

The Medical Journal of Australia • MJA

MEDIA RELEASE

NEW GUIDELINES FOR TREATMENT OF TRANS, GENDER DIVERSE AUSTRALIANS

EMBARGOED UNTIL 12:01am Monday 5 August 2019

INCREASING numbers of transgender and gender diverse individuals are seeking health care in Australia; new guidelines will help clinicians provide appropriate gender-affirming care, according to the authors of the guidelines, and a position statement published by the *Medical Journal of Australia*.

“Rising demand for gender-affirming hormone therapy mandates a need for more formalised care of transgender and gender diverse (TGD) individuals in Australia,” wrote the authors, led by Dr Ada Cheung, an endocrinologist at Austin Health and the University of Melbourne.

“Estimates suggest that 0.1–2.0% of the population are TGD, yet medical education in transgender health is lacking. We aim to provide general practitioners, physicians and other medical professionals with specific Australian recommendations for the hormonal and related management of adult TGD individuals.”

Cheung and colleagues made seven main recommendations:

- hormonal therapy is effective at aligning physical characteristics with gender identity and in addition to respectful care, may improve mental health symptoms;
- masculinising hormone therapy options include transdermal or intramuscular testosterone at standard doses;
- feminising hormone therapy options include transdermal or oral estradiol; additional anti-androgen therapy with cyproterone acetate or spironolactone is typically required;
- treatment should be adjusted to clinical response. For biochemical monitoring, target estradiol and testosterone levels in the reference range of the affirmed gender;
- monitoring is suggested for adverse effects of hormone therapy;
- preferred names in use and pronouns should be used during consultations and reflected in medical records;
- while being TGD is not a mental health disorder, individualised mental health support to monitor mood during medical transition is recommended.

“Gender-affirming hormone therapy is effective and, in the short term, relatively safe with appropriate monitoring,” Cheung and colleagues wrote.

“Further research is needed to guide clinical care and understand long term effects of hormonal therapies.”

“We provide the first guidelines for medical practitioners to aid the provision of gender-affirming care for Australian adult TGD individuals.”

Please remember to credit *The MJA*.

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