Gender affirming care for GP's

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May 2024

Learning objectives

- Gain knowledge of the unique healthcare needs and challenges of trans and gender diverse patients, and how to make your practice more supportive to these patients
- Understand the informed consent model for providing gender affirming care to trans and gender diverse patients
- Understand the NSW Health framework for trans and gender diverse people under 25 yrs
- Gain confidence and knowledge in prescribing gender affirming hormone therapy

Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy

aus PATH

CLINICAL

Volume 49, Issue 7, July 2020

Hormone therapy for trans and gender diverse patients in the general practice setting

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doi: 10.31128/AJGP-01-20-5197 | Download article
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Community HealthPathways

unter New England

Endocrinology

Adrenal Nodules

Transgender Health

This pathway provides advice on medical treatment and psychological support of people of all ages who are transgender, binary, or non-binary.

Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years

14 July 2023

NSW GOVERNMENT

HealthPathways login details

Hunter New England

Community HealthPathways | Hunter New England

https://hne.communityhealthpathways.org/

Username: hnehealth

Password: p1thw1ys

Central Coast

HealthPathways
Central Coast NSW

https://centralcoast.communityhealthpathways.org/

Username: centralcoast

Password: 1connect

What is trans or gender diversity?

Being trans or gender diverse is NOT a mental illness, it is part of richness of human diversity and experience

Trans or gender diverse people are those whose gender is different to the sex assigned to them at birth

Different to sexual orientation

ICD-11 criteria for Gender Incongruence of Adolescence and Adulthood:

“Gender Incongruence of Adolescence and Adulthood is characterised by a **marked and persistent incongruence** between an individual´s experienced gender and the assigned sex, which often leads to a **desire to ‘transition’,** in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual´s body align, as much as desired and to the extent possible, with the experienced gender.”

ICD-11: Gender Incongruence

- Moved out of mental disorders into sexual health conditions
- Marked and persistent incongruence between an individual's experienced gender and the assigned sex
- Does not require significant distress or impairment

(World Health Organisation 2019)

Places gender incongruence as part of the normal diversity of human experience

Definitions: DSM-5 Gender Dysphoria

- ≥ 2 of the following, for ≥ 6 months + must be associated with clinically significant distress or impairment:
  - Strong desire to be of other gender
  - Strong desire to be treated as other gender
  - Significant incongruence between one's experienced or expressed gender and one's sexual characteristics
  - Strong desire for sexual characteristics of other gender
  - Strong desire to be rid of one's sexual characteristics
  - Strong conviction that one has typical reactions and feelings of other gender

(American Psychiatric Association)

Some examples of Terminology

Trans or Transgender – an adjective and 'umbrella term' which describe the entire range of individuals with gender identity different from their assigned birth sex.
Gender diverse - people who do not conform to their society or culture's expectations for males and females
Assigned male at birth (AMAB) - thought to be male when born
Assigned female at birth (AFAB) - thought to be female when born
Cisgender – gender identity matches assigned birth sex
Non-binary - someone who doesn't identify exclusively as male or female
Agender - someone who does not identify with any gender
Brotherboys and Sistergirls - terms often used by Aboriginal and Torres Strait Islander people
See also https://www.acon.org.au/wp-content/uploads/2020/02/TGD-Language-Guide_2020.pdf

Inappropriate Terminology

- Tranny
- Transsexual
- Transgendered
- A transgender
- "Was a woman/man“
- 'if they were a normal man/woman"

Gender diversity: transgender, non-binary and gender diverse people

- Estimates in young people have risen from <0.01% to 2.3%
- Gender diverse people are vulnerable due to stigma and minority stress
  - Risk of family rejection
  - Social exclusion
  - Reduced healthcare access
  - Bullying and assault
- Psychological distress, suicidal ideation/attempts and self-harm x3-5
- Suicide attempts in transgender young people (age 14-25) x 15
- All-cause mortality x3

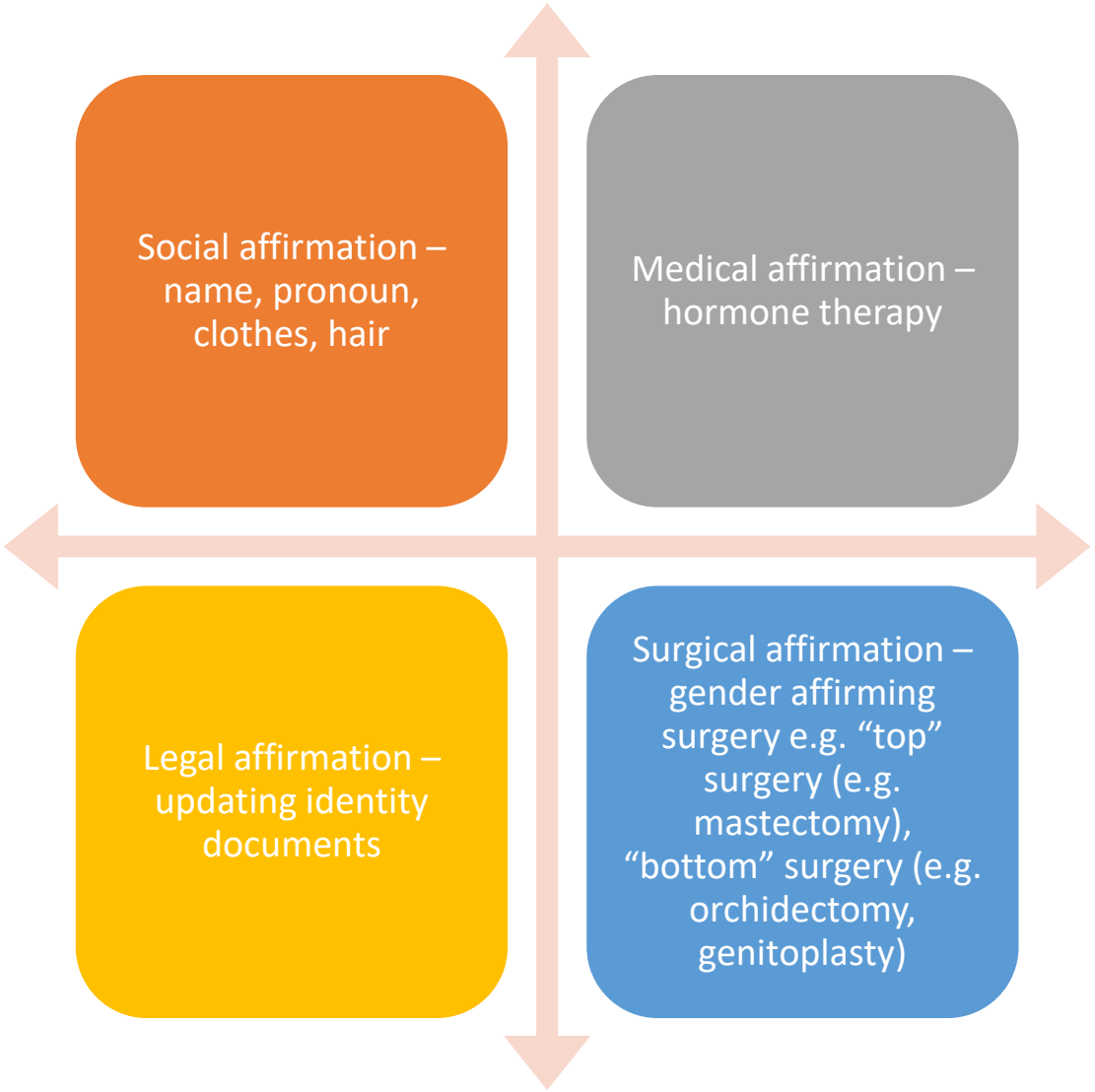
3 x

all-cause mortality

Writing Themselves In 4: The Health and Wellbeing of LGBTQA+ Young People in Australia (Hill et al. February 2021).

Winter S *et al.* Transgender people: health at the margins of society. Lancet 2016 388(10042):390-400.

Aspects of gender affirmation



Informed consent model of care

The Australian Commission on Safety and Quality in Healthcare (2020) define informed consent as follows:

- *Informed consent is a person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention that is made:*
- *Following the provision of accurate and relevant information about the healthcare intervention and alternative options available; and*
- *With adequate knowledge and understanding of the benefits and material risks of the proposed intervention relevant to the person who would be having the treatment, procedure or other intervention.*

Informed consent is best practice for medical affirmation (hormone therapy)

AusPATH, 2020

Informed consent model of care

- It is not necessary for a patient (over 18 yrs) to obtain a ‘gender assessment’ with a psychiatrist or psychologist prior to starting hormone treatment
- Genital examination is not part of the assessment

“Informed consent models of hormone prescribing resist the notion that a doctor can determine the validity of a person’s gender, and instead centre the trans person in the decision-making process, whilst ensuring that the patient understands and can consent to the potential impacts that gender affirming hormone therapy may have on their body and life”

- Prior to surgical affirmation, a ‘surgical readiness’ letter is needed from a psychologist, psychiatrist or other qualified mental health professional

Legalities for young people

- People under the age of 18 years need:
  - Diagnostic assessment by psychiatrist/clinical psychologist
  - Capacity assessment
  - Consent from young person and their guardians/parents
- People under the age of 16:
  - May need assessment by NSW Civil and Administrative Tribunal (NCAT)
  - Should be managed by specialist transgender team (e.g. Maple Leaf House)
- Maple Leaf House accepts referral up to age 25

Taking a history

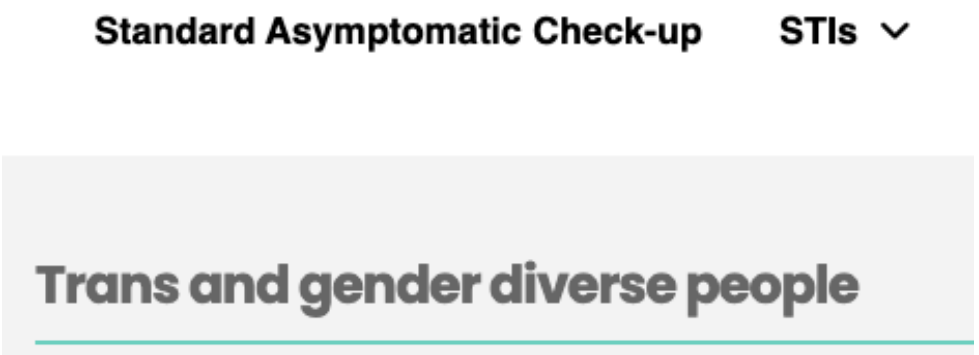
- Gender history – including preferred name and pronouns

Taking a history

- Past medical and surgical history
- Mental health assessment and history
- Social history – HEEADSSS in young people
- Family history
- Medications (including ‘self-medicating’/prior hormone use)
  - *Discuss with patient that it is useful to know about any prior medications taken, including hormones and any effects*
  - *Enquire about prescription and ‘over the counter’ medications*
- Allergies
- AOD history, smoking

Sexual health history

- Assess pregnancy risk and pregnancy desires in the future
- Need for contraception – if needed use progesterone only or non-hormonal
- Assess STI risk and screening
- Do they need PrEP?
- Sexual pleasure and libido changes



https://sti.guidelines.org.au/populations-and-situations/trans-and-gender-diverse-people/

"Do you have sex with people with a penis, people with a vagina, or both?"

"During sex, do any parts of your body enter your partners body, such as their genitals, anus, or mouth?"

"During sex, do any parts of your partner's body enter your body, such as their genitals, anus, or mouth?"

"Do you or any of your partners use any barriers, such as condoms, gloves, dental dams, or PrEP?"

"Is there a risk of pregnancy for any of the sex that you're having?"

In some cases it can be helpful to ask about the sexualities or identities, such as in the case of providing STI testing related to priority populations.

"People can get chlamydia and gonorrhoea in the urine, throat, bum and cervix. You can do your own swabs of these sites if needed. Would you like testing for any of these sites today?"

AusPath website

Feminising hormone therapy

- Combination of estrogen +/- anti-androgen

Typical changes from Estrogen (varies from person to person)

Average timeline	Effect of Estrogen
1–3 months after starting estrogen	• softening of skin • decrease in muscle mass and increase in body fat • redistribution of body fat to buttocks and hips • decrease in sex drive • fewer instances of waking up with an erection or spontaneously having an erection; some trans women also find their erections are less firm during sex, or can't get erect at all • decreased ability to make sperm and ejaculatory fluid
Gradual changes (maximum change after 1–2 years on estrogen)	• nipple and breast growth • slower growth of facial and body hair • slowed or stopped balding • decrease in testicular size

Risks and side effects

☐ **I acknowledge the following side effects of feminising hormone therapy:**

- Headaches
- Nausea
- Fluid retention and bloating
- Breast and nipple tenderness
- Mood disturbance, such as teariness, depression or anxiety
- Fatigue

☐ **I acknowledge the following potential risks of feminising hormone therapy:**

- Blood clots, deep vein thrombosis or potentially fatal pulmonary embolism
- Stroke
- Increased risk of heart disease or heart attack
- Raised blood pressure
- Liver damage
- Osteoporosis
- Potentially increased risk of breast cancer
- Development of prolactinoma (a rare brain tumour that results in milk production from the breasts)
- Difficultly controlling blood sugars in people with diabetes
- Meningioma (a rare benign growth in the lining of the brain, seen in some people on high dose cyproterone)

Feminising hormone therapy

Hormone	Route	Trade name	Starting dose	Max dose
Estradiol	PO	Progynova, zumenon	2mg daily	8mg daily
Estradiol	Transdermal	Sandrena gel	1mg daily	5mg daily
Estradiol	Transdermal	Estrogel 0.06%	1 pump daily	4 pumps daily (3mg)
Estradiol	Transdermal patch	Estradot, Estraderm	50mcg/24 hours. Change patch twice/week	200mcg/24 hours
Estradiol	Implant	Compounded. Not TGA approved	Usual dose 100-200mg every 6-24 months	

Androgen blockers

Medication	Route	Trade name	Starting dose	Max dose
Spironolactone	PO	Aldactone, Spiractin	50mg daily	200mg daily
Cyproterone acetate	PO	Andocur	12.5mg alternate days (might be fine with 12.5mg twice/weekly). Use lowest effective dose	25mg daily

Progestins

- Not recommended in long term due to SE – depression, weight gain, CV disease, breast cancer)
- Micronised progesterone might be useful in select patients – can help with testosterone suppression as adjunct to spironolactone (or on its own with estrogen)

Medication	Route	Trade name	Starting dose	Max dose
Micronised progesterone	PO	Prometrium	100mg daily	300mg daily

Masculinising hormone therapy

Testosterone

Typical changes from Testosterone (varies from person to person)

Average timeline	Effect of testosterone
1–3 months after starting testosterone	• decreased estrogen in the body • increased sex drive • vaginal dryness • lower/bottom growth (clitoris) - typically 1-3 cm • increased growth, coarseness, and thickness of hairs on arms, legs, chest, back, & abdomen • oilier skin and increased acne • increased muscle mass and upper body strength • redistribution of body fat to the waist, less • around the hips • increased sweating and change in body odour • mood changes may occur
1–6 months after starting testosterone	• menstrual periods stop
3–6 months after starting testosterone	• voice starts to crack and drop within first 3-6 months, but may take at least a year to finish changing
1 year or more after starting testosterone	• gradual growth of facial hair (usually 1-4 years) • possible balding

Masculinising hormone therapy

☐ **I acknowledge the following potential side effects and risks of masculinising hormone therapy. My doctor will continue to monitor my health and address any issues if and when they develop.**

- Polycythaemia - increased number of red blood cells, resulting in “thickened” blood
- Increased risk of cardiovascular disease
- Difficulty controlling blood sugars if diabetic
- New or worsened obstructive sleep apnoea
- Osteoporosis
- Liver damage
- Increased salt and water retention

Note – GPs can initiate testosterone on a private script. To access PBS testosterone, requires a 2nd opinion from endocrinologist/specialist under “established androgen deficiency”

Masculinising hormone therapy

Medication	Route	Trade name	Starting dose	Max dose
Testosterone	Transdermal	Testogel (1%) Testovan (2%)	Testogel – 1 pump daily Testovan – 1 pump daily	Testogel – 4 pumps daily Testovan – 3 pumps daily
Testosterone undecanoate	IM	Reandron (1000mg)	Loading dose – injection every 6 weeks for first 2 injections	Every 10-15 weeks
Testosterone enanthate	IM/SC	Primoteston (Not on PBS)	50-100mg weekly or 100-200mg every 2 weeks	
Testosterone cypionate	IM/SC	Sustanon (Not on PBS)	50-100mg weekly or 100-200mg every 2 weeks	

Fertility

- Estrogen is more likely to cause infertility, which may or may not be reversible if ceasing hormone therapy
- Offer referral for sperm freezing before starting Estrogen therapy
- Testosterone doesn’t reliably stop ovulation. Trans men can cease hormone therapy in order to start a family
- The impact of long-term exogenous hormone exposure on sperm and eggs and on resulting offspring is unknown. However, the available data does not demonstrate evidence of harm.

Monitoring – general

- Monitoring every 3 months for the first year, then every 6-12 months once stable
  - FBC, EUC, LFT, FBG, lipids, estradiol, testosterone
  - Blood pressure, height, weight, waist circumference
  - Psychosocial review
- Annually:
  - HbA1c
  - Prolactin
- DEXA screening at baseline and then at age 60

Monitoring – feminising therapy

- EUC and BP after starting spironolactone or changing dose
- General biochemical targets:
  - Testosterone: less than 2 nmol/L is a target recommended in guidelines, but patients may require a higher target of 3 to 5 mmol/L to maintain libido and sexual function if this is a goal of care.
  - Estradiol:
    - 250 to 600 pmol/L after 6 to 9 months (adjusted according to the patient's biological response).
    - Estradiol levels of up to 1000 pmol/L are considered physiological, but above this level there is a risk of nausea, fluid retention, and possible increase in venous thromboembolism.
    - After menopausal age it may be appropriate to reduce the target e.g., 100 to 250 pmol/L.

Monitoring – masculinising therapy

General biochemical targets (depending on the patient's biological response) – Testosterone:

- trough – 10 to 15 nmol/L.
- peak – 15 to 20 nmol/L.

After 2 to 5 years, consider ultrasound to monitor endometrial thickness.

- From HealthPathways

Pregnancy risk?

- Is there a uterus, and partner with sperm?
- T is not a reliable contraceptive (nor are puberty blockers)
- Many unintended pregnancies have occurred in trans-men
- Testosterone is a teratogen (masculinise female foetus)
- Trans-females on estrogen &/or androgen blockers whose partners have a uterus/ovaries may also need to consider contraception

- Article: metro.co.uk

Trans man fell pregnant with a surprise baby just as he started his transition

Laura Abernethy Wednesday 6 Mar 2019 3:40 pm

9.3k SHARES

(Picture: Caters)

Breast cancer screening

- Trans-women: if you have been using gender-affirming hormones for five or more years, breast screening is recommended every two years from the age of 50 to 74
- Trans-men: If you have not had gender affirming chest surgery, screening every two years is recommended from age 50 to 74. If you have had gender affirming chest surgery (partial or double mastectomy), we suggest talking to your doctor about your individual breast cancer risk factors. These may include previous surgeries, hormone treatment, personal risk factors and family history of breast or ovarian cancer.

NSW GOVERNMENT | BreastScreen NSW

Cervical Screening Test (CST)

- Recommended every 5 years from the age of 25 through to 74 years
- Offer self collect CST if appropriate
- Vaginal estrogen prior to examination with speculum may help
- Annote pathology form to avoid confusion in pathology lab
- People with female gender marker with medicare will be invited from 25yo, once anyone has a CST they will be added to the register regardless of gender marker
- Consumer information: www.canwe.org.au (ACON's conversation on cancer)

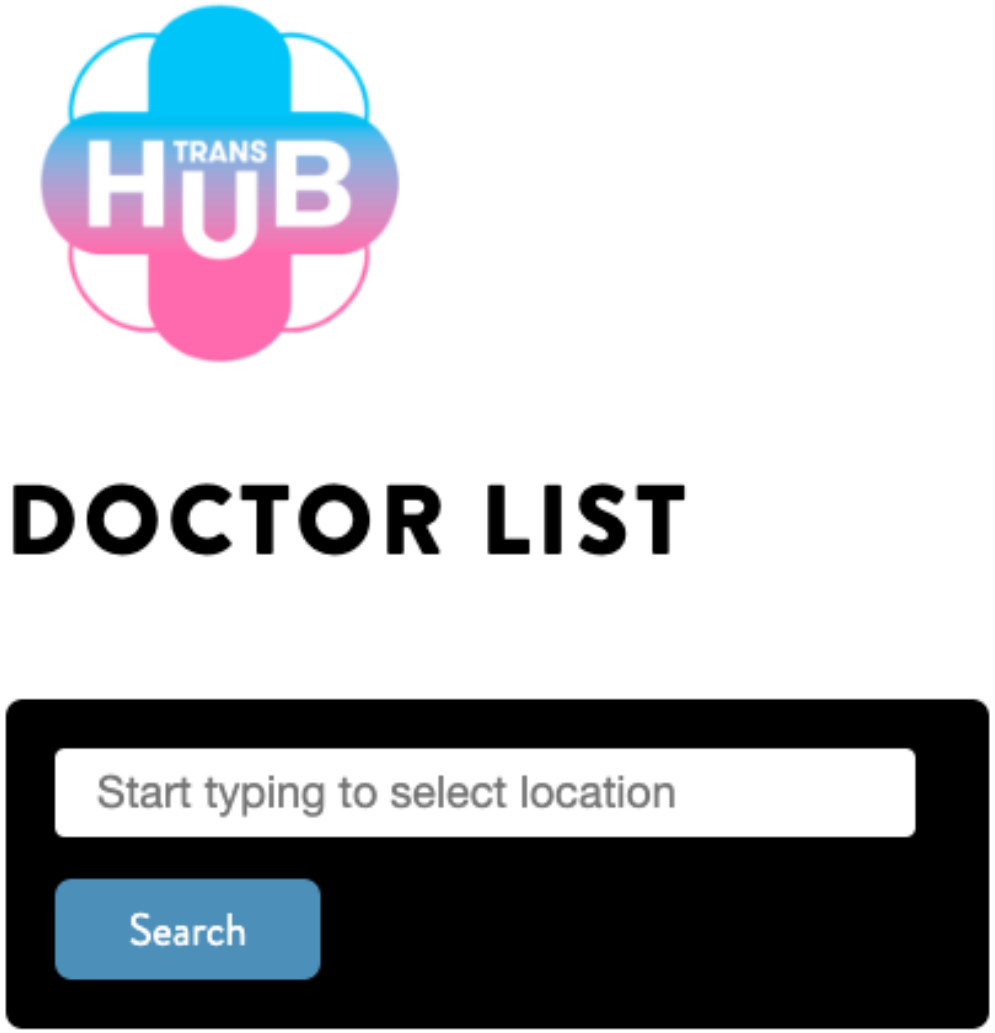
Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years

14 July 2023

Support and allied health referrals

- Consider mental health referral for support around transition, and if needed for any mental health / substance abuse issues.
- Endocrinologist, sexual health physician if needed
- Maple Leaf House (Newcastle) – for all patients <18 years, consider if <25 years and complex health history
- Peer support groups, TransHub
- Surgical referral if requested. Psychiatrist ‘readiness for surgery’ letter is needed prior to surgical affirmination
- Speech pathology if requested (voice training)

Add your name to the gender affirming doctors list



Support for GPs

- Friendly knowledgeable specialists!
- AusPATH email list – very active email list of multi-disciplinary gender affirming clinicians (psychologists, GPs, specialists etc.)
- TransHub
- GP colleagues
- GPDU – gender affirming care Facebook group
- AusPATH conference
- HealthPathways is very useful

Trans Hub:
downloads for clinicians

www.transhub.org.au

- Language guide
- useful tips
- new client registration form
  - What is your name
  - What is your gender? Female / male / non-binary / different identify (specify)_____
  - (optional) At birth, you were recorded as? Female / male / other

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Community HealthPathways | Hunter New England

https://hne.communityhealthpathways.org/

Username: hnehealth

Password: p1thw1ys

Central Coast

HealthPathways
Central Coast NSW

https://centralcoast.communityhealthpathways.org/

Username: centralcoast

Password: 1connect

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- TransHub https://www.transhub.org.au/
- https://sti.guidelines.org.au/populations-and-situations/trans-and-gender-diverse-people/