Supporting transgender adults

A Guide for Primary Care Practitioners

the clare-project

Supporting Trans Communities,
Campaigning for Inclusion.

Introduction

This is a booklet for primary care practitioners aimed at helping them better communicate with, support and manage their transgender patients, written by us, transgender health professionals and community members.

Transgender people make up between 2-6 per 1000 population (1). We have the same health needs as cisgender (non-transgender) people. We may also have unique needs related to gender dysphoria, which is here defined as 'the sense of discomfort that a person feels due to a mismatch between their assigned gender at birth and their gender identity' (2).

Gender Identity Clinics (GICs) exist to provide specialist support to transgender adults with gender dysphoria, enabling them to access counselling, medical and surgical interventions. However, much of the general transition and non-transition related management of transgender patients continues to be the responsibility of primary care practitioners (3). We anticipate that this responsibility will increase in the wake of the coronavirus pandemic, as waiting times for GIC referrals have increased by approximately 50%.

Our concern is that this widening gap in treatment provision will entrench the healthcare inequalities faced by the transgender population. Access to medical and surgical treatment for gender dysphoria improves the mental health of the transgender population and with nearly 50% of transgender patients attempting suicide in their lifetime, the need for this is urgent (4).

Furthermore, transgender adults continue to face high levels of discrimination in the community and from the healthcare services themselves. In one survey, 20% of transgender adults report that their urges to self-harm were the direct result of negative interactions with healthcare professionals (4).

It is therefore vital that primary care practitioners are able to provide safe, holistic and person-centred care to transgender adults, and to support them to access medical and surgical treatment for gender dysphoria as well as support for their general mental and physical health needs.

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Management of the transgender patient

Initial management

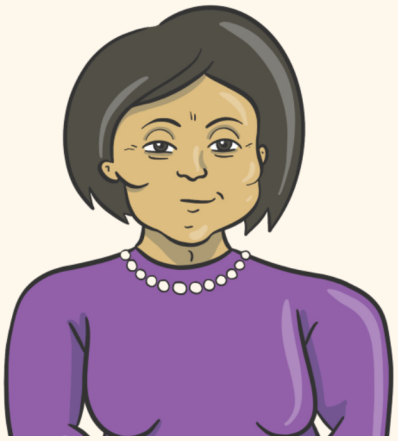
When a person comes out to you as transgender, ask them if they would like any transition-related support, and if so, which types of support they would like. They may require assistance with:

1. A referral to a GIC for ongoing counselling, medical or surgical support and management. This should be done at the point a trans person presents to primary care, if medical and/or surgical transition is desired (5). At this point, you can also discuss whether or not the patient would be interested in gamete storage, and if appropriate for your local area, put forward an Individual Funding Request for this.

2. Access to appropriate screening or sexual health services for their anatomy. This may involve setting up alert systems on primary care records software.

3. Access to mental health support. Although being transgender is not a mental illness, the discrimination experienced by transgender people leads to higher rates of common mental health problems in this population (6).

4. Assistance changing their name or gender on medical and non-medical documentation. It is not necessary for a person to show a deed poll or to have a gender recognition certificate to change their name or gender on NHS systems.



"Start with a standard opener - 'how can I help?' Then wait for the golden minute. The patient will have been thinking about this for a long time and may have a lot to say. Try not to look surprised or to make any sort of judgements or assumptions. Then ask, 'what support would you like?'".

- Transgender GP

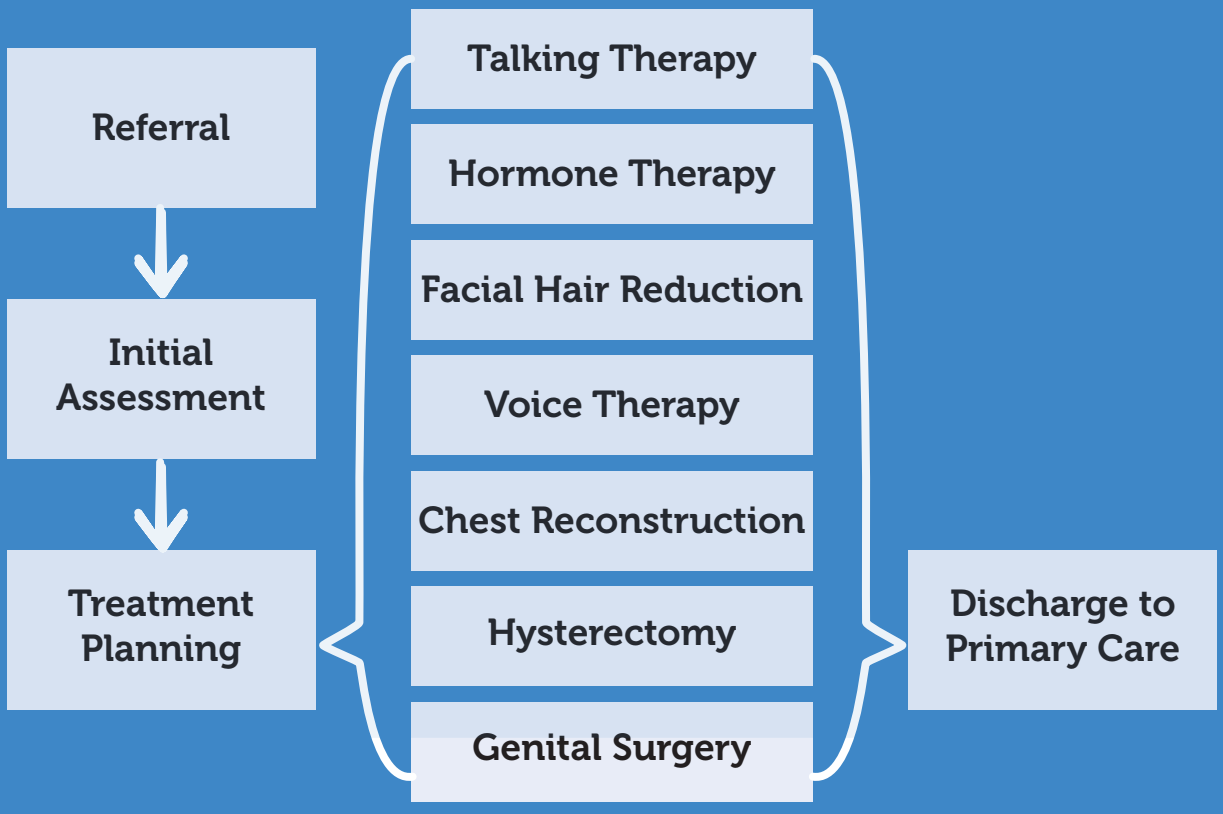
Referral to Gender Identity Clinic (GIC)

Primary care practitioners should refer all transgender patients who wish to medically or surgically transition to a specialist GIC. This should be done as early as possible, as waiting times for GICs are currently estimated at 2.5-4 years.

As being transgender is no longer thought of as a mental health problem, transgender patients do not need to be referred to a psychiatrist before a GIC referral. Likewise, if they do not have any specific pathology, they do not need to be referred to a gynaecologist or other genitourinary specialist.

Patients should be given the option of which GIC to be referred to. They should also be informed that they can self-refer, if preferred.

A diagram of the NHS pathway a patient takes through their local GIC is approximately outlined below (7):



Bridging Hormones

The majority of hormone prescriptions for transgender patients are started by specialists at the GIC. In these cases, the role of the primary healthcare practitioner is to regularly monitor hormone levels and follow GIC guidance regarding adjusting dosages, through a shared care agreement (5).

There are some circumstances under which a GP can initiate hormone treatment. These include: when a patient has already started hormone therapy through self-medication or in another country, when they are at risk of self-medicating, or when a patient is considered at high risk of self-harm or suicide if their medical transition cannot begin imminently (3, 8).

The General Medical Council recommends that these 'bridging hormones' be prescribed when indicated, when a GP feels competent to do so and has sought specialist advice (8). Specialist advice could be from a GIC, or transgender specialist GP or Endocrinologist, as GPs may face significant challenges in accessing specialist advice directly from a GIC (3). The Royal College of GPs recommends that GPs take an overall 'harm reduction' approach whilst the patient awaits such specialist advice, which could include starting hormones before such a reply has been received from a specialist service (3).

On the following page, and in the resource list at the end of this document, is some advice for GPs around prescribing and monitoring hormone regimens for transgender patients. We include this not because we advocate that GPs start **all** their transgender patients on hormones, but because we believe that there are sufficient circumstances where it is indicated that it is necessary to provide such guidance.

It is our opinion that GPs are likely to increasingly need to provide 'bridging' prescriptions for patients. This is due to the treatment gap that is present as patients wait, sometimes for several years, for their initial appointment at a GIC.

> *"Prescribing hormones is not itself outside of GP competency. We do it for non-transgender patients all the time. It doesn't change when the patient is transgender. If you are unsure of how to do it, learn. Your local GIC will have guidance online you can view."*
>
> - Transgender GP

Typically, oestrogens and testosterone-blockers are prescribed for trans women and testosterone is prescribed for trans men. For information on the types of medication, their effects, risk profiles, and monitoring, see Tables 1-4 (1, 3, 9, 10).

Previously the aim of hormone therapy used to be considered to enable people to masculinise/feminise a much as possible. However, many transgender people, including some non-binary trans people, may now wish use hormones to present more androgynously, and find that lower doses or shorter courses of therapy can be sufficient to minimise dysphoria (11).

Table 1. Types of hormone therapy	
<u>Feminising hormone therapy</u> Estradiol patches 25-200mcg/24hrs Oestrogel 1-5mg daily Oral estradiol 2-10mg daily	<u>Masculinising hormone therapy</u> **Transdermal testosterone:** Testim® or Testogel® 20-50mg once daily **Intramuscular testosterone:** Nebido® 1 g every 12 weeks Sustanon® 250 mg every 4 weeks
Target blood level for effective dosing	
Estradiol: 400-600pmol/L . Blood should be drawn 4-6 hours after application of patch / pill take. For patients who have not had an orchidectomy, if serum estradiol is in target range, yet serum testosterone still exceeds 3.0nmol/L, add a gonadotrophin releasing hormone analogue. For example, decapeptyl SR 11.25 mg / 12 weeks.	For patients on **transdermal testosterone,** blood should be drawn 4-6 hours after application, target range is 15-20nmol/L. Increase by one pump if peak istoo low, decrease by one pump if peak is too high For patients on i**ntramuscular testosterone,** targets are <30nmol/L one week after injection (peak) and 8-12nmol/L immediately before the next injection (trough). Decrease dose by 50mg if peak is too high, increase dose by 50mg if peak is too low.

Table 2. Effects of hormone therapy	
Feminising hormone therapy	Masculinising hormone therapy
Weight gain	Weight gain
Reproductive implications	Reproductive implications
Breast development	Facial and body hair growth
Slowed hair loss	Male pattern baldness
Reduced muscle bulk	Enlarged clitoris, heightened libido
Reduced libido	Acne
	Sleep apnoea

Table 3. 'Likely Increased Risks' associated with hormone therapy	
Feminising hormone therapy	Masculinising hormone therapy
Venus thromboembolic disease	Polycythaemia
Cardiovascular events in the over 50s	Hypertension & Cardiovascular disease
Hypertriglyceridemia	Hyperlipidaemia
Liver enzyme elevations	Liver enzyme elevations (transaminases)
Cholelithiasis	Weight gain/visceral fat
Macroprolactinoma & Breast cancer	Breast & uterine cancer
Type 2 diabetes	Type 2 diabetes

Table 4. Baseline assessment and monitoring	
All genders, monitor 6 monthly for 3 years, then annually	All genders, monitor 6 monthly for 3 years, then annually
Feminising hormone therapy	Masculinising hormone therapy
BMI, BP, Smoking cessation.	BMI, BP, Smoking cessation.
Testosterone, Oestradiol, Prolactin.	Testosterone, Oestradiol, Prolactin.
LFTs, Lipid Profile, HbA1c.	LFTs, Lipid Profile, HbA1c.
At baseline, also measure LH, FSH, SHBG, Vitamin D.	FBC including haematocrit.
Aged > 40 and with prostate: PSA.	Pelvic ultrasound every three years.
Aged 60 : Dexa scan	Aged 60 : Dexa scan

Supporting Surgical Patients

Transgender patients may wish to access a variety of surgical procedures, and indeed, for some transgender patients their gender dysphoria cannot be alleviated without surgery (1). Most surgical support will be provided for transgender patients by the GIC. However, it may be helpful for GPs to be aware of which procedures are available on the NHS, and their individual requirements, see Tables 5-6 (7).

Table 5. Surgical procedures available on the NHS

Feminising surgery	Masculinising surgery
Penectomy and orchidectomy	Mastectomy and Chest Reconstruction ('top surgery')
Vaginoplsaty, clitoroplasty and vulvoplasty	Phalloplasty and prosthesis
Note: breast augmentation is not available on the NHS	Hysterectomy and salpingo-oophrectomy
	Vaginectomy

Table 6. Criteria for sex reassignment surgery

Top surgery and hysterectomy	Genital surgery
Persistent, well documented gender dysphoria	Persistent, well documented gender dysphoria
Non-smoker	Non-smoker
BMI <40	BMI <30
Control over other medical/mental health issues	Control over other medical/mental health issues
Note: hormone therapy is not a prerequisite to top surgery	12 months of hormone therapy (usually)
	Age >17
	12 months living in gender role (usually)

Mental Health and Gender Dysphoria

Being transgender is not a mental illness. However, transgender people are more at risk of discrimination and abuse in relationships than the cisgender population, and this increases their risk of common mental health problems. Some (but not all) transgender people also experience gender dysphoria, which is labelled as a mental health issue in the DSM-5, and as a 'condition related to sexual health' labelled as 'gender incongruence' in the ICD-11 (9, 12, 13).

In the Trans Mental Health Survey in the UK in 2012, 88% of transgender people had experienced depression, 84% had had suicidal thoughts (35% of total had attempted suicide), 75% had experienced anxiety, 53% had experienced self-harm, 24% had experienced an eating disorder and 23% had experienced addiction (4). Transgender people were more likely to contact their GP for support when in a mental health crisis than specific NHS mental health services, and a significant number did not contact any service at all (4).

It is therefore important that primary care practitioners screen for mental illness when assessing transgender patients. Some patients may benefit from medication, talking treatments or referrals to specialist mental health support.

However, remember:

- A patient no longer needs to see a psychiatrist or receive psychotherapy before they can be referred to a GIC.
- It is not ethical to recommend a patient access psychotherapy to change their gender identity to be more congruent with their gender assigned at birth (14).

"When a transgender patient has a mental health problem, it can be easy to assume that their unhappiness is caused by circumstances related to their gender identity. This can lead to diagnostic overshadowing, as transgender patients may experience all the same difficult and traumatic life events that the cisgender population experiences. Remember that gender concerns and minority stress are just two of the reasons a transgender patient may access mental health care."

- Transgender GP

Screening

Transgender patients will automatically drop out of sex-specific national screening programmes if they change their gender designation on NHS computer systems. It is the GP and the patient's shared responsibility to make sure that they continue to access the screening they require. Which screening that should be should focus on which organ the person has, rather than their gender (1, 10).

- Individuals with a cervix should access cervical screening.
- Individuals who were assigned male at birth should access AAA screening, including those that identify as female.
- Individuals with breasts should access breast cancer screening, including those who were assigned male at birth.
- Individuals with prostates should access prostate cancer screening.

In addition, it may be advisable to consider bone mineral density screening in individuals who are at increased risk of osteoporosis, those who have had puberty suppression for the treatment of gender dysphoria in adolescence, and those who have had gonadectomies (10).

Transgender patients may be reluctant to participate in screening as the process may increase their dysphoria (10). Encourage your patients to participate in the best interests of their health but do so sensitively and communicate with the patient to work out how the process could be best adapted to their comfort.

Supporting Intersex Transgender patients

Individuals who are intersex may be happy with the gender they are assigned at birth (cisgender) or may develop gender dysphoria and identify as transgender. Their needs with respect to medical or surgical intervention may be different, depending on their individual variations, hormone status, genital variations and history of genital surgery in infancy (9).

> *"Intersex people who are trans may present in a similar way to other trans people but be aware they require different types of care. They may tolerate medication differently, for example, or their surgeries might be different due to anatomical variations"*
> – Intersex Community Member

Assisting Document Changes

Primary care practitioners may be asked to support transgender patients to make changes to their medical record or to change official documents.

- Applying for a Gender Recognition Certificate (GRC): GPs may be asked to write a report for a patient applying for a GRC. When writing the report, GPs should access www.gov.uk and follow the guidance in the form labelled Form T452 (15).
- Changing NHS number: GPs can contact Primary Care Support England to change a patient's sex and issue them with a new NHS number accordingly. Non-binary identities are not yet recognised by this system, so it is advisable that GPs make a note of a person's chosen name, preferred title and pronouns on their GP record (2). A patient does not need to provide you with a GRC or updated birth certificate for you to do this.
- Applying for a new passport: A GP may be asked to write a report for a patient applying for a new passport. This report must explicitly state the persons chosen legal name, their new gender identity (currently options are only male or female), and state that this change of gender identity is likely to be permanent.

Communication and Access Needs

Communication and confidentiality

Communicating with transgender patients requires the same skills as with the general population. However, alongside empathy, listening and a non-judgemental approach, here are some ways in which you can show your transgender patients that you respect them and their gender identity.

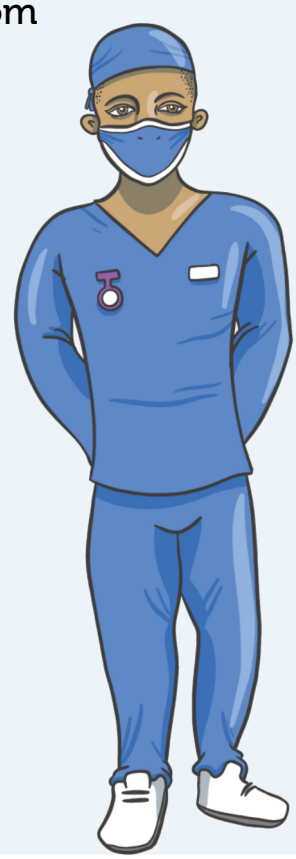
- When it comes to gender identity vocabulary, treatment options and gender identity support services, your patient may be a so-called 'expert patient' or they may have no knowledge at all. Regardless, remember that all trans people are the experts of their own individual experience of being transgender. Listen to their experience, treat them in an open and non-judgemental fashion, and offer them person-centred, safe, affirmative support.

- Get the basics out of the way. These basics include, not making assumptions about your patient's gender identity based on their appearance or the sound of their voice and asking your patient how they would like to be addressed, including their preferred name, title (Mr/Ms/Mx etc), and pronouns (he/she/they etc).

- Your patient may have experienced transphobia from health professionals in the past and may easily feel hurt by any perceived discrimination. Be sensitive to this. If you misgender your patient, apologise, correct yourself, and then move on with your conversation.

- Remember to only ask questions about someone's gender transition when medically necessary. When it is, try not to be afraid to start that conversation with your patients.

- Some transgender patients will feel very dysphoric (uncomfortable) about their body. Be sensitive to this when conducting physical examinations or referring to certain body parts, like their chest or genitals.



Barriers to accessing healthcare

Transgender patients face multiple barriers to accessing primary care services. For example, transgender patients may not know that they need or deserve the support of medical professionals. Transgender non-binary people especially may feel, as their gender identity is not legally recognised, that they may not be eligible for trans specific services (whereas in actual fact, any trans person seeking medical support for transition can be supported by a GIC).

Further, the levels of perceived or actual discrimination faced by transgender adults in healthcare settings is so high that around 20% report having had thoughts to harm themselves following interactions with healthcare providers (4). The same survey showed that being denied access to medical transition, such as hormones or surgery, led to more thoughts to harm themselves, and that receiving gender affirming treatment lowered their thoughts of harming themselves.

Systemic barriers also still exist to transgender patients accessing adequate medical screening for cancer and similar serious medical issues. Current IT systems do not accommodate for transgender individuals and national screening protocols continue to recommend screening to individuals based on the gender attached to their NHS number, rather than to which organs they have.

Primary care practitioners need to be able to sensitively and respectfully engage with their transgender patients to rebuild their trust in health services and ensure that they get their voices heard, their wellbeing supported, and their medical needs met.

"When you see transgender patients, try and manage their expectations about access to transition related care. GIC waiting lists can be 3 years long. In the meantime, their GP can help them with practical issues like document changes, as well as supporting their mental health."

– Transgender Doctor

How to make your practice more inclusive

Transgender patients may avoid accessing GP practices due to fears of misgendering, disrespect or discrimination. Here are some top tips to make your practice more inclusive and improve access for your transgender patients:

1. Review your practice literature and patient registration forms. On forms, rather than asking people to tick male/female, ask what was their sex assigned at birth (male/female) then what their gender is (male/female/non-binary/other). When asking about screening, refer to body parts (cervix/prostate/etc) rather than genders.

2. When seeing patients, treat all transgender patients with respect, taking an individualised person-centred approach to care. Ask someone about their gender identity instead of assuming it. Ask them their preference if they need to access a gendered service, such as a male/female ward.

3. Be mindful to use inclusive language. Using someone's preferred title and pronouns is a sign of respect. Similarly, don't assume the gender identity of a patient's partners.

4. Allow all patients access to gender neutral toilets and STI tests based on people's anatomy rather than gender e.g. testing kits for people with vaginas, kits for people with penises.

5. Primary care practitioners could get further advice from podcasts and e-learning materials from the Royal College of General Practice (14) or from the GMC Trans Healthcare page (8).

6. Your practice could get accreditation as an LGBT inclusive practice with a local or national LGBT charity. Examples include Pride in Practice (Greater Manchester), Switchboard LGBTI Inclusion Award (Brighton & Hove), Navajo (Merseyside), NHS Rainbow Badge Initiative (National).

Legal frameworks

When supporting transgender patients, it is important to understand the legal frameworks that exist to safeguard them.

Equalities Act 2010: legally protects people from discrimination in public services like healthcare or schools, public bodies, in organisations providing goods and services, public transport, clubs and associations, businesses and workplaces. One of the 'protected characteristics' under the Equalities Act is Gender Reassignment. This is defined as a person who has undergone/ is undergoing/proposes to undergo gender transition, and therefore can be generalised to any patient who discloses their transgender identity.

This makes it unlawful for a GP practice to discriminate against transgender people. It is unlawful to refuse a transgender person care, exclude them from accessing the practice, or treat them or speak to them in a discriminatory fashion.

Gender Recognition Act 2004: This law allows transgender people to apply for a Gender Recognition Certificate, meaning they can change their legal gender on their birth certificate and other previously held records, and makes it unlawful for that person's gender history to be shared without their consent.

Further Advice and Support

Local support: Brighton and Hove

The Brighton and Hove Trans Needs Assessment 2015 (16) researched the needs of trans people in the city. It found that transgender people in the city were more likely to have a limiting long-term illness or disability and had higher rates of mental illness than the overall population. Some research participants described negative experiences of NHS services, including concerns about GP practice record keeping and GP's knowledge of transgender health needs.

The following local Brighton and Hove charities offer support to the transgender community, and to organisations and services that would like to become more trans-inclusive.

the clare project	**The Clare Project**	Groups and individual support for trans, non-binary and intersex adults, training for organisations	www.clareproject.org.uk
allsorts youth project	**Allsorts Youth Project**	Groups for LGBT youth and their parents, training for schools	www.allsortsyouth.org.uk
Switchboard	**Brighton and Hove LGBT Switchboard**	Helpline and community projects for LGBT adults, training for organisations	www.switchboard.org.uk
mind OUT	**MindOut**	Mental health service for LGBT adults, training for organisations	www.mindout.org.uk

Trans Health Service Pilots in Primary Care

The need for more primary care level support for transgender patients has been recognised by NHS England, and as a result, the following trans health service pilots have been, or are in the process of being set up in several locations across England.

These pilots are specifically to provide improved access to gender specific healthcare for adults, registered with a local GP practice, who have been referred to a GIC but are still awaiting their first appointment.

Indigo. Gender Service	**Indigo Gender Service**	The Indigo Gender Service provides a holistic care service, including support with gender dysphoria diagnosis, counselling, and supporting GPs with hormone prescriptions, for transgender patients living in Greater Manchester.
56 Dean Street	**Trans Plus @ 56 Dean Street**	Trans Plus provides support with gender dysphoria diagnoses, counselling, hormone treatments, sexual health and HIV for transgender patients based in London.
CMAGIC Cheshire Mersey Adult Gender Identity Collaborative	**CMAGIC**	The Cheshire and Mersey Area Gender Identity Collaborative (CMAGIC) provides a unified care pathway for transgender patients living in Liverpool, South Sefton, Halton, Knowsley, Southport and Formby, St Helens, Cheshire, Vale Royal, Warrington and Wirral.
	TBC	We are working with Sussex NHS commissioners to set up a primary care service in Brighton. Until then, support in the area is available through the Trans Health Hub at The Clare Project. Email info@clareproject.org.uk for more information.

National guidance

The advice collated in this document was put together by transgender workers at The Clare Project, Brighton, and a community consultation group of transgender doctors and healthcare workers. However it is also based on national guidance documents for primary care practitioners.

Links to key national guidance documents for primary care practitioners on managing transgender adults can be found here:

1. GMC Trans Healthcare 2020: https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare

2. NHS England: The Interim Gender Dysphoria Protocol and Service Guideline 2013/14: https://web.archive.org/web/20151004085310/http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf

3. Royal College of General Practice: The role of the GP in caring for gender-questioning and transgender patients: https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en

4. Royal College of Psychiatrists: Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria: https://web.archive.org/web/20160607114519/http://www.rcpsych.ac.uk/files/pdfversion/CR181_Nov15.pdf

5. World Professional Association for Transgender Health (WPATH): Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People: https://www.wpath.org/publications/soc

Glossary

Cisgender: someone whose gender fully aligns with the sex they were assigned at birth (the majority of the population)

Transgender: someone whose gender does not fully align with the sex they were assigned at birth.

Transition: the emotional, and/or social and/or medical process that transgender people go through to bring their gender role, presentation or gendered body more aligned with features and traits typically associated with their gender identity.

Trans man: someone was assigned female at birth but whose gender identity is male. Also sometimes referred to as FTM.

Trans woman: someone was assigned male at birth but whose gender identity is female. Also sometimes referred to as MTF.

Transsexual: an older term, generally not used anymore, that describes someone who has had gender affirming medical treatment.

Non-binary: someone whose gender identity does not fit into the binary male/female categories. Related terms include genderqueer or agender.

Gender identity: a feeling or deeply held sense of your own gender (man or woman, both, neither, or other).

Gender expression: the way someone expresses their gender identity, for example through the way they choose to look, speak or behave.

Gender dysphoria: the sense of discomfort that a person feels due to a mismatch between their assigned gender at birth and their gender identity.

Intersex: someone who is born with biological sex traits (genitals, hormones or chromosomes) which do not fit the typical binary male/female categories.

The following flags represent:

Transgender

Non-binary

Intersex

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This booklet was produced by The Clare Project, Brighton.

About The Clare Project

We are a registered charity run by and for trans, non-binary and intersex (TNBI) people in Brighton, Hove and East Sussex. We run support groups, information sessions workshops and socials for local TNBI people as well as providing information and training for individuals and organisations on TNBI community needs. Please get in touch with us for more information or to access our support. We are here for you.

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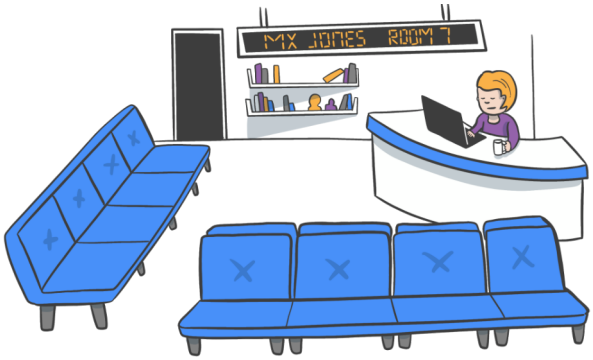
Email: info@clareproject.org.uk
Facebook: https://www.facebook.com/tcpbrighton/
Twitter: https://twitter.com/theclareproject



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Supporting Trans Communities,
Campaigning for Inclusion.