

Lief House
3 Sumpter Close
Finchley Road
London
NW3 5HR

Web: www.gic.nhs.uk

Tel No: 0208 938 7590

PRIVATE AND CONFIDENTIAL

xxxxxxxxxxxx
King Street Surgery,
38 King Street
Lancaster
Lancashire
LA1 1RE

Our Ref: xxxxxxxx

Date Dictated: Monday, 07 June 2021

Date Transcribed: Tuesday, 15 June 2021

Dear xxxxxxxx,

Re: xxxxxx - D.O.B: xxxxxx NHS No: xxxxxxxxxx

We have not yet seen this patient for assessment, and look forward to seeing them in due course. Please note that until we see and assess the patient ourselves, we cannot endorse hormone therapy, nor take responsibility for monitoring or managing hormone therapy. We can only provide information and advice in the context of safety and harm reduction.

I understand from the referral information that they started hormone therapy in 2018 via pharmacies in Portugal, and that you are now prescribing oral estradiol tablets as a 'bridging prescription' in line with GMC guidance. I note she was previously using cyproterone acetate, and we do not recommend this long-term due to risks outlined in enclosed self-medication advice.

If you are continuing prescriptions for estradiol, we suggest that you satisfy yourself that there are no contraindications and that you think it is in the best interest of the patient.

You have asked for monitoring guidance. In the interest of safety, I have supplied our discharge leaflet here which outlines the medications we would use and the recommended monitoring. Please note this is not an endorsement from our service, and we cannot take responsibility for treatment for patients we have not yet seen.

It is worth noting that bridging prescriptions would typically be low dose and **no more than standard cis female HRT** (estradiol tablets 2mg, estradiol patches 25 micrograms twice a week, or Sandrena gel 0.5mg).

If they have a **contraindication** to oestrogen therapy (see BNF) they should be advised to stop.

If they are **smoking** they should be advised to stop smoking as this adds to risk of VTE. Nicotine replacement may be helpful.

As a **harm reduction measure** it is advisable to check the safety monitoring bloods below to ensure that physical harm has not occurred:

Every 3-6 Months

Oestradiol (<600 pmol/L)
Prolactin (<1000 mIU/L)
LFTs
Lipid Profile
Blood Pressure
Weight

For the patient:

We are unable to provide individualised advice about prescribing hormone treatment to anyone we have not yet assessed as this can be unsafe.

However the GIC Endocrinology Department suggests you could discuss the following treatments with your GP if you feel they would help ease your gender dysphoria/be helpful for you:

GPs may wish to consider the commencement of Finasteride 5mg/day. This is an anti-androgen that can support with current experiences of dysphoria whilst awaiting further assessment for hormone treatment. Side effects of this medication can be reduced erectile function and libido. Liver function would need to be normal. If you see no contraindications to it, you may wish to consider prescribing Finasteride 5mg/day for this patient. Please note this needs to be stopped before gamete storage if you want to store gametes.

For removing facial hair: Your GP may wish to prescribe Vaniqa facial hair removal cream.

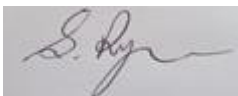
Please discuss ALL side effects with your GP before commencing any of these treatments.

Please note: It is important to get screening blood tests done (as below) to make sure there is not a hormone issue present in your body before any of these treatments are given. Your GP will need to look at these results, and liaise with local services if any abnormalities are detected. **Please do not send these results to the GIC.**

Screening blood tests, taken as a 09:00am fasting sample, as follows:

FSH, LH, Testosterone, Oestradiol, Prolactin, SHBG, Vitamin D, Liver function and GGT, Fasting glucose or Hba1c, Fasting lipids, PSA, U&Es (if taking Spironolactone or otherwise indicated).

Yours sincerely,



Scanned signature added only after
original document signed

Shirley Ryan

Specialist Nurse to Dr Leighton Seal (Consultant Endocrinologist)

Enclose: discharge leaflet for oestrogen & self-medication advice

It is your responsibility to inform us and your GP in writing of any changes: name (evidence required), actual or correspondence address, GP change, so that written communications to you can be addressed correctly.

For up to date information, please visit our website: www.gic.nhs.uk

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