



## Duty of care - from the MCNZ Good Medical Practice

*“Patients are entitled to good doctors. Good doctors make the care of patients their first concern; they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy and act ethically” [MCNZ 2016].*

Understanding and responding appropriately to the health needs of transgender people contributes to addressing inequities experienced by this population.

## Words

### The Golden Rules about words:

Terminology has changed much over the years and continues to change as society understands gender identity and gender diversity.

Terms can mean different things to different people and may fall out of use over time.

Some people may experience gender as a fluid rather than a fixed dimension. This may influence their choice of terminology and pronoun.

Ask the person in front of you how they identify at the moment, what terms they like to describe themselves at this time, and which pronouns they prefer. Then use those terms/pronouns consistently.

**Sex assigned at birth** - Usually male or female, related to external genital characteristics.

**Gender/gender identity** - A person’s own sense of their gender. This may be binary (i.e. either male or female) or non-binary (i.e. neither male or female, or a mix of both).

**Cis-gender** - A person whose gender identity is the same as their sex assigned at birth, e.g. a cis-gender woman is a person who was assigned female sex at birth and identifies as female.

**Transgender** (adjective) - A person whose gender identity is different from their sex assigned at birth. They may be **binary** e.g. a transgender man is someone whose sex at birth was female but who now identifies as male, or they may be **non-binary** e.g. a person may be assigned male or female at birth and have a gender identity that is neither male or female, or is a mix of both (see section on ‘gender and sex’ for more detail). Terms to avoid – ‘transgendered’ as an adjective or noun, and ‘transgender’ alone, as in ‘John is a transgender’.

**LBGTQI/Rainbow community** - (Lesbian, Bisexual, Gay, Transgender, Queer, Intersex) – These are “umbrella” terms to refer to individuals who are non-heterosexual or non-cisgender.

**Takatāpui** (also spelt ‘takataapui’) - A Māori term, originally translated in the 1832 Māori-English dictionary as “intimate partner of the same sex” – now also used as a term to cover all gender diverse people. For Māori, gender and sexuality are part of wairua (spirit) and self-identified gender is regarded as part of a person’s identity from a young age.

**Tangata ira tāne** - A Māori term for a person who was assigned female sex at birth but identifies as male.

**Whakawahine, hinehī, hinehua** - A Māori term for a person who was assigned male sex at birth but identifies as female.

### **Pasifika terms:**

**Fa’afafine** (Samoa, American Samoa, and Tokelau); **fakaleiti** or **leiti** (Tonga); **fakafifine** (Niue), **akava’ine** (Cook Islands); **mahu** (Tahiti and Hawaii); **vakasalewalewa** (Fiji); **palopa** (Papua New Guinea) - These terms refer to Pacific peoples’ experiences of gender expression, gender roles and identity. They can be

used by Pacific people to describe those who identify as trans or gender diverse, but have a wider meaning and are best understood within their cultural and social context.

[DSM-V 2013, GMA 2017, Nikora 2017, RainbowYouth 2017, Streed 2017]

**For more information and other terms used, consult the following glossaries of terms:**

- Gender Minorities Glossary of Gender Related Terms and How to Use them, 3rd edition, 2017 [GMA 2017] <https://genderminorities.com/database/glossary-transgender>
- Terminology Related to Sexual Orientation, Gender Identity, and More. Centre for Primary Care, Harvard Medical School [Streed 2017] <https://mfdp.med.harvard.edu/sites/default/files/files/HMS%20SOGI%20terminology%203.22.17.pdf>

## Learning more

Link to the Gender Unicorn™ <http://www.transstudent.org/gender>

Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand. This has information on many aspects on care for gender diverse patients including on puberty blockers and cross sex hormones:

<https://researchcommons.waikato.ac.nz/bitstream/handle/10289/12160/Guidelines%20for%20Gender%20Affirming%20Health%20low%20res.pdf?sequence=2&isAllowed=y>

**Working with gender diverse clients.** The Goodfellow Unit webinar, July 2017.

<https://www.goodfellowunit.org/events/webinar-working-gender-diverse-clients> (1.5 hour's duration).

PHARMAC seminar: Diversity and inclusive primary healthcare, September 2017. Approximately 4 hours duration – video and slides available – goes into depth and covers other topics such as cultural diversity of migrants and refugees. If you are pushed for time our suggestion would be to watch the 1st, 2nd and 4th presentations – these are 13 mins, 56 mins, and 55 mins respectively.

<https://www.pharmac.govt.nz/seminars/seminar-resources/diversity/>

**Insideout** <http://insideout.ry.org.nz>

A friendly and accessible learning resource to help increase understanding and support of sex, gender and sexuality diversity.

## Gender diversity is not new

**Takatāpui** (also spelt 'takataapui') - A Māori term, originally translated in the 1832 Māori-English dictionary as "intimate partner of the same sex" – now also used as a term to cover all gender diverse people. For Māori, gender and sexuality are part of wairua (spirit) and self-identified gender is regarded as part of a person's identity from a young age.

Gender diversity or variance has existed throughout history and across cultures:

- Queen Hatshepsut wore male clothing and a false beard to rule Egypt as a Pharaoh in 1500BC
- Emperor Elagabalus (220AD) was a Roman emperor who sometimes expressed female identity
- Many cultures have histories of eunuch/male-to-female (MTF) transgender priests
- In the mid-1700s Charlotte Clark was an openly lesbian and then transgender person who lived with her wife. Also at this time a French spy who had lived in Russia as a woman was found after her death to have been assigned male at birth.
- In 1869 a paper was published describing two cases of transsexuality

- Dr James Barry (1789 -1865) was a surgeon in the British army for over 40 years and was found, after his death, to have been assigned female at birth. He performed the first caesarean section that was survived by both mother and baby (in the British Empire) in 1826 and later had a run in with Florence Nightingale about a hat.

Another thing that is not new is the use of plural pronouns to refer back to a singular subject: it represents a revival of a practice dating from the 16<sup>th</sup> century, by the likes of Chaucer, Shakespeare, Byron and Austen. However, the use as a non-binary pronoun is new and is becoming increasingly common in the English language [Merriam-Webster 2017].

## Changing gender of official documents

'Gender Minorities' has links on how to change name and gender on identification and official documents, including examples of how to fill out forms.

<https://genderminorities.com/database/identification-official-records-name-change-transgender-nz>

### Birth certificate:

[www.dia.govt.nz/diawebsite.nsf/Files/GeninfoDeclarationsofFamilyCourt/\\$file/GeninfoDeclarationsofFamilyCourt.pdf](http://www.dia.govt.nz/diawebsite.nsf/Files/GeninfoDeclarationsofFamilyCourt/$file/GeninfoDeclarationsofFamilyCourt.pdf)

**Passport:** [www.passports.govt.nz/what-you-need-to-renew-or-apply-for-a-passport/information](http://www.passports.govt.nz/what-you-need-to-renew-or-apply-for-a-passport/information)

### Driver licence:

[www.nzta.govt.nz/assets/resources/statutory-declaration-for-change-of-gender/docs/statutory-declaration-for-change-of-gender-dl25.pdf](http://www.nzta.govt.nz/assets/resources/statutory-declaration-for-change-of-gender/docs/statutory-declaration-for-change-of-gender-dl25.pdf)

**National Health Index (NHI):** can be done at practice level on your patient management system. The Ministry of Health can also make these changes – Ph. 0800 855 151. A person's NHI stays with them for life – the NHI number does not change if name or gender changes. Other services use NHI searches too e.g. community pharmacy and secondary care – it is therefore best to make changes via the MOH. Patients do not need to change their name or gender legally to request a change in their name and gender information in the NHI. Changing name and gender in the NHI for people can be a positive step towards affirming one's gender identity.

## Tips for pronouns and gender neutral/inclusive language

It is good practice to ask your patients their preferred name and pronouns, and using inclusive language about people, relationships and body parts.

The following questions are provided as examples of gender neutral language that could be adapted to your own style:

### The Basics [Keuroghlian 2017]

- Instead of: "How may I help you, sir?" Say: "How may I help you?"
- Instead of: "He is here for his appointment." Say: "The patient is here in the waiting room."
- Instead of: "Do you have a wife?" Say: "Are you in a relationship?"
- Instead of: "What are your mother's and father's names?" Say: "What are your parents' names?"
- If a patient's name doesn't match the appointment or medical records: "Could your appointment be under a different name?"
- If you are unsure about a patient's name or pronouns: "What name and pronoun would you like me to use?" (See table below)

Subjective	Objective	Possessive	Examples
He	Him	His	He is in the waiting room The doctor is ready/to see him That chart is his
She	Her	Hers	She is in the waiting room The doctor is ready to see her That chart is hers
They	Them	Theirs	They are in the waiting room The doctor is ready to see them That chart is theirs

The use of plural pronouns to refer back to a singular subject isn't new: it represents a revival of a practice dating from the 16th century, by the likes of Chaucer, Shakespeare, Byron, and Austen. However, the use as a non-binary pronoun is new and is becoming increasingly common in the English language [Merriam-Webster 2017].

If you accidentally use the wrong term or pronoun: "I'm sorry. I didn't mean to be disrespectful."

Examples of gender neutral language: "person", "pregnant people", "parent", "partner", and "siblings".

#### Obvious don'ts include:

- Use of any disrespectful language
- Gossiping about a patient's appearance or behaviour
- Saying things about someone not necessary for their care  
"You look great, you look like a real woman / real man"  
"You are so pretty I cannot believe you are a lesbian" [Keuroghlian 2017]

#### Tips for asking patients about their gender in practice:

- New patients:
  - Adapting enrolment form to ask an open gender identity question
  - Routinely asking about gender identity at first appointment "So we can get this right when you come for future appointments"
  - "This is a routine question that we ask all new patients ..."
  - Asking as part of an introductory GP/PN/PN appointment – some practices have PN appointments to complete Medtech and Dashboard and in effect "welcome" the patient to the practice – this saves having to try to do all of this at the first routine appointment
- Established patients:
  - Asking when completing a laboratory or referral form
  - Asking as part of a sexual health check
  - "I went to an education session on gender diversity recently and so I am trying to ask patients a question that I may not have asked before..."
  - Opportunistically asking if the topic comes up during a consultation – e.g. a patient sees a gender diversity poster on your wall or in your waiting room

#### Other words that are important

- Body parts: Ask what people prefer to call their body parts – some gender diverse people dislike referring to body parts that remind them of their sex at birth e.g. use "chest" rather than "breasts" and "genital area" rather than "vagina/penis". Other examples are "top surgery" or "bottom surgery".

## How do you ask questions about gender and perceived gender identity?

### ➤ General Questions:

- “Hello, my name is XXX, how do you like to be addressed?”
- “Hello, my name is XXX, I identify as a ... , I use the pronouns..., nice to meet you.”
- “What name and pronoun would you like me to use?”
- “May I ask what pronouns you prefer?”
- “Do you prefer he, she, they, or something else?”
- “How do you describe yourself?”

### ➤ For younger children: [Forcier 2017]

"Most kids have a feeling about whether they are a boy or a girl. How do you feel? Do you feel more like a boy, girl, someone in between, or someone different? ... PAUSE... Tell me more. I talk with a lot of kids whose body and brain may not be on the same page when it comes to being a boy or girl"

### ➤ For older youth or teens, practitioners might ask: [TCBC 2017]

- "Many young people have questions about and sometimes struggle with gender. Is this an issue for you?"
- "Some teens explore who they are in terms of their gender, or try to figure out whether they identify more as a male, female, or someone and somewhere in between. How do you identify yourself?"
- "It is normal for kids to explore their gender identity and sexuality. I have begun to ask everyone about it. Anything you say about gender and sexuality will be kept private. We are here to help you figure things out in a safe and healthy way."
- "Out of respect for my patients' right to self-identify, I ask all patients what gender pronoun and name they would like me to use for them. What pronoun and name would you like me to use for you?"

### ➤ For Adults: [TCBC 2017]

- “How would you describe your gender identity?” If prompting is needed: “For example, some people identify as a man, a trans man, genderqueer, etc.”
- “Do you remember a time when you realised that your gender was different from the one you were given at birth?”
- “Have you talked to anyone about this? Family, friends...”
- “Who is supporting you or who do you think might be supportive?”
- “Have you taken any steps to feel more comfortable in your gender?”

## How do you ask questions when patients are seeking hormone therapy

- “When did you first start thinking about taking hormone therapy?”
- “What do you anticipate to be the main benefits/harms of hormone therapy?”
- “Are there any potential changes that you are not sure of?”
- “Have you done anything to prepare yourself for this step?”

[TCBC 2017]

For more sample questions relating to patients seeking hormone therapy, refer to the *Gender-affirming Care for Trans, Two-Spirit, and Gender Diverse Patients in BC: A Primary Care Toolkit*, Appendix A (page 19) – available at: <http://transhealth.phsa.ca/for-service-providers-2/health-professionals/primary-care-toolkit>

## How do you ask questions about minority stress and discrimination?

- “How comfortable do you feel navigating the world with the identity you’ve told me about?”
- “Have you ever experienced discrimination or harassment because of any of your identities?”

- “How often do you find yourself concealing your gender identity?”

Immediate responses:

“Thank you for telling me... I’m sorry that happened... That shouldn’t have happened.”

## Non-medical interventions for transgender patients:

### Non-medical interventions for transgender men:

Safe binding: Flattening the breast tissue in order to create a male-appearing chest. Materials and methods will vary depending on chest size.

- There is no universal binding method because everyone is shaped differently
- Provide patient advice
  - Bind for less than 8 hours a day to avoid skin irritation, tissue breakdown, back pain and breathing problems
  - Always take the binder off before sleep and exercise
  - Never use duct tape or Ace bandages to bind as they can restrict breathing and movement
  - Stop binding if experiencing pain
  - Purchase a binder made specifically for the task
  - Encourage patient to seek advice from peers to access affordable and safe binders. Help the patient to access peer support groups if necessary.
- Binder types include vest style, sports-bra style, mid-length style, and long shirt style

Packing: Using a prosthetic penis, also called a packer

- A packer may
  - Help reduce body dysphoria
  - Be used to aid urination while standing
  - Be used for sexual intercourse
  - Help being identified as male, especially in a gym or swimming pool
- A packer is held in place by tight fitting underwear or a harness
- If the packer is used for sexual penetration, advise the patient to use a condom

[AucklandHealthPathways 2017]

### Non-medical interventions for transgender women:

Tucking: Gently pushing testicles up inside the body and pulling the penis back in between the legs

Provide patient advice:

- Use tight-fitting underwear or surgical tape to hold in place. Do not use any other tape as skin could peel off when removed
- Cut pubic hair short to help with tape removal
- Spend some time each day without tucking to avoid chafing, sores, and lower sperm count (important to consider if they want to have a child)

Padding: Using undergarments to create the appearance of larger breasts, hips and buttocks

- A safe alternative to silicone injections
- May help to reduce body dysphoria and improve the way clothing fits
- Products include:
  - Padded underwear
  - Padded bras, bras with pockets and silicone gel breast forms [AucklandHealthPathways 2017]

## Puberty suppression

Puberty suppression may be requested by patients experiencing gender dysphoria e.g. sex assigned male at birth, identify as female, and experiencing distress due to this incongruence.

- Gonadotropin-Releasing Hormone (GnRH) agonists are used to prevent endogenous pubertal change. However, use in adolescents with gender dysphoria is an unregistered indication. Their use was first documented in 1998, and over the last decade they have become part of the gender reassignment procedure in a number of specialist clinics around the world [Cohen-Kettenis 2011, Olson-Kennedy 2017, WPATH 2001]. In New Zealand, GnRH agonists tend to be initiated in secondary care, although some GPs with specialist interest are now initiating therapy in Canterbury.
- GnRH agonists act to inhibit gonadotropin secretion, leading to decreased concentrations of luteinizing hormone (LH), follicle-stimulating hormone (FSH) and other sex hormones. Examples are:
  - Goserelin (Zoladex™) 3.6mg monthly implant given by subcutaneous injection, is difficult to administer to children and adolescents as they have minimal subcutaneous fat
  - Leuprorelin (Lucrin™ Depot – 1 or 3 month) given by intramuscular injection. Funded by endorsement that the child or adolescent is unable to tolerate administration of goserelin.
- Guidelines (based on expert opinion and low quality evidence) recommend GnRH agonists, where indicated, to suppress pubertal hormones in adolescents with gender dysphoria requesting treatment. They are usually started at Tanner Stage 2, not before. [Hembree 2017, WPATH 2001].

The rationale for using GnRH agonists to suppress puberty include [Olson-Kennedy 2017]:

- Allowing a transgender adolescent protected time to explore their gender identity with their mental health professional and family without continued progression into their biologic puberty
- Stopping puberty progression appears to improve behavioural and emotional problems, and may reduce depressive symptoms [Costa 2015, de Vries 2014, de Vries 2011] (further details below)
- Preventing the development of secondary sex characteristics that can interfere with wellbeing, and reduce the need for gender affirming procedures (e.g. feminizing facial surgeries etc.)

### Effect on psychological distress

Evidence from observational studies suggests that suppression of endogenous puberty may help to alleviate psychosocial distress in gender dysphoric youth.

- A cohort of 70 individuals who received GnRH agonists for puberty suppression were assessed for psychological function and gender dysphoria before the start of GnRH agonist and again shortly before starting cross-sex hormones - over 2 years on average (cross-sex hormones are discussed in section below). Behavioural and emotional problems and depressive symptoms decreased, while general functioning improved significantly during puberty suppression. However, feelings of anxiety and anger did not change, nor did gender dysphoria or body satisfaction [de Vries 2011].
- The psychosocial functioning of 201 adolescents with gender dysphoria was assessed using the Children's Global Assessment Scale (CGAS). At 12 months, the psychosocial functioning of adolescents who received psychological support and puberty suppression with a GnRH agonist was significantly better than those who had received psychological support alone [Costa 2015].
- A cohort of 55 young transgender adults who had received puberty suppression during adolescence were assessed for psychological functioning and well-being. At least one year after gender reassignment, the gender dysphoria was alleviated and psychological functioning had steadily improved. Wellbeing was similar to or better than same-age young adults from the general population [de Vries 2014]. It wasn't clear whether the puberty suppression or the gender reassignment alleviated the gender dysphoria.

## Potential harms

Endogenous hormones promote physical development at puberty such as height growth, changes in body composition and brain development. The impact of puberty suppression on these changes has yet to be fully understood. More research is needed.

- **Executive function:** A large case control study of 84 adolescents (aged 13-17 years) with gender dysphoria demonstrated that use of GnRH agonists for puberty suppression did not adversely impact executive function. The Tower of London performance scores (used to assess reaction times and accuracy of functioning) did not differ significantly from the untreated control group [Staphorsius 2015]
- **Bone mineral density:** GnRH agonists may cause a reduction in bone mineral density (BMD). A case series of 34 patients reported recovery in BMD scores following cessation of treatment with GnRH agonists and during cross sex hormone treatment, although the scores at age 22 years remained lower than at the start of treatment [Klink 2015]. Delays in bone density generally reverse after puberty is resumed or cross-sex hormones are administered [Hembree 2017].
- **Miscellaneous:** One case report of a transgender male who received GnRH agonists at age 13y, androgen therapy at age 17y, and gender reassignment at ages 20y and 22y showed no clinical signs of a negative impact on brain development when followed up at age 35y. His metabolic and endocrine parameters were within reference ranges. His bone mineral density was within normal range for both sexes. Final height was short, but body proportions were within normal range [Cohen-Kettenis 2011].

## What we know from use of GnRH agonists in precocious puberty

Although there are limited safety data in adolescents with gender dysphoria, GnRH agonists have been used to manage children with precocious puberty for over 25 years and are generally well tolerated. Headaches or hot flashes occur occasionally but are usually short term and do not interfere with therapy. Local injection site reactions occur in 10% to 15% of people. A change in agent may be required if site reactions are persistent as they can lead to sterile abscesses. Anaphylaxis is extremely rare [Carel 2009].

Long-term follow up of GnRH agonist therapy in precocious puberty, based on cohort studies, have found:

- No significant long-term effects on the pituitary-gonadal axis
- They do not appear to cause or exacerbate obesity in adolescence or adulthood
- Although bone mineral density is slightly decreased during GnRH agonist administration, the changes are not sustained, with preservation of peak bone mass accrual after discontinuation
- Overall, no clear evidence of increased risk of polycystic ovary syndrome [Harrington 2017]

## Monitoring GnRH agonists during suppression of puberty

In the absence of local monitoring guidelines, UpToDate propose the following parameters may be monitored:

- Growth (height, weight) every 3 months
- Endogenous sex hormones (oestradiol or testosterone) and gonadotropin levels (LH and FSH) at baseline and every 6 months. If gonadal axis is not completely suppressed, the interval between GnRH agonist injections may need to be shortened or the dose increased.
- BMD at baseline and annually for youth who are at risk of low BMD and who will be on GnRH agonists for more than two years [Olson-Kennedy 2017]

## Reversibility

If the decision is made to discontinue GnRH agonists, endogenous puberty will progress after approximately 6 months, including the retained ability to ovulate or produce sperm [Olson-Kennedy 2017].

## Cross-sex hormones

Hormone treatment can be part or all of treatment for transgender patients i.e. some people will want a medical and surgical transition and some will not.

Feminising treatment:

- Cyproterone or spironolactone (used as androgen blockers)
- Oestradiol – oral or transdermal. The evidence is based on use as hormone replacement in post-menopausal women
- Progesterones are not used because of evidence of harm (CVD, depression, weight gain) and no evidence of help (e.g. does not enhance breast development)
- The aim is for serum testosterone <2nmol/L
  - Androgen blocker (cyproterone 25mg) plus oestrogen (oestradiol) [AucklandHealthPathways 2017]
  - Progynova™ 1mg initially (usually 2-4 mg needed) OR
  - Oestrogen transdermal patch (less VTE risk?) - initially 50mcg (Estradot™ currently funded)
  - Trans females who have orchiectomy do not have to take androgen blockers [NHS 2007]
- Follow up: Bloods 3-6 monthly for 1 year then annually - CBC, renal function, LFT, HbA1c, Lipids, oestradiol, testosterone. Consider BMD scan. General health including CVDR, mental health, DVT risk

[AucklandHealthPathways 2017]

Masculinising treatment:

- Testosterone (N.B contraindicated in pregnancy so depending on sexual partner(s) contraception may be needed) – can be transdermal or IM. Periods may take 2-3 cycles or longer to stop, and sometimes do not stop. Other treatments are then added e.g. GnRH blocker or progesterone releasing IUD (Mirena™). Medroxyprogesterone acetate injection (Depo Provera™) can assist with both contraception and periods
  - Sustanon™ 250mg every 3/52 (can be self-administered), OR
  - Reandron™ 1000mg every 12/52 (not self-administered, oily 4mL slow, deep IM injection)
- Medroxyprogesterone acetate (Depo-Provera™) may be needed to stop periods, and for contraception
- Follow up: Bloods as above (CBC especially important as polycythaemia is a risk). Consider BMD scan. General health – physical and mental

[AucklandHealthPathways 2017].

## Recommended monitoring of cross-sex hormone treatment

**Recommended monitoring of feminising therapy:**

- Check mental health issues – anxiety, depression
- Check blood pressure and BMI every 6 months
- Monitor for cardiovascular risks e.g. smoking
- Blood tests (3-6 monthly for a year then annually) – CBC, renal function, LFT, HbA1C, lipids, oestradiol (avoid supraphysiological levels), testosterone (aim for < 2 nmol/L)
- Small risk of osteoporosis (may need to consider a DEXA scan), breast cancer, and (rarely) hyperprolactinaemia
- Screening as needs be e.g. cardiovascular risk factors

[AucklandHealthPathways 2017]

**Recommended monitoring of masculinising therapy:**

- Check mental health issues – anxiety, depression
- Check blood pressure and BMI every 6 months
- Ongoing investigations – every 3 to 6 months for first year then at least annually

- Blood tests - CBC (polycythaemia risk), renal function, LFT, HbA1C, lipids, oestradiol, testosterone. Aim for normal male ranges for all hormone levels.
- If major risk factors for osteoporotic fracture are present, consider bone density scan (DEXA) testing

[AucklandHealthPathways 2017]

### Expected effects of cross-sex hormone treatment

The effects of feminising hormones reduce masculine-related features and promote feminine features as described in the table below.

We may need to reassure patients that most changes do not happen immediately (and therefore avoid escalating doses to try to force this). Dr Rebecca Nicholls reassures patients by explaining that we are trying to make a 4-7 year process happen in 2 years.

Oestrogen and antiandrogen effects	Expected onset	Maximum effect
Breast growth	3-6 months	2-3 years
Smaller testes	3-6 months	2-3 years
Decreased fertility	Variable	Variable
Fat redistribution	3-6 months	2-5 years
Decreased muscle mass	3-6 months	1-2 years
Mood changes	Variable	Variable
Decreased erections	1-3 months	3-6 months
Changes to libido	Variable	Variable
Softer skin	1-6 months	3 years
Decreased body/facial hair	6-12 months	3 years
Decreased balding	No regrowth, loss stops 1-3 months	1-2 years

The effects of masculinising hormones reduce feminine-related features and promote masculinising features as described in the table below:

Testosterone effects	Expected onset	Maximum effect
Deeper voice	3-12 months	Several years
Body and facial hair	3-6 months	3-5 years
Growth of clitoris‡	3-6 months	1-2 years
Scalp hair loss	>12 months	Variable
Decreased fertility	Variable	Variable
Fat redistribution	3-6 months	2-5 years
Increased muscle	6-12 months	2-5 years
Mood	Variable	Variable
Changes to libido	Variable	Variable
Skin changes – acne	1-6 months	1-2 years
Vaginal dryness	3-6 months	1-2 years
Menstrual bleeding cessation	2-6 months	n/a

‡ the clitoris and penis originate from the same embryonic tissue and develop according to which sex hormones they are exposed

[PHARMAC 2017]

## RNZCGP Audit on “Inclusive primary health care for gender diverse clients”

The “Inclusive primary health care for gender diverse clients” audit includes a 20-item review list of practice-wide measures to improve access for gender diverse patients. It is a useful tool to initiate discussion with staff about the ways in which your practice can be more welcoming towards the LGBTQI+ community. [https://rnzcgp.org.nz/RNZCGP/Dashboard/Resources/CPD\\_Resources/Audit\\_of\\_medical\\_practice\\_resources.aspx?WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d](https://rnzcgp.org.nz/RNZCGP/Dashboard/Resources/CPD_Resources/Audit_of_medical_practice_resources.aspx?WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d) (login required).

### For posters and leaflets (as per the slide presentation):

[www.hrc.co.nz/files/2414/3382/1926/Trans\\_Poster.pdf](http://www.hrc.co.nz/files/2414/3382/1926/Trans_Poster.pdf)

<http://www.outline.org.nz>

<http://youmeus.co.nz/order-resources>

## Other resources

### For Health Professionals

- Ministry of Health: Transgender New Zealanders (information also for consumers) [www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders](http://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders)
- Lewis EB, Vincent B, Brett A, Gibson S, Walsh RJ. I am your trans patient. BMJ,2017;June 30:357:j2963. doi: 10.1136/bmj.j2963. These transgender authors share their experiences of healthcare and the important messages they would like doctors to know. [www.bmj.com/content/bmj/357/bmj.j2963.full.pdf](http://www.bmj.com/content/bmj/357/bmj.j2963.full.pdf)
- A Third Opinion: Transgender, takatāpui, and intersex health care tips for clinicians. <https://genderminoritiesaotearoa.files.wordpress.com/2016/06/a-third-opinion.pdf>
- Nikora, L. W., & Te Awekotuku, N. Moehewa: Death, lifestyle & sexuality in the Māori World. Journal of Indigenous Wellbeing, 2016;1(2),2–8. (Full text freely available). This article gives examples of the challenges faced by takatāpui at the end of life e.g. family re-assigning gender at a funeral and not allowing a say for partners. [https://journalindigenuswellbeing.com/journal\\_articles/moehewa-death-lifestyle-sexuality-in-the-maori-world](https://journalindigenuswellbeing.com/journal_articles/moehewa-death-lifestyle-sexuality-in-the-maori-world)
- Miscellaneous (<http://miscellaneous.nz>) is a collection of resources about rainbow mental health including “21 ways to be an ally to your trans youth clients”. <http://miscellaneous.nz/wp-content/uploads/2015/08/21-ways-to-be-an-ally-to-your-trans-youth-clients.pdf>
- I’m Local - posters and leaflets for waiting and consultation rooms. [www.imlocal.co.nz/order-im-local-resources](http://www.imlocal.co.nz/order-im-local-resources)
- New Zealand Sexual Health Society - has links to information and support. [www.nzshs.org](http://www.nzshs.org)
- Gender Identity Research and Education Society- A UK website with links to free e-learning courses on Gender Variance (1hour) and caring for Gender non-conforming young people (45mins) – registration required. [www.gires.org.uk](http://www.gires.org.uk)
- Intersex Awareness New Zealand - provides information, education and training for organisations and professionals who provide services to intersex people and their families. [www.ianz.org.nz](http://www.ianz.org.nz)
  - The New Zealand Attitudes and Values Survey – <https://www.psych.auckland.ac.nz/en/about/our-research/research-groups/new-zealand-attitudes-and-values-study.html>

- AraTaiohi – For people working with young people: <https://arataiohi.org.nz/resources/training-and-resources/te-ngakau-kahukura/>
- Queer and Trans Experiences of Accessing Mental Health Support in Aotearoa: <https://osf.io/cwzjr/>

### Creating a more welcoming and safe environment for LGBTQI+ patients

Community engagement suggests that the following elements would indicate a more welcoming and safe environment for LGBTQI+ patients:

- Enable staff to express their individuality (e.g. individual clothing style rather than corporate uniform)
  - Gender affirming forms and verbal interaction – give people the opportunity to tell you how they want to be addressed, and do that consistently.
  - Staff are respectful and have received some relevant training on LGBTQI+ patients
  - Gender neutral toilets
  - Reading material in waiting area – LGBTQI+ magazines or story books (talk to your local librarian)
  - Leaflets/posters e.g. Family Planning Emergency Contraceptive Pill youth (cartoons), 'It's o.k.', 'It's about Mana', 'Takatāpui'
  - Practice/pharmacy website indicates you are welcoming/affirming towards LGBTQI+ individuals
- [CommunityMembers 2018]

Professionals can join a group Professionals for Transgender and Intersex Health in Aotearoa/NZ by emailing [transhealthnz@googlegroups.com](mailto:transhealthnz@googlegroups.com) or join PATHA Professional Association for Transgender Health Aotearoa (PATHA) contacting Jack Byrne [aotearoa\\_jack@hotmail.com](mailto:aotearoa_jack@hotmail.com)

### Patient stories

There are many New Zealand and international patient stories available in both print and online (written, audio and video). Below is a small selection:

Meet New Zealand's First Openly Transgender Cop (2009). Produced by TVNZ (~13 min).  
[www.youtube.com/watch?v=3AqY6jC2JYo](http://www.youtube.com/watch?v=3AqY6jC2JYo)

Born this way: Awa's Story, Sunday programme, TVNZ, aired 4 June 2017 (~44 min).  
[www.tvnz.co.nz/shows/sunday/clips/born-this-way-awa-s-story](http://www.tvnz.co.nz/shows/sunday/clips/born-this-way-awa-s-story)

Takatāpui – a resource hub <https://takatapui.nz>

- Growing up Takatāpui: Whānau Journeys by Elizabeth Kerekere
- <https://takatapui.nz/takatapui-part-of-the-whanau#part-of-the-whanau> (video and Pdf of book)

Pasifika Rainbow communities <https://villagecollective.org.nz/rainbow-fale>

- Silent Talanoa is a four part video series that captures the testimonies of Rainbow Pasifika youth living in urban Auckland <https://villagecollective.org.nz/silent-talanoa>

What is a Fa'afafine? (~6 min) [www.youtube.com/watch?v=GV\\_g6X2PEvs](http://www.youtube.com/watch?v=GV_g6X2PEvs)

LGBTQI+ Aotearoa Then & Now Documentary (~40min) <https://www.youtube.com/watch?v=b5j6Z701Jvo>  
A documentary film about a small group of LGBT youths from Gisborne, New Zealand who go back in time to 30 years ago, when the Homosexual Law Reform Bill was being pushed through parliament. Hear their stories too as they share what it's like to be LGBTI+ in Aotearoa New Zealand today.

Counting Ourselves – the Aotearoa New Zealand Trans and Non-Binary Health Survey – report due to be available at the end of July 2019: <http://countingourselves.nz/>

## For Consumers, Parents, Caregivers, Family/Whānau

Common questions of gender questioning and gender diverse/transgender children, young people and their families are: “Am I alone in this experience?” “Have I done something wrong?” “Is my child going to be ok?”

The following resources may be given to teachers and families so they can see this is an experience shared by other NZ children and young people and their families, and that LGBTQI+ young people can thrive and have full and healthy lives, and be accepted and supported.

I'm Local ([www.imlocal.co.nz](http://www.imlocal.co.nz)) to find a local support organisation in your region check out the rainbow map of New Zealand. Also includes ‘Your story Matters’: the stories of LGBTQ youth who grew up in rural New Zealand. [www.imlocal.co.nz/uncategorized/your-story-matters](http://www.imlocal.co.nz/uncategorized/your-story-matters)

Healthinfo – has a comprehensive section on gender identity, information for transgender people and their whanau, gender affirming care and support networks:

[www.healthinfo.org.nz/index.htm?gender-identity\\_1.htm](http://www.healthinfo.org.nz/index.htm?gender-identity_1.htm)

[www.healthinfo.org.nz/index.htm?Gender-dysphoria.htm](http://www.healthinfo.org.nz/index.htm?Gender-dysphoria.htm)

<https://www.healthinfo.org.nz/index.htm?gender-affirming-health-care.htm>

<https://www.healthinfo.org.nz/index.htm?gender-identity-in-young-people.htm>

<https://www.healthinfo.org.nz/index.htm?support-networks-for-transgender-people.htm>

<https://www.healthinfo.org.nz/index.htm?support-with-gender-identity-for-young-people.htm>

<https://www.healthnavigator.org.nz/support/g/gender-diversity/> - Support services and information for gender diverse people and their family/whānau.

Local Public Library – Ask your librarian or check out the online catalogue at your local library for age-appropriate story books, fiction, and non-fiction books. Most non-fiction books relating to transgender are listed under 306 (culture and institutions) or 305 (groups of people). Search terms: ‘transsexual’, ‘transgender’, ‘gender identity’.

Out on the shelves is an online reading resource connecting rainbow young people with the stories that represent them

<http://www.outontheshelves.insideout.org.nz/>

### National

Youthline ([www.youthline.co.nz](http://www.youthline.co.nz)) provides support for young people and parents of transgender children

Outline NZ ([www.outline.org.nz](http://www.outline.org.nz)) or free call 0800 OUTLINE (688 5463). Confidential and anonymous LGBTQI+ affirming free information line and face to face counselling service (via Skype)

You, Me, Us ([www.youmeus.co.nz](http://www.youmeus.co.nz)) is all about us, as queer, trans and takatāpui people, having healthy relationships with each other, and what we can do when things go wrong.

RainbowYouth ([www.ry.org.nz](http://www.ry.org.nz)) is a social support group for young queer and gender diverse (LGBTQI+) people. Includes useful words/glossary. Email [info@ry.org.nz](mailto:info@ry.org.nz) and ph (09) 376 4155.

5 key ways to support transgender people and their partners: Listen, respect, support, educate, keep your questions respectful. Information sheets and posters by Critical Health and Social Psychology, Massey University. [www.massey.ac.nz/massey/learning/departments/school-of-psychology/research/research-clusters/chasp/research-findings/supporting-partners.cfm](http://www.massey.ac.nz/massey/learning/departments/school-of-psychology/research/research-clusters/chasp/research-findings/supporting-partners.cfm)

The Aotearoa New Zealand Trans and Non-Binary Health Survey, Counting Ourselves: <http://countingourselves.nz/>

## International

### UK

- Patient information on hormone treatments: A Guide to Hormone Therapy for Trans People. This 32 page, 2007 publication by the UK NHS is easy to follow. It is the most complete non-biased patient information we have found. [www.teni.ie/attachments/9ea50d6e-1148-4c26-be0d-9def980047db.PDF](http://www.teni.ie/attachments/9ea50d6e-1148-4c26-be0d-9def980047db.PDF)

### Australia

- Making sense [www.pflagvictoria.org.au/making%20sense-%20pflag.pdf](http://www.pflagvictoria.org.au/making%20sense-%20pflag.pdf)
- Families like mine <http://familieslikemine.beyondblue.org.au/#folio=5>
- [Trans101 The Basics – Gender Diversity Crash Course: www.trans101.org.au/index.html](http://www.trans101.org.au/index.html)  
[Videos on the basics, friends and families, how to be an ally, and relationships](#)

### USA

- Gender spectrum [www.genderspectrum.org/explore-topics/parenting-and-family](http://www.genderspectrum.org/explore-topics/parenting-and-family)
- “Twin boys, one transgender, become brother and sister” By S Kreiter & B English, Boston Globe [http://archive.boston.com/lifestyle/family/articles/2011/12/11/led\\_by\\_the\\_child\\_who\\_simply\\_knew/?page=1](http://archive.boston.com/lifestyle/family/articles/2011/12/11/led_by_the_child_who_simply_knew/?page=1)
- TEDx talk “Transgender: You’re Part of the Story” by Nicole Maines, an adolescent who identifies as transgender. She speaks about the challenges transgender people and their families face. [www.youtube.com/watch?v=bXnTAnsVfN8](http://www.youtube.com/watch?v=bXnTAnsVfN8) (~13 mins).

## Spirituality and religion

Sanders, S. Compassionate Caring for LGBT persons in your faith community. Journal of Christian Nursing, 2012; 29(4):208-214 (full text freely available). [https://journals.lww.com/journalofchristiannursing/Fulltext/2012/12000/Compassionately\\_Caring\\_for\\_LGBT\\_Persons\\_in\\_Your.9.aspx](https://journals.lww.com/journalofchristiannursing/Fulltext/2012/12000/Compassionately_Caring_for_LGBT_Persons_in_Your.9.aspx)

## For schools

Ministry of Education. Supporting LGBTIQ+. Although this website is school/education specific it has comprehensive information and resources. <http://inclusive.tki.org.nz/guides/lgbtiqa>

Making Schools Safer for Trans and Gender Diverse Students - Includes practical tips for school counsellors and whanau. <https://insideout.org.nz/trans-resource>

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