

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



JUNE 2020 • V2.0

ABOUT EQUINOX

GENDER DIVERSE HEALTH CENTRE

Equinox is a peer-led Trans and Gender Diverse Health Service operated by Thorne Harbour Health (THH). The clinic opened in 2016 and is the only clinic of its kind in Australia. The Equinox Informed Consent model of care, “Protocols for the initiation of hormone therapy for trans and gender diverse clients” was first produced in July 2017. This updated guideline reflects changes since that time, including the removal of a mandatory Family Court process for people aged under 18y to access hormone therapy.

We consult with the THH 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 THH believe that by working in partnership with the Trans, Gender Diverse and Non Binary community we can provide a culturally safe environment for gender diverse clients to obtain quality, patient centred 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), social work services and counselling.

DEFINITIONS

PrEP	- Pre-Exposure Prophylaxis
TGD&NB	- Trans and Gender Diverse & Non Binary
THH	- Thorne Harbour Health
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 collaborative 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 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 high quality services to our patients of diverse gender identity and expression. We developed and reviewed our protocols by compiling the collective knowledge of clinicians, patients, members of the TGD & NB 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. Services with practice nurses or peer navigators could include them in the delivery of hormone and health education and linkage to peer support.



PURPOSE AND SCOPE

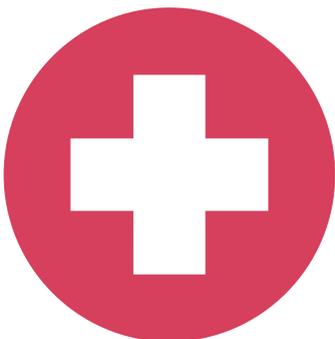
These guidelines are designed to reduce barriers and improve health outcomes for trans, gender diverse and non binary people accessing hormone therapy to affirm their gender. Under an 'informed consent' model of care general practitioners perform the initial assessment, play a key role in mental health and risk assessments for TGD & NB 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 hormone therapy. These barriers include long waiting times at publicly funded gender clinics, significant financial costs for people opting to access the private health systems and people living in rural and remote areas are often unable to access gender affirmative health services. An 'informed consent' model of care helps to reduce waiting times at public mental health services for those requiring faster access to mental health support. It allows many people to access hormone therapy with their regular general practitioners without having to travel for unnecessary secondary consultations. An 'informed consent' model may reduce the incidence of self medicating (accessing hormones online) and the associated medical risks.

We encourage all TGD & NB people 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 prior to commencing hormone therapy would not be a mandatory requirement for clients without significant mental health issues impacting their ability to provide informed consent and a well established desire for medical gender affirmation. In more complex situations an opinion may 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 hormone therapy.

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

At Equinox we use the informed consent model for initiating hormone therapy on all clients aged over 16 years.



MEDICAL GUIDELINES

These protocols 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, or one stage may require more than one visit for completion.

STAGE 1

PROVIDER: GP, PEER WORKER

GOALS OF THE SESSION

To introduce patients to Equinox Gender Diverse Health Centre and services including:

- Complete Equinox registration paperwork including chosen name and pronouns
- To engage patients in a comprehensive primary care system
- Introduce patients to other THH services (eg AOD, general counselling, osteopathy, family violence counselling/prevention)
- Provide written information including plain language hormone fact sheets
- Link to peer support groups



STAGE 2

PROVIDER: GP

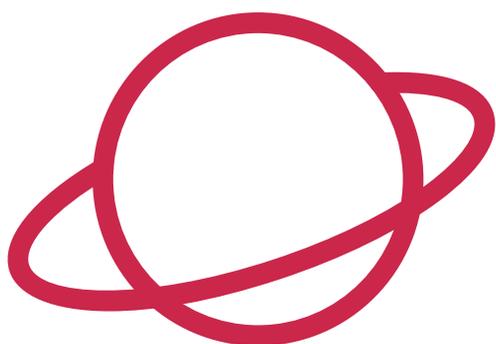
GOALS OF THE SESSION

Initial medical review:

- Gender identity (self determined by patient)
- Gender history
- Chosen name and pronoun
- Past medical and surgical history
- Mental health assessment and 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*
 - *Enquire about prescription and 'over the counter' medications*
- Allergies
- AOD history, smoking

Obtaining, recording and developing baseline medical history:

- 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 sex chromosomes if intersex condition suspected
- Offer cervical screening test if client has cervix and over 25y.
This can be self collected if client is willing to pay private fee, or is overdue for screening (see CST guideline)
- Consider bone density scan, particularly if risk factors present for osteoporosis



STAGE 3

PROVIDER: GP

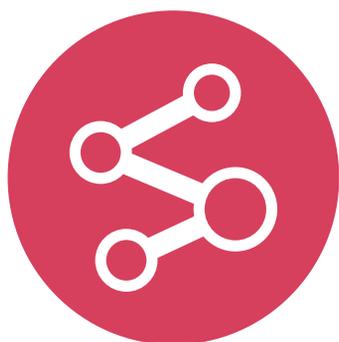
GOALS OF THE SESSION

Follow up Stage 2 investigations:

- Results of investigations provided to patient
- Examination including baseline BMI, BP
- Referrals organised if required to other specialists (e.g. psychiatry, endocrinology, psychology, speech pathology)

Hormone counselling and education session:

- Discussion regarding hormone therapy to include
- Client's goals and expectations
- Likely effects, side effects, and potential irreversible side-effects with hormone therapy
- Emphasise importance of monitoring and regular medical review
- Counselling regarding fertility preservation options (particularly semen storage prior to oestrogen use)
- Explore client's social transition needs
- Assess and document capacity to provide informed consent



STAGE 4

PROVIDER: GP

GOALS OF THE SESSION

Initiate hormone therapy:

- Provide initial prescription for hormone therapy
- Start with low dose to minimise side effects and complications
- Consider Multidisciplinary Care Plan

Access EQUINOX hormone prescribing guidelines here:

“Hormone Prescribing Guide for GPs”

<https://equinox.org.au/resources>

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.

Use ‘established testosterone deficiency’ indication when calling Medicare, and give name of secondary treating specialist. Testosterone levels will not be requested under the ‘established androgen deficiency’ indication.

Where secondary specialists are not available, the treating GP is able to prescribe testosterone on a private prescription.



STAGE 5

PROVIDERS: GP, PRACTICE NURSE, PEER WORKER & COUNSELLOR
GOALS OF THE SESSION

Ongoing monitoring and support:

Medical review:

- Regular medical review and support
Blood testing - 3 monthly initially, 6 monthly when levels are stable
Blood testing to include but not limited to FBE, U+E, LFT, oestradiol, free testosterone, testosterone, annual lipids, glucose
6 monthly bloods should suffice when levels are stable
- BMI, BP 6 monthly
- Prevent complications of hormone therapy (monitor for DVT, polycythaemia etc)
- Improve general health, smoking cessation, healthy BMI
- Referrals as required eg speech pathology, surgery, dietitian

Mental health:

- Monitor mental health
- Link in to mental health support, peer support
- Consider Mental Health Care Plan

We recognise that gender diversity is not a mental health disorder. However gender affirmation can be a stressful time for many people and depression & anxiety are common. We encourage all clients to link in with mental health support throughout their gender affirmation.

Screening:

- Consider bone density scan
- STI screens as required, consider PrEP if at risk for HIV
- Cervical screening 5 yearly for those with cervix
- Mammogram 2 yearly from 50-69y for clients with breast tissue

Nursing Support:

- Hormone education and counselling
- Health checks
- Provide client with syringes, needles, sharps disposal container as required
- Ensure immunisations up to date, consider Hep A,B, HPV vaccine

Consider Practice Nurse session for safe hormone injection technique if appropriate (difficult to self inject Reandron but may be appropriate for Primoteston / Sustanon).

Peer Support:

- Advocacy
- Peer support groups
- Assistance with changing gender markers with Medicare, passport, birth certificate etc



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.

ACKNOWLEDGMENTS

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**Version 2.0 of The Protocols for the Initiation of
Hormone Therapy for Trans and Gender Diverse Patients
has been endorsed by AusPATH**

