Gender-Affirming Hormone Therapy and Psychological Distress among Transgender and Nonbinary People: Differences by Source of Hormones (EPH 126)

Ajay Pandey[1] and Kristie Seelman[2]

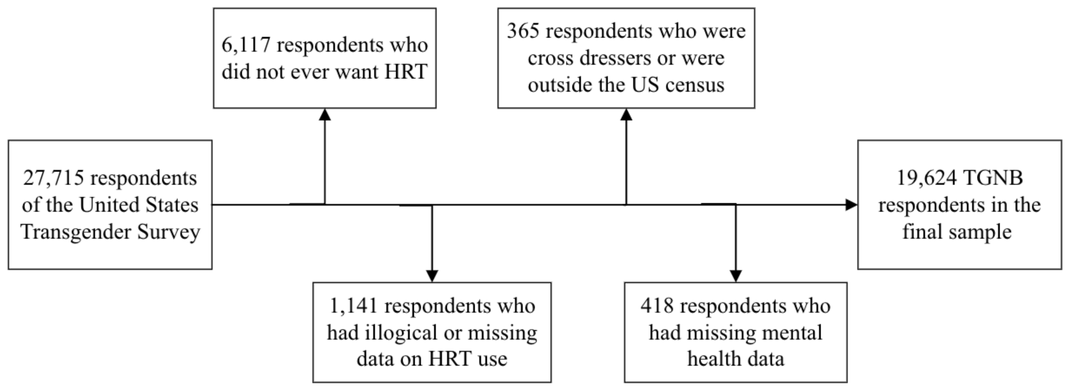
[1]Department of Biological Sciences, Augusta University, Augusta, Georgia

[2]School of Social Work, Georgia State University, Atlanta, Georgia

INTRODUCTION

- Hormone replacement therapy (HRT) has been shown to be safe and is associated with positive health outcomes including improved mental health for transgender and nonbinary (TGNB) people
- Transgender and nonbinary people have historically faced many barriers to care such as physician gatekeeping, lack of knowledgeable providers, and cost barriers which may lead some to seek out nonprescribed hormones.
- Numerous studies using small samples of American TGNB communities have found widespread utilization of nonprescribed hormones
- TGNB who use nonprescribed hormones may be at greater risks for adverse outcomes given the lack of monitoring and potential incorrect dosing, but no studies have investigated outcomes following nonprescribed hormone use.

METHODS



- Psychological distress was evaluated by the six question Kessler Psychological Distress Scale (K6).
- Respondents were asked where they receive hormones for HRT: prescribed hormones only, a combination of prescribed and nonprescribed hormones (NPH supplementation), and nonprescribed hormones only.
- Estimated K6 mean and logistic regression (serious distress defined at K6 score>13) by hormone source
- Sociodemographic covariates: age, gender identity, sexual orientation, race/ethnicity, education, income level, marital status, census region, health insurance status, and adverse life experiences.

RESULTS

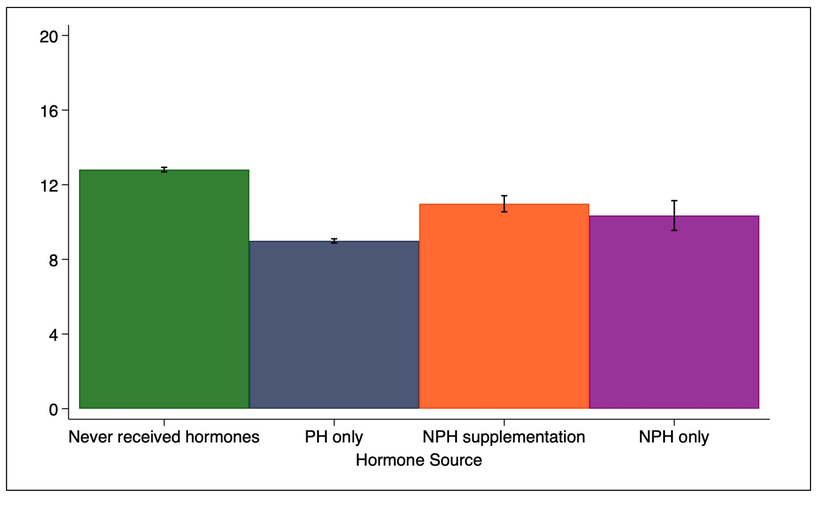


Figure 1. Mean Kessler 6 score by source of HRT. n=19,627. Error bars represent SEM.

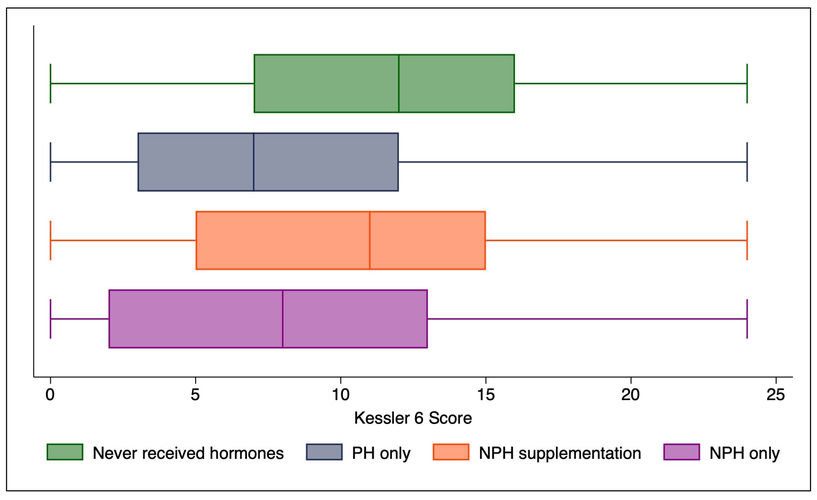


Figure 2. Comparison of Kessler 6 score for each source of HRT. n=19,627. Median K6 score for never received HRT, PH only, NPH supplementation, and NPH only groups were 13, 9, 11, and 11 respectively.

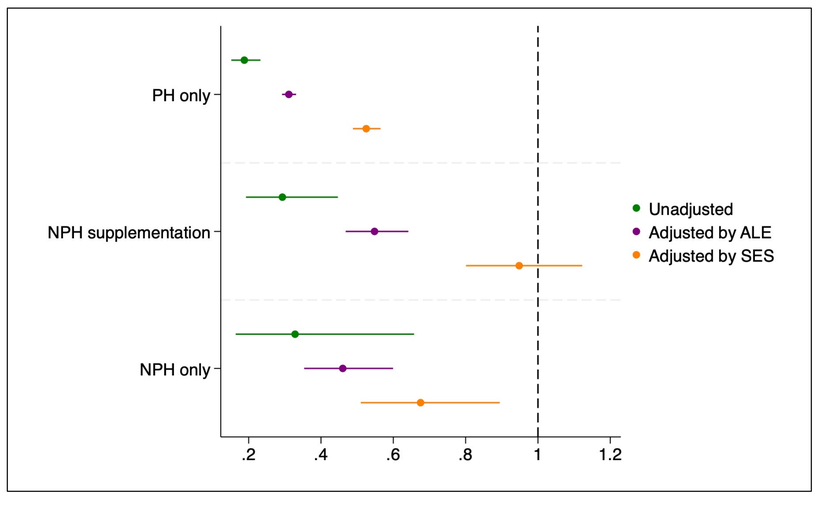


Figure 3. Odds ratios in favor of serious psychological distress by source of hormone.. The SES multivariable adjusted model accounted for age group, gender identity, sexual orientation, marital status, education, income, census region, race group, and health insurance status. The multivariable model accounting for adverse life experiences included a history of sex work and ever experiencing homelessness. Reference group was those who desired but did not access HRT.

CONCLUSIONS

- Among TGNB adults who had a desire of HRT, using hormones from any source was associated with improved mental health (lower psychological distress on the K6).
- After adjusting for sociodemographic covariates, those who exclusively used prescribed hormones or nonprescribed hormones had significantly lower odds of experiencing serious psychological distress compared to those who did not access HRT
- Those who supplemented prescribed hormones with nonprescribed hormones had a nonsignificant difference in the odds of experiencing serious psychological distress compared to those who did not access HRT

ACKNOWLEDGMENTS

We would like to thank the Augusta University Student Government Association for providing an individual student travel grant that partially funded this trip.