Primary Care
Women's Health Society

Further reading

Transgender health

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Gender diverse people may experience poorer physical and mental health outcomes than the general population and may encounter barriers when engaging with healthcare professionals[1]. These include reluctance to seek help due to previous negative experiences, fear of discrimination or misgendering[2]. Barriers identified by healthcare professionals include lack of guidelines and training and long waiting times for specialist support[3].

The following information aims to raise awareness of common transgender healthcare considerations for primary care clinicians by providing general advice on terminology and treatment options and more specific guidance on contraception and NHS population screening. This article is about adult patients; the care of children presenting with gender-related distress is complex and not covered here.

Terminology

Understanding and using the correct language is important. Ask if you are unsure. If you make a mistake, apologise and move on. The source of each definition is given.

Sex	Sex is biological (male or female). It's based not only on the genes we inherit, but also on how our external and internal sex and reproductive organs work and respond to hormones. Sex is the label that's recorded when a baby's birth is registered[4]. (NHS)
Gender	Gender is more complex. It refers to our internal sense of who we are and how we see and describe ourselves. Someone may see themselves as a man, a woman or neither (non-binary). Being non-binary can mean having no gender, a different gender, or being in between genders. Gender can be fixed or fluid. Some people identify with a gender opposite to the sex they were registered with[4]. (NHS)
Gender dysphoria	Gender dysphoria is a term that describes a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity[5]. It is often used interchangeably with gender incongruence in the NHS – clinics may be called a gender dysphoria clinic (GDC) or gender incongruence clinic (GIC). (NHS)

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Gender incongruence	Gender Incongruence of adolescence and adulthood is characterised by a marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to transition, in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis[6]. (ICD-11)
Gender identity	Gender identity refers to our sense of who we are and how we see and describe ourselves. Most people identify as "male" or "female". These are sometimes called "binary" identities. But some people feel their gender identity is different from their biological sex. For example, some people may have male genitals and facial hair but do not identify as a male or feel masculine. Some may have female genitals and breasts but do not identify as a female or feel feminine. Some people do not define themselves as having a "binary" identity. For them the concept of gender is not relevant to their identity[5]. (NHS)
Gender reassignment	In the Equality Act, gender reassignment means proposing to undergo, undergoing or having undergone a process to reassign your sex. To be protected from gender reassignment discrimination, you do not need to have undergone any medical treatment or surgery to change from your birth sex to your preferred gender[7]. (Equality and Human Rights Commission)
Gender Recognition Certificate (GRC)	This enables trans people to be legally recognised in their affirmed gender and to be issued with a new birth certificate, if they choose. You currently have to be over 18 to apply. It also enables people to get married or form a civil partnership in their affirmed gender, update a previous marriage/civil partnership certificate, and have their affirmed gender on their death certificate when they die[8]. (Government GRC website)

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Trans/transgender **Trans man** **Trans woman**	We use trans as an umbrella term to describe people whose current gender identity or way of expressing their gender differs from the sex they were registered with at birth. Some, but not all, trans people want to transition (change) socially or medically or both. We use trans woman for someone who was registered male at birth and now identifies as a woman and trans man for someone who was registered female at birth and now identifies as a man[4]. (NHS)
Transitioning	The steps a trans person takes to live in their gender. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, using different pronouns, dressing differently and changing official documents. (taken from a variety of sources)
Intersex	We use "intersex" in some content about people with differences in sex development (DSD) because some people prefer it to DSD. DSD involves genes, hormones and reproductive organs, including genitals. A person's physical sex development, internally, externally or both can be different to most other people's. Most people with DSD have a clear sex that is registered at birth. Some adults with DSD prefer the term "intersex" to DSD but they may want to keep their legal sex as male or female. Other people see "intersex" as distinct from male and female[4]. (NHS)

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Gender reassignment[9]

People who experience gender incongruence may seek gender reassignment therapy.

Masculinising hormonal treatments for people registered female at birth include testosterone gel or injections. Gel is applied daily, short acting testosterone injections usually every 3 or 4 weeks and longer acting testosterone injections usually every 12 weeks. GnRH analogues to further suppress ovarian function may be an option if menstruation does not cease with testosterone. Monitoring blood tests, the response to treatment and any side effects will determine dose and intervals. Blood tests include testosterone levels, LFT and FBC.

Surgical options include hysterectomy, salpingo-oophorectomy, metoidioplasty, phalloplasty, scrotoplasty, double mastectomy and chest reconstructive surgery, where the chest and nipples are sculpted and reconstructed to have a more masculine appearance.

Feminising hormonal treatments for people registered male at birth include oestrogens (daily gel/tablets or twice weekly patches), and testosterone suppressants such as GnRH analogues. Monitoring blood tests include LFT and oestradiol, testosterone and prolactin levels.

Surgical options include vaginoplasty and orchiectomy. Breast augmentation is not funded by the NHS gender pathway therefore private surgery is the only option for most people. Non-hormonal treatments may include speech therapy and facial hair removal.

Psychological support should be offered to anyone with gender dysphoria.

Contraception and pregnancy for transgender people

It shouldn't be assumed that a trans man doesn't want to be become pregnant and future options should be discussed, including gamete storage. Access to this on the NHS depends on country of the UK and varies by ICB in England. Trans men who are pregnant should be offered the same antenatal and newborn screening tests as all other pregnant individuals. Pregnancy is however an absolute contraindication to testosterone therapy, which can masculinise a female foetus, and patients should be aware that testosterone is not contraceptive. Trans men who are taking testosterone and having vaginal sex therefore need effective contraception.

Adopt an individualised approach for each person to enable shared decision making when choosing a method of contraception. Consider the type of sex the person is having, their anatomy and any gender reassignment surgery, plans for any future pregnancies and fertility preservation or restoration and personal preferences regarding method.

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Guidance regarding suitable methods can be found in the Faculty of Sexual & Reproductive Healthcare (FSRH) statement 'Contraceptive Choices and Sexual Health for Transgender and Non-binary People'[10], which is summarised below.

Method	**Advice**
Non-hormonal	The copper intrauterine device (Cu-IUD) is safe to use and does not interfere with hormone regimens but may be associated with unwanted and unacceptable side effects such as heavier or longer periods or irregular bleeding.
Progestogen-only	The levonorgestrel intrauterine device (LNG-IUD), progestogen only pill (POP), depot injection and implant are not thought to interfere with hormone regimens
Combined	Combined hormonal contraception is not recommended for those taking testosterone, as the oestrogen will counteract the masculinising effects of testosterone, and the combined effect on venous thromboembolism risk is increased.
Emergency contraception (EC)	Both oral EC methods (ulipristal acetate 30 mg and levonorgestrel 1.5 mg) and the Cu-IUD can be used by trans men and non-binary people without interfering with their hormone regimens. Testosterone is not thought to affect the efficacy of emergency hormonal contraception

Hormonal contraception may have the additional benefit of suppressing menstruation and improving heavy menstrual bleeding and dysmenorrhea, therefore reducing menstrual cycle related dysphoria. Users should be counselled about hormonal side effects with the potential to cause dysphoria (e.g. breast tenderness). Progestogen-only methods may exacerbate suppressed oestrogen related side effects such as vaginal dryness. Localised vaginal oestrogen may be considered (off-licence) prior to insertion of an IUD, to reduce discomfort and in addition to lubricant gel and local anaesthesia applied to the cervix.

Trans women who are using oestrogen therapy can also contribute to a pregnancy; if oestrogen is discontinued, spermatogenesis may recover quickly, and condoms should be used. Feminising treatment may affect erections; the correct size and fit of the condom is important.
All sexually active people should be encouraged to use condoms in order to reduce the risk of sexually transmitted infections.

Sterilisation is an option for permanent contraception.

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NHS Population Screening Programmes[11]

Transgender people who have officially changed their gender will be assigned a new NHS number (or equivalent in the devolved nations of the UK) and will usually not be recalled for screening which is only offered to those of their sex as registered at birth. The exception is those who receive NHS care in Scotland, who will continue to be recalled if they changed their CHI number on or after 14th June 2015[11, 12, 13, 14].

Gender marker on notes	Screening invitations sent centrally
Female	Cervix, breast, bowel.
Male	Abdominal aortic aneurysm, bowel.

Screening actions for trans women who have changed their gender marker to female:

- The practice should withdraw the patient from cervical screening, as they would for a woman who has had a hysterectomy.
- The patient will not be routinely invited for abdominal aortic aneurysm (AAA) screening but can choose to opt in by contacting their local screening centre directly.
- They will be invited for breast screening and can choose whether to attend.

Screening actions for trans men who have changed their gender marker to male

- With the exception as described above for Scotland, they will not be recalled automatically for cervical screening; practices should recall manually, and the patient should be empowered to request a test when it is due. The practice should get consent from the patient to communicate with their local screening service so that the sample is not automatically rejected as coming from a man.
- Those registered as male cannot have mammograms within the National Breast Screening service; the government website on screening for trans people says that the GP can refer for mammography, though in reality this is likely to involve referral to a breast clinic as GPs do not usually have open access to mammography.
- They will be invited for AAA screening, although their risk is likely to be similar to those registered female at birth, and can choose to attend or not.

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Further reading

- Cervical Screening for Transgender, Non-binary and Intersex Communities
- NHS population screening: information for trans and non-binary people
- Information about changing the gender marker on the notes for England and Scotland.

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