

Guidelines for the Care of Trans* Patients in Primary Care



Royal College of
General Practitioners



Public Health
Agency

Project supported by the PHA

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.

RCGPNI would like to acknowledge the support received from the Public Health Agency NI which facilitated the development of this project.

Our Vision

Excellence in general practice for patients worldwide.

Our Values

The RCGP is the heart and voice of general practice.

- We promote the principles of holistic generalist care in partnership with other health professionals and our patients.
- We are committed to equitable access to, and delivery of, high-quality and effective primary health care for all.
- We are committed to the academic and practical development of high-quality general practice.

Our purpose and strategic aims

To promote the best possible quality of health and health care for the population by:

- setting the highest standards for general practice
- ensuring that GPs have the best possible training
- supporting GPs throughout their professional lives to deliver the best possible service
- leading the professionals and demonstrating the value of general practice
- developing general practice as the foundation of effective and sustainable primary care worldwide
- using resources efficiently to support our members and develop the College sustainability.

Contents

- Terminology..... 2
- Introduction..... 4
- Key Considerations..... 4
- What is Gender Dysphoria?..... 4
 - Transsexualism 4
 - Gender identity disorder of childhood 4
- Your Role as the GP..... 5
 - Trans* Specific Assessment & Care..... 6
- Support 7
- Conclusion..... 7
- References..... 8
- Acknowledgements..... 9

Terminology

- **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.
- **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.
- **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).
- **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.†

- **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.¹

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.¹

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.¹

Your Role as the GP

Key Points

- 74% of Trans* people report at least one negative experience and 20% do not avail of general health services at all.²
- Onward referral to a Gender Identity Service is appropriate for anyone who experiences gender dysphoria.
- Patients should be recognised as the gender with which they identify and have the same rights, including to physical and mental health services, as any other patient.

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.

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

- A shared care arrangement between the GP practice and the gender service for the initiation and ongoing monitoring of hormones provides the best and safest practice based on current guidelines.³
- 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.²
- Trans* patients should be offered appropriate health screening (and other health services).

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. They may ask you to monitor them for side effects including checking blood tests and this is something that should be negotiated between you and the patient. Under the Royal College of Psychiatrists guidelines patients presenting on illicit hormones can be issued a bridging prescription by their GP while they await assessment at a Gender Identity Service.³ **Advice can always be sought from the Gender Service or Endocrinology.**

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.

Many Trans* patients experience problems with mental health at some point in their lives, the most common of which is depression.⁴ 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.⁵ 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.²

Trans* patients, irrespective of the stage of their transition, may still need aortic aneurysm, cervical and breast screening. Although rare, transmen and transwomen may also develop breast cancer. Examination should be broached sensitively as patients may be reluctant to discuss these 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.⁶ 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. Transmen will be invited for breast screening as long as they are registered with their GP as a woman; unless they ask to be removed from the programme.⁷

Transwomen (male to female) may undergo breast screening if they self-refer, this is important if they are on lifelong oestrogen therapy.⁸ 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).

Local GP and nursing care may be required post surgery. Post-surgical depression can manifest and further support may be required.

It is important to remember when considering sexual health screening that Trans* patients may also identify as lesbian, gay or bisexual (LGB).⁹ 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.⁹ While patients may be in a process of transition it is essential that screening is targeted to a patient's current anatomy. Trans* patients are at higher risk for HIV, particularly Transwomen.¹⁰

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”.³

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.

References

1. International Classification of Disease. World Health Organization, Revised and updated 2015. Available from <http://www.who.int/classifications/icd/en>
2. Speaking from the Margins - Trans Mental Health and Wellbeing in Ireland. Transgender Equality Network Ireland (TENI), 2013;9-50.
3. Royal College of Psychiatrists Intercollegiate SoC Committee. Good practice guidelines for the assessment and treatment of adults with gender dysphoria. London: RCPsych, 2013 Oct:11-53.
4. McBride RS. Healthcare Issues for Transgender People Living in Northern Ireland [dissertation]. Northern Ireland: Institute for Conflict Research, 2014.
5. Do You Mean Me? Discrimination: Attitudes and Experience in Northern Ireland. Equality Commission for Northern Ireland. 2011;1-118
6. The Northern Ireland Breast Screening Programme: Guide for Professionals. Public Health Agency and DHSPSS, 2014.
7. Transmen: Transmen Health matters. Sexual health, HIV and wellbeing, a guide for transmen. Terrence Higgins Trust, 2012;2-20.
8. Transwomen: Transwomen Health matters. Sexual health, HIV and wellbeing, a guide for transwomen. Terrence Higgins Trust, 2012;2-20.
9. RCGPNI LGB&/T Working Group. Guidelines for the Care of Lesbian, Gay and Bisexual Patients in Primary Care. RCGPNI. In Press
10. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. World Health Organisation, 2014;1-184.

Acknowledgements

The Royal College of General Practitioners NI would like to thank the following organisations and individuals for their help and support in developing these guidelines.

Irish College of General Practitioners

Public Health Agency Northern Ireland

Jill Brennan, RCGPNI & ROI Manager

Deirdre McNamee, Health and Social Well-Being Improvement, Senior Officer, PHA

Dr John O'Kelly, Chair RCGPNI

Catherine Tumelty MBA, RCGPNI Administrative Lead

LGB&T Working Group

Mary Charlton RMN, RNLD, BSc, BSc Specialist Practice (CBT) Dip (PG), HSSM. Senior Cognitive Behavioural Psychotherapist, Brackburn Clinic, Regional Gender Identity & Psychosexual Service

Dr Nancy Conroy MBCHB, MRCP, DFSRH, DIPM. General Practitioner, Sessional Doctor, Brook NI
James Copeland PGCE, BA. Sexual Health Development Officer and Volunteer Coordinator, The Rainbow Project

Dr Janet Corry MB, BCh, MRCPsych. Consultant Psychiatrist, Brackenburn Clinic, Regional Gender Identity & Psychosexual Service

Dr Mark Holloway MRCP. General Practitioner and Project Clinical Lead.

Dr Carolyn Mason BA, PhD, RN, RHV. Head of Professional Development, Royal College of Nursing
Cara McCann BA, MA. Coordinator, HERe NI

Mark Nolan MA, PGCTHE, BSc (Hons), ICOSA. Lay Member

Dr Alok Sahu MD, MRCP, MPhil, DMH. General Practitioner

Simon Stewart, Director SAIL (Support, Acceptance, Information, Learning)

Consultation Group Members

Dr Kathleen Cairns MB, BCh, MRCP, DRCOG. General Practitioner

Dr Tracey Cruickshanks MRCP. General Practitioner

Dr Fergus Donaghy FRCGP, M. Med. Sci. General Practitioner

Dr Carol Emerson FRCP Edin, Dip HIV, Dip GUM. Consultant Genitourinary and HIV medicine, Honorary Lecturer, Royal Group Hospitals

Dr Shauna Fannin FRCGP. RCGP NI Deputy Chair Policy, General Practitioner

Dr Emma J McCarty MRCP, FESCM DipGUM DipHIV. Consultant Physician GU & HIV Medicine, Belfast HSC Trust

Dr Helen Sherrey MB, BCh, BAO, MRCP. General Practitioner

Claire McCaffrey

Brooke Clevenger

Jan Ashe

Ellen Murray

N. O'Connor

Declared Interests: No relevant interests were declared

The Royal College of General Practitioners (Northern Ireland) is a network of over 1285 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.



Royal College of
General Practitioners

Royal College of General Practitioners
4 Cromac Place, Belfast, BT7 2JB
Telephone: 020 3188 7722
Website: www.rcgp.org.uk

Royal College of General Practitioners is a registered charity in England and Wales (number 223106) and Scotland (number SC040430)