

Guidelines for the Care of Trans Patients in Primary Care



Royal College of
General Practitioners



Public Health
Agency

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Royal College of General Practitioners

Foreword

The Royal College of General Practitioners Northern Ireland (RCGPNI) developed these guidelines to assist general practitioners and other healthcare professionals to provide the best care possible to members of the Lesbian, Gay, Bisexual and Trans community. Through the collaborative work of the Royal College of General Practitioners in Northern Ireland Lesbian, Gay, Bisexual &/Trans (LGB &/T) working group, it is hoped that these guidelines will create a positive change in the way LGB &/T people are cared for within the health service in Northern Ireland.

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Terminology

It should be noted that some terminology can become out of date or the meaning may change with time. Clarifying with the individual patient will help to avoid offence.

- **Sex** – Sex refers to biological development - the male/female phenotype. Sex is judged on the genital appearance at birth. Other phenotypic factors are seldom investigated unless a genital anomaly is present.
- **Gender Identity** – A person's internal psychological identification as man/woman, boy/girl or neither. For Trans people, their birth-assigned sex and internal sense of gender identity do not correspond.
- **Gender Expression/Role** – Outward manifestation of one's gender identity, usually expressed through 'masculine', 'feminine' or gender-variant behaviours. Trans people typically seek to make their gender expression match their gender identity, rather than their birth-assigned sex.
- **Non-binary** – Gender is often referred to as binary meaning two – male and female!¹ Non-binary refers to people who don't believe there are only two genders and exist outside the gender binary!¹ This can include people who neither identify as male nor female, somewhere inbetween, both or otherwise. It is an umbrella term covering many different identities.²
- **Sexual Orientation** – Sexual orientation is separate from gender identity. Trans people may be gay, straight, bisexual or asexual. For example, a natal female who transitions from female to male and is attracted to other men would be identified as gay, or as a gay man.
- **Transgender/Trans** – An umbrella term for people whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term can include many gender identities such as: transsexual, transgender, androgynous, gender-queer, gender variant or differently gendered people. Trans people may or may not decide to alter their bodies hormonally and/or surgically.
- **Cisgender/Cis** – This is used to describe anyone who is not transgender i.e. where sex appearance and gender identity are congruent.³
- **Transsexual** – A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.
- **Transman** – A natal female who identifies as male.
- **Transwoman** – A natal male who identifies as female.

- **Transition** – A process through which a permanent change of gender role is undertaken and the individual starts to live as the gender with which they identify. Transition includes social, physical or legal changes such as coming out to family, friends, co-workers and others; changing one's appearance; changing one's name, pronoun and sex designation on legal documents (e.g. driving licence or passport); and medical intervention (e.g. through hormones or surgery). Non binary individuals may have a transition without changing gender role.¹
- **Sex Reassignment Surgery (SRS)** – The surgical procedures by which a person's physical function and appearance of their existing sexual characteristics are altered to resemble that of the other sex. This is preferred to 'sex-change operation' that some Trans people find offensive. Not all transgender people choose to have SRS.
- **Gender Identity Disorder (GID) / Gender Dysphoria** - A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.⁴
- **Intersex** - A person whose biological sex cannot be clearly classified as male or female. An intersex person may have the biological attributes of both sexes or lack some of the biological attributes considered necessary to be defined as one or the other sex. Intersex conditions can originate from genetic, chromosomal or hormonal variations. In some cases an intersex condition may not be identified until the onset of puberty, until the individual discovers they are infertile, or even during autopsy. Some people live and die with intersex anatomy without anyone (including themselves) ever knowing.
- **Cross-Dressing** - In the Trans community 'cross-dressing' is seen as a pejorative term and is not used. However, some patients may present with difficulties relating to their gender but not be gender dysphoric or have gender incongruity and referral to a specialist service may still be appropriate. Likely alternative diagnoses include the following:
 - **Dual-role transvestism** - The wearing of clothes of the opposite sex for part of the individual's existence in order to enjoy the temporary experience of membership of the opposite sex, but without any desire for a more permanent sex change or associated surgical reassignment, and without sexual excitement accompanying the cross-dressing.
 - **Fetishistic transvestism** - The wearing of clothes of the opposite sex principally to obtain sexual excitement and to create the appearance of a person of the opposite sex. Fetishistic transvestism is distinguished from transsexual transvestism by its clear association with sexual arousal and the strong desire to remove the clothing once orgasm occurs and sexual arousal declines. It can occur as an earlier phase in the development of transsexualism.⁴

Introduction

These guidelines have been developed to support GPs and GP employed nurses in the care of Trans patients.

Key Considerations

1. Be understanding. A negative reaction can do serious harm.
2. Get names and pronouns correct (ask discreetly if necessary).
3. Be aware of the importance of medical confidentiality.
4. Refer to the appropriate gender service.
 - i. Child & Adolescent
 - ii. Adult Service
5. Be cognisant that co-existing health issues may not be linked to gender issues.
6. Support the treatment set out by gender service.
7. Consider signposting to sources of support within the community & voluntary sectors, detail available through www.transgenderni.com.

You can contact the services directly if you would like to discuss a referral or if you have any questions:

**Child & Adolescent
Knowing Our Identity -
Gender Identity Development Service**
Beechcroft – Forster Green Site
110 Saintfield Road
Belfast, BT8 6HD
Tel: (028) 9063 8000

Adult Service - Brackenburn Clinic
Shimna House
Knockbracken Healthcare Park
Saintfield Road
Belfast, BT8 8BH
Tel. (028) 9063 8854
E: BrackenburnClinic@belfasttrust.hscni.net

What is Gender Dysphoria?

Key Points

- Gender and sexual orientation are different.
- It is not unusual for gender variance to present during early childhood or puberty.

Transsexualism - A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.⁴

Gender identity disorder of childhood - A disorder, usually first manifest during early childhood (and always well before puberty), characterised by a persistent and intense distress about assigned sex, together with a desire to be (or insistence that one is) of the other sex. There is a persistent preoccupation with the dress and activities of the opposite sex and repudiation of the individual's own sex. The diagnosis requires a profound disturbance of the normal gender identity; mere tomboyishness in girls or girlish behaviour in boys is not sufficient.⁴

Your Role as the GP

An understanding and supportive GP is essential to the long-term health of Trans people, both in terms of transition and general wellbeing. Engaging Trans people in health care can be difficult. A key factor in engagement is an open, non-judgemental approach. It is important to remember that as a GP you may be the first person they tell about their gender dissonance.

Patients' views, especially if there is ambiguity regarding their gender identity, need to be taken seriously. Often people have suffered in silence for a long time before seeking help and are clear about how they want to move forward. At this point, it is unhelpful to ask them to further delay their request for treatment at a gender identity service, as this is likely to cause harm.

There is a high incidence of suicide and substance abuse in the Trans population who are left untreated.

Adults: It is important that for adults a referral to the Regional Gender Service is made with a view towards in-depth assessment and treatment.

Children and young people: For the child and adolescent population this referral would be to their local Child and Adolescent Mental Health Team who can access the Regional Adolescent Gender Team. Parents/carers may also need additional support from primary care.

A referral should be offered to any service user who is presenting as unhappy or confused about their gender. It is not necessary for them to be completely sure that they are transgender for a referral to be sought. It is helpful to signpost patients and parents/carers to community and voluntary sector groups for support while they await their initial assessment with gender identity services.

Often there are practical concerns for staff such as how to address a service user who is Trans. Names and pronouns should match the gender presentation; if unsure it is good practice to discreetly ask (some people may have already changed their name by deed poll, but this is not a legal requirement). Staff should ensure they address the service user by the appropriate name in written, verbal and electronic communication, including the use of appointment boards in the waiting room. Changes made to records should be consistent and all practice staff should show sensitivity.

Patients should be recognised as the gender with which they identify and have the same rights as any other patient. It is important for patients that their GP remains actively involved in their care before, during and post transition. This includes equity of access to appropriate services for their physical and mental health needs without the expectation of lifelong attendance at a Gender Identity Service. It is important to recognise that transition may or may not include hormonal or surgical intervention. Trans patients have legal protection from discrimination; more information is available on this through www.equalityni.org.

Trans Specific Assessment & Care

Key Points

- At present, there is no locally agreed and appropriately funded enhanced service for the shared care of Trans patients in Northern Ireland.
- Over the course of their lifetimes, Trans patients are at much higher risk of negative mental health, self-harm and suicide than the general population.⁵
- Trans patients should be offered appropriate health screening (and other health services).

Hormone Treatment and Prescribing

At present, there is no locally agreed and appropriately funded enhanced service for the shared care of prescribing hormones or blood monitoring of Trans patients in Northern Ireland. Ideally, a shared care arrangement between the GP practice and the gender service for the initiation and ongoing monitoring of hormones would provide the best and safest practice based on current guidelines.⁶ Hormone treatment in Northern Ireland is presently arranged and monitored by the gender clinic and endocrinology. Patients may opt to self-medicate with hormones and/or anti-androgens so it is useful to ask them directly about this as it can adversely impact on their health and wellbeing. Sudden discontinuation of an established hormone is likely to cause psychological consequences.⁷ The Royal College of Psychiatrists guidelines suggest patients presenting on illicit hormones could be issued a bridging prescription by their GP while they await assessment at a Gender Identity Service.⁶ The GMC has also issued guidance on the matter.⁷

The GMC advise that a GP should only consider issuing a bridging prescription in cases where all the following criteria are met:

- a. the patient is already self-prescribing with hormones obtained from an unregulated source (over the internet or otherwise on the black market)⁷
- b. the bridging prescription is intended to mitigate a risk of self-harm or suicide⁷
- c. the doctor has sought the advice of a gender specialist, and prescribes the lowest acceptable dose in the circumstances⁷

Advice on hormone bridging prescriptions can always be sought from the Gender Service or Endocrinology. There is also an RCGP learning module on gender variance.⁸

- **General Health** - Trans patients should be encouraged and supported to stop smoking, consume alcohol within recommended limits and maintain a healthy lifestyle. These factors are particularly important as they can help determine whether or not service users are suitable for hormone therapy and/or surgery and can increase their risk of treatment complications. Increasingly, patients are likely to be denied surgery if they are significantly overweight due to a higher risk of post-surgical complications. Local GP and nursing care may be required post surgery. Post-surgical depression can manifest and further support may be required.
- **Mental Health** - Many Trans patients experience problems with mental health at some point in their lives, the most common of which is depression.⁹ Poor mental health can arise because of social stigma, prejudice and discrimination or the breakdown in relationships and the resulting social isolation, as well as the conflict between their birth sex and gender identity.¹⁰ It is important to recognise that not only is this group of patients vulnerable to mental health problems but they are less likely to seek help due to negative past experiences.¹⁰
- **Screening** - Trans patients, irrespective of the stage of their transition, often still need health screening. Examination and cervical smear testing should be broached sensitively as patients may be reluctant to discuss certain parts of their body or they may use different terminology.

Transmen (female to male) may have undergone reconstructive chest surgery but they should be encouraged to continue to check for changes and lumps.¹¹ Although rare, transmen and transwomen may develop breast cancer. Prior to surgery many experience significant dysphoria in relation to their breast and binding is seen as a necessity. The use of breast binders may cause breathing, back and skin problems.

If they have undergone sex reassignment surgery (SRS) it is worth noting that Transwomen will still retain their prostate and will remain at risk of prostate cancer (although this is small). There is currently no prostate screening programme in the NHS. GPs should approach Trans women's prostate health and offer appropriate investigation in the same way they would with cisgender men.

Careful, individual thought needs to be given on how to ensure patients receive appropriate invitations for screening especially if they have changed gender on their patient registration as part of their transition.

Screening needs may include:

- Transwomen (male to female) may still require aortic aneurysm screening at age 65 and may need support to ensure they are invited¹²
- Transmen (female to male) may still require cervical screening arranged by the practice¹³
- Transmen (female to male) may still require breast screening and may need support to ensure they are invited¹⁴
- Transwomen (male to female) may undergo breast screening if they self-refer, this is important if they are on lifelong oestrogen therapy¹⁵

• **Sexual Health** - It is important to remember when considering sexual health screening that Trans patients may also identify as lesbian, gay or bisexual (LGB).¹⁶ For more information on the care of LGB patients please see accompanying RCGPNI Guidelines for the Care of Lesbian, Gay and Bisexual Patients in Primary Care.¹⁶ For Trans patients and those in transition, testing should focus on the patient's current anatomy. Trans patients are at higher risk for HIV, particularly Transwomen.¹⁷

Support

Key Point

- **Information about support for patients and their families is available through www.transgenderni.com.**

Support is a vital component in the care and treatment of the individual during their transition. Properly assessed and inclusive support groups can provide a lifeline for patients giving them peer support and acceptance at a particularly vulnerable period in their lives. In addition, support for their families can have positive affects for everyone connected to the patient.

“Support [...] for families in the early stages of transition can often prevent deterioration of, or lead to significant improvements in, relationships by mitigating the experience of pain and loss. Family acceptance is an important, sometimes vital, ingredient in the successful rehabilitation of the individual in the new gender role”.⁶

www.transgenderni.com provides up to date information in relation to sources of support in the voluntary sector for young people, adults and families of transgender people.

Conclusion

Trans patients have complex and specific health needs. These guidelines aim to support GPs and GP employed nurses in providing appropriate care for Trans patients in primary care.

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