

persons were more likely to receive partial HT than binary transgender people (11% versus 4.7%, $p=0.02$). None of the NBGQ individuals who received partial HT had undergone gonadectomy, hypogonadism did not occur. NBGQ individuals assigned male at birth using only estradiol had similar estradiol and higher testosterone serum concentrations compared with individuals using conventional HT. **Conclusions:** NBGQ individuals are more likely to receive partial HT compared with binary transgender people. In the future, tailored endocrine counseling may further shape partial HT regimens for NBGQ individuals.

Reproductive Endocrinology

TRANSGENDER CARE

Patient Characteristics Associated With the Receipt of Hormone Therapy Among Transgender Patients in the Veterans Health Administration

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Background: Many transgender patients experience gender dysphoria as a result of an incongruence between their gender identity and sex assigned at birth. Gender-affirming hormone therapy improves the quality of life for transgender patients seeking to increase alignment of their secondary sex characteristics and gender identity. However, little is known about the patient factors that are associated with receipt of this therapy which is critical to identifying areas for improvement in care for transgender patients. **Objective:** To evaluate patient characteristics associated with transgender patients' receipt of hormone therapy from the Veterans Health Administration (VHA). **Methods:** Inpatient and outpatient data were reviewed for transgender patients, identified through ICD-9/ICD-10 diagnosis codes for gender identity disorder (GID), receiving VHA health care from January 2006 to December 2018. We evaluated receipt of hormone therapy (testosterone or estrogen +/- spironolactone) from the VHA, socio-demographics, comorbidities, social stressors, military sexual trauma, and documented suicide attempts. Adjusted Odds Ratios (aOR) and 95% Confidence Intervals (CI) were obtained from a multivariable logistic regression model used to ascertain the relationship between patient characteristics and hormone therapy. **Results:** Of 9,406 patients with documented GID, 5,487 (58.3%) received hormone therapy from the VHA. Compared to patients not receiving hormone therapy, a higher proportion of patients receiving hormone therapy were younger (21-29 years: 18.1% vs. 11.6%; 30-39 years: 20.0% vs. 14.6%; 40-49 years: 16.2% vs. 13.6%), had documentation of a positive military sexual trauma screening (22.2% vs.

16.2%; $p<0.0001$), and a suicide attempt (11.4% vs. 9.9%; $p=0.0067$). There were significant associations between receipt of hormone therapy and: 1) younger age (aOR: 1.33; 95% CI: 1.29-1.36; $p<0.0001$); 2) Black non-Hispanic patients (aOR: 0.58; 95% CI: 0.50-0.68; $p<0.0001$); 3) increasing number of comorbidities (aOR: 0.86; 95% CI: 0.84-0.88; $p<0.0001$); and 4) increasing number of social stressors (aOR: 0.86; 95% CI: 0.83-0.90; $p<0.0001$). **Conclusions:** Age, race/ethnicity, comorbidities, and social stressors among other factors are associated with receipt of hormone therapy among transgender patients in the VHA. Subsequent efforts should focus on understanding clinician- and site-level determinants to facilitate the design of effective quality improvement measures that optimize gender affirming hormone therapy through VHA for transgender patients.

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Physical and Sociodemographic Features Associated With Quality of Life in Transgender Individuals Using Gender-Affirming Hormone Therapy

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Background: Gender dysphoria is defined as a feeling of distress resulting from the incongruence between the gender assigned at birth and the identity gender and lasting longer than 6 months. In individuals with gender dysphoria, gender-affirming hormone therapy (GAHT) may improve quality of life (QoL). **Objectives:** Here, we aimed to assess perceived QoL and possible contributing factors in a sample of transgender women and transgender men using GAHT. **Methods:** In this cross-sectional study, transgender women and men were recruited by availability sampling from a national transgender health service. Individuals over 18 years old with a confirmed diagnosis of gender dysphoria receiving medically prescribed GAHT for at least 6 months were consecutively included. Also included were trans men who had undergone mastectomy and trans women who had received breast augmentation surgery. Individuals who had undergone gender affirmation surgery (specifically genital surgery) or with uncontrolled clinical/psychiatric conditions at the time of the initial assessment were excluded. Sociodemographic, physical, and hormone data were collected from all participants. The WHOQOL-BREF questionnaire was used to evaluate QoL. A total of 135 transgender individuals were invited. Seventeen individuals with previous genital surgery (12.6%) and five who refused to participate (3.7%) were excluded. Therefore, 113 patients were enrolled in the study (60 trans women and 53 trans men). **Results:** There was no significant