

Initiation and follow-up of gender-affirming hormone therapy (GAHT) in general practice

Background

Transgender individuals (TGD) are affected by numerous health inequalities exacerbated by poor healthcare access. The provision of gender-affirming care has traditionally been reserved for specialised centres, leaving general practitioners (GPs) ill-equipped to respond to the needs of TGD. However, as demand increases, TGD are eager to access care in general practice rather than having to turn to secondary care.

Discussion Point

This presentation focuses on: 1. experiences from my clinical practice as a GP in French-speaking Belgium caring for TGD and 2. perspectives for future primary care research in transgender health.

Content

A retrospective analysis of patients' medical records (n=26), for whom I had initiated GAHT, was conducted for my graduation work. Demographic and laboratory data were collected alongside variables regarding transness disclosure, social support, fertility preservation, and gender-affirming care needs.

This cohort was followed for a median duration of 6 months. Participants were young (median age : 22) with high geographical mobility and diverse care needs. Laboratory outcomes were in line with international guidelines.

This study, albeit on a small sample size, indicates that the initiation of GAHT is possible within GPs' existing competencies. Larger quantitative studies, with longer follow-up are needed, as well as qualitative research on TGD's perspectives on healthcare settings, gender-affirming care needs, and expectations from their GPs.

Take Home Message For Practice

There is a place for high quality transgender healthcare and research in primary care but more GPs should be trained on this topic to improve healthcare access and outcomes for this population.