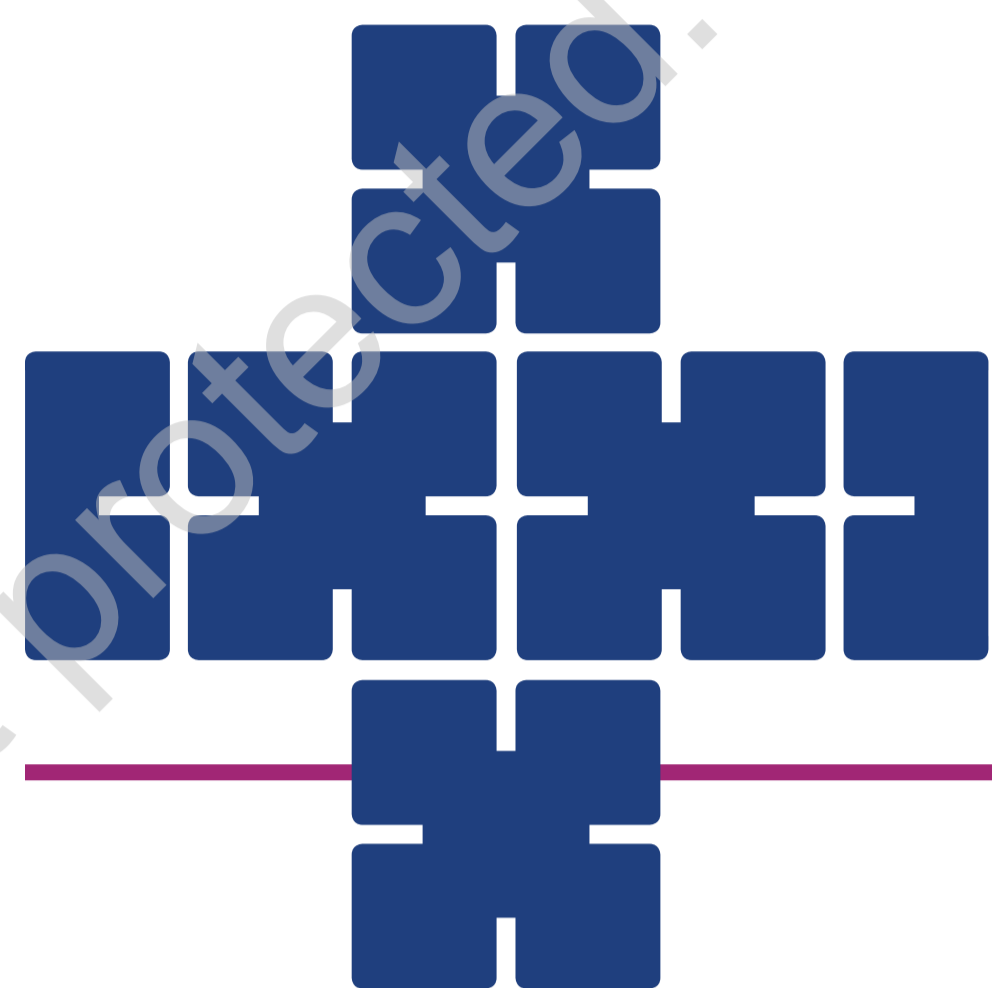


Comparison of male to female (MTF) and female to male (FTM) transgender patients attending Taylor Square Private Clinic (TSPC), Sydney, Australia; clinical audit results



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Background

In the thirty-year history of Taylor Square Private Clinic, our practice has focused on sexual health and offered clinical medical services to all comers. We have developed a large caseload of people living with HIV, male and female homosexuals and transgender people. All the practitioners at the clinic have expertise in caring for our diverse patient group and are committed to offering the highest quality of care possible to all patients.

The practice has a computerised patient management system, which was implemented in 2004. We have undertaken an audit of information held about our transgender patients on our database. The aim of the audit is to improve our services to our transgender clients. Characterisation of the demographics of our patients is also of interest, as there is only one Australian publication describing transgender patients.¹

Methods

- Transgender patients were identified on the clinic database and a specific transgender database created.
- Computer and paper files of transgender patients were reviewed.
- Variables recorded included, Birthdate; Birthplace; Medicare eligibility; MTF/FTM; Occupation; History of sex work and intravenous drug use (IVDU); Date of first and most recent clinic attendance; Use of hormone therapy and surgery; Medical conditions; Referrals.

Results

- Since 2004, 141 MTF and 17 FTM patients attended Taylor Square Clinic.
- MTF patients were older and had attended longer, although a lower percentage of total MTF patients had attended during 2010 and 2011.
- MTF patients were less likely to be Australian born.
- Nearly all patients were Medicare eligible.
- MTF patients were less likely to be employed; however, overall employment was high.
- 13.2% of MTF patients had been sex workers; no FTM patients had been sex workers.
- The incidence of IVDU was similar in both groups and higher than in the general population: 10% in MTF and 15% in FTM.
- Hormone therapies were universally common and surgery was more common in MTF patients.

- Co-management was also common, as per the Harry Benjamin International Gender Dysphoria Association Guidelines 6th ed.²
- Mental health diagnoses were more common in MTF than FTM patients, as was HIV infection.

Table 1. Comparison of MTF and FTM transgender patients at TSPC 2004-2011

	Male to Female Patients	Female to Male Patients
Number	141	17
Age; range and mean, yrs	21.4 - 79.6; 42.0	21.5 - 56.9; 33.4
Length of attendance, yrs	0 - 29.5; 4.9	0 - 12.3; 3.8
Attended 2010/2011, n (%)	84/141 (59.6%)	15/17 (88.2%)
Australian born, n (%)	59/125 (47.2%)	14/17 (82.3%)
Medicare eligible, n (%)	139/141 (98.6%)	17/17 (100%)
Employed, n (%)	87/108 (80.5%)	11/12 (91.7%)
Past or present sex work, n (%)	10/76 (13.2%)	0/12 (0%)
Past or present IVDU, n (%)	11/103 (10.7%)	2/15 (13.3%)
Hormone therapy, n (%)	132/141(93.6%)	16/17 (94.1%)
Surgical therapy, n (%)	69/141 (48.9%)	4/17 (23.6%)
Co-management, n (%)	93/141(65.9%)	15/17 (88.2%)
Mental health diagnoses, n (%)	40/141(28.4%)	2/17 (11.8%)
HIV positive, n (%)	6/141(4.2%)	0/17 (0%)

Discussion and conclusion

The ratio of MTF to FTM (8.3:1) is similar to the one published Australian paper.¹ A recent study from a San Francisco STD clinic reported on 223 MTF and 69 FTM visits.³ In that study, a 3:1 ratio was reported and estimates vary widely across other studies. This is probably due to convenience sampling employed in studies.

In the San Francisco study, similarly to this audit, the MTF group showed older age, more sex work and lower white ethnicity than FTM.³ Differences between the studies were the rates of HIV infection, which was equal (10%) in both groups in San Francisco and IVDU, which was more common in MTF (14.4%) in the San Francisco study.

In our cohort, most patients have access to Medicare. This allows patients' access to most health care, but some transgender-specific health care (e.g., surgical reassignment and some anti-androgenic medication), is not funded by Medicare. This is an area for continuing activism.

There are differences between MTF and FTM patients observed in this audit, including overall numbers, sex work, use of surgery and co-morbid conditions. The numerical imbalance between the groups and the incomplete data sets necessitate caution with regard to comparisons. However, this audit provides a baseline from which to improve care. Future improvements will include recording data more thoroughly.

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