Safe Passage

April 1, 2003 By Bob Lederer

I’m a pillar of health,” crows transgendered (TG) Bostonian Alexis Price, 37. That’s no small feat for this male-to-female HIVer, who has beaten homelessness, ODs on illegal hormones, HIV-med adherence glitches and Hodgkin’s lymphoma. Like too many TGs with HIV, Price was a stranger to regular healthcare—until she met Gregory Fenton, MD, of Boston’s Sidney Borum Jr. Community Health Center. Along with such novelties as New York City’s Positive Health Project and San Fran’s Tom Waddell Health Center, Borum’s setting a trend toward better care for big-city TGs. Price now takes a once-a-day HIVcombo, covered by the state’s MassHealth. But, says Price, they won’t cover her Premarin, an oral hormone, “because my card says ‘male.’”

As for HIV med/hormone interactions, “My clients on both are doing well,” says Fenton, “but without trials we have no data.”He worries about how they affect the liver, heart and blood, and about studies that show Norvir and Viramune can lower estrogen. Meanwhile, here’s an Rx for TGHIVers:

Scout for a TG-friendly, HIV-savvy MD. Get referrals and info from JRI TransHealth at 617.457.8150 x345, or visit www.jennifer-o.com/Hormones. Say no to street hormones.

Part with pills. Estrogen patches or injections cause fewer side effects. Female-to-males: Favor testosterone shots, patches or gels.

Start low, go slow. We mean hormone dosages! Have your hormone blood levels checked every three months.

Love your liver. Have its enzymes measured every three months. NRTIs (“nukes”) are generally easier on it than protease inhibitors and NNRTIs (“non-nukes”).

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