

Protocols for the Initiation of Hormone Therapy for Trans and Gender Diverse Patients



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ABOUT EQUINOX

GENDER DIVERSE HEALTH CENTRE

Equinox is a peer-led Trans and Gender Diverse Health Service operated by VAC.

We consult regularly with the VAC Trans and Gender Diverse Advisory Group and our patients to establish service needs and define priorities; and our practice reflects the outcomes of these consultations. Equinox and VAC believe that by working in partnership with the Trans and Gender Diverse community we can provide a safe environment for gender diverse clients to obtain quality medical care.

We honour and support the informed decisions of patients and will interact with patients in a manner that respects these decisions. Such interaction includes the use of preferred names and pronouns. Our goal is to ensure positive health outcomes for all members of the community. Our services include General Practice healthcare, sexual health, hormone initiation and management, Pre-Exposure Prophylaxis (PrEP) and counselling.

DEFINITIONS

HRT	Hormone Replacement Therapy
PrEP	Pre-Exposure Prophylaxis
TGD	Trans and Gender Diverse
VAC	Victorian AIDS Council
T	Testosterone

INFORMED CONSENT

Equinox Gender Diverse Health Centre provides trans affirmative and person-centred health care by emphasising partnership, education, and self-determination.

We view treatment as a cooperative effort between the patient and provider. We strive to establish relationships with patients in which they are the primary decision makers about their care, and we serve as their partners in promoting health. This partnership supports the patient's ongoing understanding of the benefits and risks of hormone therapy. By providing thorough education around hormones and general health, we also aim to enhance a patient's ability to make informed decisions about all aspects of their health. We believe patients who are well informed have a right to make their own decisions. We believe in creating safe and affirming health care environments.

We seek to provide trans affirmative and person centred health care and reduce unnecessary barriers in accessing hormone therapies. Our mission is to provide comprehensive quality services to our patients of diverse gender identity and expression. We developed our protocols by compiling the collective knowledge of clinicians, patients, members of the TGD community and by looking at similar protocols that have been successfully implemented overseas and adapted them for local use. They are offered as guidelines for primary care for patients of transgender experience receiving hormone therapy. These guidelines should be seen as a starting point from which the patient and provider can arrive at a care plan appropriate to the patient's needs.



PURPOSE AND SCOPE

These guidelines are designed to reduce barriers and improve health outcomes for trans and gender diverse (TGD) people accessing hormone replacement therapy (HRT).

Under an 'Informed Consent' model of care General Practitioners would perform the initial assessment, play a key role in mental health and risk assessments for TGD clients, and organise referral for secondary consultation where required. It would be envisaged that the General Practitioner would remain the primary treating physician for the majority of clients.

These protocols have been developed to reduce unnecessary barriers in accessing HRT. There can be long waiting times at the public Gender Clinics and significant costs involved through the private system. People living in rural and remote areas are often unable to access appropriate health services.

Implementing an 'Informed Consent' model of care would reduce waiting times at public mental health services. It would improve access to initiation of HRT for TGD people, particularly those living in rural and remote areas. It may reduce the use of self medicating (buying hormones on line) with the associated medical risks.

We encourage all clients to link in with mental health support throughout transition primarily for dealing with the stress of transition and the potential pressure placed on relationships. A mental health assessment with a Psychiatrist or Psychologist prior to commencing HRT is recommended, but would not be a requirement for clients without significant mental health issues impacting their ability to provide informed consent and a well established desire for medical transition.

In more complex situations a second opinion could be required from a Psychiatrist or Clinical Psychologist specialising in gender. Examples include active psychosis, cognitive impairment, dementia, brain injury, severe personality disorder, dissociative identity disorder. More complex mental health issues such as psychosis should be stabilised prior to commencing HRT.

For clients requiring surgery such as top surgery, orchidectomy or gender affirmation surgery, psychiatric or clinical psychological consultation is required.

For patients under 18years a psychiatric consultation is required. Referrals can be organised at Equinox.





MEDICAL GUIDELINES

These guidelines are based on providing information, service and care in a staged format. We refer to this process as stages, rather than ‘visits’ as multiple stages may be able to be completed in one appointment.

These guidelines utilise a Peer Navigator role in STAGE 1 to welcome and register TGD patients into the service. The role of the Peer Navigator is to provide information, resources and referrals. The Peer Navigator can also provide a brief overview to the patient regarding the process involved in medically transitioning. This stage can also be completed by a Practice Nurse or General Practitioner.

STAGE 1

Introduction to Equinox

PROVIDER

VAC Peer Navigator/
Practice Nurse

GOALS OF THE SESSION

- To introduce patients to Equinox Gender Diverse Health Centre and services
- Provide written info / booklet
- Link to Peer Support Groups
- Introduce patients to other VAC services (eg AOD, counselling, family violence counselling/prevention)
- To engage patients in a comprehensive primary care system
- Complete Equinox registration paperwork including preferred name and pronouns

STAGE 2

Initial medical review

PROVIDER

GP

GOALS OF THE SESSION

- Obtain Medical history including
 - Gender history and identity
 - Past Medical and Surgical history
 - Mental health history
 - Social history
 - 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
 - Allergies
 - AOD history, smoking
- Baseline blood tests organised (including but not limited to FBE, LFT, U+E, FSH, LH, oestradiol, Testosterone, SHBG, free Testosterone)
- Consider ECG, fasting glucose and lipids if > 40y
- Consider sexual health screen
- Consider prolactin, sex chromosomes
- Consider PAP /HPV testing if client has cervix
- Consider bone density scan

STAGE 3

Hormone counselling and education session

PROVIDER

GP

GOALS OF THE SESSION

- Complete any outstanding tasks from STAGE 2
- Results of investigations provided to patient
- Examination including baseline BMI, BP
- Referrals organised if required to other Specialists (e.g. Psychiatry, Endocrinology, Psychology)
- Discussion regarding hormone therapy to include
 - Client's goals and expectations
 - Likely effects, side effects, and potential irreversible side-effects with HRT
 - Counselling regarding fertility preservation options
 - Explore client's social transition needs
 - Assess and document capacity to provide informed consent
 - Consider written consent form

STAGE 4

Initiate HRT

PROVIDER

GP

GOALS OF THE SESSION

- To commence HRT, discuss monitoring and organise follow up review appointments
- Consider Multidisciplinary care plan

PRACTICAL TIP: In order to access PBS subsidised testosterone a second opinion is required from an Endocrinologist, Sexual Health Physician, or Urologist.

- This may be organised as a face to face consultation, or in consultation with one of these specialists depending on local services available
- Where secondary specialists are not available, the treating GP is able to prescribe Testosterone on a private prescription
- Use "Established testosterone deficiency" indication when calling Medicare, and give name of secondary treating Specialist

STAGE 5

Ongoing monitoring and support

PROVIDER

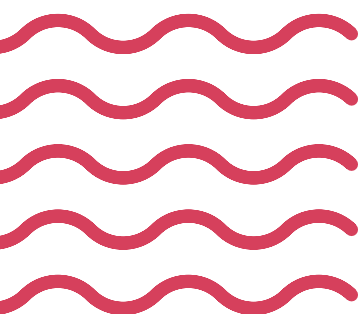
GP / Practice Nurse

GOALS OF THE SESSION

- Blood testing as required, 3 monthly initially (to include but not limited to FBE, U+E, LFT, oestradiol, free testosterone, testosterone, FSH, LH, annual lipids, glucose)
- BMI, BP 6 monthly
- Prevent complications of HRT
- Improve general health, smoking cessation, healthy BMI, monitor mental health
- Consider bone density scan
- STI screens as required, consider PREP
- Referrals as required eg Speech Pathology, surgery, Dietitian

Peer Support
Volunteer/Counsellor

- Mental health support
- Consider Practice Nurse session for safe hormone injection technique and support
- Provide client with syringes, needles, sharps bin as required
- Assistance with changing gender markers with Medicare, passport etc
- Peer Support Groups





DISCLAIMER

These protocols are an internal clinical pathway for Equinox Gender Diverse Health Centre. Each case is individual and should be subject to the review of the individual General Practitioners involved. The protocols are guidelines only.

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These guidelines have been officially endorsed by ANZPATH and Monash Health (Gender Clinic)