

OBJECTIVE

This practice tool is designed to be used by primary care providers who encounter an adult patient who is seeking care for gender dysphoria. It is intended as a starting point for physicians who see themselves as not expert in this area.

This tool can be similarly helpful for any physician such as psychiatrists, internists, gynecologists, surgeons, and others who may find themselves seeing transgender patients for various reasons in a range of clinical contexts. The content is based on international standards of care and was adapted, with permission, from Canadian sources.

KEY PRACTICE POINTS FOR PRIMARY CARE

Primary care physicians have a responsibility to serve trans and gender diverse people as any other patient and play a critical role in the care of transgender patients in the following ways:

- ✓ Promote an affirming model of care and provide continuity of care including basic medical care.
- ✓ Advocate and help the patient navigate the health care system as it relates to all care including trans care.
- ✓ Refer the patient to psychiatry, psychology or other psychosocial or peer supports as necessary.
- ✓ Monitor for risk of self-harm and substance abuse.
- ✓ Is the patient under age 18? Patients are at particularly high risk for distress, leading to self-harm and substance abuse, especially in the months following coming out to family and friends.
- ✓ Urgently refer the patient who is under age 18 to a physician with experience in transgender care of youth (go to CPSA list of physicians with special interest in transgender care at: <https://search.cpsa.ca/PhysicianSearch> then on the right side of the page, in the “practice interests” box, type “transgender” and hit search). In general, children under 18 do not have to wait until the age of majority to start hormones.

INITIAL ASSESSMENT CHECKLIST FOR PRIMARY CARE

PATIENT HISTORY

Let the patient know it will take a few visits to get to know them:

- ✓ Establish rapport. (See Language is Important communication tool in [Appendix A](#).)
- ✓ Assess mental health and other diagnoses.

- ✓ Ensure optimal psychosocial readiness (check for safety and social supports, whether living and working in desired gender role).
- ✓ Ensure patient has all information they need to decide on next steps for their transition.

OBTAIN BASELINE DATA

- ✓ Vitals (include BP, height, weight, abdominal circumference)
- ✓ Focused physical exam
- ✓ Organ inventory (See Information Sheet in [Appendix B.](#))
- ✓ Blood work (See [Table 1](#) & Information Sheet in [Appendix B.](#))
- ✓ Health screening commensurate to age and risk profile e.g., sexually transmitted and blood borne infection assessment, blood testing and other testing as appropriate based on risk

PATIENT EDUCATION, READINESS AND SUPPORTS

- ✓ Ask the patient about their transition goals.
- ✓ Discuss psychosocial readiness.
- ✓ Ensure patient expresses reasonable expectations and timelines.
- ✓ Ensure patient understands timeline of changes.
- ✓ Ensure patient understands limitations of hormone therapy.
- ✓ Discuss pregnancy risk and options for contraception – implement these if needed.
- ✓ Ensure supports are in place to facilitate healthy adjustment.
- ✓ Refer to psychological or psychiatric support/counselling if necessary.
- ✓ Review potential costs (e.g., medication, hair removal, fertility, facial surgery, ID changes...).

RISK MANAGEMENT: CONCURRENT ISSUES

- ✓ Identify and manage any physical and mental health conditions.
- ✓ If a smoker, advise smoking cessation counseling.

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS

- ✓ Asses whether the patient fulfils diagnostic criteria for gender dysphoria? (See [Criteria below.](#))
- ✓ Rule out other possible diagnosis (i.e., psychiatric disorders that could mimic gender dysphoria such as psychotic or dissociative disorders). If other co-morbidities are present, consider early psychiatric referral.

- ✓ Although rare, rule out intersex condition (e.g., ambiguous genitalia, abnormal baseline hormone profile).

CRITERIA FOR THE DSM-5 DIAGNOSIS OF GENDER DYSPHORIA

- A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least six months’ duration, as manifested by at least two of the following:
 - A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 - A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
 - A strong desire for the primary and/or secondary sex characteristics of the other gender.
 - A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).
 - A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender).
 - A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender).

- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

NEXT STEPS

See Information Sheet in [Appendix B](#).

- ✓ Discuss interest in gender affirming Interventions.
- ✓ Offer information on where to get guidance on social transition.

BLOODWORK FOR GENDER DYSPHORIA

Table 1: Bloodwork for Gender Dysphoria on Initial Assessment (hormone testing can be delayed until preparing for initiation of hormone therapy)

Bloodwork	Transfeminine	Transmasculine
CBC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ALT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
creatinine/Lytes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
random glucose + HgA1C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
prolactin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
testosterone +/- estradiol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LH/FSH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
rule out pregnancy as appropriate		<input checked="" type="checkbox"/>
lipid profile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL RESOURCES

COMPANION TRANSGENDER HEALTH CARE TOOLS

The following practice tools also developed for the Alberta environment are available on the TOP [website](#):

- Feminizing Chest Surgery
- Masculinizing Chest Surgery
- Metoidioplasty
- Phalloplasty
- Vaginoplasty

ACCESSING CLINICAL CARE AND ADDITIONAL RESOURCES

- Finding an Alberta physician with a special interest in transgender care: go to the College of Physicians and Surgeons of Alberta list of physicians at: <https://search.cpsa.ca/PhysicianSearch> then on the right side of the page, in the “practice interests” box, type “transgender” and hit search.
- Edmonton: The Gender Program, UAH <https://www.ualberta.ca/psychiatry/clinical-divisions-and-programs/gender>
- Other parts of Alberta: for primary care network websites, go to <https://www.pcnpmo.ca/alberta-pcns/Pages/map.aspx> and follow the links
- Alberta Health Services clinical resources: <https://www.albertahealthservices.ca/info/Page15590.aspx>
- Alberta Health Final Stage Gender Reassignment Surgery program: <https://www.albertahealthservices.ca/info/Page15676.aspx>

FURTHER ONLINE TRAINING LINKS OR GUIDANCE

- WPATH Global Education Initiative training: <https://www.wpath.org/gei>
- Links to trans health resources for clinicians at: <https://www.rainbowhealthontario.ca/trans-health/>
- Links to CME training programs Online module “Introduction to LGBT and Providing Culturally Competent Services” https://www.rainbowhealthontario.ca/wp-content/uploads/Introduction-to-LGBT/story_html5.html
- Transgender Health Learning Centre, Center for Excellence for Transgender Health (UCSF): <http://transhealth.ucsf.edu/trans?page=lib-00-00>
- The World Professional Association for Transgender Health Standards of Care v7: <https://www.wpath.org/publications/soc>
- TransTalks from National LGBT Health Training Center: <https://www.lgbthealtheducation.org/transtalks/>
- Alberta Health Services Safer Places Toolkit: <https://www.albertahealthservices.ca/assets/info/pf/div/if-pf-div-sogie-safer-places-toolkit.pdf>
- Alberta resources on name changing: go to <https://www.alberta.ca/legal-name-change.aspx>

CONFERENCES

- CPATH Conference: <http://www.cpath.ca/conferences/>
- WPATH Conference (held biennially)
- RHO Conference: <https://www.rainbowhealthontario.ca/conference/>
- Fenway Institute: “Advancing Excellence in Transgender Health:” go to: <https://fenwayhealth.org/the-fenway-institute/> and follow the links to the transgender health conference.
- Mayo Clinic: “Principles in the Care of Transgender and Intersex patients” go to: <https://www.mayoclinic.org/> and follow the links to the transgender health conference.
- Philadelphia Trans Wellness Conference – ProTrack - <https://www.mazzonicenter.org/trans-wellness>

ACKNOWLEDGMENTS

Toward Optimized Practice gratefully acknowledges the support and guidance of Trans Care BC (<http://www.phsa.ca/transcarebc>) and Rainbow Health Ontario (<https://www.rainbowhealthontario.ca/TransHealthGuide/>). The material in this practice tool was adapted to the Alberta practice environment, with permission, from these two organizations.

To view the Transgender Tools Development Committee membership and Disclosure of Conflict of Interest Summary click [here](#).

APPENDIX A

LANGUAGE IS IMPORTANT

SEX ASSIGNED AT BIRTH

“Sex assigned at birth” is a term used to recognize that “male and female” are labels. These labels describe our physical bodies and reproductive capacity. Characteristics of the body used to determine biological sex may include genitals, gonads, hormones, chromosomes, and secondary sex characteristics.

GENDER IDENTITY

Gender identity is a person’s internal self-awareness of being a certain gender.

GENDER ROLE/EXPRESSION

The term refers to the social expression of gender. Often described as being on a spectrum between masculine to feminine. Often related to, but sometimes distinct from, gender identity. For example, some trans or cis women may identify butch or have a masculine presentation, and some cis or trans men may be feminine or identify as femme.

CIS

Cis or “cisgender” is a descriptor for having a non-trans gender identity. Thus, nontrans men are “cis men” and non-trans women are “cis women.” It is preferable (and more accurate) to use “cis” than to use terms such as “bio,” “genetic,” “natal” or “real.” It is also preferable to use “cis” rather than only using “woman” or “man” to describe non-trans persons. If cis is not used as a descriptor for non-trans persons, then such persons may be presumed to be the more “normal” or “valid” instantiation of that particular gender, thus contributing to cissexism.

TRANS

“Trans” is a term to describe people whose gender identity and/or expression differs from the typical cultural association of sex assigned at birth. It is an umbrella term for people who are not cis, and includes persons who are (or identify as) non-binary as well as trans men and trans women.

NON-BINARY

Non-binary is an umbrella term for anyone who does not identify with static, binary gender identities. Includes persons who may identify as having an intermediary gender (e.g., genderqueer), as being multiple genders (e.g., bigender, polygender, etc.), as having a shifting gender (gender fluid), or as not having a gender altogether (agender).

TWO-SPIRIT

The term “Two-Spirit” refers to gender or sexual diversity believed to be common among most, if not all, First Peoples of Turtle Island (North America); this diversity had a well-accepted place within First Nations societies. Gender was not based on sexual activities or practices, but rather the sacredness that comes from being different.

GENDER NONCONFORMITY

The term refers to the extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex.

GENDER DYSPHORIA

The term refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

APPENDIX B

INFORMATION SHEET: ADDITIONAL DETAILS TO CONSIDER

IS IT REALLY GENDER DYSPHORIA?

Rare entities to consider:

- Body dysmorphic disorder
- Intersex state
- Psychosis

If mental health conditions are present, especially if serious and uncontrolled, consider an early psychiatric referral.

ORGAN INVENTORY

Inquire about the organs listed below. Ask about major surgeries, binding, other.

- Breast
- Ovaries
- Uterus
- Testes
- Hair (face, scalp, body as appropriate)

DISCUSS INTEREST IN GENDER AFFIRMING INTERVENTIONS AND PROVIDE INFORMATION ON REFERRALS

- Voice training
- Hair removal
- Hormone therapy (See hormone flow sheet in [Appendix C.](#))
- Tracheal shaving; facial surgery
- Chest surgery
- Removal of ovaries or testes
- Bottom surgery

GUIDANCE ON SOCIAL TRANSITIONING: DISCUSS RESOURCES AVAILABLE TO THE PATIENT. (SEE [WEB-BASED LINKS](#))

- Alberta resources on name changing
- Care in the community
- Family support
- Gender Program Resource Guide

BLOOD WORK

- On initial assessment for gender dysphoria and with medical transition (hormone therapy) (see [Table 1](#))
- Ongoing follow-up:
 - Hormone monitoring
 - Other bloodwork as clinically indicated

OTHER HEALTH ISSUES TO CONSIDER DOWN THE ROAD

Explore which of the following elements of care are relevant for your patient, and begin by exploring how comfortable the patient is with the following:

- Mammography
- Cervical Cancer Screening
- Bone health
- Prostate health
- Substance use disorder
- Mental health
- HPV vaccination
- Sexually transmitted and blood borne infection assessment as appropriate

EXAMPLE OF HOW TO REFER A TRANS PERSON TO A COLLEAGUE

*Dear (Gynecologist/ Urologist/ Psychiatrist/ Primary Care Physician with interest in trans care):
 “My patient Alyssa is a trans woman who was assigned male at birth and identifies as trans feminine... She (They) initially...” (See template in [Appendix D.](#))*

HOW TO SPEAK WITH A TRANS PERSON

Initial assessment:

- How would you like to be addressed? What name and pronoun(s) would you like me to use?
- How would you describe your gender identity?

- Have there been changes to your gender identity over time?
- Do you have any words to describe specific body parts that you would like me to use?
- Do you bind, tuck or use gaff? (These approaches have specific health considerations.)
- To whom are you sexually attracted and romantically attracted to?

Hormones:

- What are your expectations around hormone therapy and transitioning?
- How do you think taking hormones and transitioning will affect your relationships?
- What changes are you most looking forward to? Are there any potential changes you are not sure about?
- Discuss fertility preservation.

Readiness:

- Who makes up your support system? How readily accessible are they?
- Do you know anyone else who has transitioned? What were the major struggles they had?
- What are the challenges you foresee with your family/friends?
- How will you manage your transition at work/school?

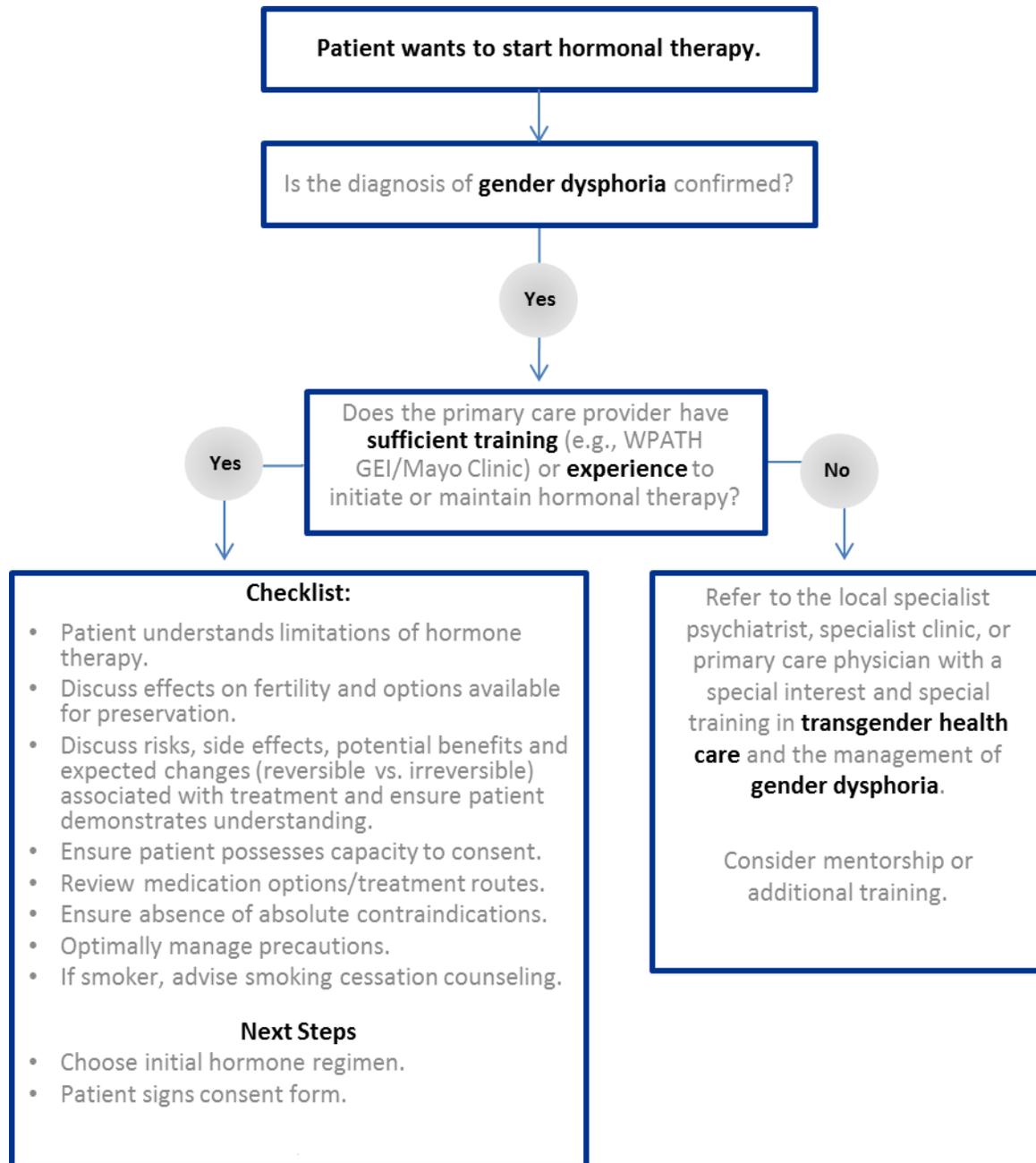
For further information on communication with a trans person, see

<https://www.rainbowhealthontario.ca/TransHealthGuide/gp-initialassess.html>

APPENDIX C

PRESCRIBING HORMONES: SHOULD YOU INITIATE YOURSELF, OR REFER?

Family physicians are involved in hormonal care including contraceptives and post-menopausal care. They can also play a role in hormonal care for their trans patients.



APPENDIX D

TEMPLATE FOR LETTER OF REFERRAL

What follows is intended for use by a physician who does not have experience in making the diagnosis of gender dysphoria and is referring the patient to a colleague with more experience (i.e., psychiatrist with specific interest or training in gender issues, community psychiatrist who has confirmed they provide care for such clinical scenarios, or GP with additional training/experience).

Dear Dr. XYZ:

Thank you for seeing (*name patient currently uses*). He/she/they/ze (*use their current correct pronouns*) advises (they) are/is transgender, and I would appreciate your assessment in order to confirm a diagnosis of gender dysphoria. This patient (*better to use name*) is hoping to go on to get hormone therapy and/or gender-affirming surgery, and I hope you can also help my patient to access such treatments once their diagnosis is confirmed.

Onset/duration/current status/current and past management should include:

- When patient became aware that gender assigned at birth did not match what gender they believe themselves to be
- If they had any prior medical assessment or treatment
- If they have done any social transitioning (name, clothing, hair, etc.)
- What you think is happening with this patient (i.e., do you agree they are transgender, or do you think there is a different diagnosis)

I have undertaken lab work on this patient as per the TOP Initial Assessment tool, and results are attached/can be found in Netcare – there are no concerns with the results. (Or – I have ordered lab work and results are pending.)

Other information about my patient (*better to use their current name*):

- Past medical history - overall plus highlight any ongoing medical issues that might be relevant
- Medication list
- Allergies

I appreciate your assessment of this patient in order to help confirm a diagnosis of gender dysphoria. I plan to continue following the patient through this process and look forward to collaborating with you.

Yours truly,

Dr. ABC

Transgender Tools Development Committee Members and Disclosed Conflicts of Interest Summary											
*on topics related to the CPG **from a commercial organization											
Name, credentials	Affiliation	Written articles*	Presented*	Created apps, software, tools, etc.*	On Advisory Board**	On Speakers' bureau**	Received Payment**	Grant(s) or Honorarium*	Patent	Investments	Clinical trial
Jane Dunstan MD CCFP	Alex Community Health Centre Youth Health Centre @ UofC	NO	Various medical education venues, no relationship to Industry	NO	NO	NO	Academic and related teaching honoraria	See previous	NO	NO	NO
Neil Hagen MD FRCPC	Medical Advisor, Alberta Health; and Professor Emeritus, Cumming School of Medicine	>100 peer reviewed original papers	>100 academic presentations since 1990	NO	NO	NO	Not in the past 5 years	Competitive research grants through Alberta innovates Health Solutions	NO	NO	Not in the past 5 years. Many prior to then.
Ted Jablonski MD CCFP FCFP	Clinical Associate Professor U of C	Yes but unrelated basic research articles	Various medical venues	NO	Various Pharma companies (available on request)	Various Pharma companies (available on request)	As per CME events, Speaker's Bureau	As per CME events, Speaker's Bureau	NO	NO	Cardiovascular and cerebrovascular trials
James Makokis MD MHSc CCFP	Department of Family Medicine, U of A	NO	NO	NO	NO	Canadian Speaker's Bureau	As per Canadian Speaker's Bureau	NO	NO	NO	NO
Michael Marshall MBBS MRCPsych, CCT	Clinical Lecturer, Department of Psychiatry, UofA	NO	Keynote speaker on Trans Health WPATH Edmonton Conference	NO	WPATH 2020 Steering Committee	NO	NO	Various	NO	NO	NO
Andrea Oppenorth MD FRCPC	Clinical Assistant Professor, Division of Endocrinology, Faculty of Medicine, U of A	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

Trans Gender Tools Development Committee Members and Disclosed Conflicts of Interest Summary											
*on topics related to the CPG **from a commercial organization											
Name, credentials	Affiliation	Written articles*	Presented*	Created apps, software, tools, etc.*	On Advisory Board**	On Speakers' bureau**	Received Payment**	Grant(s) or Honorarium*	Patent	Investments	Clinical trial
Jennifer Walker MD CCFP FCFP University Health Centre Senior Physician	Health and Wellness Services/Dean of Student's Portfolio, University of Alberta	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO