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 clinical 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

In this care guide we will use: MTF Transwoman for male-to-female / FTM Transman for female-to-male

**Introduction:** The term “transgender” is generally used to describe a diverse group of individuals whose gender identity or expression differs from that 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 and/or secondary sex characteristics
- A strong desire to be rid of one’s 10 and/or 20 sex characteristics b/c of a marked incongruence w/one’s experienced/expressed gender
- 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 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 GD diagnosis on Problem List
- Rule out co-occurring MH disorders and/or mimics of GD
- If patient desires gender affirming hormones, refer to the primary care provider (PCP), if not previously completed
- Encourage patient to join 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 World Professional Association for Transgender Health (WPATH) criteria is 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 (MTF Pg. 8, FTM Pg. 20)
- Review baseline labs (MTF Pg. 9, FTM Pg. 21)
- Evaluate for contraindications to therapy (MTF Pg.10, FTM Pg. 21)
- Inform patient of the risks/benefits of hormone therapy (MTF Pg.10, FTM Pg. 22) and obtain informed consent using CDCR 7528 (MTF Transwoman) or CDCR 7528-1 (FTM Transman)

**SOCIAL/ENVIRONMENTAL/HOUSING**

- Refer to MH clinician if available and advise patient to contact Correctional Counselor for housing and gender appropriate allowable clothing and personal property (MTF Pg.11, FTM Pg. 22)

**HORMONE MEDICATIONS**

- MTF: Estrogen/Androgen blockers (Pg.13)  FTM: Testosterone (Pg. 24)

**GENDER AFFIRMING SURGERY**

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

**MONITORING**

**MENTAL HEALTH**

- Assess as clinically indicated for depression and other conditions

**MEDICAL**

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