Information contained in the Care Guide is not a substitute for a health care professional’s clinical judgment. Evaluation and treatment should be tailored to the individual patient and the circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient.
SUMMARY

GOALS
✓ Assess transgender patients for Gender Dysphoria (GD).
✓ Monitor patient’s psychological well being and functioning.
✓ Maintain sex hormone levels that are safe and appropriate for the desired gender when hormones are prescribed for GD.

ALERTS
- Co-occurrence of mental health disorders (e.g., borderline personality disorder, psychosis, factitious disorder, malingering)
- Self-harm behaviors
- Suicidal ideation, gestures, and attempts (often associated with co-occurring borderline personality disorder or depression)
- Risk of sexual coercion or assault, threatened or actual
- Medical conditions exacerbated by GD hormone therapy

DIAGNOSTIC CRITERIA
For definitions, see page 3.

Introduction: The term "transgender" is generally used to describe a diverse group of individuals whose gender identity differs from their sex assigned at birth. Gender dysphoria 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. Not all transgender individuals will have GD. DSM-5 Gender Dysphoria diagnostic criteria include:

A. A marked incongruence between one’s experienced/expressed gender and assigned (natal) 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 (1°) and/or secondary (2°) sex characteristics
   - A strong desire to be rid of one’s 1° and/or 2° sex characteristics b/c of a marked incongruence w/one’s experienced/expressed gender
   - A strong desire for the 1° and/or 2° sex characteristics of the other gender
   - A strong desire to be of the other gender (or some alternative gender different from one’s designated gender)
   - A strong desire to be treated as the other gender (or some alternative gender different from one’s designated gender)
   - A strong conviction one has typical feelings/reactions of the other gender (or alternative gender different from one’s designated gender)

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

EVALUATION

MENTAL HEALTH (MH)
- Assess self-identified transgender patients for GD (Pg. 4); enter the GD diagnosis on the Problem List.
- Rule out co-occurring MH disorders and/or mimics of GD.
- If the patient desires gender affirming hormones, refer to the primary care provider (PCP), if not previously completed.
- Encourage the patient to join a transgender support group, if available.

MEDICAL
- Perform history - focus on past medical history and history of GD hormones/surgery, include review of MH assessment (Pg. 5).
- Perform physical exam (PE)-focus on special considerations (Pg. 6).
Order baseline labs and manage conditions, if present, before starting hormone therapy (Pg. 6).

Screen for HIV and HCV; consider risk assessment and screening for asymptomatic sexually transmitted infections (STIs) based on behavioral history/sexual practices.

Ensure the World Professional Association for Transgender Health (WPATH) criteria are met to be eligible for hormone therapy (Pg. 7).

**TREATMENT**

**PRE-HORMONE THERAPY (for patients who request hormones)**
- Discuss realistic goals and expectations of hormone therapy. (Transwoman Pg. 8, Transman Pg. 20).
- Review baseline labs (Transwoman Pg. 9, Transman Pg. 21).
- Evaluate for contraindications to therapy (Transwoman Pg.10, Transman Pg. 21).
- Inform the patient of the risks/benefits of hormone therapy (Transwoman Pg.10, Transman Pg. 22) and obtain informed consent using a CDCR 7528 (Transwoman) or CDCR 7528-1 (Transman).

**SOCIAL/ENVIRONMENTAL/HOUSING**
- Refer to a MH clinician if available, advise patient to submit a request for housing to be forwarded to the PREA Compliance Manager (PCM), and contact a Correctional Counselor for gender appropriate allowable clothing and personal property (Transwoman Pg.11, Transman Pg. 22).

**HORMONE MEDICATIONS**
- **Transwoman**: Estrogen/Androgen blockers (Pg.13).
- **Transman**: Testosterone (Pg. 24).

**GENDER AFFIRMING SURGERY**
- Referral if patient requests and referral criteria met per guidelines (Pg. 29)

**MONITORING (SEE PAGES 7-8)**

**MENTAL HEALTH**
- Assess as clinically indicated for depression and other conditions

**MEDICAL**
- Monitor Labs as indicated (Transwoman Pg.15, Transman Pg. 25).
- Ask patients about hormone effects, sexual activity, mental health, lifestyle, psychosocial issues, etc. (Transwoman Pg.16, Transman Pg. 26).
- Ensure routine preventive screening as needed for the patient’s anatomy (Transwoman Pg.17, Transman Pg. 27).
- Treatment for patients with special circumstances (Transwoman Pg.18, Transman Pg. 27).
- Refer to specialist as clinically indicated (Transwoman Pg.19, Transman Pg. 28).