
A potential role for the dermatologist in the physical transformation of transgender people: A survey of attitudes and practices within the transgender community

Brian A. Ginsberg, MD,^a Marcus Calderon, BS,^b Nicole M. Seminara, MD,^c and Doris Day, MD, MA^{a,d}
New York, New York, and Stanford, California

Background: There are an estimated 700,000 or more transgender people in the United States, however their dermatologic needs are not fully established in the medical literature. Unique needs relate to hormone therapy, prior surgeries, and other aspects of physical transitioning.

Objectives: By examining attitudes and practices of transgender individuals, we aimed to identify areas for which dermatologists could contribute to their physical transformation.

Methods: This cross-sectional study used an anonymous online survey, distributed via lesbian, gay, bisexual, and transgender organizations; social media; and at targeted locations and events.

Results: A total of 327 people completed the survey (63% men, 29% women, 9% other). Most transgender women indicated that their face was most imperative to have changed, whereas men noted their chest, in turn influencing procedures. Of women's facial procedures, hair removal predominated, followed by surgery then injectables, mostly performed by plastic surgeons. Hormone-induced facial effects varied, usually taking over 2 years for maximal effect. When choosing procedures, money was the major barrier and good aesthetic outcome the primary concern. Participants did not think that facial procedures necessitate the currently accepted prerequisites for chest and genital surgery.

Limitations: This study has limited size and convenience sampling.

Conclusion: Dermatologists could contribute to the physical transformation of transgender patients through noninvasive procedures. (J Am Acad Dermatol 2016;74:303-8.)

Key words: dermatology; filler; laser; LGBT; neurotoxin; procedures; skin; surgery; transgender.

At least 0.3% of the US population, or 700,000 people, identify as transgender, which with data collection about the transgender population only now being performed, many consider an underestimation.¹ Nevertheless, in only the past few years, their presence and issues gained heightened attention in society and media.² This holds true for medical literature, with a paucity of articles

addressing the needs of the transgender community, especially in dermatology.

A transgender individual is anyone whose self-identified gender does not match their assigned sex at birth.³ Although historical definitions have defined "transgender" or "transsexual" (to some, a pejorative) by surgeries or the way one performed gender-stereotyped social behaviors, "transgender"

From the Ronald O. Perelman Department of Dermatology, New York University Langone Medical Center^a; New York University School of Medicine^b; Department of Dermatology, Stanford University School of Medicine^c; and Day Dermatology and Aesthetics, New York.^d

The Ronald O. Perelman Department of Dermatology at New York University Langone Medical Center purchased the SurveyMonkey membership.

Conflicts of interest: None declared.

Accepted for publication October 22, 2015.

Reprint requests: Brian A. Ginsberg, MD, Ronald O. Perelman Department of Dermatology, New York University Langone Medical Center, 240 E 38 St, 11th Floor, New York, NY 10016.

E-mail: brian.ginsberg.md@gmail.com.

Published online December 5, 2015.

0190-9622/\$36.00

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<http://dx.doi.org/10.1016/j.jaad.2015.10.013>

has become an umbrella term for anyone whose gender identity and chromosomal sex are incongruent, or to anyone whose gender does not conform to the typical binary.

The dermatologist's role in the care of transgender patients is multifaceted.⁴ Exogenous hormones affect sebum production and hair development, resulting in xerosis from estrogens, or potential acne and male-pattern hair loss from testosterone.^{5,6} Condyloma and HPV-associated skin cancers have been reported on the neogenitalia of women who have undergone gender confirmation surgery.⁷⁻¹¹ Furthermore, this population has elevated rates of HIV, carrying its own burden of associated dermatoses.^{12,13}

What remains to be elucidated is how the dermatologist can be of further aid by addressing the physical transitioning process.¹⁴ Neurotoxin could be used to feminize the forehead, eyebrows, or periorbital skin, and with masseter injections could make a squared-off masculine face appear more heart-shaped. Fillers could make the cheeks and chin appear more masculine or feminine, depending on placement, or give a more full, feminine lip. Currently, many transgender people are instead seeking plastic surgery, frequently with great outcomes, but with sometimes highly invasive procedures.^{15,16} Of concern, high rates of procedures, particularly silicone injections, from nonmedical personnel have been reported, often with devastating and disfiguring complications.¹⁷⁻¹⁹

We therefore set out to determine the current attitudes and practices of the transgender community with respect to physical transitioning. In doing so, we hope to identify opportunities where dermatologic procedures may provide safe and noninvasive options for this process. In addition, we aim to investigate what concerns and barriers are helping to dictate decisions when choosing care.

METHODS

In this cross-sectional study, an online questionnaire was developed using SurveyMonkey (www.surveymonkey.com, December 2013) to assess attitudes and practices of the transgender community with respect to physical transitioning. The New York University Langone Medical Center Institutional

Review Board granted an exemption from review (no. i14-00217, January 21, 2014). Information about the survey was distributed at transgender conferences; medical clinics; lesbian, gay, bisexual, and transgender centers; and community events. The majority of in-person interaction occurred at New York City establishments and at the Philadelphia

Trans Health Conference, the largest health-related conference for the transgender community. To obtain a more representative national sample, word-of-mouth spread was encouraged, especially with e-mail contact via lesbian, gay, bisexual, and transgender organizations and through social media. Participants had to be at least 18 years old, live in the United States, and identify as transgender. Responses were anonymous and every question was optional. The survey

remained open from January to September 2014. Descriptive statistics, including means and medians for continuous variables and frequency tables for categorical variables, were generated using Excel (Microsoft Corp, Redmond, WA) and SAS 9.4 (SAS Institute Inc, Cary, NC) software. Validation was assessed informally by cross-referencing related questions for consistency of responses.

Of note, the use of gender identifiers (ie, men, women, other) in this paper reflects how the subject self-identified, irrespective of sex at birth, hormone use, or procedures done.

RESULTS

Demographics

A total of 327 individuals participated in this study (Table 1). Some questions were not answered by all respondents. Overall, 63% of participants identified as transgender men, 29% as transgender women, and 9% as other. Those who self-identified as "other" could write in their own gender, most commonly stating "genderqueer" (n = 12), but also "nonbinary," "pan-gender," "agender," "androgynous," "cross-dresser," "trans," "bigendered," "chimera," and "queer." The men were on average 29 years old, whereas the women were on average 45 years old. The median annual income of all respondents was \$20,000.

Of the 215 respondents who indicated their place of residence, 41 states (including the District of

CAPSULE SUMMARY

- Transgender individuals are seeking procedures for physical transformation, but the dermatologist's role in this process is undefined.
- Facial transformation is desired and sought out by transgender individuals, especially women, although barriers and concerns exist.
- Dermatologists can provide injectable and laser procedures for facial modification, helping in the physical transitioning process.

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