

PLANNING FOR ADULT PRACTICES

A RECOMMENDED APPROACH TO THE YOUNG TRANSGENDER ADULT TRANSITIONING TO YOUR ADULT ENDOCRINOLOGY PRACTICE

BY THE ENDOCRINE SOCIETY

ENDOCRINETRANSITIONS.ORG

BACKGROUND FOR TRANSITION VISITS

A team approach within the practice is recommended. Be sure that the staff understands the special situation of transitional care. The staff should have cultural competency training in providing care to transgender youth and their families.

The patient may not yet be fully initiated into the "adult model" and may require assistance and support.

Parents should be allowed to attend appointments if the patient desires. It is recommended that the patient complete a Visitor Information Form to inform a new provider who, if anyone, can attend appointments. Consider asking the patient to sign a form allowing the healthcare team to communicate with the patient's parents.

Extra consideration in scheduling and confirming the appointment may be necessary.

The patient may also need assistance with:

- The "unknown" of new facility (directions, parking issues)
- Insurance issues
- What to bring to appointment:
 - Insurance card
 - Paperwork from former pediatric endocrinologist
 - Forms for the new physician (online, mailed)
 - List of medications or prescription bottles
 - Pharmacy information (address, phone number)

The new healthcare team should greet the patient with the awareness that the patient is transferring care and provide support and assistance with the check-in process and paperwork.

- Confirm contact information for the patient, ask about preferred name and pronouns and how they prefer to be contacted (cell phone, text, email, depending on practice situation).
- Consider developing a "Welcome to the Practice" guide that would provide this information to your new patient.

THE FIRST ENCOUNTER:

ALLOW AMPLE TIME

Review HIPAA and determine if parents/others are permitted to receive/hear information about the transitioning young adult.

Review contact information during office hours and for evenings/weekends in case questions arise.

Review clinical summary with patient or if patient transitioning without a summary from prior physician, cover the items on the clinical summary during the history taking process.

Pay special attention to concerns about body image, reproductive issues, past history of self-harm, history of depression or mood disturbances, history of physical, mental, sexual abuse and/or bullying, and family support and structure. Discussion about sexual behavior and potential risk of STI will be a sensitive topic and may need subsequent visits or parent to leave the room.

Ask about any concerns or questions.

Ask about participation in any support networks. If desired, consider referral to a local support group if the patient is not already participating.

Review other conditions or issues associated with gender affirmation therapies. Identify the primary care physician or the specialist who will have primary responsibility for handling each concern.

- Fertility and family planning
- Mental health concerns, family counseling
- Screening (bone, cardiovascular, cancer)
- Before and after gender affirmation surgery coordination
- Letters for gender marker change or support of surgery
- Monitoring hormone levels
- Prescription refills

ONGOING MONITORING (1)

INTERVENTION || FREQUENCY

- Sex hormone levels || At least 1-2 times a year after hormone regimen has been established.
- CBC at least 1-2 times a year for transmen, and Electrolytes/Kidney function 1-2 times a year for transwomen on spironolactone
- Blood pressure || Annually
- Fasting Lipids starting at age 20 every 4-6 years or more frequently with risk factors (AHA recommendation)
- Fasting glucose, Hemoglobin A1C starting at age 45 or in younger patients with risk factors (ADA recommendation)
- DEXA scan || If risk factors such as hypogonadism among traditional risk factors and then as indicated
- Psychosocial Evaluation || At every visit and as indicated

DISCUSS CARE PLAN FOR ONGOING FOLLOW UP:

- Discuss/provide information from the Endocrine Society on recommended testing and follow up. Review what is needed now and what the plan will be for ongoing/future visits.
- Discuss expectations of how an 'adult' clinic will work in the future (how the patient can get the most out of the visit).
- Discuss how to handle interim questions—Urgent and Non-urgent (When do you want the patient to call? With whom should they speak (nurse, MD)? What is the best way to communicate?)
- Let patient know if there is a specific urgent care/ ER/hospital in which the physician works and assess if it is covered by the patient's insurance.
- Assess need for/willingness for any additional education.

REFERENCES

- 1: Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017 Nov 1;102(11):3869-3903.