Transgender Health and Gender Diversity
GP Assessment Guidelines
As written by Hunter and New England Health Pathways (Australia) 2018

Assessment:

1. Ask the patient about their preferred pronoun, name, title, and identity description. Enter these details into GP software.

Examples of identity description

A two-step approach is recommended:

- What is your current gender identity (e.g., male, female, trans male/transman, trans female/transwomen, indigenous brotherboy, indigenous sistergirl, non-binary, gender fluid, gender queer, bigender or a different identity)? Note: the individual may identify with more than one category.
- What sex/gender were you assigned at birth (e.g., male or female)? A further question asking if a person is intersex or has intersex traits may be relevant.

2. Assess history. Ask about self-medicating with hormones.
   History:

   - Nature and duration of history of gender incongruence
   - Trial of living (at home and/or publicly) consistent with innate/experienced sex or gender role
   - Who have they disclosed to
   - Prescribed and non-prescribed medications including complementary therapies
   - Drug and alcohol history
   - Past medical history
   - Sexual health and risk activity for STI or blood borne virus (BBV)
   - Mental health conditions e.g., depression, anxiety, PTSD
   - Include HEADSSS psychosocial assessment for adolescents

   Self-medicating with hormones:

   - The patient may already be buying and taking unregulated hormonal therapy products.
   - Discuss risks if patient is self-medicating.
   - Particular care is needed with patients who are already on hormonal therapy and who have experienced improvement in their gender dysphoria. In these circumstances, sudden discontinuation of established hormone use may have unpredictable psychological consequences and is not recommended.

3. Screen for self-harming behaviours and suicidal ideation and intent.

4. Consider diagnostic criteria:
   - Gender dysphoria: refers to discomfort or distress caused by a discrepancy between a person's gender identity and their sex assigned at birth (and the associated gender role or primary and secondary sex characteristics).[1]
   - Gender dysphoria DSM-5 diagnostic criteria.
   https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria

[1] Coleman E, Bockting W, Botzer M, Cohen-Kettenis PT, DeCuypere G, Feldman J, et al. Standards of Care, for the Health of Transsexual, Transgender, and Gender Nonconforming People (version 7). International Journal of Transgenderism. 2012;13(4):165-232.

5. Considerations specific to:

Considerations specific to children and adolescents

- Children and adolescents should be seen promptly by a paediatric endocrinologist or paediatrician with appropriate experience.
- They should all undergo review by a mental health professional with experience of transgender health in this age group.
- If there are urgent mental health concerns refer to Child and Adolescent Mental Health Assessment (CAMHS).
- Patients may benefit from assistance with social transitioning and links to local support services for parents, carers and children.
- Be aware of potential parent/carer disagreement around management.
- Provide assistance (as required) with family/carer conflict, and domestic violence.

Older adults

- These patients are likely to have experienced discrimination, non-acceptance, and significant barriers to healthcare across their lifespan.
- Cognitive impairment and chronic disease may be concerns for older adults, and may require a multidisciplinary approach including primary care, endocrinology, and geriatric medicine, as well as other speciality input.
- Offer to act as an advocate if the patient is receiving support within the aged-care system, or is resident in an aged care facility, to ensure a safe and inclusive environment.

6. Discuss patients individual goals and needs.

Individuals goals and needs may include:

- Hormonal treatments.
- Vocal and communication therapy.
- Genital surgical interventions:
- Affirmed female: penectomy, orchidectomy, vaginoplasty, clitoroplasty, and vulvoplasty.
- Affirmed male: hysterectomy/salpingo-oophorectomy, metoidioplasty or phalloplasty, vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses.
- Non-genital surgical intervention:
- Affirmed female: augmentation mammoplasty, facial feminisation surgery, hair removal (electrolysis, laser treatment or waxing), voice surgery, thyroid cartilage reduction, liposuction, lipofilling, and gluteal augmentation.
- Affirmed male: subcutaneous mastectomy and chest reconstruction, liposuction, lipofilling, and pectoral implants.
- Initial and ongoing psychological support and/or psychiatric care.
- Discuss financial considerations. Many necessary pharmaceutical and surgical procedures are not listed on the Medicare schedule and may require private funding. [2]

[2] Australian Human Rights Commission. Resilient individuals: sexual orientation, gender identity and intersex rights. [place unknown]: Australian Human Rights Commission; 2015.

7. If hormones may be part of the patient's treatment plan:

- Manage expectations of hormonal therapy. Physical changes occur gradually, and most reach maximum around 1 to 2 years. Subtle changes will continue up to approximately 5 to 7 years as per puberty-type response.
- Discuss hormone treatment effects and limitations on the body to enable informed treatment decisions.

Hormone treatment effects and limitations on the body

Hormonal therapy is off licence and the physical changes occur gradually over 1 to 2 years, with degree of change and timeline of effects being highly variable.

Typical changes from anti-androgens (varies for each person)	
Average timeline	**Effect of anti-androgens**
1 to 3 months after starting anti-androgens	• decrease in sex drive • fewer instances of waking up with an erection or spontaneously having an erection. Some trans women also have difficulty getting an erection even when they are sexually aroused • decreased ability to make sperm and ejaculatory fluid
Gradual changes (at least 2 years)	• slower growth of facial and body hair • slowed or stopped balding • slight breast growth (reversible in some cases, not in others)
Typical changes from estrogen (varies for each person)	
Average timeline	**Effect of estrogen**
1 to 3 months after starting estrogen	• softening of skin • decrease in muscle mass and increase in body fat • redistribution of body fat to a more “feminine” pattern • 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 (1 to 2 years on estrogen)	• nipple and breast growth • slower growth of facial and body hair • slowed or stopped balding • decrease in testicular size

Typical changes from testosterone (varies for each person)	
Average timeline	**Effect of testosterone**
1 to 3 months after starting testosterone	• increased sex drive • vaginal dryness • growth of clitoris (typically 1 to 3 cm) • increased growth, coarseness, and thickness of hairs on arms, legs, chest, back, and abdomen • oilier skin and increased acne • increased muscle mass and upper body strength • redistribution of body fat to a more "masculine" pattern (more fat around the waist, less around the hips)
1 to 6 months	• menstrual periods stop
3 to 6 months	• voice starts to crack and drop within first 3 to 6 months, but can take a year to finish changing.
1 year or more	• gradual growth of facial hair (usually 1 to 4 years to reach full growth) • possible male-pattern balding

- Assess for precautions to hormonal treatment.
    - Current or recent smoker
    - Heart failure, cerebrovascular disease, coronary artery disease, AF
    - History, or family history of VTE – consider screening for causes of thrombophilia
    - Cardiovascular risk factors: BMI > 30, hyperlipidaemia, hypertension
    - Migraine
    - Past history of hormone sensitive cancers e.g., breast, prostate, uterine, testicular
    - Possible drug interactions
    - Sleep apnoea

- Arrange investigations:

Baseline tests prior to feminising therapy:

- Bloods: FBC, EUC, LFT, TSH, CMP, HbA1c, prolactin, fasting glucose and lipid profile, LH, FSH, SHBG, testosterone.
- Blood pressure, height, weight, and waist circumference.
- ECG if > 40 years.

Baseline tests prior to masculinising therapy:

- Bloods: FBC, EUC, LFT, TSH, CMP, HbA1c, prolactin, fasting glucose and lipid profile, LH, FSH, oestradiol, testosterone, DHEAS, androstenedione, SHBG, 17OHP (day 2 to 5 of menstrual cycle).
- Blood pressure, height, weight, and waist circumference.
- ECG if > 40 years.