

Information Re ‘Restarting’ Hormone Prescriptions: Leeds GIS

The aim of this document is to respond to queries around ‘restarting’ hormones prescriptions.

We receive queries from our GP colleagues around restarting hormones. There are a number of reasons that a individual may stop their hormone treatment and then wish to restart it.

GPs are faced with difficult clinical decisions, when trans people request prescription of hormone treatment, outside of NHS specialist pathways or while facing a long wait for assessment within an NHS specialist pathway. The main challenges arise when there is no documented specialist NHS assessment and gender dysphoria related diagnosis.

There are several considerations to make when restarting hormones. We hope that this document helps you with a framework to support these decisions.

Exploring the decisions around stopping hormones

Initially we would suggest an examination of the reasons behind stopping hormones. Often this may have been beyond an individuals control. We heard of many patients during covid who stopped their hormones out of fear or because they did not want to access healthcare at a time of national deep uncertainty. Other similar scenarios would be if a patient is admitted to a medical or psychiatric hospital, having a baby, going abroad for long periods, general supply shortages or medication errors relating to repeat prescribing from primary care.

This is not exhaustive but it would be reasonable after assessment and some routine monitoring blood tests, to restart the individual on their previous dose of medication in line with the guidelines available on our website: <https://www.leedsandYorkpft.nhs.uk/our-services/gender-identity-service/>

We suggest that further referral in to the Leeds GIS is not required if the patient is happy that their gender identity is stable.

Exploring Changes to Gender Identity

There may be scenarios where things are more complex for example: if the patient has chosen to stop hormones, has experienced a change in their gender identity and associated treatment goals, wishes to ‘detransition’ or revert back to presenting in their birth assigned gender ,or difficulties with social gender transitioning, we would recommend that you refer the patient back to us for further assessment of these issues. These patients would be seen on our priority waiting list if they have already been seen for assessment within a NHS gender service.

The waiting times for our priority waiting list for review is much shorter than the standard waiting list and is currently 12? Months (correct as from October 2023). While waiting for further assessment, we would suggest that you consider the risks of prescribing versus not prescribing within a harm minimisation approach. We suggest that you read the information available on our ‘bridging’ hormone guidance in order to facilitate this decision.



Leeds GIS staff can only give general advice and guidance in these circumstances, which will not be specific to a particular patient or constitute a recommendation. Such advice and guidance might relate to factors to consider in assessment and potential strategies, but we cannot confirm a diagnosis, formulate a treatment plan for the patient or take any shared responsibility for interventions delivered in primary care in this way. These approaches lie outside specialist pathways and the treatment decisions lie entirely with the prescribing GP.

Prescribers are advised to discuss their response to a request to prescribe from a patient with a colleague, at a practice team meeting or with pharmacy colleagues and to document the decision made, with reasons, clearly in the patient notes and communicate this to the patient.

None of these decisions are easy or without risk, and there can be difficulty in communicating this risk and uncertainty with an individual. We hope this can provide support for clinicians and patients when making these decisions together.

Other support:

There is often distress associated with gender dysphoria which can be very difficult for your patient to manage. You can suggest that your patient contacts our **Gender Outreach Workers (GOWs)**. They offer advice and peer support to trans, non-binary and gender diverse people who are on the Leeds Gender Identity Service waiting list and care pathway. They can answer questions and provide support via their information and advice line, one on one sessions and peer support and social groups. It can help to talk to someone with lived experience. Further information regarding the GOWs can be found on our website: <https://www.leedsandYorkpft.nhs.uk/our-services/gender-identity-service/> under Gender Outreach Workers and other sources of help.

Leeds GIS