2ND REGIONAL CONSULTATION on HIV among MSM and trans people in EECA

2-я РЕГИОНАЛЬНАЯ КОНСУЛЬТАЦИЯ по ВИЧ среди МСМ и транс людей в ВЕЦА

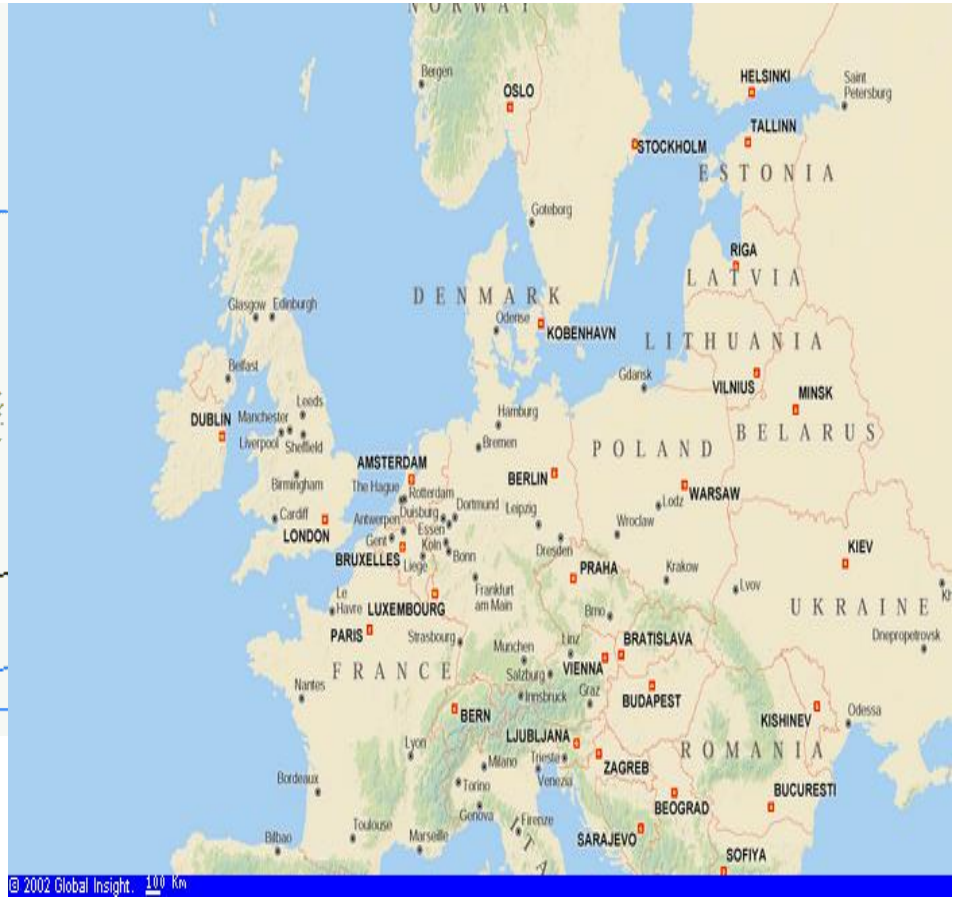
Междисциплинарный подход в медицинском и социальном сопровождении транс людей в Беларуси

Professor Larisa Danilova

Belarusian Medical Academy of Postgraduate Education, Minsk, Belarus

Population of Belarus:

9 millions 465,200



Отдел профилактики ВИЧ/СПИД ГУ «Республиканский центр гигиены, эпидемиологии и общественного здоровья» *belaids.net*

- **По состоянию на 1 марта 2018г. в Республике Беларусь 25 074 случая ВИЧ-инфекции; 19 519 человек, живущих с ВИЧ; 205,6 на 100 тысяч населения показатель распространенности.**
- **Общее количество случаев ВИЧ-инфекции в возрастной группе 15-49 лет (подростки и взрослые) составляет 23175 человек (удельный вес в общей структуре ВИЧ-инфицированных – 92,4%). За 2 месяца 2018 года в возрастной группе 15-49 лет зарегистрировано 335 случаев (86,3%). За аналогичный период 2017 г. – 387 случаев (89,8%).**

Ассоциация некоммерческих организаций по противодействию эпидемии ВИЧ/СПИДа

«БЕЛСЕТЬ АНТИСПИД»

По кумулятивным данным (1987–01.03.2018г.) 35,4% (8 883 человека) инфицированных вирусом иммунодефицита человека заразились парентеральным путем (при внутривенном введении наркотических веществ), удельный вес лиц, инфицирование которых произошло половым путем, составляет 62,4% (15 643 случая). В целом удельный вес женщин среди общего числа ВИЧ-инфицированных (10005 человек), мужчин – 60,0% (15069 человек). За 2 месяца 2018 года удельный вес женщин – 35,3% (137 человек), мужчин – 64,7% (251человек).

За весь период наблюдения (1987-01.03.2017гг.) среди ВИЧ-положительных лиц умерло 5 044 человека.

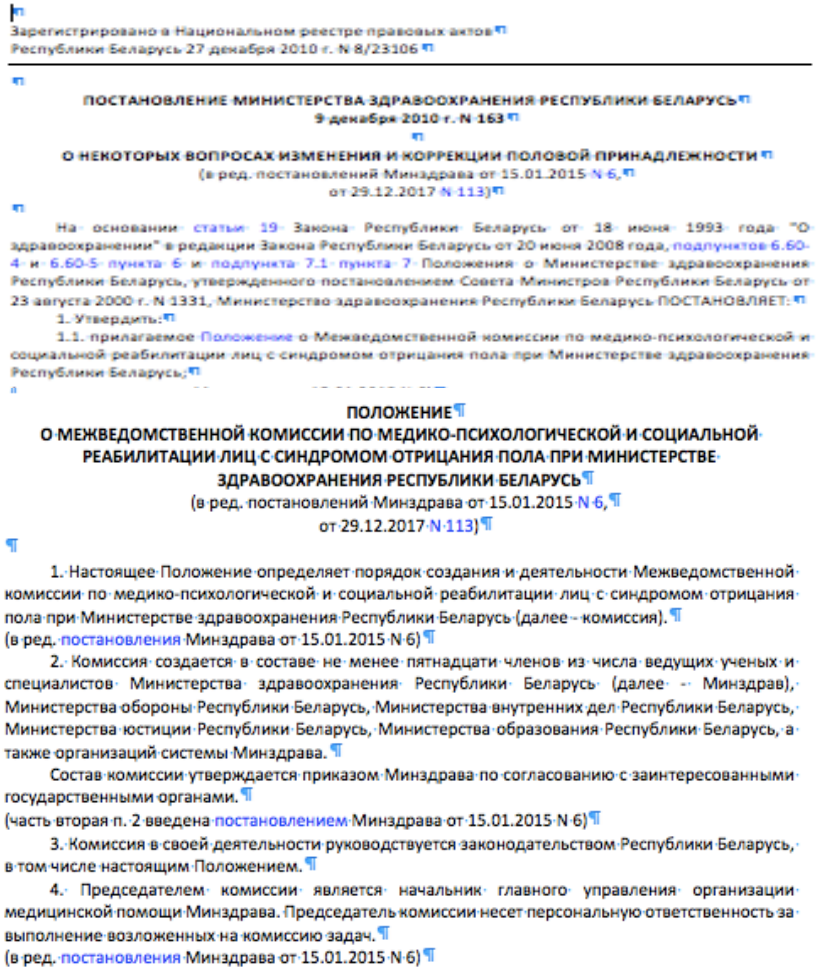
оммерческих организаций по противодействию эпидемии ВИЧ/СПИДа
СЕТЬ АНТИСПИД»

ПОСТАНОВЛЕНИЕ МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ

9 декабря 2010 г. N 163

О НЕКОТОРЫХ ВОПРОСАХ ИЗМЕНЕНИЯ И КОРРЕКЦИИ ПОЛОВОЙ ПРИНАДЛЕЖНОСТИ

(в ред. постановлений Минздрава от 15.01.2015 №6, от 29.12.2017 №113)



Зарегистрировано в Национальном реестре правовых актов Республики Беларусь 27 декабря 2010 г. N 8/23106

ПОСТАНОВЛЕНИЕ МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ
9 декабря 2010 г. N 163

О НЕКОТОРЫХ ВОПРОСАХ ИЗМЕНЕНИЯ И КОРРЕКЦИИ ПОЛОВОЙ ПРИНАДЛЕЖНОСТИ
(в ред. постановлений Минздрава от 15.01.2015 N 6, от 29.12.2017 N 113)

На основании статьи 19 Закона Республики Беларусь от 18 июня 1993 года "О здравоохранении" в редакции Закона Республики Беларусь от 20 июня 2008 года, подпунктов 6.60-4 и 6.60-5 пункта 6 и подпункта 7.1 пункта 7 Положения о Министерстве здравоохранения Республики Беларусь, утвержденного постановлением Совета Министров Республики Беларусь от 23 августа 2000 г. N 1331, Министерство здравоохранения Республики Беларусь ПОСТАНОВЛЯЕТ:

1. Утвердить:

1.1. прилагаемое Положение о Межведомственной комиссии по медико-психологической и социальной реабилитации лиц с синдромом отрицания пола при Министерстве здравоохранения Республики Беларусь;

ПОЛОЖЕНИЕ
О МЕЖВЕДОМСТВЕННОЙ КОМИССИИ ПО МЕДИКО-ПСИХОЛОГИЧЕСКОЙ И СОЦИАЛЬНОЙ РЕАБИЛИТАЦИИ ЛИЦ С СИНДРОМОМ ОТРИЦАНИЯ ПОЛА ПРИ МИНИСТЕРСТВЕ ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ
(в ред. постановлений Минздрава от 15.01.2015 N 6, от 29.12.2017 N 113)

1. Настоящее Положение определяет порядок создания и деятельности Межведомственной комиссии по медико-психологической и социальной реабилитации лиц с синдромом отрицания пола при Министерстве здравоохранения Республики Беларусь (далее – комиссия).
(в ред. постановления Минздрава от 15.01.2015 N 6)

2. Комиссия создается в составе не менее пятнадцати членов из числа ведущих ученых и специалистов Министерства здравоохранения Республики Беларусь (далее – Минздрав), Министерства обороны Республики Беларусь, Министерства внутренних дел Республики Беларусь, Министерства юстиции Республики Беларусь, Министерства образования Республики Беларусь, а также организаций системы Минздрава.

Состав комиссии утверждается приказом Минздрава по согласованию с заинтересованными государственными органами.
(часть вторая п. 2 введена постановлением Минздрава от 15.01.2015 N 6)

3. Комиссия в своей деятельности руководствуется законодательством Республики Беларусь, в том числе настоящим Положением.

4. Председателем комиссии является начальник главного управления организации медицинской помощи Минздрава. Председатель комиссии несет персональную ответственность за выполнение возложенных на комиссию задач.
(в ред. постановления Минздрава от 15.01.2015 N 6)

- ***Соблюдение единых международных рекомендаций по медицинскому сопровождению и совершенствованию качества жизни транс людей***
- ***Вопросы здорового образа жизни, профилактики ускоренного старения, минимизации побочных эффектов гормональной терапии, профилактики HIV и иных инфекций***

- *Pasquesoone V.7countries giving transgender people fundamental rights the U.S. still won't. 2014. Available at: https://mic.com/articles/ 87149/7-countries-giving-transgender-people-fundamental-rights-the- u-s-still-won-t.*
- *Meyerowitz J. How Sex Changed: A History of Transsexuality in the United States. Cambridge, MA: Harvard University Press; 2002.*
- **OlssonS-E,Mo̅llerA.Regret after sex reassignment surgery in a male-to-female transsexual: a long-term follow-up. Arch Sex Behav. 2006;35(4):501–506.**
- **Kuiper AJ, Cohen-Kettenis PT. Gender role reversal among postoperative transsexuals. Available at: https://www.atria.nl/ ezines/web/IJT/97-03/numbers/symposion/ijtc0502.htm.**
- *Rosenthal SM. Approach to the patient: transgender youth: endocrine considerations. J Clin Endocrinol Metab. 2014;99(12): 4379–4389.*

ICD-10 Criteria

Transsexualism (F64.0) has three criteria:

- **The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatments.**
- ***The transsexual identity has been present persistently for at least 2 y.***
- **The disorder is not a symptom of another mental disorder or a genetic, DSD, or chromosomal abnormality**

de Vries ALC, Doreleijers TAH, Steensma TD, Cohen-Kettenis PT. Psychiatric comorbidity in gender dysphoric adolescents. J Child Psychol Psychiatry. 2011;52(11):1195–1202.

Terada S, Matsumoto Y, Sato T, Okabe N, Kishimoto Y, Uchitomi Y. Factors predicting psychiatric co-morbidity in gender- dysphoric adults. Psychiatry Res. 2012;200(2-3):469–474

Dhejne C, Van Vlerken R, Heylens G, Arcelus J. Mental health and gender dysphoria: a review of the literature. Int Rev Psychiatry. 2016;28(1):44–57

Criteria for Gender-Affirming Hormone Therapy for Adults

- ✓ **Persistent, well-documented gender dysphoria/gender incongruence**
- ✓ **The capacity to make a fully informed decision and to consent for treatment**
- ✓ **The age of majority in a given country (if younger, follow the criteria for adolescents)**
- ✓ **Mental health concerns, if present, must be reasonably well controlled**

World Professional Association for Transgender Health. Standards of care for the health of transsexual, transgender, and gender nonconforming people. Available at:http://www.wpath.org/site_page.cfm?pk_association_webpage_menu51351&pk_ association_webpage53926.

Международные рекомендации эндокринологического общества 2017

Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*

Hembree et al. /J Clin Endocrinol Metab, November 2017, 102(11):3869–3903
https://academic.oup.com/jcem

CLINICAL PRACTICE GUIDELINE

Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline

Wylie C. Hembree,[1] Peggy T. Cohen-Kettenis,[2] Louis Gooren,[3] Sabine E. Hannema,[4] Walter J. Meyer,[5] M. Hassan Murad,[6] Stephen M. Rosenthal,[7] Joshua D. Safer,[8] Vin Tangpricha,[9] and Guy G. T'Sjoen[10]

[1]New York Presbyterian Hospital, Columbia University Medical Center, New York, New York 10032 (Retired); [2]VU University Medical Center, 1007 MB Amsterdam, Netherlands (Retired); [3]VU University Medical Center, 1007 MB Amsterdam, Netherlands (Retired); [4]Leiden University Medical Center, 2300 RC Leiden, Netherlands; [5]University of Texas Medical Branch, Galveston, Texas 77555; [6]Mayo Clinic Evidence-Based Practice Center, Rochester, Minnesota 55905; [7]University of California San Francisco, Benioff Children's Hospital, San Francisco, California 94143; [8]Boston University School of Medicine, Boston, Massachusetts 02118; [9]Emory University School of Medicine and the Atlanta VA Medical Center, Atlanta, Georgia 30322; and [10]Ghent University Hospital, 9000 Ghent, Belgium

***Cosponsoring Associations:** American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health.

Objective: To update the "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," published by the Endocrine Society in 2009.

Participants: The participants include an Endocrine Society–appointed task force of nine experts, a methodologist, and a medical writer.

Evidence: This evidence-based guideline was developed using the Grading of Recommendations, Assessment, Development, and Evaluation approach to describe the strength of recommendations and the quality of evidence. The task force commissioned two systematic reviews and used the best available evidence from other published systematic reviews and individual studies.

Consensus Process: Group meetings, conference calls, and e-mail communications enabled consensus. Endocrine Society committees, members and cosponsoring organizations reviewed and commented on preliminary drafts of the guidelines.

Conclusion: Gender affirmation is multidisciplinary treatment in which endocrinologists play an important role. Gender-dysphoric/gender-incongruent persons seek and/or are referred to endocrinologists to develop the physical characteristics of the affirmed gender. They require a safe and effective hormone regimen that will (1) suppress endogenous sex hormone secretion determined by the person's genetic/gonadal sex and (2) maintain sex hormone levels within the normal range for the person's affirmed gender. Hormone treatment is not recommended for prepubertal gender-dysphoric/gender-incongruent persons. Those clinicians who recommend gender-affirming endocrine treatments—appropriately trained diagnosing clinicians (required), a mental health provider for adolescents (required) and mental health

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Printed in USA.

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First Published Online 13 September 2017

Abbreviations: BMD, bone mineral density; DSD, disorder/difference of sex development; DSM, Diagnostic and Statistical Manual of Mental Disorders; GD, gender dysphoria; GnRH, gonadotropin-releasing hormone; ICD, International Statistical Classification of Diseases and Related Health Problems; MHP, mental health professional; VTE, venous thromboembolism.

Clinicians should monitor both transgender males (female to male) and transgender females (male to female) for reproductive organ cancer risk when surgical removal is incomplete.

Additionally, clinicians should persistently monitor adverse effects of sex steroids.

Рекомендации для интернистов при оказании консультативной и иной помощи транс людям

Dhejne C, Van Vlerken R, Heylens G, Arcelus J. Mental health and gender dysphoria: a review of the literature. Int Rev Psychiatry. 2016;28(1):44–57

- **For gender-affirming surgeries in adults, the treating physician must collaborate with and confirm the criteria for treatment used by the referring physician.**
- **Clinicians should avoid harming individuals (via hormone treatment) who have conditions other than gender dysphoria/gender incongruence and who may not benefit from the physical changes associated with this treatment.**

ES recommendations: only trained mental health professionals (MHPs) who meet the following criteria should diagnose gender dysphoria (GD)/ gender incongruence in adults:

- ✓ *competence in using the Diagnostic and Statistical Manual of Mental Disorders (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD) for diagnostic purposes*
- ✓ *the ability to diagnose GD/ gender incongruence and make a distinction between GD/gender incongruence and conditions that have similar features (e.g., body dysmorphic disorder) training in diagnosing psychiatric conditions*
- ✓ *the ability to undertake or refer for appropriate treatment*
- ✓ *the ability to psychosocially assess the person's understanding, mental health, and social conditions that can impact gender-affirming hormone therapy*
- ✓ *a practice of regularly attending relevant professional meetings*

Ungraded Good Practice Statement /J Clin Endocrinol Metab, November 2017, 102(11):3869–3903 https://academic.oup.com/jcem

- *ES recommendations advise that only MHPs who meet the following criteria should diagnose GD/gender in- congruence in children and adolescents:*
- *training in child and adolescent developmental psychology and psychopathology*
- *competence in using the DSM and/or the ICD for diagnostic purposes*
- *the ability to make a distinction between GD/gender incongruence and conditions that have similar features (e.g., body dysmorphic disorder)*
- *training in diagnosing psychiatric conditions*
- *the ability to undertake or refer for appropriate treatment*
- *the ability to psychosocially assess the person's understanding and social conditions that can impact gender-affirming hormone therapy*
- *practice of regularly attending relevant professional meetings*
- *knowledge of the criteria for puberty blocking and gender-affirming hormone treatment in adolescents*

(Ungraded Good Practice Statement)

J Clin Endocrinol Metab, 2017, 102(11):3869–3903 https://academic.oup.com/jcem

Профилактика метаболических и иных заболеваний у транс людей

Профилактика метаболических и эндокринных нарушений

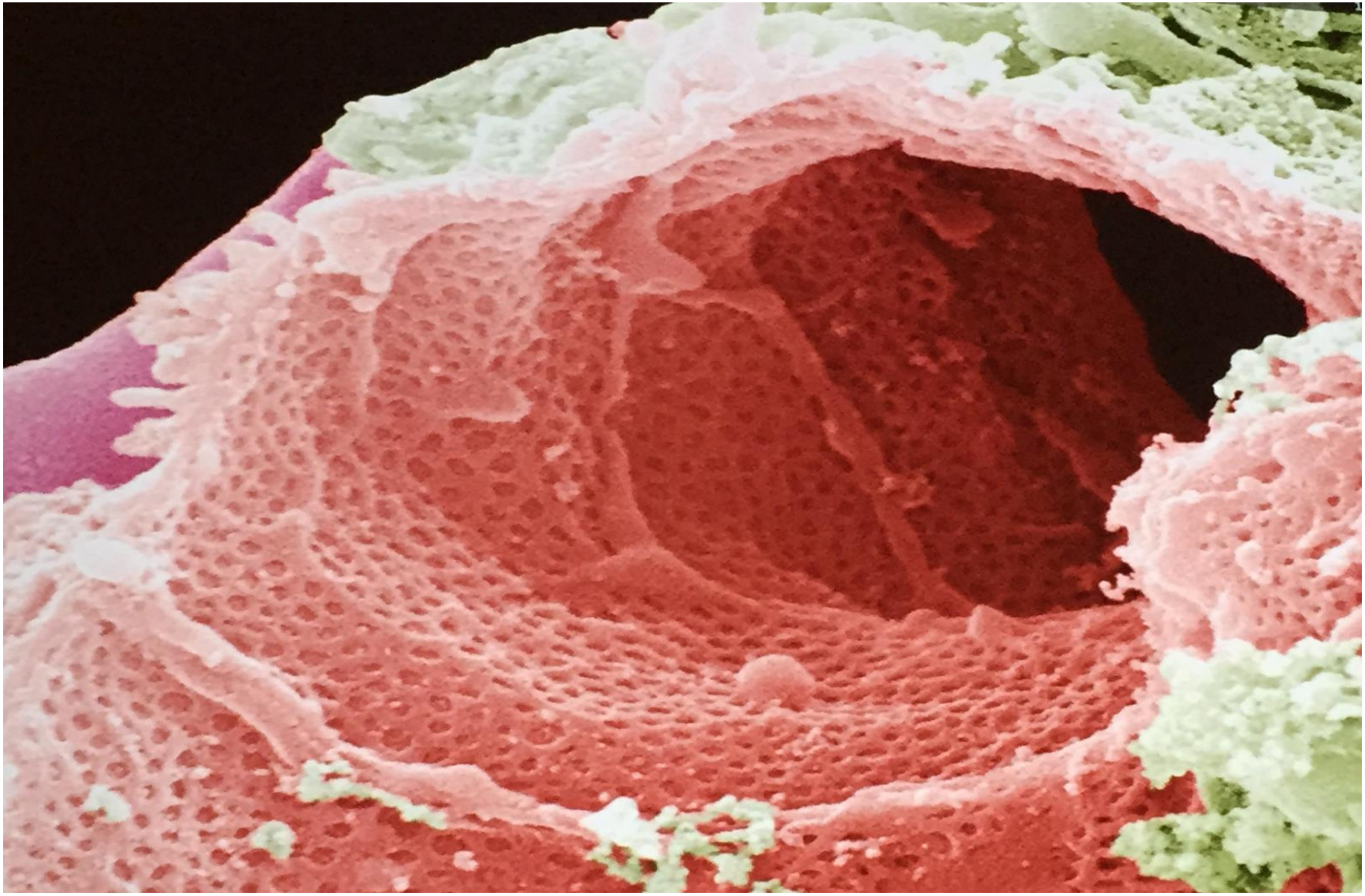
Precision medicine

точная медицина для транс людей

- Genetic approaches advance, the progressive deployment of candidate gene, large-scale genotyping and genome-wide association studies has begun to produce suggestive results that may transform clinical practice.
- «However, many barriers to the translation of hormonal pharmacogenetic discoveries to the clinic still remain
- The perspective offers a contemporary overview of the field with a focus on hormonal therapy, identifies the major uses of pharmacogenetics, and highlights potential limitations and future directions

Response to lifestyle intervention

Preventing succeed aging in transgender people



Endocrine-disrupting Chemicals
Эндокринные «дисрапторы»

ORIGINAL ARTICLE

Neurobehavioral Deficits, Diseases, and Associated Costs of Exposure to Endocrine-Disrupting Chemicals in the European Union

Martine Bellanger, Barbara Demeneix, Philippe Grandjean, R. Thomas Zoeller, and Leonardo Trasande

EHESP School of Public Health (M.B.), Paris, France; Unité Mixte de Recherche 7221 Centre National de la Recherche Scientifique/MNHN (B.D.), Muséum National d'Histoire Naturelle, 75005 Paris, France; Harvard School of Public Health (P.G.), Boston, Massachusetts 02115; University of Southern Denmark (P.G.), 5230 Odense, Denmark; University of Massachusetts (R.T.Z.), Amherst, Massachusetts 01003; New York University (NYU) School of Medicine (L.T.), New York, New York 10016; NYU Wagner School of Public Service (L.T.), New York, New York 10012; NYU Steinhardt School of Culture, Education, and Human Development (L.T.), Department of Nutrition, Food & Public Health, New York, New York 10003; and NYU Global Institute of Public Health (L.T.), New York, New York 10003

Context: Epidemiological studies and animal models demonstrate that endocrine-disrupting chemicals (EDCs) contribute to cognitive deficits and neurodevelopmental disabilities.

Objective: The objective was to estimate neurodevelopmental disability and associated costs that can be reasonably attributed to EDC exposure in the European Union.

Design: An expert panel applied a weight-of-evidence characterization adapted from the Intergovernmental Panel on Climate Change. Exposure-response relationships and reference levels were evaluated for relevant EDCs, and biomarker data were organized from peer-reviewed studies to represent European exposure and approximate burden of disease. Cost estimation as of 2010 utilized lifetime economic productivity estimates. Lifetime cost estimates for autism spectrum disorder, and annual costs for attention-deficit hyperactivity disorder.

Setting, Patients and Participants, and Intervention: Cost estimation was carried out from a societal perspective, ie, including direct costs (eg, treatment costs) and indirect costs such as productivity loss.

Results: The panel identified a 70–100% probability that polybrominated diphenyl ether and organophosphate exposures contribute to IQ loss in the European population. Polybrominated diphenyl ether exposures were associated with 873 000 (sensitivity analysis, 148 000 to 2.02 million) lost IQ points and 3290 (sensitivity analysis, 3290 to 8080) cases of intellectual disability, at costs of €9.59 billion (sensitivity analysis, €1.58 billion to €22.4 billion). Organophosphate exposures were associated with 13.0 million (sensitivity analysis, 4.24 million to 17.1 million) lost IQ points and 59 300 (sensitivity analysis, 16 500 to 84 400) cases of intellectual disability, at costs of €146 billion (sensitivity analysis, €46.8 billion to €194 billion). Autism spectrum disorder causation by multiple EDCs was assigned a 20–39% probability, with 316 (sensitivity analysis, 126–631) attributable cases at a cost of €199 million (sensitivity analysis, €79.7 million to €399 million). Attention-deficit hyperactivity disorder causation by multiple EDCs was assigned a 20–69% probability, with 19 300 to 31 200 attributable cases at a cost of €1.21 billion to €2.86 billion.

Conclusions: EDC exposures in Europe contribute substantially to neurobehavioral deficits and disease, with a high probability of >€150 billion costs/year. These results emphasize the advantages of controlling EDC exposure. (*J Clin Endocrinol Metab* 100: 1256–1266, 2015)

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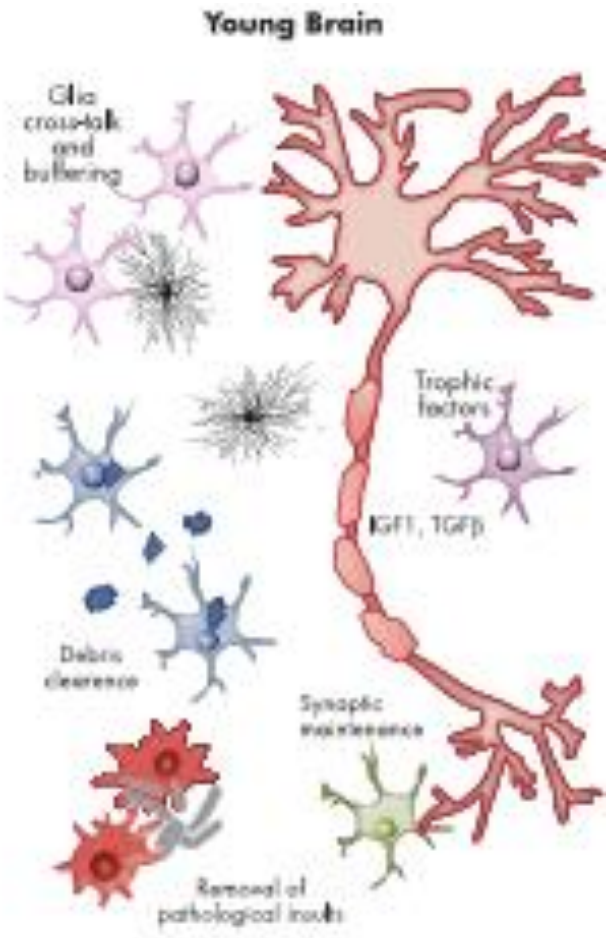
First Published Online March 5, 2015

Abbreviations: AChE, acetylcholinesterase; ADHD, attention-deficit hyperactivity disorder; AF, attributable fraction; ASD, autism spectrum disorder; DAP, dialkyl phosphate; EDC, endocrine-disrupting chemical; EU, European Union; OP, organophosphate; OR, odds ratio; PBDE, polybrominated diphenyl ether; PCB, polychlorinated biphenyl; SRS, social responsiveness score.

For related articles see pages 1241, 1245, 1267, 1278



Conclusion

Мультидисциплинарный подход в организации медицинской и социальной помощи транс людям, включающий эндокринологическое сопровождение и вопросы валеологии и профилактики HIV и иных инфекций позволяет улучшить качество жизни и здоровья транс людей

No.15