TRANSGENDER CARE:

At Integrated Sexual Health we look after a number of transgender and gender diverse (TGD) people, helping in coordinating their care and managing their hormone treatment. There is a lot of misunderstanding about trans issues not least in all the terminology which seems to change every generation. There were until last year, 71 gender options available to Facebook users' it has now been changed to a customisable choice.

Amounts the commoner terms that are used are:

- **Transgender:** this has largely replaced Transexual in an attempt I to separate gender identity from sexual identity
- **Transexual:** as above and now only used to describe people who have undergone complete transition including gender reassignment surgery.
- **Gender Dysphoria/ Gender Identity Disorder/Gender Incongruence:** are medical terms used to describe the psychiatric state when a person finds themselves uncomfortable with their current gender
- **Gender Queer/Non Binary:** where a person does not identify exclusively as male or female but somewhere in the middle this would include androgynes and gender neutrals.
- **Gender Fluidity:** emphasises that some people move along a sliding gender scale and may not always be at a fixed point.
- **Sexual Fluidity:** is much the same but relating to sexual orientation, varying degrees of bisexuality.
- **Cross Dressing:** is where someone derives pleasure from dressing in the clothes of the opposite sex but does not necessarily want to be of that sex. This does not usually include drag performers or drag queens. The pleasure may be sexual or aesthetic.

One of the greatest misconceptions about being transgender is that it has any relationship to your sexual orientation. Trans people can be attracted to males, females, both or to other transgender people! There is no correlation between the gender identity scale and the sexual orientation scale. The LGBTQI community supports and encourages all orientations.

Most TGD people will have had long term dysphoria; a recent rise in TGD people coming forward has led to a controversial debate between those who describe the phenomena of “rapid onset gender dysphoria” representing a form of social contagion, and those who believe strongly that this increase simply reflects societies’ acceptance of gender variation. The polarising debate may have the undesired effects of making things even more difficult for those suffering genuine gender dysmorphia and suppressing academic research in the field in the era of “cancel culture.”

MEDICAL ISSUES:

Patients seeking help for gender identity disorder/Dysphoria require a careful and holistic assessment. The correct diagnosis has to be made prior to initiating treatment. At a first consultation a full medical, psychological and sexual history is taken. Medical examination is performed and a full suite of blood tests are ordered both to confirm the current hormonal status of the patient as well as identifying any risk factors for possible hormone therapy. Goals are identified between acceptance of cross dressing at one end and full transitioning including surgery at the other.

The Standards of Care put forward by WPATH and ANZPATH require thorough psychological, medical and fertility assessment but no longer dictate the type of clinician required.

MEDICAL TREATMENTS:

Hormone treatment must not be undertaken lightly and requires careful supervision. in general slow change is likely to be better tolerated than sudden but side effects are certainly likely. Support groups offer great advice and support in letting others know what to expect. Treatments are usually available available on PBS. Such treatment involves testosterone blockers with oestrogen supplements for trans women, and testosterone therapy for trans men.
Treatment is supplemented with attention to a healthy diet and lifestyle particularly exercise. Speech therapy is often helpful and psychological support is imperative.

SURGERY:

Not all transgender people want to have gender reassignment / gender affirming surgery. In general 90% of surgery is for MtF as FtM is much more involved, time consuming and expensive. SRS is not currently available in WA other than top surgery. Other surgeries considered are removal of the Adams Apple, Hip enhancement/reduction, hairline alterations etc. many patients decide to visit Thailand for surgery and Thai surgeons are amongst the most experienced in the world. One has done almost 5000 SRS procedures. It is still very expensive with a MtF SRS costing about $20,000US. Only 2.2% of patients having undergone SRS regretted it in a recent study.

LEGAL ISSUES:

There are many legal issues arising from a desire to transition. Things should be a lot more straightforward from July 2016 when the Australian Government requires all agencies to have adopted the Australian Guidelines on Recognition of Sex and Gender.
Birth Certificate, Medicare, ATO, passport, driving licence and Centrelink all need to be changed. Usually a formal letter from your treating doctor is all that is required to support your application.

If you wish to discuss gender identity issues please ring the clinic and ask for a sexual health appointment. I have put useful links on the ishwa.com.au website too.

Dr Stephen Adams 2020