



Porterbrook Clinic

75 Osborne Road
Nether Edge
Sheffield. S11 9BF

Tel: 0114 271 6671

Fax: 0114 271 8693

Email: mail@porterbrookclinic.org.uk

Website: www.shsc.nhs.uk/porterbrook

Guidelines for the safe prescribing of treatments used in gender dysphoria for Trans Men

The guidelines below constitute a collaborative care protocol for patients undergoing gender transition. These guidelines have been developed following release of a National (UK) Standards of Care document by an interdisciplinary committee (RCPsych CR181 www.rcpsych.ac.uk/files/pdfversion/CR181.pdf). These guidelines ensure good care between the tertiary care service for gender dysphoria and patients in primary care.

Service users should be encouraged to stop smoking, take regular exercise, have a sensible diet, and consume no more than 14 units of alcohol per week.

Medication

The gender clinician will obtain informed consent. The specialist clinician will provide the prescription or this can be from the GP if they are in agreement with collaborative care prescribing. The prescriber is responsible for ensuring regular blood tests are taken in accordance with the protocol. If this is undertaken by the GP, advice can be obtained from the gender clinic on any results outside of the expected levels (as indicated in the protocol) or action taken *as per contemporary UK medical practice*.

Typical treatments that are licensed but are very often being used in an off license manner would be for:

1. Androgens

Transdermal. Testogel (50mg/5g gel once daily – occasionally two doses are required) rubbed onto skin of shoulders, arms or abdomen after shower. Or, Testim (same dose) onto skin of shoulders or upper arm. Or Tostran (2% gel) rubbed onto skin of abdomen or both inner thighs.

Or, intramuscular (i.m.) Sustanon or testosterone enantate 250mg-500mg 2-6 weekly depending on serum testosterone levels (see below)

Or, i.m. testosterone undecanoate 1g (Nebido) every 12 weeks

2. GnRH analogue - inhibits secretion of pituitary gonadotrophin and oestrogen secretion i.e. suppresses menstruation or amenorrhoeic cycling *Note possible increase the risk of diabetes and cardiovascular disease.*

Leuprorelin 3.75mg subcutaneously (s.c.) or intramuscularly (i.m.) four weekly or 11.25mg s.c. twelve weekly

Monitoring Tests

- Baseline: Blood pressure, full blood count, urea and electrolytes, liver function tests, fasting glucose, lipid profile, serum free T4, TSH, prolactin (should be less than 400mU/l), serum oestradiol and testosterone.
- Monitoring:
 - On a six monthly basis for three years and then yearly if well depending on clinical assessment and results. Provision of prescription is contingent on satisfactory tests, namely: Blood pressure, full blood count (ensure Hb & Hct are not unduly elevated – if Hct above 53% refer to haematology), urea and electrolytes, liver function tests, fasting glucose, lipid profile, serum oestradiol (for adequacy of suppression less than 70pmol/l), prolactin (less than 400mu/l).
 - Sustanon/Enantate: Achieve testosterone levels in the high normal male range (25-30nmol/l) 1 week after the injection and have a trough level at the bottom of the normal male range (8-12nmol/l) on the day the injection is due before the injection is administered. Monitoring should be performed in the steady state i.e. following at least 3 injections, so on the day of the 4th injection. Gel: levels titrated to achieve a plasma testosterone in the middle adult range 15-20nmol/l. The level should be measured 4-6 hours after the gel application and there should be no gel applied to the arm on that day. Nebido: Serum testosterone should be at or below lower end of normal range (<10nmol/L) just before next dose is due to avoid accumulation or inadequate dosage. Oral testosterone: measure DHT levels 3-4 hours after a dose. Raised SHBG levels may result in less response to androgens and vice versa.
 - Monitoring for osteoporosis (DEXA scan), breast lumps (especially if FH of breast cancer); ovaries and endometrium (if appropriate – especially if FH of carcinoma or patient anxious – annual abdominal ultrasound of the structures and measurement of CA125) and cervical carcinoma (if appropriate) required as indicated *as per contemporary UK medical practice*.

Surgery

- Hormones do not need to be stopped preoperatively.
- Androgen (testosterone) should be continued for life if there are no contraindications.
- Medication and blood tests needed for life as described above on 6 monthly basis for 3 years, then yearly if well (see monitoring above for further guidance).

Prof Kevan Wylie MD FRCP FRCPsych FRCOG FECSM
Consultant in Sexual Medicine 0114 271 8674
Clinical Director, Regional Gender Identity Clinic

Further resources

Endocrinology Service, Royal Hallamshire Hospital. Contact Dr. William Bennet FRCPE 0114 271 4840

Coleman E., Bocking W., Botzer M., Cohen-Kettenis P., DeCuypere G., Feldman J., Fraser L., Green J., Knudson G., Meyer W.J. Monstrey S., Adler R.K., Brown G.R., Devor A.H., Ehrbar R., Ettner R., Eyster E., Garofalo R., Karasic D.H., Lev A.I., Mayer G., Meyer-Bahlburg H., Hall B.P., Pfaefflin F., Rachlin K., Robinson B., Schechter L.S., Tangpricha V., van Trotsenburg M., Vitale A., Winter S., Whittle S., Wylie K.R. & Zucker K. (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. International Journal of Transgenderism, 13(4), 165-232.

Hembree W.C., Cohen-Kettenis P., Delemarre-van de Waal H.A., Gooren L.J., Meyer W.J., Spack N.P., Tangpricha V., Montori V.M. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. Journal of Clinical and Endocrinology Metabolism 2009; 94, 3132-3154

Wylie K., Barrett J., Besser M., Bouman W.P., Bridgman M., Clayton A., Green R., Hamilton M., Hines M., Ivbijaro G., Khoosal D., Lawrence A., Lenihan P., Loewenthal D., Ralph D., Reed T., Stevens J., Terry T., Thom B., Thornton J., Walsh D. & Ward D. (2014) Good practice guidelines for the assessment & treatment of adults with gender dysphoria. Sexual & Relationship Therapy. 29, 2, 154-214. Search for CR181: Good practice guidelines for the assessment and treatment of adults with gender dysphoria. College report from the Royal College of Psychiatrists.

V6.2 Issue Date: Jan 2015. Valid 12 months from date of issue. Please check with clinic for any updates on a regular basis.