

Transgender Care Guide

July 2021



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

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.² 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.³ **Not all transgender individuals will have GD.**⁴ **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).

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- 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).