Primary Health Care Quick Guide

Peri/menopause care and trans and gender diverse patients

What are the key barriers in health care for trans and gender diverse people who experience menopause?

Trans and gender diverse people experience peri/menopause in different ways, but their perspective is significantly underrepresented in medical research and clinical guides.[1]

Trans and gender diverse people experience significant discrimination, across life domains, including in health care.[2]

Previous experiences of stigma and discrimination in health care settings can stop trans and gender diverse people from seeking help, advocating for their needs or avoid healthcare altogether.[3]

This means discrimination results in significant health inequity and poorer health outcomes due to medical trauma.

- The terms 'trans and gender diverse' are umbrella terms that can include gender identities such as trans women, trans men, non-binary people and many more. Language evolves over time and Women's Health Tasmania may update this resource as necessary.
- This resource includes anatomical language; it is important to be aware that talking to patients about anatomy may be uncomfortable and not affirming to some trans and gender diverse people. This guide includes information that will support you to have these conversations in ways that can minimise patient distress.
- This resource uses the terms peri-menopause, menopause and menopause symptoms. An example of how to ask your patient which terms they would prefer to use is that the end of this guide.
- This resource assumes an understanding of key terms and concepts needed to provide competent care for trans and gender diverse people. See the resources section for more information.

What is medical trauma in this context?

Medical trauma "a negative psychological and physiological reaction in response to a medical event."[4] It can arise because of a medical event, illness or procedure or experiences with health care providers.[5]

Many trans people will have experienced discrimination and non-affirming treatment in health care settings.[6] Overlapping forms of discrimination can increase the risk of medical trauma.

People with multiple marginalised identities may experience intersecting discrimination,[7] which can increase the risk of medical trauma and lead to health care avoidance.[8]

Racism, ageism, ableism, socioeconomic and geographic disadvantage, as well as systemic racism that is the result of colonisation,[9] can intersect with experiences of transphobia to create specific kinds of discrimination and trauma.[10] Trauma informed care helps address the impacts of medical trauma patients' lives and health care seeking.[11] See our resources section for more.

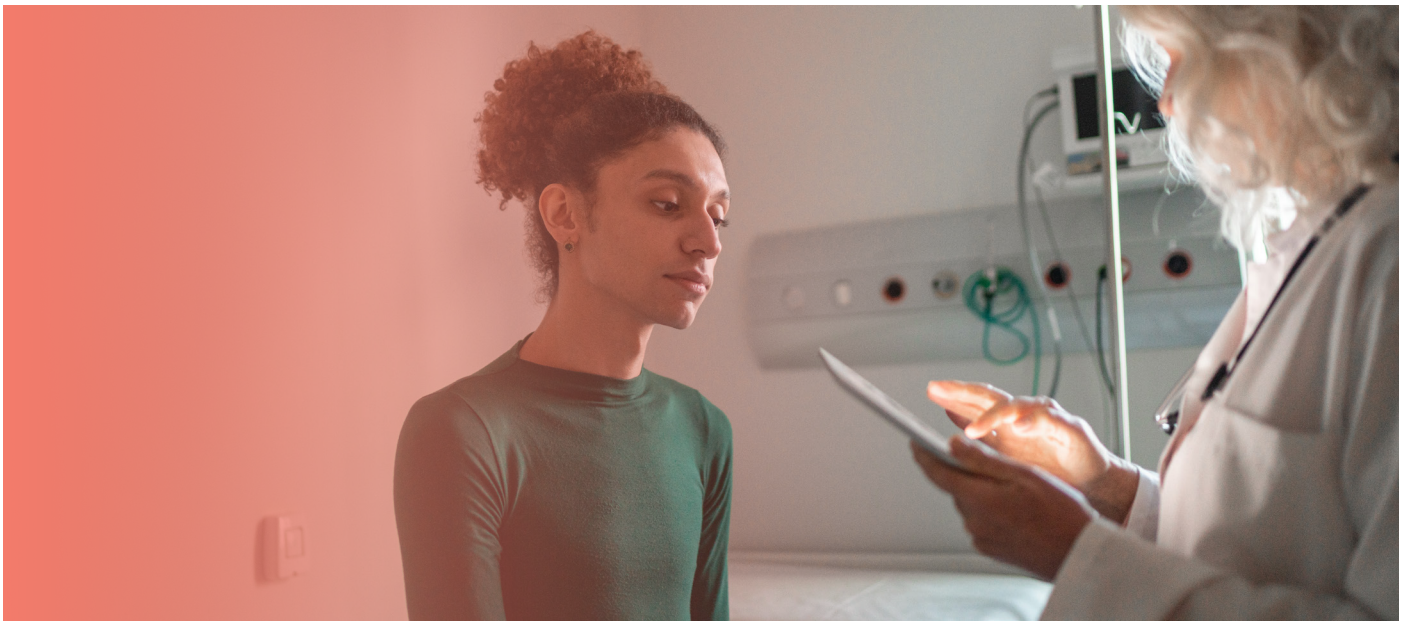
The intersection of menopause health care and trans health care also produce a unique form of health under-provision. Menopause care in Australia more broadly has been hampered by clinician knowledge, negative attitudes and inadequate research.[12]

Trans health care even more so, particularly by approaches in primary care settings that continue to pathologise trans identities and health care.[13]

At this intersection, trans people can experience "double discrimination" – their identities are stigmatised, and experiences of menopause are under-recognised and under-supported. Due to the lack of research that informs medical treatment and pathways, seeking help can exacerbate pre-existing internalised stigma and make trans and gender diverse people feel they are alone in their experience of peri/menopause.

You can support trans and gender diverse people who experience peri/menopause by:

- Learning about and using language that is affirming for the patient. Key to this is working with the patient to find language that supports their gender identity and safety.
- Understanding how peri/menopause symptoms may present for trans and gender diverse people.
- Identifying trans affirming referral pathways for patients who require additional support.



Language

It is important to use language around menopause carefully when working with trans patients.

Menopause is socially and culturally associated as a 'women's health' issue.

While, for some people, it could be affirming to talk about menopause, for other people talking about menopause may be considered non-affirming and misgendering, and trigger feelings of dysphoria.[14]

It's important not to assume what menopause may mean to a trans or gender diverse patient[15] or what language they might use to describe menopause.

When approaching the topic of peri/menopause acknowledge that the language you use matters and encourage the patient to describe or use language that is most affirming to them.

How can I talk about menopause with my trans patients?

The health professional's role is to make the conversation safe and affirming for your patient.

Many trans patients have experienced misgendering or stigma in health care settings and may have a history of medical trauma. Trans and gender diverse people come from a range of backgrounds and may have experienced intersecting forms of discrimination.

Highly gendered areas of health care (for example specialist fields such as men's health and women's health) may bring increased levels of anxiety for trans and gender diverse patients.

To make the conversation safe, employ principles of trauma informed care.[16]

Move at the pace that is set by the patient and aim to be as gender affirming as possible.

Often transgender patients have to educate health professionals about their health needs. Be aware and informed about how this topic may show up for your trans and gender diverse patients (for example commencing Gender Affirming Hormone Treatment (GAHT), changing GAHT, entering age related endogenous peri/menopause).

Seek permission to introduce the topic.

Check in with the patient about the language and words that make them comfortable as some patients may have their own language for body parts and what they are experiencing.

It's vital to ensure that you and your patient have a shared understanding of the words used to describe body parts. Don't be afraid to ask what their used language means if you're unsure of what they're talking about. Then follow the patients lead and use their preferred language. Language for trans and gender diverse people is not universal – it needs to be asked individually.

Some trans and gender diverse people may prefer gendered language, some may prefer nongendered language – best to ask.

For many trans and gender diverse people, gender is fluid and changes over time. Continue to check in with your patient about their pronouns, gender identity and gender-affirmation goals and encourage them to raise this with you if it changes.

Ask for their feedback throughout the conversation.

Offer trans specific resources where possible.

How this sounds in practice

1 Make it clear that you are up for a conversation but give the patient choice about whether you discuss it today.

I'd like to discuss the symptoms you're sharing with me. Some of them sound like the symptoms people experience in peri/menopause. Are you up for a conversation about that today or can we talk about that a later appointment?

2 Invite the patient to share the language that would make them feel more comfortable discussing the topic.

I've noticed that some people call this decline in endogenous hormones 'menopause', but we could stick to terms like 'decline in endogenous hormones' or another term. What would feel best for you?

I can work with whatever terms fit for you. Please let me know if I've used any words you're not familiar with.

The effects of fluctuating oestrogen are sometimes called menopause symptoms. Does that language fit for you?

3 If you're offering resources about peri/menopause to the patient, be aware of the heavily gendered nature of this information and be sensitive to their concerns about privacy. There are trans and gender diverse resources for patients listed at the end of this resource.

Instead of giving you an information sheet, I can refer you to a website that has trans specific information, and you can look this up in your own time.

There is a lot of information out there – but be aware that much of it is not very inclusive of trans and gender diverse people.

While I find some trans focused resources, I can direct you to this website – I know it has gendered language that does not apply to you, but you may find how they talk about symptoms validating.

In terms of social support, there is an online group that I am aware of called...

4 Offer to check the patient's hormone levels to ensure they align with the patient's gender-affirmation goals and gender identity. Be aware of the range of levels that are appropriate for the patient – do not rely on the patient to educate you.

How do peri/menopause symptoms present for trans and gender diverse people?

Menopause, perimenopause, and symptoms of low or fluctuating oestrogen may present for trans and gender diverse people regardless of gender presumed at birth; however, the experience is markedly different for each person depending on the medical treatments they have (or have not) experienced.

- Trans and gender diverse people who have ovaries will experience menopause/oestrogen cessation at some point in their lifetime.
- Trans and gender diverse people who have had gender affirmation surgery and/or hormonal therapy may bring menopause forward in a person's lifetime.
- Some trans and gender diverse people may not access any medical assistance to affirm their gender and will enter menopause in midlife.
- Trans and gender diverse people who use oestrogen as part of a gender affirming treatment may experience low or fluctuating oestrogen due to missing doses. If oestrogen treatment is stopped suddenly patients will experience menopausal symptoms.

Key medical interventions to be aware of:

Oophorectomy and hysterectomy

Some trans and gender diverse people undergo a hysterectomy as part of gender affirming care. For medical reasons, this may also include bilateral oophorectomy which causes the person to begin menopause immediately. This can mean the person experiences symptoms of abrupt oestrogen cessation.

Gender affirming hormone treatment (GAHT): testosterone

Testosterone therapy decreases oestrogen levels. On an adequate dose of testosterone, trans patients may find that menstrual cycles cease as oestrogen is suppressed.

Working out the dose of testosterone is an individual process that requires informed consent from the patient. Standards of Care for Gender-Affirming Hormone Therapy including prescribing guidelines are available for General Practitioners.[17]

Non-binary patients on low dose testosterone therapy (for example, serum testosterone levels 2-12 with or without suppressed oestrogen) may still have overlapping menopausal symptoms and/or ongoing menses.

In this case, offer the patient referral to a gender affirming clinician or seek expert case consultation. Information on these expert pathways is available through the Gender Affirming Care pathway on the Tasmanian Health Pathways website.

The effects of ageing and GAHT

The effects of GAHT and ageing are beginning to emerge, but much is still unclear. Australian clinical guidance on managing GAHT and ageing is included in AusPATH's Standards of Care for Gender-Affirming Hormone Therapy.[18]

Monitoring and screening for heart, bone and cognitive health for all genders as they age remains an important part of ensuring healthy ageing for your trans and gender diverse patients.[19]

Gender affirming hormone treatment (GAHT): oestrogen

Trans women and gender diverse people who were presumed male at birth, may experience menopause symptoms because of GAHT.

When a patient is taking oestrogen and their hormone levels decrease (due to missed doses) or if they stop treatment (for personal or medical reasons), they may experience symptoms such as hot flushes, night sweats and changes in mood. These symptoms will be influenced by ongoing use or cessation of testosterone blocking agents/orchiectomy. Otherwise, the patient's endogenous testosterone will become the dominant hormone experience.

Hormonal levels may vary due to inconsistent access to hormonal medications, a change in hormonal regime (such as changing delivery method), new health conditions and challenges, or lifestyle factors.

Neurodiversity and menopause

Neurodiversity is a non-medical term that refers naturally occurring variations between human brains.[20] There are many recognised forms of neurodiversity.[21] Two common types are ADHD and Austism.

Some trans and gender diverse people are neurodivergent. Emerging evidence suggests that neurodivergent people may experience intense and complex perimenopausal symptoms.

Autistic people may experience perimenopause symptoms in ways that are complex and intense.[22] For example, reporting greater sensory overwhelm, psychological distress, and difficulties accessing appropriate support.

Perimenopause may exacerbate ADHD symptoms, particularly difficulties with attention, memory, executive functioning and mood, but the evidence base remains limited and findings are mixed.[23]

Working with neurodivergent patients

- **Referral to mental health support.** Identify qualified, neurodiverse affirming mental health practitioners to include in your on-referral lists. Engage your patient around what kind of mental health practitioner they would like to work with.
- **Be prepared to discuss referral and diagnosis options for patients who wish to explore this.** Not all patients will want a diagnosis, but being able to educate your patients about the steps to diagnosis will be helpful.
- **Learn how to be neurodiversity affirming.** There is training and support for GPs who want to expand their ability to provide health care to neurodivergent people through Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine and Primary Health Tasmania.

Trans specific resources for your patient

- ***Transhub***

This website includes gender affirming information about a range of topics including menopause/ oestrogen cessation and healthy ageing.
www.transhub.org.au

- ***Working It Out – support***

Tasmanian's LGBTIQ+ support and education service provides peer support groups (including online) and one to one support.
www.workingitout.org.au

- ***Trans and gender diverse menopause project – lived experience resources***

Short video and written resources with trans and gender diverse Tasmanians sharing their experiences and knowledge of menopause/oestrogen cessation.
www.womenshealthtas.org.au/trans-menopause

Resources for primary care workforce

- ***Australian Professional Association of Trans Health – Standards of Care***

Evidence based guide for GPs prescribing GAHT. Includes guidance on trans and gender diverse peoples ongoing monitoring and screening requirements.
www.auspath.org.au/standards-of-care

- ***Health Pathways Tasmania website – Gender Affirming Care Pathway***

Includes information for on referral for trans and gender diverse patients.
www.tasmania.communityhealthpathways.org

- ***Gender Affirming Care in Primary Health Care – training and resources***

This module builds GP, nurse and student capability to deliver inclusive, informed care for trans, genderdiverse and nonbinary people, covering terminology, standards, referral pathways, hormone management, psychosocial needs and affirmation-focused practice.
www.nwmphn.org.au/for-primary-care/clinical-support/lgbtiq-support

- ***Supporting the health of trans patients in the context of Australian general practice***

This article appeared in the Australian Journal of General Practice and explains the basics of how to providing an affirming service to trans and gender diverse people.
www1.racgp.org.au/ajgp/2020/july/supporting-the-health-of-trans-patients-in-the-con

- ***Working It Out – Inclusive services training***

Tasmanian's LGBTIQ+ support and education service. They provide training for individuals and organisations to improve service delivery to LGBTIQ+ communities.
www.workingitout.org.au

Endnotes

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Hello! Could you give us feedback about this resource? We'd really like to know what you think and if reading this helped.

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Women's Health Tasmania

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