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TENI seeks to advance the rights and equality of all trans and gender diverse people in Ireland

We have three key areas of work:

- Support
- Training
- Policy

Sex vs Gender: What's the Difference?

Gender/Sex Assigned at birth: This is normally male or female and based on their anatomy or biology. Commonly referred to as 'sex assigned at birth', eg assigned female at birth (AFAB), assigned male at birth (AMAB)

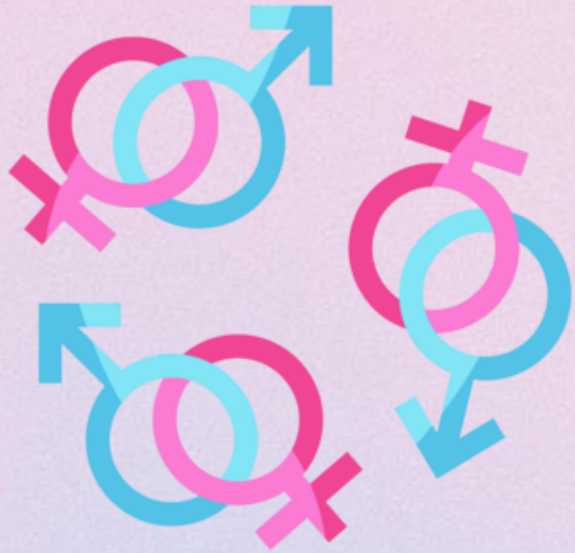
Gender Identity: A person's deeply felt identification as male, female, another gender or no gender. The gender of which a person identifies, eg trans man, trans woman, cis man, cis woman, non-binary

Gender Expression: The external manifestation of a person's gender identity.

Sexuality: The people of whom a person may be physically, sexually and/or emotionally attracted to (e.g. gay, straight, bisexual, asexual, etc)



Binary, Non-Binary and Intersex



Cisgender: A person who identifies as the gender of which they were born.

Binary Trans: A person whose gender identity is 'opposite' to the sex that they were assigned at birth. Identifying within the gender binary. For example: Trans Woman or Trans Man.

Non-Binary: An umbrella term to describe gender identities that are outside of the gender binary of 'Man' or 'Woman'. People who feel their gender identity is neither male nor female, both, none or a different gender identity altogether. For example: Non-Binary, Gender Fluid etc..

Intersex: An umbrella term to describe a person whose sex characteristics are not either all typically male or not all typically female at birth. This may include: External genitalia, internal reproductive anatomy, sex chromosomes, gonads - testicles or ovaries as well as certain sex hormone imbalances.

Transitioning

The process of “presenting” as your gender:

Social Transition: Coming out to family, friends, co-workers. Changing their name and/or pronouns. Changing outward appearance such as clothing, hair, accessories.

Legal Transition: Legally changing their name through deed-poll. Legally changing their gender through the Gender Recognition Act. Changing their name, title and/or gender marker on official documentation such as birth cert, passport, driving licence etc..

Medical Transition: Changing their physical appearance by accessing gender affirming healthcare such as: Hormone Replacement Therapy (HRT), Laser Hair Removal/Electrolysis, or other gender affirming surgeries.



Pronouns



“Hello, my name is Aisling. My pronouns are she/her. Can I ask what pronouns you use?”

Information available in Ireland



- Research conducted 2024 with Trans Healthcare Action
- No mention of us in the BNF, the IMF or the SPC!
- Our meds are there, but we are not...
- ...despite the meds we use being on the market for an average of 28 years



Medicines licensed in Ireland

Primary Sex Hormones

- Estradiol
- Testosterone

Blockers

- Spironolactone
- Cyproterone
- (Bicalutamide)
- Goserelin
- Buserelin
- Triptorelin
- Nafarelin



Other Sex Hormones

- Progesterone

Long term contraception

- Levonorgestrel
- Etonogestrel
- Medroxyprogesterone

Hair loss

- Dutasteride
- Finasteride
- Minoxidil

Bread and butter = Primary Sex Hormone ± Hormone Blocker

*Ametop and EMLA: frequently requested anaesthetic creams for hair removal therapy

International gold standard guidelines

~260 pages



S254  E. COLEMAN ET AL.

Appendix C GENDER-AFFIRMING HORMONAL TREATMENTS

Quick reference appendix

~1 A4 page!

answers most **medicines** questions



Appendix C GENDER-AFFIRMING HORMONAL TREATMENTS

- Table 1: Ideas about expected time frames for changes
- Table 2: Treatment risks
- Table 3: Regimens in youth
- **Table 4: Regimens in adults (including doses)**
- Table 5: Monitoring

Table 4. Hormone regimens in transgender and gender diverse adults*

Estrogen-based regimen (Transfeminine)

Estrogen

Oral or sublingual

Estradiol 2.0-6.0 mg/day

Transdermal

Estradiol transdermal patch 0.025-0.2 mg/day

Estradiol gel various ‡ daily to skin

Parenteral

Estradiol valerate or cypionate 5-30 mg IM every 2 weeks
2-10 IM every week

Anti-Androgens

Spironolactone 100-300 mg/day

Cyproterone acetate 10 mg/day**

GnRH agonist 3.75-7.50 mg SQ/IM monthly

GnRH agonist depot formulation 11.25/22.5 mg SQ/IM 3/6
monthly

‡ Amount applied varies to formulation and strength

Testosterone-Based Regimen (Transmasculine)

Transgender males

Testosterone

Parenteral

Testosterone enanthate/
cypionate 50-100 IM/SQ weekly or
100-200 IM every 2 weeks

Testosterone undecanoate 1000 mg IM every 12 weeks or
750 mg IM every 10 weeks

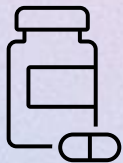
Transdermal testosterone

Testosterone gel 50-100 mg/day

Testosterone transdermal patch 2.5-7.5 mg/day

*Doses are titrated up or down until sex steroid hormone levels are in the therapeutic range. Hormone regimens do not reflect all formulations that are available in all pharmacies throughout the world. Hormone regimens may have to be adapted to what is available in local pharmacies.

**Kuijpers et al (2021).



Rules of thumb



- ¼ of a 50mg cyproterone tablet is usually sufficient to suppress T while minimising SEs
 - Spironolactone doses are usually on the higher side
- Bicalutamide usually doesn't make sense to use in Ireland
 - Other high techs are GnRHa, which are far safer
- Progesterone may be helpful in transwomen for sleep, mood, breast growth
 - Not everyone wants or benefits, we need more research here
- T can may stop periods, but not a contraceptive!
 - No C/I to EHC for transmen + regular contraception can often be used - FSRH+ASEC
- Dosage form selection is **primarily about patient preference**
 - Oral E can have slightly more SEs/Interactions due to FPM, consider avoid in polypharmacy, (esp avoid Premarin!)
- Don't overthink! The focus is usually more on getting sufficient hormone levels in blood
 - **some folks just need more!**
- Listen to trans people — patient educators — advocacy groups
 - Contraindications are rare, some cases may simply need extra planning/support

Essential blood tests for transgender people on hormone therapy

Evaluate every 3 months in the first year and then 1-2 times per year thereafter

Feminising

Trans women Transfeminine (incl. non-binary) individuals

Blood Tests

Oestradiol (E2)	Oestradiol (pmol/L*): 370-730
Total testosterone (T)	Testosterone (nmol/L*): less than 1.7

If taking cyproterone or bicalutamide: liver (LFT)

If taking spironolactone: kidney (U&E) + potassium (morning sample)

Preferred Time to Test

Injection: just before next dose	Gel: few hours after application
Patch: day after change	

Masculinising

Trans men Transmasculine (incl. non-binary) individuals

Blood Tests and Monitoring

Target Ranges

Total testosterone (T)	Testosterone (nmol/L*): 14-24
Haematocrit (FBC)	
Blood pressure + Lipids + HbA1c	

Preferred Time to Test

Most injections: midway between doses

Undecanoate injection (exception): just before next dose

Gel: morning before applying or a few hours after application

Regular blood testing is essential to providing person-centred care and engaging in a harm reduction approach for trans people.



Blood Test Quick Reference

Version 1 of PATHI's printable pocket guide for healthcare providers details the essential blood tests, monitoring, testing times, and target ranges for transgender people on hormone therapy based on the WPATH SOC8 guidelines. This is a key evidence-based resource to empower all healthcare providers to support their trans patients.

[Download](#)

Strengthening trans and gender diverse health, rights, and wellbeing.

The Professional Association for Trans Health Ireland (PATHI) is an all-island multidisciplinary organisation representing, supporting, and connecting those working to strengthen the health, rights, and wellbeing of all trans and gender diverse people across Ireland.

Become a member →

Critically Appraising the Cass Report: Methodological Flaws and Unsupported Claims

Chris Noone^{a,*}, Alex Southgate^b, Alex Ashman^c, Élé Quinn^a, David Comer^a, Duncan Shrewsbury^d, Florence Ashley^e, Jo Hartland^f, Joanna Pashdag^g, John Gilmore^h, Natacha Kennedyⁱ, Thomas Woolley^j, Rachel Heath^k, Ryan Goulding^l, Victoria Simpson^m, Ed Kielyⁿ, Sibéal Coll^o, Margaret White^p, D.M. Grijseels^q, Maxence Ouafik^r, Quinnehtukut McLamore^s

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Yale Law School

An Evidence-Based Critique of the Cass Review

An Evidence-Based Critique of “The Cass Review” on Gender-affirming Care for Adolescent Gender Dysphoria

Meredithe McNamara, MD MSc, Assistant Professor of Pediatrics, Yale School of Medicine

Kellan Baker, PhD, MPH, MA, Executive Director, Whitman-Walker Institute

Kara Connelly, MD, MCR, Associate Professor of Pediatrics, Division of Endocrinology, School of Medicine, Oregon Health & Science University

Aron Janssen, MD, Associate Professor of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine

Johanna Olson-Kennedy, MD, Professor of Clinical Pediatrics, Keck School of Medicine of University of Southern California

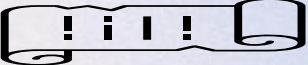




Ken C. Pang, FRACP, PhD, NHMRC Leadership Fellow and Senior Principal Research Fellow, Murdoch Children's Research Institute, VIC Australia

Ayden Scheim, PhD, Assistant Professor of Epidemiology, Dornsife School of Public Health, Drexel University

Jack Turban, MD, MHS, Assistant Professor of Psychiatry & Behavioral Sciences and Affiliate Faculty at the Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco

Anne Alstott, JD, Professor of Law, Yale Law School

Bad Actors: The Cass Report

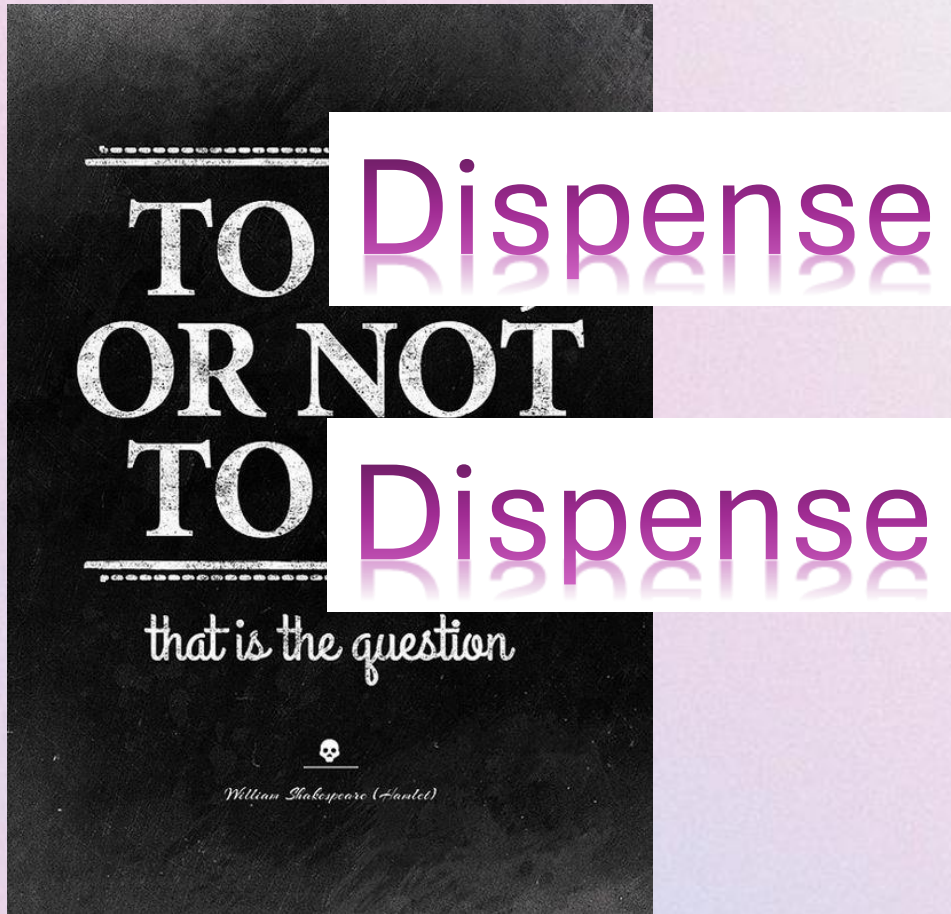
- ~400 pages for the main report alone 
 - focus: only youth; but misused against adults too
- Cochrane-recommended ROBIS tool !
 - high risk of bias found across all 7 reviews
- Double standards 
 - Incoherent scorings, recommendations
- Misrepresentation of our community 
 - Restriction of care — old myths resurface
- Bad science 
 - Hiding limitations!!
- Our community needs your help 
 - This is a hard time to be trans



- 67% use their local pharmacy for all prescriptions
- 15% use a different pharmacy for gender affirming prescriptions
- 32% have felt uncomfortable or discriminated against in a pharmacy
- 63% have felt anxious or stressed about going to pharmacy
- 30% have delayed going to pharmacy over concerns about how they are treated
- 33% felt they needed to educate the pharmacist in relation to their medication and why they were taking it

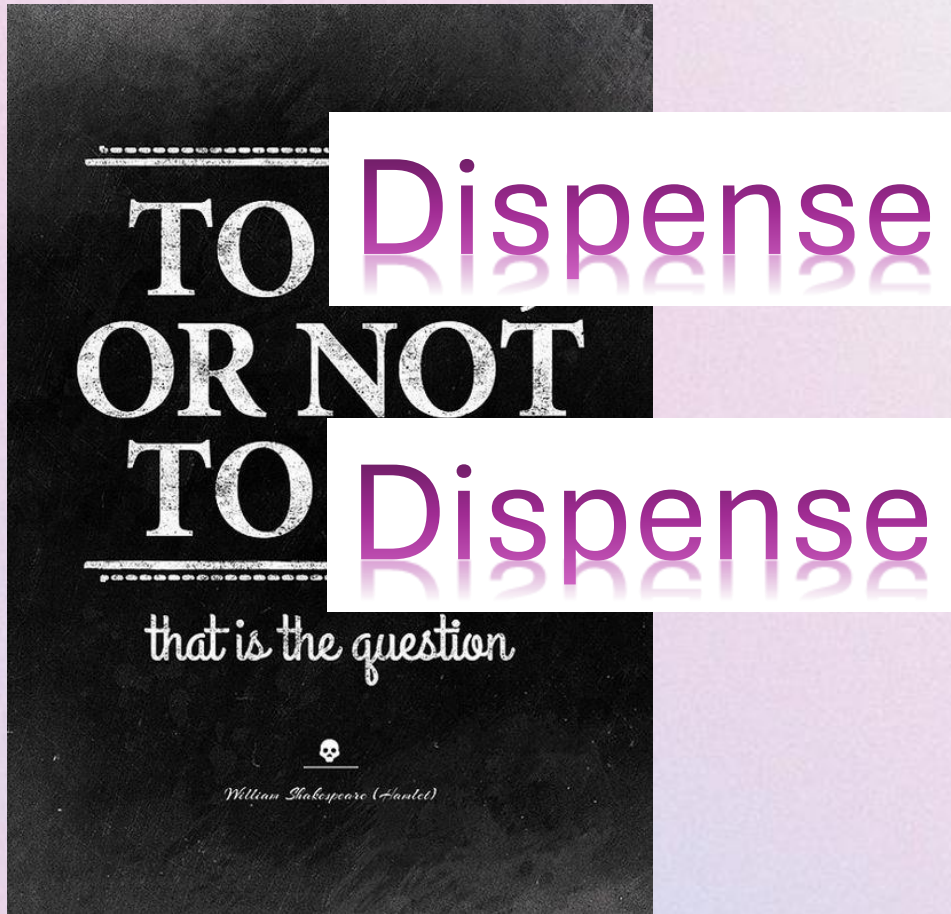


Ethical Dilemmas!



- Case by case basis
- Talk to patient
- Discuss with prescriber
- Discuss with colleagues
- Reference sources – WPATH
- Evidence available
- Record details of discussions
- Make decision in best interests of patient

Ethical Dilemmas!





To be Rainbow Ready:

- Understanding and discretion
- Proper training for specific needs of gender diverse community
- Know rules of supply – lots of EU scripts, High Techs on private Rx
- Understand guidelines for unlicensed medicine and off label use
- Clear privacy guidelines
- Support for ‘DIYing’ – split boxes of needles, answer questions



"Do the best you
can until you know
better.
Then,
when you know
better,
do better."

Maya
Angelou



Is your workplace inclusive of Gender-diverse Community?

- Knowledge of key LGBTQIA+ terms
- Inclusive communication
- Gender-related data management
- Visible symbols of support
- Trained staff
- Knowledge and patient-centred care
- 30% of survey participants said they thought pharmacists were doing their best despite constraints of healthcare system



Is your workplace inclusive of Gender-diverse Community?

- Knowledge of key LGBTQ+ issues
- Inclusive communication
- Gender diverse staff
- Visible support
- Trained staff
- Knowledge of local resources and care
- 30% of survey participants said they thought pharmacists were doing their best despite constraints of healthcare system

Most importantly, is your workplace somewhere that the gender-diverse community can feel safe, cared for and empowered?



Work in Progress

- Training for pharmacy technicians and pharmacy support staff from SETU/TENI
- Research into educational needs of pharmacists – gender diverse healthcare
- Building a community to design a Rainbow Ready Pharmacy Programme – click on QR code to sign up!
- Training programmes under construction by PATHI for Primary and Allied Healthcare Professionals

Rainbow Ready Pharmacies:
Building a Community



Resources

- PATHI (collaborative forum, news and blood test quick reference guide) – pathi.ie
- WPATH Standards of Care Version 8 – wpath.org/publications/soc8/
- Noone et al. – BMC Cass critique – bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-025-02581-7
- McNamara et al. - The Yale Critique – law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf
- TGEU 2022 trans health map – Ireland ranked worst in Europe - tgeu.org/trans-health-map-2022/
- BelongTo – Being LGBT in Ireland – belongto.org/support-our-work/advocacy/lgbtq-research/being-lgbtqi-in-ireland-2024/
- Rainbow Health Ontario – some useful graphics for patient understanding- rainbowhealthontario.ca/TransHealthGuide

Resources (continued)

- FSRH guidance on regular contraception and EHC in trans and nonbinary people – <https://www.fsrh.org/Common/Uploaded%20files/documents/contraceptive-choices-and-sexual-health-for-transgender-non-binary-people-oct-2017.pdf>
- "Drug–drug interactions between gender-affirming hormone therapy and antiretrovirals for treatment/prevention of HIV" – PreP and antiretrovirals are mostly well tolerated, detailed tables, WPATH says HIV prevention and treatment are not C/Is to care, also can use liverpool interactions checker - <https://doi.org/10.1111/bcp.16097>
- BMS guidelines on switching dosage forms and gels – <https://thebms.org.uk/wp-content/uploads/2024/02/15-BMS-TfC-HRT-preparations-and-equivalent-alternatives-JAN2024-B.pdf>

Education Resources

- [eLearning Programme for Pharmacy and Health Professionals Supporting Medically Underserved Communities](#)
- [Human Rights Foundation: Providing LGBTQ+-Inclusive Care and Services At Your Pharmacy](#)
- [Human Rights Foundation: Transgender and Gender Diverse Pharmacy Resource Guide](#)
- [National LGBTQIA+ Health Education Center \(sic\): Learning Resources](#)
- [Pride in Practice - LGBT Foundation](#)
- [Transgender Europe: Guidelines to Human Rights-based Trans-specific Healthcare](#)
- [WPATH Global Education Initiative: Certified Training Courses](#)