Mutism, Mutilation, and Marginalization: Coordinated Care for a Transgender Female

Zachary Leavitt [1], Crystal Oden, MD [1], Hilary Linzie Massey, MD [1,2]

1. Kirk Kerkorian School of Medicine at UNLV 2. University Medical Center of Southern Nevada

KIRK KERKORIAN SCHOOL OF MEDICINE
UNLV

ACADEMY OF CONSULTATION-LIAISON PSYCHIATRY

Introduction

- Transgender and gender nonconforming (TGNC) individuals are those who disagree with their gender assigned at birth
- Studies show that the percentage of TGNC individuals has increased, with an estimated 2,000,000 TGNC individuals nationwide (Resiner, 2016)
- 48% of all transgender individuals reported some form of harassment, such as denial of service, verbal harassment, and even physical violence (James, 2016).
- We present the case of a transgender female with a history of psychiatric illness who presented with mutism after suffering severe hand trauma with a possible etiology of victimization.

History of Present Illness

A 35-year-old transgender female with a history of depression, schizophrenia, and suicide attempts presented as a level 1 trauma for right-hand mutilation. Before arrival to the hospital, she was found down on train tracks confused, behaving oddly, and unable to provide a history to EMS on the scene. Police were involved given nature of injury and concern for assault.

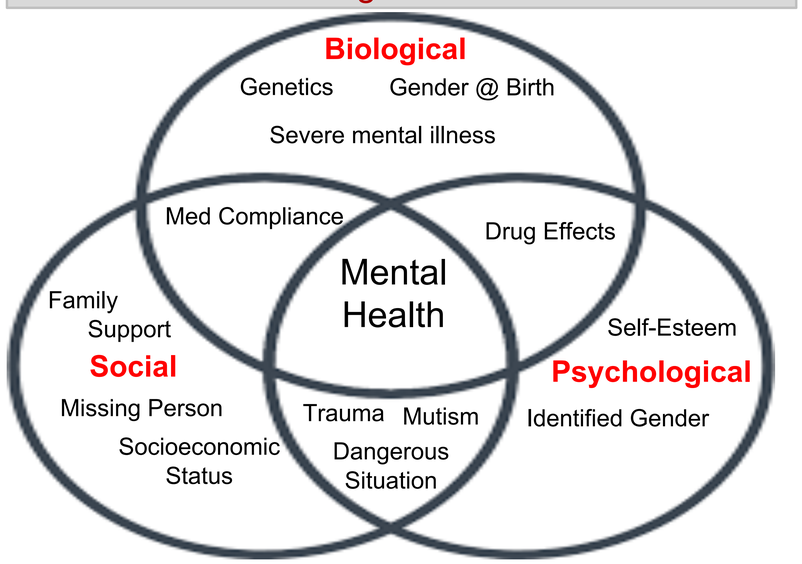
The patient's physical exam was notable for avulsion and amputation of multiple digits and the palmer surface of the right hand with devascularization of the remaining digits. Due to the severity of the hand injury and concern for self-harm, she was admitted to the hospital with a psychiatric hold in place, and right-hand amputation was performed. Psychiatry was consulted. No motor symptoms of catatonia were seen. UDS not completed.

With psychiatry and social work consultation and family collaboration, it was determined the patient had been reported missing to police approximately a week prior to hospitalization. Per family, patient was poorly compliant with her psychiatric regimen, including aripiprazole LAI and olanzapine oral, with resultant worsening psychotic symptoms including paranoia of being targeted for three months prior. While family did acknowledge history of suicide attempts (usually via OD), given the nature of patient's injury, it was felt this was not a self-harm incident. These concerns were furthered by police involved. Family was in the process of seeking guardianship.

Mental Status Examination

Appearance:	Male to female transgender patient laying comfortably in bed. Dressed in a hospital gown with poor grooming
Behavior:	Uncooperative with interview with poor eye contact. Patient stares blanky at wall
Neuro:	No Tremors or motor tics appreciated. Moving all 4 extremities spontaneously
Speech:	Patient is nonverbal other than stating name. Soft Tone
Mood:	No Response Given
Affect:	Flat
Thought Process:	Psychotically aloof with thought blocking. Responding to internal stimuli
Thought Content:	Ambivalent about amputation
Impulsivity:	Likely impaired
Insight:	Poor Based on inability to understand illness and the need for treatment
Judgement:	Poor based on willingness to participate in the interview and recent behavior leading to admission.

Factors Contributing to Patient Presentation



Clinical Course and Treatment

A SANE exam was attempted but given patient's inability to provide history, was not fruitful in uncovering concerns for trafficking. The patient remained relatively mute and did not provide information about her history or the events that led to the hospitalization, only her name. The patient was diagnosed with unspecified schizophrenia spectrum and other psychotic disorder and was started on 5 mg olanzapine PO BID. Over the next several days, the patient remained selectively mute, psychotically aloof, and ambivalent about her hand amputation. The amputation healed appropriately with limited complication. Once medically and surgically stable, patient was transferred to an inpatient psychiatric unit.

Discussion

- TGNC individuals are three times more likely to experience psychiatric illness than their cisgender counterparts (Reisner, 2015) as well as substance use disorders (Johns, 2019).
- Nearly 1 in 10 TGNC individuals reported being attacked in the past year, with 16% of those citing over four separate acts of violence committed against them (James, 2016)
- They experience rates of victimization as high as 86.2 per 1000, while their cisgender counterparts' rate of victimization was 21.7 per 1000.
- The disparities that perplex this population could be a potential cause for the high rate of suicide attempts, 34.6% (Flores, 2021).
- Coordinated care across multiple specialties ensures that TGNC patients receive appropriate treatment that addresses their unique psychosocial and medical needs.
- A recent study found that TGNC individuals have higher levels of medical mistrust, but the etiology of this is unknown (Jaiswal, 2019).
- Improved collaboration amongst specialties and engagement with this marginalized population will lead to improved outcomes.

Conclusions

The importance of coordinated care cannot be overstated for TGNC patients, particularly considering that 10% of TGNC individuals experience victimization annually (James, 2016). Without an approach of this style, many patients may not get the support they need to thrive, as it often surpasses the care that one individual can provide. This population, often victimized by society, deserves quality treatment from a specialized team. Further research is required to understand this population's victimization and health disparities.

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