

Primary Care Providers are well positioned to prescribe hormone therapy for our transgender patients. We can play an important role in shortening the wait time to access to treatment for people suffering from Gender Dysphoria. As demonstrated in the [2013 Trans Pulse study – PDF](#), the time between a person identifying that they need to transition and accessing treatment is a high risk time for suicide. Our goal as care providers should be to minimize delays in accessing appropriate treatment for those that need it.

#### **WPATH criteria for hormone therapy** (Standards of Care, pg 34)

- Persistent, well-documented gender dysphoria;
- Capacity to make a fully informed decision and to consent for treatment;
- Age of majority in a given country (if younger, follow the *SOC* outlined in section VI);
- If significant medical or mental health concerns are present, they must be reasonably well-controlled.

#### **Responsibilities of hormone-prescribing providers** (Per the Standards of Care, page 42)

- Perform an initial evaluation that includes discussion of a patient’s physical transition goals, health history, physical examination, risk assessment, and relevant laboratory tests.
- Discuss with patient the expected effects of feminizing/masculinising medications and the possible adverse health effects. These effects can include a reduction in fertility. Therefore, reproductive options should be discussed with patients before starting hormone therapy.
- Confirm that patients have the capacity to understand the risks and benefits of treatment and are capable of making an informed decision about medical care.
- Provide ongoing medical monitoring, including regular physical and laboratory examination to monitor hormone effectiveness and side effects.
- Communicate as needed with a patient’s other health care providers including primary care, mental health professionals and surgeons.
- If needed, provide patients with a brief written statement indicating that they are under medical supervision and care that includes feminizing/masculinizing hormone therapy. Particularly during the early phases of hormone treatment, a patient may wish to carry this statement at all times to help reduce difficulties with the police and other authorities.

#### **Hormone therapy for clients who identify in the non-binary umbrella**

“Non-binary clients (eg. genderqueer, gender fluid, pangender, agender) may feel that their gender falls somewhere between the binary notions of ‘man’ or ‘woman’, is both, neither, or in flux. Just as other trans clients do, non-binary clients may seek medical assistance with modification of secondary sex characteristics that contribute to clinically significant gender dysphoria. Those seeking minimization of the endogenous effects of testosterone and/or feminization may follow the protocols outlined for trans women (see Part II: Feminizing

Hormone Therapy). Those seeking minimization of the endogenous effects of estrogen and/or masculinization may follow the protocols outlined for trans men (see Part III: Masculinizing Hormone Therapy).”

