spanish, and no limits were set regarding the year of publication. As exclusion criteria are theses, dissertations, monographs, editorials and review articles. For the analysis of the selected articles, the sense nuclei that compose the 'corpus' of the study were identified. It was evidenced that the use of hormones by transgender people is a subject of social and scientific interest and the care that is fulfilled during the use of these hormones, although important, is still considered as a topic with little coverage in the scientific environment.

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INTRODUCTION

Although homosexuality is not seen as pathological, the Transgender category (composed of transsexual women, transsexual men and transvestites) has not yet been fully included in this despatologizing process. When transsexuality is understood as a disorder, which occurs due to the inadequacy of biological sex, which is evidenced by a mismatch between the same and the gender identified by the individual, their gender identity becomes an internal and individual experience, originating from perception that the individual has built and has of himself (CASTEL, 2001). Transsexuality has already been understood as a complex

syndrome and its insertion as pathology by the medical class has already been questioned several times. It is characterized by an intense feeling of non-belonging to the anatomical sex itself but this feeling is not accompanied by manifestations of delirious disorders (occurs in schizophrenia) or organic bases (in the cases of intersex). Transsexuality is no longer termed transsexualism, a term used from studies The transsexual phenomenon of Harry Benjamin, a German physician emigrated to the United States, (1885-1986) where he became a Gender Identity Disorder (DIG), Identity Disorder Gender (TIG) or transsexuality by DSM – IV(ARAN; MURTA, 2009). Initially Resolution 1652/2002 of the Federal Medical Council revoked by 1955/2010, determines that only those who present the diagnosis of TIG will have the right to modify their secondary sexual characteristics, obeying the stages of the Transsexual Process (ARAN; MURTA, 2009). Due to the

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fact that it is difficult to have a closed diagnosis of TIG, only to be able to access the Transsexual Process in the search for corporal adjustment, men and women transsexuals are at the mercy of the indiscriminate and inappropriate use of sex hormones (ARAN; MURTA, 2009; CASTEL, 2001). Especially among transsexual women who make empirical use, there is no standard prescription, the more experienced who have already used hormones, advise to start using, the consumption of two to three tablets per day or two applications of the injectable form of the hormone per week, for the development of female forms (DIEHL; VIEIRA, 2013; BENEDITTI, 2005; BENTO, 2008). Often the dosage used ends up being doubled or even tripled by transsexual women in order to accelerate the appearance of expected effects consisting of hair reduction, rounding of the forms, development of the breasts to a more feminine conformation, in addition to the redistribution of body fat and the silky aspect of the skin (DIEHL; VIEIRA, 2013; BENEDITTI, 2005; BENTO, 2014). Among the undesirable consequences are thromboembolic effects, increased depressive symptoms, swelling in the legs (due to fluid retention in the body), decreased sexual appetite and erection when this hormone use happens with transsexual women. Special attention should be given when there is an association between the use of hormones and smoking, both when it occurs between transsexual men or women, since this sum causes an increase in thrombolytic events (BENTO, 2008; BENTO, 2014).

Since the adolescence in many cases the process of production of female identity begins in a male body in the case of transsexual women and male identity in a female body in transsexual men and passes to a new body with female/male presentation, a fact that often results from an unlimited obsession (BENEDITTI, 2005; BENTO, 2014; LOURENÇO, 2009). Studies that address this context of care fulfilled by transgender people using hormones become important so that their needs are met and actions are created with a focus on their specificities. The following guiding question was formulated: What are the scientific evidences about the health care of transgender people using sex hormones? With the objective of evaluating the available national and international scientific productions that address health care fulfilled by transgenders using hormones.

MATERIALS AND METHODS

Evidence-based practice (EBP) has as one of its purposes the encouragement of the use of results in favor of care provided at different levels of health, thus reinforcing its importance from research to clinical practice (MENDES; SILVEIRA, 2008; GANONG, 1987). For the construction of this integrative revision, the six steps described by Ganong were used: elaboration of the guiding question; search in literature; data collect; critical analysis of included studies; discussion of results; presentation of the integrative review (GANONG, 1987). Data collection took place from February to August 2017 in the databases: BDENF (Nursing Databases), LILACS (Latin American and Caribbean Literature in Health Sciences), CINAHL (Cumulative Index to Nursing and Allied Health Literature), MEDLINE (Medical Literature Analysis and Retrieval System Online) and the Virtual Health Library. The selection of articles was based on the inclusion criteria: original article, written in English, Portuguese and Spanish, complete and available, regardless of year of publication and country of origin. As a criterion for exclusion, theses,

dissertations, monographs, editorials, integrative, systematic and conceptual reviews, as well as the repetition of publication of studies in more than one database, and articles that did not respond to the conducting question were disregarded of the study. In each of these bases, the paired search was performed using the descriptor “Transgendered Persons OR Transgender” integrated to the descriptors using the Boolean AND “Hormones” and “Health Care”; and their analogues in Portuguese and in Spanish, all standardized by MESH (Medical Subject Heading) and DeCS (Descriptors in Health Sciences). Due to the appearance of the vast amount of articles that also associated health care with HIV, they were excluded from the search using the NOT boolean for the HIV/AIDS descriptor. Thus, the search strategy resulted in 90 articles, distributed in the determined databases. The duplicate articles were collected and counted in only one database (08), being considered in the database that was easier to access. The title and abstract of these articles were read, and only those that covered the subject of the study were included, excluding those that did not meet the previously established criteria of illegibility, and the sample was reduced to 37 articles. Thus, an evaluation of the articles, all read in full, was fulfilled and those who did not answer the guiding question were withdrawn, leaving only 7 articles as final sample. Figure 1 shows the selection process and the number of excluded publications in each database used, in order to provide a better understanding of the final sample selection process.

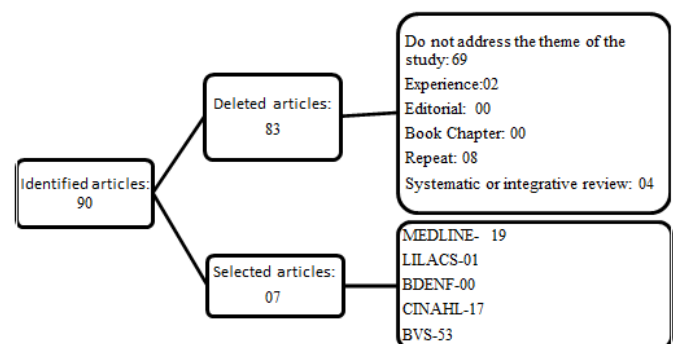


Figure 1. Flowchart of data collection and selection of the studies that compose the sample. Recife, 2017

In the sequence, the information was also summarized in an orderly manner. For this, a validated instrument was used in which the data of the articles were collected, used to extract the main data of the selected studies and relevant information and to minimize the errors of the transcription. The mentioned instrument included the following data: research title, type of publication, nature of the study, year of publication, authors, source of location, place of research, language, academic training of the authors, characteristics of the samples studied, objectives and results (URSI, 2005). The level of evidence from the studies was evaluated in order to determine the confidence in the use of its results and to strengthen the conclusions that will generate the state of the knowledge of the subject in question to be investigated. The selected articles were classified into levels of evidence (LE): Level I - the evidence comes from a systematic review or meta-analysis of all relevant randomized controlled trials or from clinical guidelines based on systematic reviews of randomized controlled trials; Level II - Evidence derived from at least one well-delineated randomized controlled trial; Level III - evidence obtained from well-delineated clinical trials without randomization; Level IV - evidence from well-delineated cohort and control case studies; Level V - evidence from a

systematic review of descriptive and qualitative studies; Level VI - evidence derived from a single descriptive or qualitative study; and Level VII - evidence from the opinion of authorities and/or expert committees report (POMPEO *et al*, 2009; MENIK; FINEOUT-EVERHOLT, 2005; CASP, 2006).

RESULTS

As for the characterization of the articles, all were written in the English language. In relation to the country of origin, five were from the US (SANCHES *et al*, 2009; MAHAN *et al*, 2016; GRIDLEY *et al*, 2016; SHIRES; JAFFEER, 2014; BRADFORD *et al*, 2013), two from Canada (BAUER, 2014; ROTONDI *et al*, 2013). The period of their publication occurred between 2009 and 2016. Regarding the methodological approach used in the articles of the sample, two articles used the quantitative approach (SHIRES; JAFFEER, 2014; BRADFORD *et al*, 2013) three the qualitative approach (SANCHES *et al*, 2009; MAHAN *et al*, 2016; GRIDLEY *et al*, 2016) and two the mixed methodological approach (BAUER, 2014; ROTONDI *et al*, 2013). By means of thematic or categorical analysis, type of content analysis technique, the text was broken up into units (categories), according to analogous systematic groupings (MINAYO, 2007). The analysis consisted of reading the seven selected articles. Later, the sense nuclei that compose the 'corpus' of the study were searched for, focusing on the frequency of these nuclei, in the form of segmental and analogous data in which a new analysis was fulfilled and three analytical categories emerged: 1) Empirical use of hormones and low knowledge of its side effects 2) Associated factors in the care of transgender people.

DISCUSSION

Category 1 - Empirical use of hormones and low knowledge of its side effects: Studies on the empirical use of hormones in the transsexual population are scarce. In the same way as studies addressing the knowledge of transsexuals about the side effects of hormones. This empirical practice of use is always accompanied by inadequate dosages in order to accelerate the appearance of the expected effects, which can lead to many health problems (ELAMIN *et al*, 2010). These results could be corroborated with the present review, since the empirical use was associated with the difficulty in obtaining the hormones through medical prescriptions and in the lack of preparation regarding the management of guidelines regarding the use of hormones and their health problems. In a meta-analysis, it was concluded that this is due to the low level of evidence from studies conducted with this group. Because these studies are not controlled studies, with an observational nature, performed with a low number of participants and for a short follow-up period, besides presenting varied hormonal treatments, some results still show inconsistent findings (ELAMIN *et al*, 2010). High doses of sex hormones and varied types of hormone association are performed by transsexuals with the aim of accelerating the appearance of characteristics according to their gender identity. One study reported the participants' transsexual women's reports on the expected effects of the use: breast growth, hips growth, body fat distribution, hair thinning, skin smoothness and decreased spontaneous erections. However, it was not shown the knowledge of the side effects resulting from this use (SOCÍAS *et al*, 2014).

In New York, a study that looked at Internet-based information on the use of hormones by transgender people (transsexual women and men) also compared the knowledge of the side effects of those using the medical prescriptions and those who used empirical through the Internet. She noted that self-prescription is a very common practice among transsexual women before attending gender clinics, and most of the information is accessed through Internet sites, opposing this practice, being rare in transsexual men. As for the knowledge, it was seen that among transsexual men, who used the hormones through medical prescriptions, they were more aware of the side effects when compared to those who obtained information on the internet (MEPHAM, 2014). As in a survey conducted in Thailand, it was found that more than half of the participants used cybernetic means to obtain information about the use of hormones, as well as to acquire them (GUADAMUZ *et al*, 2011). Doctors who asked for psychiatric evaluation before prescribing hormones led to delays in initiating treatment, which can be seen as barriers to treatment. The anonymity of the internet becomes easier and more attractive before it is necessary to readjust the gender identity, which in many cases is difficult and tumultuous, since social pressures are more dangerous for transsexual women when compared to transsexual men (MEPHAM, 2014; GUADAMUZ *et al*, 2011). The most troubling side effect among transsexual women is venous thromboembolism, especially in the first year of use of these hormones. The high incidence of these disorders is related to the use of ethinyl estradiol and this risk increases significantly in the presence of smoking and cardiovascular diseases, and the use of natural estrogens or conjugates is recommended (ELAMIN *et al*, 2010; COSTA; MENDONÇA, 2014).

Transsexual people have higher mortality rates, more suicide attempts and higher incidences of psychopathology, as well as psychoactive substance abuse (HAAS *et al*, 2011). Another factor predisposing to emotional distress and high rates of suicide is the stigma constantly suffered by transsexuals based on their gender identity. Hormone therapy has been identified as providing relief from the suffering caused by the inadequacy of the phenotype with its gender identity. Depression is found as the most frequent side effect among transsexuals interviewed (ASSCHEMAN *et al*, 2011). Associated with the lack of knowledge of the side effects of hormone use, there is also the empirical use of hormones, performed by transsexuals in the first years of re-adaptation of their gender identity (HAAS *et al*, 2011; ASSCHEMAN *et al*, 2011). Problems related to the empirical use of these hormones often cannot be solved, often due to unprepared health professionals in hospitals and clinics when assisting or even dealing with the health problems of this public. Thus, it ends up treating the transsexual population in a disrespectful or prejudiced way, which justifies the interruption and the abandonment of medical treatments (MEPHAM, 2014; GUADAMUZ *et al*, 2011).

Category 2. Associated factors in the care of transsexuals:

In a study fulfilled in Rio de Janeiro, at Health Units in Lapa (ROMANO, 2008), reports of sorrows and indignations of transsexual women were reported in relation to unprepared care of health professionals. In the studies Bauer (2014) and Branford (2013) of the present review one can identify that the discrimination in the provision of health care is widely disseminated in the health services.

Table 1 - Characterization of selected articles regarding title, objectives, periodical, year of publication and level of evidence Recife, 2017

Authors/Year Magazine	Title	Goal	Level of evidence	Mainresults
Sanchez NF , Sanchez JP, Danoff A / 2009 American Journal of Public Health	Healthcare utilization, barriers to care, and hormone usage among male-to-female transgenderpersons in New York City.	To investigate the use of the health care of female transsexuals in New York	IV	Access to professionals with knowledge about health care was the main barrier pointed out. Different sources of medicine were referenced as the most used.
Mahan RJ, Bailey TA, Bibb TJ Fenney M Williams T /2016 J Am GeriatrSoc	Drug Therapy for Gender Transitions and Health Screenings in Transgender Older Adults	Exploring the role of pharmacology and health care of elderly transgenders	V	Although there is information about young people, there is still no talk about therapy with the elderly. The guidelines are adaptable to individual desired outcomes to meet the diverse needs of this population.
Gridley SJ, Crouch JM, Evans Y, Whitney E, Antoon E, LyapustinaMetal / 2016 Society for Adolescent Health and Medicine	Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth	Understand the barriers that transgender and their caregivers face in search of access to health care	IV	He pointed out that it is important to have professional training and protocols for the care of young transgender people.
Bauer GR, Schein AI, Deutsch MB, Massarella C / 2014 Annals of Emergency Medicine	Reported Emergency Department Avoidance, Use, and Experiences of Transgender Persons in Ontario, Canada	Identify transgender people who reported avoiding medical care and health because of negative experiences or fear of such experiences.	IV	More than half of the sample reported some negative experience (52%), ranging from offensive language, insult to failure to care.
Bradford J, Reisner SL, Honnold JA, Xavier J/ 2013 American Journal of Public Health	Experiences of Transgender-Related Discrimination and Implications for Health: Results From the Virginia Transgender Health InitiativeStudy	Examining the relationships between social determinants of health and reported transgender-related discrimination experiences in Virginia.	IV	The results showed that social determinants such as socioeconomic position, low educational level and low income were associated with greater discrimination in health services.
Shires, D A, Jaffee Kim /2015 Health & Social Work	Factors Associated with Health Care Discrimination Experiences among a National Sample of Female-to-Male Transgender Individuals	Identify discrimination in health care against transgender people	IV	Factors identified as living in gender other than birth, use of hormones or surgery were associated with increased reporting of discrimination experiences in health care.
Rotondi NK, Bauer GR, Scanion K, Kaay M, Travers R, Travers A/2013 Am J Public Health	Nonprescribed Hormone Use and Self-Performed Surgeries: "Do-It-Yourself" Transitions in Transgender Communities in Ontario, Canada	To examine the extent of use of non-prescribed hormones and surgeries among transgenders in Ontario, Canada	IV	In the sample 43.0% of the transgender were using hormones and of these a quarter of the participants reported having obtained hormones from non-medical sources.

The negative experiences explained range from verbal harassment, denial of equal treatment, and even physical aggression. In one study it was shown that transsexual people who use the social name suffer even greater discrimination in relation to care for their health (SHIRES; JAFFEE, 2014). Statistics from the *National Transgender Discrimination Survey* (NTDS) showed that transgender people experience substantially discriminatory treatment by doctors (GRANT *et al*, 2011). It has been reported by NTDS respondents that they have undergone unequal treatment in emergency departments, in a hospital, and in a doctor's office, which corroborates with the findings of the sample studies of this review which reported that services were avoided due to negative experiences already experienced, in addition to mention having suffered from verbal harassment to physical aggressions in clinics and/or clinics (BAUER, 2014; SHIRES; JAFFEE, 2014; BRANDFORD *et al*, 2013). The factors associated with discrimination are related to gender identity, economic position, low educational level and low income (BRANDFORD *et al*, 2013).

In addition, the fact that female transsexuals who have undergone sexual re-adjustment surgery or who live according to the expression of their gender identity have also been pointed out as factors that increase these discriminatory practices in health services (SHIRES; JAFFEE, 2014). The discrimination experienced and suffered by transsexuals was also evidenced in studies fulfilled in the 8th Parade of LGBT Pride that happened in the city of Rio de Janeiro, RJ, in 2003, which revealed that transsexuals are preferential targets of discriminatory practices. The same study was fulfilled in São Paulo / SP, in 2006, in which it was evidenced that more than half of the transsexuals interviewed had already suffered some type of discrimination (ARAN; MURTA, 2009). These findings reinforce the results of the sample of this review, in which the discriminatory practices and aggressions suffered by transsexual people are identified in the results, when they seek health services in search of hormone use guidelines and health care practices, which often end up with inadequate postures due to the lack of preparation of professionals involved in care.

Health professionals are placed in delicate ethical situations because, for the most part, they do not feel empowered or experienced enough to meet the specific demands of this population, and this difficulty in dealing with transsexuals is clear (NIEPER *et al*, 2011). However, adequate counseling and objective support are extremely advantageous for the mental and physical health of transgender people, especially in the first years of transition and at the beginning of treatment (GUADAMUZ *et al*, 2011; NIEPER *et al*, 2011; ASSCHEMAN *et al*, 2011). Perceptions about the motivations of transsexuals in caring for their own health can often lead to frustrations and pre-judgments by these professionals, which leads to the characterization of transsexual patients as having a "difficult" profile (NIEPER *et al*, 2011).

Conclusion

The subject of health care for the transsexual public is not well explored by Brazilian scholars, and this fact was perceived during the search and analysis of articles for this review, in which all the research was found in international sources. The use of hormones by transsexuals is a subject of social and scientific interest and the necessary care during the use of hormones, are still configured in a scientifically scarce subject. The analysis of the articles shows discriminant factors as the main obstacles in the provision of assistance directed to the specificities of this population. The conceptions of care are mixed with heteronormative concepts permeating many health professionals who deal with this population, which triggers, at certain levels, a distancing in the provision of health care. Many transsexuals motivated by negative and repetitive experiences avoid searching for health services, thus seeking information from peers who have experienced similar situations and who experience the same concerns and doubts, which in a way perpetuates gaps and scientific unrest in the academic world. The reflections of the studies aim at raising criticality and awareness of the issue in question. Efforts should be made to stimulate further studies on this issue of health care that are fulfilled and promoted to the transsexuals, in order to promote improvements in care and thus gradually reduce the fear that still exists regarding the quality of services provided by health professionals.

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