



Intermountain Project ECHO Eating Disorders

Eating Disorders in Transgender and Non-binary Patients

Elizabeth Joy, MD, MPH, FACSM

Senior Medical Director

Wellness and Nutrition

I have no disclosures



Objectives

1. Identify unique characteristics, concerns and experiences of transgender patients with eating disorders
2. Review examples of transgender patients presenting with eating disorder symptomatology
3. Discuss challenges and lessons learned in treating this unique and understudied population for eating disorders



Literature Review



National Library of Medicine
National Center for Biotechnology Information

Log in



eating disorder AND transgender



Search

[Advanced](#) [Create alert](#) [Create RSS](#)

[User Guide](#)

Save

Email

Send to

Sorted by: Best match

Display options

MY NCBI FILTERS

8 results



Gender Dysphoria and Eating Disorders

“Gender dysphoria is a clinical condition in which a state of inner suffering, stress and anxiety is detected when biological sex and a person's gender identity do not coincide. People who identify themselves as transgender people are more vulnerable and may have higher rates of dissatisfaction with their bodies which are often associated with a disorderly diet in an attempt to change the bodily characteristics of the genus of birth and, conversely, to accentuate the characteristics of the desired sexual identity.”

Milano W. Endocr Metab Immune Disord Drug Targets. 2020;20(4):518-524



Findings:

Significantly higher rates of eating disorder symptoms are documented in transgender youth compared to cisgender youth.

Curr Psychiatry Rep. 2019 Oct 15;21(11):107

15% had elevated EDE-Q scores. Most (63%) disclosed weight manipulation for gender-affirming purposes, with 11% of assigned females doing so for menstrual suppression.

J Adolesc Health. 2019 Dec;65(6):815-817

Sexual gender minorities in ED treatment have a 2 fold higher prevalence of sexual abuse, verbal/physical/emotional abuse, and bullying (compared to cisgender patients)

Int J Eat Disord. 2020 Apr;53(4):541-554.

Clinicians should always investigate issues related to sexuality and gender identity in patients with eating disorders.

Endocr Metab Immune Disord Drug Targets. 2020;20(4):518-524.

Engagement in food restriction and/or compensatory eating behaviors to prevent puberty onset or progression, suggesting that for some transgender youth, these behaviors may be understood as a means of coping with gender-related distress.

Curr Psychiatry Rep. 2019 Oct 15;21(11):107





Treating Transgender Clients with Eating Disorders: What Providers Should Know

https://www.youtube.com/watch?time_continue=120&v=nOUPD2NYj2k&feature=emb_logo



Case 1

Tyson is a 14yo assigned female at birth who identifies as male. He presents to clinic wanting to talk about hormone therapy with testosterone to make him feel more masculine and to help masculinize his body so others perceive him as male. He also wants to have top surgery (chest masculinization with bilateral mastectomy) as part of his transition. During history, he states that he often skips meals, more than just breakfast. Further inquiry gets him to offer that he skips meals to lose his curves and stop his periods from occurring. He states he does not want to gain weight unless he is taking testosterone and builds muscle mass. In the past three months he has lost about 25 pounds. He doesn't remember exactly when his last period occurred, but thinks it was at least 2 months ago. He gets dizzy when standing from sitting. Denies syncope. Today his BMI is 17.2, which places him at the 3rd percentile for age and female gender.

On physical exam he is thin, breasts are mildly atrophic, orthostatic pulse change is 22bpm from supine to standing, resting heart rate is 100bpm.



Case 2

Elizabeth is a 17yo assigned male at birth who identifies as female. She has been taking anti-androgens (spironolactone 200mg po BID) and estradiol 4mg/day for the past 2 years. At today's visit she reports that her mood is much worse and very anxious. She has stopped taking gender-affirming medicines. She is smoking weed daily. She eats about one meal each day. She appears thin and the recorded weight reflects a 15lb weight loss, from her previously thin habitus. She states she does not want to gain weight and lacks motivation to do much of anything because she hates her genitalia so much. She does acknowledge that her breasts are "droopy instead of perky", and doesn't like that.

She has severe anxiety about the physical exam and refuses anything more than orthostatic heart rate, which is 18bpm from supine to standing.



Case 3

Susan is a 25 yo assigned male at birth who identifies as female. She is s/p orchiectomy. She is taking an androgen blocker (finasteride) and estradiol 2mg/day. She presents at the urging of her girlfriend who is concerned about weight loss, dietary restriction and purging. She states that weight loss is an effort to look less muscular, less like a boy. She reports a long history of depression related to gender dysphoria, but medication (citalopram) is helping. She is very athletic and recognizes that dietary restriction inhibits athletic performance. Motivation for treatment and recovery is to be cleared for complete gender reassignment surgery. She is seeing a dietitian and psychotherapist regularly.

She appears normal weight, and her weight has been stable. MSE fairly unremarkable – no self harm, suicidality. Still with occ purging after perceived over eating. Anti-depressant recently changed from Citalopram to Cymbalta due to decreased libido



Challenges and Lessons Learned

- Keeping pronouns straight
- The plurality of “they”
- Which growth chart to use?
- Sexual health and safety
- Residential treatment
- Screen adolescents for ED symptoms/behaviors for gender dysphoria
- Assume trauma history and elicit details in partnership with therapist over time
- Directly address health consequences of ED behaviors on gender at birth (i.e. menstruation, bone health, sexual health and safety)



References

Curr Psychiatry Rep. 2019 Oct 15;21(11):107

J Adolesc Health. 2019 Dec;65(6):815-817

Int J Eat Disord. 2020 Apr;53(4):541-554

Endocr Metab Immune Disord Drug Targets. 2020;20(4):518-524.



Hub Team Contacts

Liz Joy, MD, MPH

Liz.Joy@imail.org | 801-442-3721

Steve Varechok, LCSW, CSCS

Clinical Social Worker

svarechok@gmail.com | 801-277-8100

Amelia Davidson, MS, RDN, CSP, CD

Pediatric Dietitian

Amelia.Davidson@imail.org | 801-662-5320

Sadie Wilde, MA

Clinic Supervisor

Sadie.Wilde@imail.org | 385-282-2722



Continuing Education

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Intermountain Healthcare and Primary Children's Hospital. Intermountain Healthcare is accredited by the ACCME to provide continuing medical education for physicians.

AMA Credit: Intermountain Healthcare designates this regularly scheduled series for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*[™] Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing Contact Hours: Primary Children's Hospital is an approved provider of continuing education by the Continuing Nursing Education Group, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This regularly scheduled series has 1.5 nursing contact hours. Successful completion is attendance at the entire event.

Any display or use of commercial products in the education activity does not imply ANCC Commission on accreditation or the CNEG endorsement of the products.

This activity is jointly provided by Primary Children's Hospital and Intermountain Healthcare.

Faculty Disclosure: Intermountain Healthcare and Primary Children's Hospital adhere to ACCME Standards regarding industry support of continuing medical education and disclosure of faculty and commercial sponsor relationships (if any) will be made known at the activity.

ADA: Intermountain Healthcare fully complies with the legal requirements of the ADA and the rules and regulations thereof. If any participant of this program needs accommodations, please do not hesitate to contact the IPCE office at 801-442-3930 or ipce@imail.org in order to receive service.



Continuing Education

To be eligible for CME or CNE credit, enter your **full name, email address, and institution in the CHAT box** and **complete the survey** found at the following link or by scanning this QR Code:

<https://www.surveymonkey.com/r/2HF7S72>

