

Reflections on pharmaceutical performance in an outpatient clinic of transgender users: Facilitators and Challenges

Reflexões sobre a atuação farmacêutica em um ambulatório de usuários transgêneros:

Facilitadores e Desafios

Reflexiones sobre el desempeño farmacéutico en una clínica ambulatoria de usuarios transgénero:

Facilitadores y Desafíos

Received: 04/06/2022 | Reviewed: 04/14/2022 | Accept: 04/15/2022 | Published: 04/21/2022

Phydel Palmeira Carvalho

ORCID: <https://orcid.org/0000-0001-6229-943X>

State University of Bahia, Brazil

E-mail: phydel_ppc@yahoo.com.br

Juliana Pereira dos Santos

ORCID: <https://orcid.org/0000-0002-5046-743X>

Hospital São Rafael, Brazil

E-mail: julyps_@hotmail.com

João Paulo Alves Cunha

ORCID: <https://orcid.org/0000-0002-2802-558X>

University of São Paulo, Brazil

E-mail: joaopaulo.ac@outlook.com

Mayara de Almeida Lima Ribeiro

ORCID: <https://orcid.org/0000-0002-2185-6970>

Federal University of Sergipe, Brazil

E-mail: mayaraalmeidalaribeiro@gmail.com

Carla Maria Lima Silva

ORCID: <https://orcid.org/0000-0002-1303-2103>

Federal University of Sergipe, Brazil

E-mail: carlamarials92@gmail.com

Roxane de Alencar Irineu

ORCID: <https://orcid.org/0000-0002-0614-4772>

Federal University of Sergipe, Brazil

E-mail: roxaneirineu@gmail.com

Giselle de Carvalho Brito

ORCID: <https://orcid.org/0000-0002-3982-2138>

Federal University of Sergipe, Brazil

E-mail: gisellecbrito@academico.ufs.br

Abstract

This study presents a report of pharmacists and pharmacy undergraduates who work in a Trans outpatient clinic in view of their experiences and experiences, presenting the barriers faced and the strengths in the context of outpatient interprofessional work. This is an experience report on the pharmaceutical care service developed at the Trans User Reception Outpatient Clinic of the Federal University of Sergipe, located in the municipality of Lagarto/SE. In this scenario, the role of the pharmacist in the multidisciplinary team stands out, since his presence in the outpatient clinic can provide improvements by identifying the needs of the user and referring him to specialized professionals and, not necessarily, resorting solely to pharmacological therapies. Given the challenges faced, it is verified that there should be a reorientation in the training process, and the experience and performance of the pharmacist add in care and complementary way with regard to comprehensive health care of the trans population. Thus, one can minimize weaknesses, conquer space in a multidisciplinary team and have recognition of their functions.

Keywords: Pharmaceutical care; Transgender people; Health services for transgender people.

Resumo

Este estudo apresenta relato de farmacêuticos e graduandos em farmácia que atuam em um ambulatório Trans diante de suas vivências e experiências, apresentando as barreiras enfrentadas e as fortalezas no contexto de trabalho interprofissional ambulatorial. Trata-se de um relato de experiência sobre o serviço de cuidados farmacêuticos desenvolvido no Ambulatório de Acolhimento ao Usuário Trans da Universidade Federal de Sergipe, localizado no município de Lagarto/SE. Neste cenário destaca-se o papel do farmacêutico na equipe multiprofissional já que sua presença no ambulatório pode proporcionar melhorias ao identificar as necessidades do usuário e encaminhá-lo à

profissionais especializados e, não necessariamente, recorrer unicamente a terapias farmacológicas. Diante dos desafios enfrentados, verifica-se que deve haver uma reorientação no processo de formação, sendo que a vivência e atuação do farmacêutico acrescenta de forma assistencial e complementar no que diz respeito ao cuidado integral à saúde da população trans. Dentre as fortalezas, destaca-se o estímulo ao olhar clínico às especificidades do usuário trans, objetivando a qualidade do serviço, a garantia de acesso aos medicamentos, a segurança da hormonioterapia, o acolhimento e a orientação qualificada. Assim, pode-se minimizar as fragilidades, conquistar o espaço em uma equipe multidisciplinar e ter o reconhecimento de suas funções.

Palavras-chave: Cuidado farmacêutico; Pessoas transgênero; Serviços de saúde para pessoas transgênero.

Resumen

Este estudio presenta un informe de farmacéuticos y estudiantes de farmacia que trabajan en un ambulatorio de personas Transgéneros en vista de sus experiencias, presentando las barreras enfrentadas y las fortalezas en el contexto del trabajo ambulatorio interprofesional. Se trata de un informe de experiencia sobre el servicio de atención farmacéutica desarrollado en un Ambulatorio para personas Transgéneros de la Universidad Federal de Sergipe, ubicada en el municipio de Lagarto/SE. En este escenario, destaca el papel del farmacéutico en el equipo multidisciplinar, ya que su presencia en el ambulatorio puede aportar mejoras al identificar las necesidades del usuario y derivarlo a profesionales especializados y, no necesariamente, recurrir únicamente a terapias farmacológicas. Ante los retos enfrentados, se verifica que debe haber una reorientación en el proceso de formación, y la experiencia y desempeño del farmacéutico se suma de manera asistencial y complementaria en cuanto a la atención integral a la salud de la población trans. Entre los puntos fuertes, destacamos la estimulación de la mirada clínica a las especificidades de la persona trans, apuntando a la calidad del servicio, la garantía de acceso a los medicamentos, la seguridad de la terapia hormonal, la recepción y orientación cualificada. Así, se pueden minimizar las debilidades, conquistar espacio en un equipo multidisciplinario y tener el reconocimiento de sus funciones.

Palabras clave: Atención farmacéutica; Personas transgénero; Servicios de salud para personas transgénero.

1. Introduction

Transgender are among the minorities most susceptible to prejudice, violence, and other discrimination. This susceptibility is directly related to the problematization of logic seen as superior: biological sex determines gender identity (Souza et al., 2015). Data from the Ministry of Human Rights report on LGBTPhobic violence in Brazil show that in 2016, 207 cases of violence against transgender were recorded through Dial 100. In these records, psychological violence stands out as the primary type of rape, in 33.0% of the cases, followed by discrimination and physical violence, with 32.4%, and 24.6% of the records, respectively (Brasil, 2018).

In this social context, the Transsexualizing Process encompasses care steps provided by the Unified Health System (SUS), aimed at caring for transgender who aim at physical changes through body adequacy, according to their gender identity (Rocon et al., 2018). The concept of transgender can designate people who, regardless of body modification, transit gender, including non-binary identities (Amorim et al., 2013). The concepts gain resignifications dynamically over the years, which is directly related to the political, social or activist, and/or theoretical contexts (Maciel, 2017).

Aiming to sustain this process in the pillars of the SUS (equity, integrality, and universality), comes Ordinance GM/MS No. 2,803, of November 19, 2013, which is placed in the context of the National Policy of Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT) - Ordinance GM/MS No. 2,836, of December 1, 2011 (Brasil, 2013; Brasil, 2013). The Ordinance and the National LGBT Comprehensive Health Policy highlight the outpatient role of care for transgender and patients throughout the transsexualizing process, evidencing the importance of multi-professional and continued work. However, the documents regulating the Transsexualizing Process and LGBT rights within the Scope of the SUS do not clarify the pharmacist's role within this follow-up.

Kaigle et al. (2017) bring in their study that the clinical pharmacist has a crucial role in the process of guiding the transgender patients who are undergoing hormone therapy, in order to resolve doubts about the drugs in use, as well as, they have the responsibility for reviewing pharmacotherapy, identifying actual and potential pharmacotherapeutic problems, as well as assisting in the management of undesirable reactions. Moreover, in the process preceding therapy, the pharmacist aims to

identify contraindications, and other precautions, such as controlling risk factors.

Although there are international studies that address the pharmacist's role within the transsexualizing process, inserted in interprofessional teams, such as Cocohoba (2017); and Newsome and collaborators (2017), there is still a lack of studies that demonstrate their performance in the Brazilian Unified Health System. Thus, this study aims to present the report of pharmacists working in a Trans outpatient clinic in front of their experiences and experiences, presenting the barriers faced and the strengths in the context of interprofessional outpatient work.

2. Methodology

This article is an experience report on the pharmaceutical care service developed at the Federal University of Sergipe, located in NN. The service is coordinated by a professor at the Federal University of NN and conducted by resident pharmacists of the Multiprofessional residency program in Hospital Health Care and PIBIC scientific initiation fellows, who carry out orientation activities and health promotion, monitoring and evaluation of hormone therapy, pharmacotherapeutic follow-up and health education.

The report will have as its core the reflection on the role of the pharmacist within the outpatient clinic, the facilitating aspects and the challenges for performing the service, and the future perspectives in a contextualized way with the literature.

The Trans Outpatient Clinic of NN started from a project elaborated by professors of the Speech Therapy course of the NN Campus and aims to assist transgender individuals throughout the transsexualization process. With this initiative, users are guaranteed access to professionals from the various health areas that make up the campus and the psychology professional, mandatory to the staff, according to the ordinance of the Ministry of Health that regulates the transsexualizing process in the SUS. Therefore, speech therapists, nurses, occupational therapists, psychologists, doctors, psychiatrists, pharmacists, and nutritionists. The Outpatient Clinic also appears to minimize the episodes of transphobia practiced by health professionals in the various establishments and levels of care, considered barriers to access to health by the trans population.

The Outpatient Clinic maintains weekly care in all the mentioned specialties, in which the first contact of the user with the service is made from the reception. At this moment, the user approaches the reality of the service and makes it possible to understand their demands and objectives through an interview conducted by occupational therapy professionals. Thus, we know the history of the transsexualization process of the subject, its trajectory, perceptions, and subjectivities, and this later referred to the other specialties: Psychology and/or Psychiatry, Speech therapy, Nutrition, Pharmacy, and Medicine. In the medical consultation, laboratory and other tests are requested depending on the user's need; during this time, physical and psychological conditions are monitored for the beginning of the hormonal therapy. Finally, cases are discussed with the team to minimize adverse effects on treatment.

The service started in 2017, offering weekly consultations, following the outpatient care flow. So far, approximately one hundred and sixty people, women and men in the process of transsexualization, have been treated at the Ambulatory. Users are inserted into the pharmaceutical care service through active search and professional referral. Thus, after welcoming the user to the clinic, the resident pharmacists present the main objectives of the service (health education, identification of problems related to pharmacotherapy, monitoring the effectiveness of hormone therapy), and those users who voluntarily identify demands are included in the service. In addition, referrals from professionals from other specialties to the outpatient clinic occur when they identify a pharmacotherapeutic need (adherence problems, treatment understanding, effectiveness, suspected adverse reactions, among others), and the need for pharmacotherapeutic follow-up evolves in the medical record.

To structure the service, a form was constructed that includes the evaluation, user perception about the effectiveness of hormone therapy, and pharmacotherapeutic follow-up. The monitoring and evaluation of hormone therapy are done through anthropometric measurements, blood pressure measurement, degree of satisfaction of hormone therapy, and pharmaceutical

anamnesis. It fills sociodemographic data, life habits, signs and symptoms, family, clinical and drug history, and physiological changes. When a pharmacotherapeutic problem is identified, pharmacotherapeutic follow-up is performed, a care plan is elaborated, and appropriate interventions are made. In addition, health promotion, guidance, and education activities are carried out to address general quality of life, healthy habits, correct administration of hormones, and rational use of medications.

3. Results and Discussion

In 2017, there was an invitation from the coordination of the outpatient clinic so that the Pharmacy could be inserted in the hall of services offered since there was a demand both from the team of professionals for the expertise of the pharmacist in hormone therapy, as there were pharmacotherapeutic needs of users who required the monitoring of the pharmacist. To enable these services, a partnership was made with the multi-professional health care residency in-hospital care, so the outpatient clinic scenario was incorporated as a scenario for the performance of the pharmaceutical residents of the first year of the residency.

Pharmaceutical care is responsible for ensuring, through the application of knowledge and functions related to patient care, the safe and appropriate use of medications, and placing the patient as the main object of the pharmacist's activities, having the drug as an instrument used for the benefit of the patient, to prevent and monitor pharmacotherapeutic problems and to promote resource optimization and economics, through the more rational and cost-effective use of medicines (Brasil, 2014).

In the context of the Trans outpatient, it was observed that pharmacists first required updating on hormone therapies and drug therapies commonly used by members of the transgender community, which include sexual steroids and other adjuvants used to produce secondary sexual characteristics. This process is essential in assisting in identifying when patients are initiating the transition process or those who have already started the transition, as well as helping pharmacists to individualize treatment, monitor the safety of pharmacotherapy, identify and advise patients on signs and symptoms of a possible adverse drug reaction (ASHP, 2006; Cocohoba, 2017).

Thus, one of the first steps that preceded the provision of care was the identification of gaps in the training process and the search for materials that could give support to clinical practice, from the immersion in public health policies to the trans population to clinical protocols that guided the monitoring of hormone therapy (Brasil, 2013; Brasil, 2013; Silva et al., 2021; Depret et al., 2020).

The main activity of pharmacists in the outpatient clinic has always been related to guiding the use of hormone therapy, monitoring their results and risks. According to Newsome et al. (2017), with the pharmacist as part of the trans user care team, clinical activities play an essential role in care because hormonal regimens are monitored; health education actions are offered; individualized care plans are developed; review of goals, expectations, risks, and benefits of treatment; initiation and monitoring of long-term use of hormone therapy; implementation of risk reduction measures; and references to the necessary medical and psychosocial services.

In this sense, a crucial point prioritized during pharmaceutical care was providing an adequate and safe environment for care, aiming to promote comfort and privacy for consultations, being destined a private room for pharmaceutical care. In addition, pharmacists were aware of the correct way to deal with and approach their patients, attentive to gender pronouns, and always respecting the social name. Thus, they were instructed to ask the patient what name he would like to be called and which gender pronoun is preferred and to respect the changes in the social name. The literature points out that attitudes like these impact better user reception, increase bond and confidence (Cocohoba, 2017).

Another focus of action of pharmacists in the outpatient clinic was the identification of problems of access to medicines for transgenic users, since in general, because they do not have health plans or even plans that do not cover hormone therapies, results in low access to medicines, which includes, in addition to hormone therapy, the medicines necessary for the treatment of chronic diseases. Thus, pharmaceutical action can increase access by guiding users on the bureaucratic steps to be faced, to

complex processes of prior authorization of hormone therapy, verifying the diagnostic codes through which the coverage of these drugs can be obtained, and referring patients, when possible, to compounding pharmacies that can offer hormone therapy at lower prices (ASHP, 2006; Cocohoba, 2017; Radix, 2017).

Finally, the role of the pharmacist in the multidisciplinary team stands out. Its presence in the outpatient clinic can provide improvements by identifying the user's needs and referring them to specialized professionals and, not necessarily, resorting only to pharmacological therapies. For example, speech therapy with the care of the voice, nutrition, the elaboration of a food plan that promotes an improvement in the body, occupational therapy and psychology with social issues, and integration of this user in society in the face of the discrimination suffered. Moreover, this professional supports the team in information about hormone therapy and elaborates a multi-professional care plan.

Challenges Encountered

The challenge of starting a pharmaceutical service in an outpatient clinic for the transgender public permeates difficulties that directly imply clinical practice. This involves the lack of curricular training that does not address the transsexualizing process, the little knowledge by the professional of the appropriate hormonal therapy for each individual, the adjuvant pharmacotherapeutic alternatives, the management, and adverse effects that are involved in the process, dealing with conflicting situations and psychopathological conditions. Moreover, other challenges permeate, such as self-medication that is often done indiscriminately to obtain results more quickly, the comparisons between users about the time of the expected results, the difficulty of medication and access to medications, and the users' ignorance about what the pharmaceutical professional can offer (Freitas et al., 2016; Ostroff et al., 2018).

According to the study by Leach and Layson-Wolf, which analyzes the opinion of resident pharmacists about the professional's role in the care of transgender users, 71.4% of these professionals say that they were not educated enough about problems related to medications of transgender users during their training. In addition, 98.2% considered that the pharmacist should assume the responsibility of providing care, but only 36.2% felt confident in their ability to treat transgender patients. The study by Freitas et al. (2016) attributes as a challenge the professional identity crisis as a result of the lack of social recognition (of users and other professionals) and the little insertion in the multidisciplinary health team, not representing a reference as a health professional, and, intrinsically, the non-acceptance by the team, that the pharmacist performs clinical activities.

An initial challenge to structure care was the lack of a structural contribution to develop clinical activities, such as systematization, guidelines, and standardization of pharmaceutical work processes with transgender users (ASHP, 2006; Aran & Murta, 2009; Freitas et al., 2016.). It is also noticed that given the flow of care in the outpatient clinic, there is an underreported demand of users whom pharmacists could follow. Therefore, it was initially necessary to plan for the workflow and standardization of care processes and outline strategies to raise awareness about the importance of the pharmacist and its active role in care. Thus, pharmacists were up to present themselves weekly and emphasize the counterparts of follow-up for both the team and the users (Coleman et al., 2016; Cocohoba, 2017).

However, another problem faced in the outpatient clinic is the difficulty of meetings to discuss cases and establish typical timelines for clinical outcomes, where the team has little time to be able to dialogue with other professionals the expectations of users and establish goals for hormone therapy, communicating only through evolutions in medical records, seen as an instrument that minimizes the distance between the multidisciplinary team (Newsome, 2017)¹⁰. On the other hand, strategies have already been agreed upon to overcome these barriers, such as including interprofessional contact spaces in the outpatient organization of the outpatient clinic, such as case discussion meetings.

In addition, the deficit in the number of professionals associated with high demand for users and the limited supply of services (weekly frequency) offer risks for the correct hormonal therapy and quality of life of transgender people because they hinder access and make them vulnerable to self-medication and alternative means of treatment. This fact exposes them to numerous risks. Another vulnerability is in the location of the outpatient clinic, which put is in a university, sometimes users feel somewhat exposed because they feel like an object of study, besides sharing rooms and offices that at times are occupied with other services.

Currently, the clinic has one hundred and sixty registered users, and most of them come from the capital, Aracaju, 70 km away from the city of NN. In this context, a large part of the adhesion to the services is conditioned to an existing partnership between the municipal health department of the capital that offers transport to users to travel to the clinic. However, when there are failures in this transport, the services are compromised, and, consequently, the monitoring of the pharmacotherapeutic evolution is also compromised. This barrier, being an external factor to the clinic, sometimes seems to be insurmountable; however, the political articulations between the clinic management and the municipal health department management seek permanent alternatives to expand access to the service.

4. Final Considerations

The performance of the pharmaceutical professional and pharmacy students with a multidisciplinary team made it possible to identify and solve medication problems through pharmacotherapeutic follow-up and the evaluation of hormone therapy and orientation activities, and health promotion. Given the challenges faced, a reorientation in the training process is suggested, and the experience and performance of the pharmacist add care and complement the comprehensive health care of the trans population. Through culturally sensitive care delivery processes, engaging in precision medicine, and conducting clinical research, pharmacists will be prepared to have a substantial positive impact on the health of the transgender community.

In addition, among the strengths identified, we highlight the stimulus to the clinical look to the specificities of the trans user, aiming at the quality of the service, the guarantee of access to medicines, the safety of hormone therapy, the reception, and qualified guidance. Thus, one can minimize weaknesses, conquer space in a multidisciplinary team, and recognize their functions.

Despite the great importance of serving the transgender public and having a National Policy of Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT) - an ordinance of the Ministry of Health no. 2,803/2013, some vulnerabilities impose risks to the service and all inserted in it. Political changes and contradictory and conservative thoughts can weaken politics and disrupt caring for the trans public.

Finally, it is essential to think of measures to strengthen policies and establish comprehensive and fair attention, regardless of government weaknesses that may permeate the country. It is essential to increase the number of professionals in the outpatient clinic and multiply the availability of services directed to the trans public and reflect and provide an exclusive service, avoiding their exposure. Thus, it is possible to reduce the vulnerabilities of the service and ensure the offer and continuity of comprehensive care for users, enabling better therapy and satisfaction.

References

- American Society Of Health-System Pharmacists. (2006). Best practices for Hospital & Health-System Pharmacy: position and guidance documents of ASHP. Bethesda.
- Amorim, S. M. G., Vieira, F. De S., Brancaleoni, A. P. (2013). Percepções acerca da condição de vida e vulnerabilidade à saúde de travestis. Rio de Janeiro: Saúde em Debate. Jul/Set 2013. Vol. 37, nº 98, p. 525–935.
- Arán, M. Murta, D. (2009). Relatório preliminar dos serviços que prestam assistência a transexuais na rede de saúde pública no Brasil. Pesquisa Transexualidade e Saúde: condições de acesso e cuidado integral. Rio de Janeiro. <http://pfdc.pgr.mpf.gov.br/atuacao-e-conteudos-de-apoio/publicacoes/direitos-sexuais-e-reprodutivos/direitos-lgbtt/Relatorio_Preliminar_set_20092.pdf>.

- Brasil. (2013). Portaria nº 2.803 de 2013: Redefine e amplia o Processo Transexualizador no Sistema Único de Saúde (SUS). Brasília-DF: Diário Oficial da União. 19 nov. 2013; Seção 1, n. 226, p. 25.
- Brasil. (2018). Violência LGBTfóbicas no Brasil: dados da violência. Brasília: Ministério dos Direitos Humanos.
- Brasil. Ministério da Saúde. (2013). Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília-DF: Editora MS. 1ª Ed.
- Brasil. Ministério da Saúde. (2014). Serviços farmacêuticos na atenção básica à saúde. [online] Brasília: Editora Ministério da Saúde. <http://bvsm.sau.gov.br/bvs/publicações/serviços_farmacêuticos_atencao_basica_saude.pdf>.
- Cocohoba, J. (2017). Pharmacists caring for transgender persons. *American Journal of Health-System Pharmacy*. Fevereiro 2017. Vol. 74, nº 3, p. 170-174.
- Coleman, E. et al. (2016). Normas de atenção à saúde das pessoas trans e com variabilidade de gênero: Associação Mundial Profissional Para a Saúde Transgênero. 7ª versão.
- Depret, D., Neto, M., Acioli, S., Cabral, I. E. ., Caravaca-Morera, J., & Rafael, R. de M. R. . (2020). Access of transvestites and transsexual women to Primary Health Care Services: integrative literature review. *Research, Society and Development*, 9(10), e2149108595.
- Freitas G. R. M. et al. (2016). Principais dificuldades enfrentadas por Farmacêuticos para exercerem suas atribuições clínicas no Brasil. São Paulo: Rev. Bras. Farm. Hosp. Serv. Jul-Set 2016; Vol. 7, nº 3, p. 35-41.
- Kaigle, A. Sawan-Garcia, R. Firek, A. (2017). Approach to the provision of transgender health care in a veteran population. *Ment Health Clin [Internet]*. Julho 2017. Vol. 7, nº 4, p. 176-180.
- Leach, C. Layson-Wolf, C. (2016). Survey of community pharmacy residents' perceptions of transgender health management. *Journal of the American Pharmacists Association*. Jul-Ago 2016. Vol. 56, nº 4, p. 441-445.
- Maciel, I. M. (2017). Panorama brasileiro do processo transexualizador no âmbito do SUS. 2017. Trabalho de Conclusão de Curso Graduação em Medicina, Universidade Federal da Bahia.
- Newsome, C et al. (2017). Incorporating a pharmacist into an interprofessional team providing transgender care under a medical home model. *American Journal of Health-System Pharmacy*. Fevereiro 2017. Vol. 74, n. 3, p. 135-139.
- Ostroff, J L. et al. (2018). Integration of transgender care into a pharmacy therapeutics curriculum. *Currents in Pharmacy Teaching and Learning*. Abril 2018. Vol. 10, nº 4, p. 463-468.
- Radix, A E. (2017). Pharmacists' role in provision of transgender healthcare. *American Journal of Health-System Pharmacy*. 3ª ed. Vol. 74, p.103-104.
- Rocon, P. C., Sodré, F., Zamboni, J., Rodrigues, A., Roseiro, M. C. F. B. (2018). O que esperam pessoas trans do Sistema Único de Saúde?. *Botucatu: Interface*. Vol. 22, nº 64, p. 43-53.
- Santos, W. A., Montovani, E. H., Lopes, J. W., Nogueira, A. C. R., de Freitas, P. F. S., de Assis, L. B., & Bteshe, M. (2020). Relato de experiência do Simpósio Invisibilidades em saúde da comunidade LGBT+: reflexões na educação médica. *Research, Society and Development*, 9(8), e02985301-e02985301.
- Silva, N. de A. e ., Lima, G. T. C. de ., Macedo, E. C. ., Ribeiro, C. R. ., Ahmad, A. F. ., & Lemos, A. (2021). Access to health services in Brazil by transsexuals women: an integrative review. *Research, Society and Development*, 10(2), e27710212497.
- Souza, M. H., Malvasi, P., Signorelli, M. C., Pereira, P. P., (2015). Violência e sofrimento social no itinerário de travestis de Santa Maria, Rio Grande do Sul, Brasil. *Rio de Janeiro: Cad Saúde Pública*. Abril 2015. Vol. 31, nº 4, p. 767-776.
- World Professional Association for Transgender Health (WPATH). (2012). Standards of Care for the Health of Transsexual, Transgender, and GenderNonconforming People. 7th Version.