



A Dietetic Practitioner's Intro Guide to Transgender & Gender Diverse Nutrition Care

Intro



Communication &
Clinical Considerations



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(he/him)

ABOUT DREW

- Buffalo State University & Hilbert College 
- Nutrition by Drew, PLLC 
- TELUS Health / TELUS Santé 
- MedWorks & Microsoft 
- Food, Nutrition & Dietetics Volunteer  

DISCLOSURES

- Academy of Nutrition & Dietetics speaking honorariums
- Committee for Lifelong Learning
- Upcoming Academy Nominating Committee (elected)
- Advisor – Academy Foundation Adv CoT
- CDR's Ethics or Health Equity 1.0 CEU mandate – *check!*

DISCLAIMERS

- Info in this presentation is intended for **educational & informational purposes only** and does not substitute a medical opinion nor a medical or nutrition-based diagnosis.
- The socio-political state of the U.S., as well as research in transgender health, is ever evolving. **Some info & data presented may become outdated as time passes.**

TODAY'S OBJECTIVES

1

FAMILIARIZE TRANSGENDER & GENDER DIVERSE (TGGD) LIVED EXPERIENCES & RELEVANCE TO THE NUTRITION CARE WE PROVIDE

3

DISCUSS NUTRITION & PRACTICE CONSIDERATIONS FOR TGGD P in order to implement appropriate nutrition care plans

2

RECALL TGGD SPECIFIC INCLUSIVE COMMUNICATION PRINCIPLES in order to help build trust & rapport between client & clinician

4

CONSIDER DETERMINANTS OF BEHAVIOR & HEALTH in order to help motivate & facilitate for health & well - being



1

TRANSGENDER & GENDER DIVERSE
(TGGD) LIVE EXPERIENCES



Vanessa
Ellie's Mom

J.R.
Ellie's Dad

SEX VS GENDER¹



SEX

Bio-physio features categorized as male, female & intersex



GENDER

Associated socio - cultural roles & behaviors



GENDER IDENTITY

A sense of being male, female, neither, or other



GENDER EXPRESSION

External presentation of one's gender identity

GENDER IDENTITY¹



CISGENDER

Gender identity aligns with sex assigned at birth



TRANSGENDER

Gender identity that differs from sex assigned at birth



GENDER NONCONFORMING

Expression of gender identity that does not conform to norms



NONBINARY

Do not exclusively identify as male or female



TWO SPIRIT

Embodiment of both masculine & feminine; Used within indigenous communities



OTHER GENDER IDENTITIES

Agender, Genderqueer, Gender fluid, Bigender, Demigender

LGBTQ+

PREVALENCE IN THE U.S.²

Lesbian, Gay & Bisexual

25.5M

(23.6M adults, 1.9M youth)

Transgender

1.6M

(1.3M adults, 300K youth)

1.2M queer adults
identify as non-binary

MISCONCEPTIONS THAT STIGMATIZE NON-HETERO, NON-BINARY & OR TRANSGENDER LIVES

“They’re confused”

“They’re pretending”

“They’re mentally ill”

“They all get surgery”

“They’re a threat”

“It’s not normal”

<https://www.pbs.org/independentlens/content/genderdiversity>



GENDER DIVERSITY IS NOT NEW

For centuries, communities, cultures & populations have recognized & held customs for gender & gender identity **beyond the binary perspective of male/man & female/woman.**

U.S. TRANSGENDER DISPARITIES

4x

THE RATE OF
EXTREME POVERTY

2x

THE RATE OF
UNEMPLOYMENT

90%

EXPERIENCED
MISTREATMENT @WORK

78%

EXPERIENCED
HARASSMENT @SCHOOL

~20%

WERE REFUSED A
HOME OR APARTMENT

~20%

WERE REFUSED
MEDICAL CARE

50%

NEEDED TO TEACH PROVIDERS
ABOUT TRANSGENDER CARE

28%

DELAYED CARE D/T
DISCRIMINATION

41%

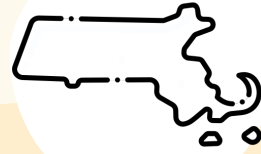
of surveyed U.S transgender adults
attempted suicide
compared to 1.6% of the general population⁴

OUR LGBTQ+ YOUTH

...are placed at **higher risk of suicide** because of
how they are **mistreated & stigmatized** in society.

..who experience **violence, discrimination, or conversion therapy**
report significantly **higher rates of attempting suicide** .

..who **live in accepting communities & feel high social support** from
family & friends report significantly **lower rates of attempting suicide** .



Eating Disorders & Disordered Eating

are often experienced among
TGGD youth & adults ⁵⁻¹⁰



**Modify
the body**
to align with
norms or hide
body features

**Internalized
phobias**
r/t one's sexual
or gender
identity

Eating Disorders & Disordered Eating

proposed rationale ⁵⁻¹⁰

**Intersec -
tionality**

**Cope with
distress,
abuse,
trauma &
stigma**

**Suppress
pubertal
develop -
ment**



2

CREATING AN INCLUSIVE & AFFIRMING ENVIRONMENT



FEELING & BEING
SAFE & RESPECTED
IS A PRIORITY

ADDRESSING BIASES, ASSUMPTIONS ¹²

NOT KNOWING NUTRIENT NEEDS

Lack of considering
therapies, surgeries,
& gender - affirmation

BINARY THINKING

Assuming people have
a binary approach
to gender

STEREOTYPING

Eating habits, body
image & relationships
with food

CULTURAL INCOMPETENCE

Failing to understand
& address cultural
& social factors

RELATIONSHIPS & SEXUALITY

Not addressing
unique challenges
(& possible positive
resources)

NONINCLUSIVE COMMUNICATIONS

Using outdated &
offensive terms &
language



RESPECT CHOSEN NAMES

Ask for & honor someone's preferred name

“Deadnaming”
can be painful



DON'T ASSUME SOMEONE'S GENDER IDENTITY & PRONOUNS


Ask for & honor pronouns & gender identity

Misgendering can be harmful

27

“Hi there” vs
“Ms/Mrs or Mr”

“folks” vs
“ladies &
gentlemen”



BE SENSITIVE &
CONSIDERATE TO
TRANSITIONS & MEDICAL H&

Use respectful & non -invasive
language when inquiring

RECOGNIZE, RESPECT & REPRESENT

DIVERSE RELATIONSHIP STRUCTURES & DYNAMICS

Ask for preference(s) when appropriate

Include examples in assessment forms,
educational materials & case studies



“partner” vs
“boyfriend” or
“husband”

“parent” vs
“mom” & “dad”

CREATING A SUPPORTIVE ATMOSPHERE

Establish trust & confidentiality

Respectfully ask questions

Actively listen &
validate experiences

Personalize care & collaborate

Provide your **pronouns** .
Emphasize **confidentiality** .

Tone & body language matter.
Inquire with **open-ended questions** .
Be interested but **don't overstep** .

Give your full attention.
Demonstrate **empathy** .
Use **affirming responses** .

Involve/ lead with **team decision-making** .
Foster collaboration with & **provide referrals**
for other gender inclusive providers.



MISTAKES HAPPEN

(we're human)

- Apologize
- Correct yourself
- Move forward (learn)

When in doubt, use neutral language



3

NUTRITION & PRACTICE
CONSIDERATIONS WHEN WORKING
WITH PEOPLE WHO ARE TGGD

TRANSITIONING IS A UNIQUE PROCESS TO EACH PERSON & TAKES MANY FORMS

SOCIAL



LEGAL



MEDICAL



Gender Affirming Hormone therapy (GAHT) & surgery ·

Food & nutrition - related concerns ·

The NCP ·

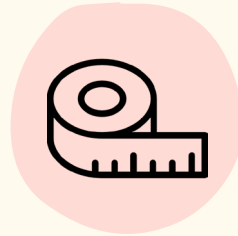
SEX SPECIFIC ASPECTS OF THE NCP¹³



Food & Nutrition Hk (Diet Recs)

Energy Needs

DRI Values



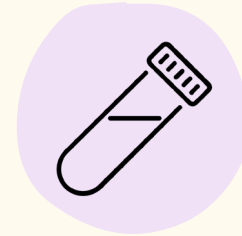
Anthropometrics

Body Fat %

Waist Circumference

Waist : Hip ratio

BMI-for - age Percentiles



Biochemical Data

Lipid panel

RBC, Hgb, Hct, Ferritin

Creatinine, K+, ALP

Bone mineral density

RDN SUGGESTIONS FOR THE NCP ¹³



Nutrition Assessment

Obtain PMHx info

Collect & consider medical transition status & progress

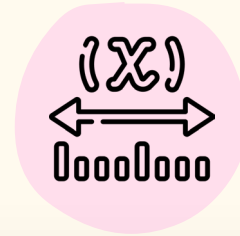
Collect & consider client interests



Reference Values

Use sex assi

- youth on p suppressio
- those who or undergo transition



Data Expression

Use clinical discretion

^{14, 15}

Hgb, Hct, BUN, Cr, K+,
Fasting Glucose, A1C, Lipids, ALP

GENDER AFFIRMING HORMONE THERAPY

Table 12. Masculinizing Effects in Transgender Males

Effect	Onset	Maximum
→ Skin oiliness/acne	1–6 mo	1–2 y
→ Facial/body hair growth	6–12 mo	4–5 y
→ Scalp hair loss	6–12 mo	— ^a
→ Increased muscle mass/strength	6–12 mo	2–5 y
→ Fat redistribution	1–6 mo	2–5 y
→ Cessation of menses	1–6 mo	— ^b
Clitoral enlargement	1–6 mo	1–2 y
Vaginal atrophy	1–6 mo	1–2 y
Deepening of voice	6–12 mo	1–2 y

Estimates represent clinical observations: Toorians *et al.* (149), Asscheman *et al.* (156), Gooren *et al.* (157), Wierckx *et al.* (158).

^aPrevention and treatment as recommended for biological men.

^bMenorrhagia requires diagnosis and treatment by a gynecologist.

Table 13. Feminizing Effects in Transgender Females

Effect	Onset	Maximum
→ Redistribution of body fat	3–6 mo	2–3 y
→ Decrease in muscle mass and strength	3–6 mo	1–2 y
→ Softening of skin/decreased oiliness	3–6 mo	Unknown
Decreased sexual desire	1–3 mo	3–6 mo
Decreased spontaneous erections	1–3 mo	3–6 mo
Male sexual dysfunction	Variable	Variable
→ Breast growth	3–6 mo	2–3 y
Decreased testicular volume	3–6 mo	2–3 y
Decreased sperm production	Unknown	>3 y
Decreased terminal hair growth	6–12 mo	>3 y ^a
Scalp hair	Variable	— ^b
Voice changes	None	— ^c

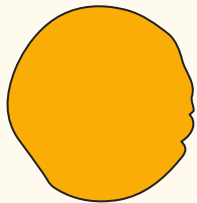
Estimates represent clinical observations: Toorians *et al.* (149), Asscheman *et al.* (156), Gooren *et al.* (157).

^aComplete removal of male sexual hair requires electrolysis or laser treatment or both.

^bFamilial scalp hair loss may occur if estrogens are stopped.

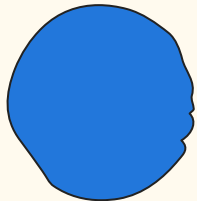
^cTreatment by speech pathologists for voice training is most effective.

FOOD & NUTRITION FOCUS



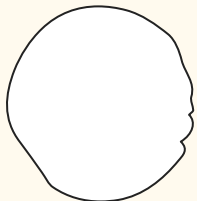
EDs & DISORDERED EATING⁵⁻¹⁰

Screening, Assessment, Education & Counseling, Referrals



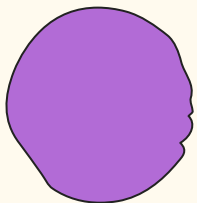
FOOD IN/SECURITY⁹

Screening, Assessment, Education & Counseling, Referrals



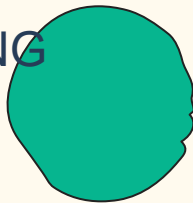
BONE HEALTH¹⁷

Transgender women on fem HT
(Ca, D, Phos, Mg, Vit K, etc.)



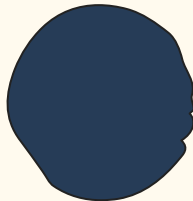
SKIN HEALTH

Possible MNT: Gut health, GI/GL,
Omega 3s, Milk, Dietary restrictions
(Environmental toxins & Skin care)



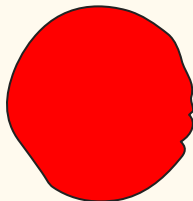
METABOLIC HEALTH & BODY COM

Muscle & fat changes ¹⁶, client interests
Transgender women on fem HT: T2DM risk ^{24, 25}
Renal & hepatic function implications ²⁶



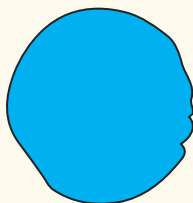
IRON STATUS⁶

Transgender men on masc HT where
menstruation significantly decreases & stops



HEART HEALTH^{17, 18}

CV biomarkers may be impacted
(Chol, TG, LDL, HDL)



SURGERY

Surgery prep & healing
(Nutrient adequacy & hydration)

25 STUDIES EXAMINED FOR HT'S IMPACT ON BIOMARKERS OF HEALTH

NEW PUBLISHED NARRATIVE REVIEW (APR 2024)

M

Considerations/factors influencing biomarker changes (onset: 3 -24 months):

- Type, dosage & duration of HT
- Body composition changes
- Co-pharmacotherapy
- *Unreported lifestyle & dietary behavior changes throughout transition

Ala Trans ↑ (3/ 10)
Gr ↑ (7/7)

Ala Trans ↓ (2/ 10)
Gr ↓ (7/7)

GENDER-AFFIRMING & INCLUSIVE HEALTHCARE ACCESS



Per State

www.LGBTmap.org
www.HRC.org



Per Plan

www.TransHealthProject.org
(Resources section)



Billing Info¹⁹


Legal name, sex
& gender



4

EDUCATING & COUNSELING WITH
LIVED EXPERIENCES IN MIND,

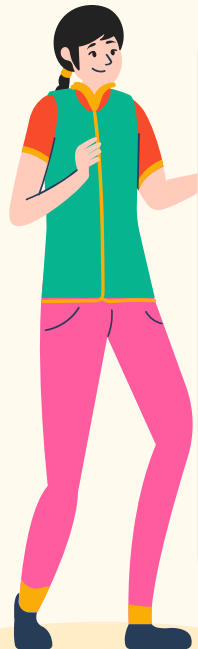
ALWAYS



*We know from experience & the growing
body of supportive literature...that
the therapeutic relationship a counselor forms
with each client can be the most powerful tool ...*

—Nancy & Jeff Cochran

MOTIVATE → BUILD INTENTION → FACILITATE ²⁰



- Perceived risks
- Attitudes & expected outcomes
- Self-evaluation
- Perceived norms
- Perceived control
- Self-efficacy
- Self-depictions



- Knowledge & skills
- Goal-setting & action planning
- Self-regulation
- Coping self-efficacy
- Recovery self-efficacy
- Action control

Perceived Benefits

- Discuss personally meaningful outcomes the individual hopes to achieve through behavior change (e.g., increased comfort in their body, hormone optimization, enhanced well-being through food). Tailor discussions to how these benefits specifically relate to their identity or personal life context.

Behavioral Intention	
Behavioral Intention	A statement reflecting the readiness or conscious decision to engage in a behavior or take a given action.
Expected outcomes of behavior / Attitudes	
Attitudes	Enduring favorable or unfavorable judgements about a given behavior in terms of usefulness (e.g., harmful - beneficial; unimportant - important) and feelings (e.g., unpleasant - pleasant; painful - enjoyable).

MOTIVATING DETERMINANTS

Perceived Risks

- Invite open dialogue about the individual's specific health concerns and perceived risks.
- Sensitive explore any personal experiences or anxieties related to physical or mental health, acknowledging diverse stressors that may relate to gender identity, transition experiences, or societal factors.

Perceived Benefits

- Discuss personally meaningful outcomes the individual hopes to achieve through behavior change (e.g., increased comfort in their body, hormone optimization, enhanced well-being through food). Tailor discussions to how these benefits specifically relate to their identity or personal life context.

Coping Strategies

- Personalize coping strategies to address specific stressors such as societal pressure, dysphoria, family acceptance, or healthcare experiences.
- Discuss previously successful coping mechanisms and build upon them.

consequences of involvement in a behavior (e.g. they will feel delighted, satisfied, happy, proud, pleased).

- Break down goals into smaller, manageable steps, building confidence through incremental achievements.

Self-Depictions

- Explore how their gender identity experiences may shape their self-image or body acceptance.
- Support cultivation of a positive and affirming self-view through empathetic discussion and affirming practices.

Disclaimer: This resource is intended as a supportive guide and should be adapted to reflect each client's personal context and preferences.

FOOD & PHYSICAL ACTIVITY

TO EMPOWER^{22,23}



AUTHORITY



CONFIDENCE



AUTONOMY



3 STEPS TO
SUPPORT GENDER
DIVERSITY



1

SHARE YOUR PRONOUNS

Name Tags

Business Cards

Handouts

Display Name (media)

By Mouth

2

Sex at Birth
&
Gender Identity

IDENTIFY
DURING
ASSESSMENT

Legal Name
&
Chosen Name

3

ADVOCATE FOR AFFIRMING CARE

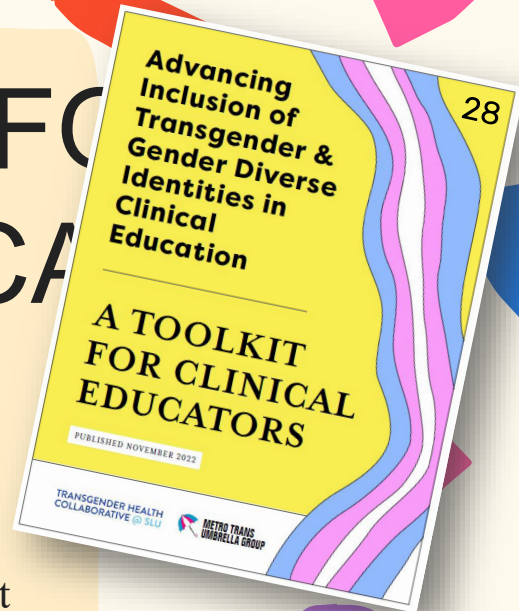
Integrate cultural competence

Educate & train others

Foster policy & program development

Network & collaborate

Engage in research



WPATH

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

WPATH
STANDARDS OF CARE
for the Health of Transgender
and Gender Diverse People

Version

8

WPATH.ORG

LET'S BRIEFLY RECAP



GENDER DIVERSITY

It's real; it exists
It's important to know



LIVED EXPERIENCES

Harassment & discrimination
Food insecurity
Mental health challenges



A SUPPORTIVE ENVIRONMENT

Safety, respect & trust are priority
Language & collaboration matter



MNT & PRACTICE

The NCP
Hormone therapy
MNT Focuses
Access & billing



EDUCATION & COUNSELING

Explore motivating & facilitating
determinants to help guide,
support & empower clients
& communities



MAKING ACTION

Pronoun awareness helps
Assessment is essential
Advocacy is continuously needed



THANK
YOU!

QUESTIONS?

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CASE STUDY: MEET ALEX

Alex is a 28 y/o transgender male who began hormone therapy 3 months ago and is seeking nutrition education to “support [their] hormone therapy & transition journey .”

Alex has experienced positive changes from the hormone therapy but is concerned with body image . Alex has faced challenges in finding inclusive healthcare providers and is seeking a safe and understanding environment for nutrition care. Alex has a history of disordered eating and body dysphoria , and has had weight fluctuations of 40 lbs / 18kg throughout the past 2 years . Alex’s weight is now, and has remained around 160 lbs / 73kg. Alex is 5 ft 6 in / 1.67 m tall.

Alex socially transitioned at age 24 but is hesitant in expressing gender identity with health care providers based on past experiences (cultural incompetence, discrimination, mistreatment, and refusal of care reported throughout the past 3 years).

Alex reports that, for the past year, “ food has taken on a new purpose & role since transitioning .”

CONSIDERATIONS: CARE FOR

Admin/Logistics :

- **Discuss & confirm insurance & billing information** (name, sex, gender) , if needed.
- **Obtain consent** for discussions regarding gender identity, health history, & mental health concerns... **and with whom** .

CONSIDERATIONS: CARE FOR

Language & Communications :

- **Use inclusive & affirming language** , inquiring about and respecting Alex's chosen name & pronouns .
- **Be sensitive to the challenges Alex may have faced** in healthcare settings & **create a welcoming environment** .
- **Practice cultural humility &** **avoid making assumptions & over** -asking about Alex's experiences.

CONSIDERATIONS: CARE FOR

Medical Nutrition Therapy :

- **Review physiology & nutrition implications of hormone therapy** for transgender male individuals.
- **Determine appropriate assessment** components, values & ranges to include & use.
- **Address Alex's concerns & interests** regarding potential weight changes, body composition, & emotional well-being.
- **Consider applicable food & nutrition focuses** based on collected assessment info & 1:1 findings.
- **Collaborate with Alex** to develop a nutrition plan that aligns with their needs & personal goals.

CONSIDERATIONS: CARE FOR

Education & Counseling :

- Discuss the impact of hormone therapy on nutrient needs, metabolism, & potential health risks.
- Discuss the role of nutrition in managing potential hormone -related health concerns & food being a source of empowerment .
- Explore disordered eating & body dysphoria history, offering non - judgmental, empathic support .
- Encourage body positivity & self -compassion while addressing body image concerns.
- Collaborate with Alex to contact other providers for integrated care, if necessary & if consent is provided .