

Review of the reasons cited by GPs who refuse to prescribe medications recommended by the London Gender identity clinic

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Introduction

Transgender medicine is a rapidly expanding field. In recent years demand for services have increased drastically, with the London gender identity clinic (GIC) reporting at 380% increase in referrals between 2006 and 2016. (1) This has led to increased waiting times of sometimes up to 2 and a half years for a patient's first appointment. (2)

Due to the demand, the current model of practice is joint care, with GPs prescribing hormones under the advice of the specialists at the GICs. The GMC guidelines state that GPs 'must co-operate with GICs and gender specialists in the same way as they would other specialists, collaborating with them to provide effective and timely treatment for trans and non-binary people. This includes prescribing medicines recommended by a gender specialist for the treatment of gender dysphoria'. (3) In addition to being an effective way to reduce waiting times, it is also more convenient for patients who may live many miles from their nearest GIC.

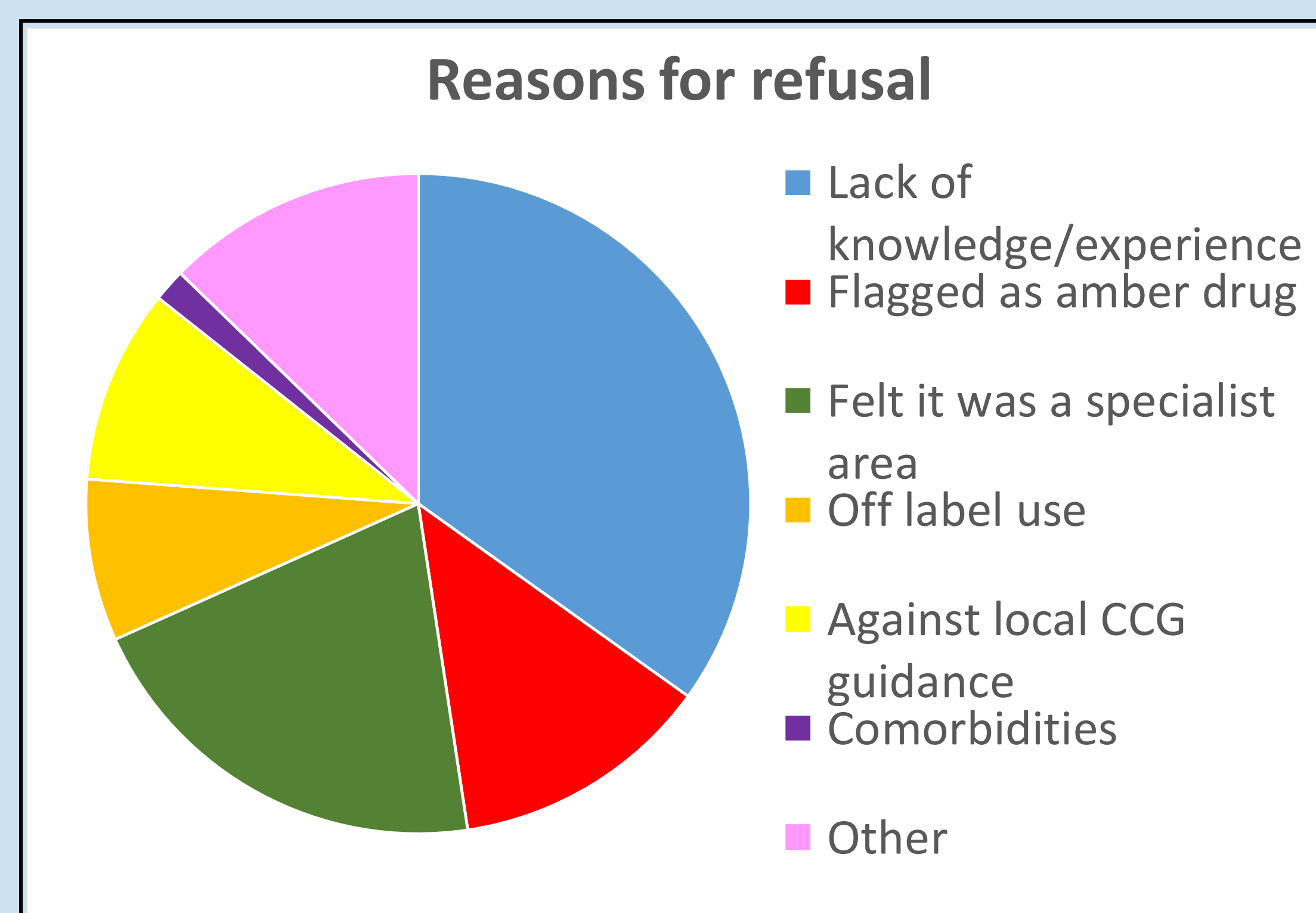
However, despite this, some GPs are refusing to prescribe the medications recommended by the GICs. Many reasons have been cited for this refusal including cost, lack of knowledge, belief that it should only be prescribed by specialists and moral objection. The aim of this audit is to review which reasons are most cited and if there are any factors that increase the likelihood of refusal. It will also analyse the effects of these refusals on how long patients are waiting for treatment.

Method

53 patients whose GPs had refused to prescribe medication recommended by the Charing Cross gender services were identified. The notes were analysed to find out age, gender assigned at birth, desired gender, drugs prescribed, reason for refusal, and dates of correspondence. Additionally, medical and psychiatric comorbidities were recorded. These were then compared against 53 controls, matched by age and gender, who had not had their prescriptions refused by their GPs.

Results

Out of the 53 patients identified whose GPs had refused to prescribe them medications, 35 were transfeminine natal males and 18 were transmasculine natal females. The average age of both groups was 32.5. Out of 53 patients, there were 54 refusals from separate GPs and a total of 63 reasons given. Refusal to prescribe hormones is uncommon (1.1%).



The most common reasons cited by GPs were lack of knowledge or experience (35.5%), they felt it was a specialized area of medicine (26.6%), it was flagged as an amber drug by their local CCG (12.7%), that it was against their local CCG guidance (9.5%) and that it was an off-label use of the drug (7.9%). Other less common reasons included concerns about the patients comorbidities (1.6%) and cost (1.6%).

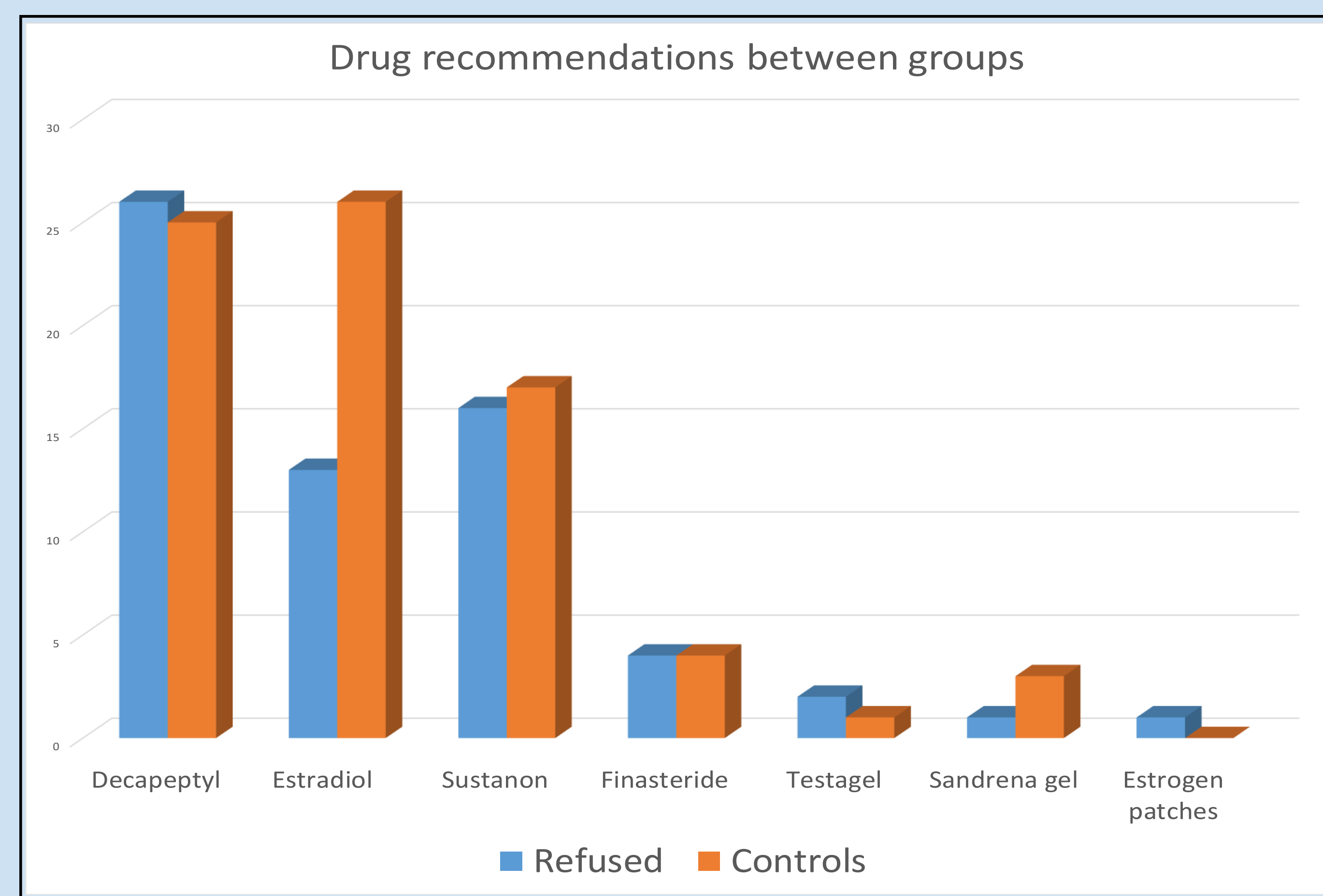
By conclusion of the study, 87% of the patients had been prescribed medication in primary care. Exact dates when medications were prescribed to the patient were unfortunately not available but the average time between recommendation, refusal and then reply by the GIC was 86 days.

When compared against controls, GPs were significantly less likely to refuse estradiol valerate than other drugs (20.6% vs 34.2%, $p=0.007$). No other drug differences between the two groups were noted. In terms of comorbidities, compared to those in the control group, those in the refused group were significantly more likely to be diagnosed with an autistic spectrum disorder (ASD) (11% vs 0%, $p=0.012$).

No significant difference between the reasons cited by the GPs and the type of drug recommended were noted, with the exception that GPs were far more likely to cite 'off the label use of medication' than other reasons when refusing to prescribe finasteride ($p=0.000$).

Results

There were no significant differences between the two groups in terms of psychiatric or medical comorbidities, sexuality, baseline BMI, systolic blood pressure or legal name change status.



Discussion

The fact that estradiol was less likely to be refused is possibly due to the fact that GPs are more familiar with the drug; it being commonly prescribed for post menopausal women and as part of the oral contraceptive pill. This is further supported by the most common reason for refusal being that they felt they had a lack of knowledge or experience with the medications they were being asked to prescribe. This indicates that a solution might be to introduce training regarding the needs of transgender patients as part of standard GP training.

CCGs are also shown to be a significant obstacle to prescribing. Often the drugs the GIC recommends are unnecessarily flagged as amber drugs or CCGs advise against prescribing hormonal treatments to transgender patients, directly contradicting GMC guidelines. This can lead to GPs being unable to prescribe even if they want to. The fact that, with the exception of Sustanon, most of the drugs are being used off-label also seems to be a concern for some GPs.

Positively, there doesn't seem to be any bias against patients with diagnosed mental illnesses or any particular sexuality. However, there seems to be a significant bias against those who have been diagnosed with an ASD. This is disheartening considering patients with ASD already have significant difficulties accessing healthcare. (4)

The average time between recommendation, refusal and then reply by the GIC being 86 days is likely an underestimation of the true delays that patients face. Some patients had to either change GP surgeries or had to wait for several letters to be sent from the GIC before the GP agreed to prescribe. These factors could potentially add weeks to the waiting time.

Conclusion

These results show that most GPs will prescribe hormones, often through simple reassurance by the endocrine team and quoting the GMC guidance. However, this refusal is having a significant effect on the quality of healthcare received by transgender patients. Delays are exacerbated by community pharmacy advice from CCGs who often unnecessarily classify transgender medications as amber drugs. Moving forward, the NHS must work towards clearer endocrine advice for primary care to ensure timely and effective treatment for transgender patients

References

- 1) Lyons K. Gender identity clinic services under strain as referral rates soar [Internet]. the Guardian. 2018 [cited 4 July 2018]. Available from: <https://www.theguardian.com/society/2016/jul/10/transgender-clinic-waiting-times-patient-numbers-soar-gender-identity-services>
- 2) Transgender people face two-year wait [Internet]. BBC News. 2018 [cited 4 June 2018]. Available from: <http://www.bbc.co.uk/news/uk-england-42774750>
- 3) Trans healthcare [Internet]. Gmc-uk.org. 2018 [cited 4 June 2018]. Available from: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#prescribing>
- 4) Nicolaidis C, Raymaker D, McDonald K, Dern S, Boisclair W, Ashkenazy E et al. Comparison of Healthcare Experiences in Autistic and Non-Autistic Adults. Journal of General Internal Medicine. 2012;28(6):761-769.