The Tavistock and Portman
NHS Foundation Trust

Freedom of Information Act 2000 disclosure log entry

Reference
22-23397

Date response sent
24/02/23

Subject
GIC-Background for recent standard letter on self-medication

Details of enquiry
I have a copy of a standard letter titled "Approach to self-medication for trans women and transfeminine people", distributed recently by the GIC in your trust*. I would like to request:

1. Previous editions of this letter which were sent (and as such published), or letters/documents with the same purpose or filling the same role.
2. - The names of the authors of the letter, which seems to be in the public interest, given this is essentially a clinical policy document
3. - Reasons for changes to the letter (or switching from one letter/document to another), as recorded in a document management system or in emails, minutes, etc regarding the letter (I would note this does not require a full email or minutes search- asking the authors for copies of the relevant emails, minutes, or other documents)
4. - Any evidence basis for the letter (references to studies, or for example MHRA announcements as presumably it's advice on cyptroterone is based on) which is documented to have influenced the letter(obviously, subject matter experts such as the presumed authors may not record every influence- I'm asking for the ones which are recorded, and used in the final document- those rejected or used in drafts are obviously exempt.)

Response sent
1. Previous editions of this letter which were sent(and as such published), or letters/documents with the same purpose or filling the same role.
   The Trust does not hold any previous versions of this standard leaflet.

   The leaflet serves to provide standard safety advice for patients on the waiting list – it is not a public document and is only sent out to named patients on our waiting list.
2. The names of the authors of the letter, which seems to be in the public interest, given this is essentially a clinical policy document
   We do not hold this information. This standard leaflet has been in use for many years.

Please kindly note that the self-medication leaflet, to which you refer, is a clinical advice document and not a Trust policy document

3. Reasons for changes to the letter (or switching from one letter/document to another), as recorded in a document management system or in emails, minutes, etc regarding the letter (I would note this does not require a full email or minutes search- asking the authors for copies of the relevant emails, minutes, or other documents)
   Not applicable. See our response to Q1 above.

4. - Any evidence basis for the letter, (references to studies, or for example MHRA announcements as presumably it's advice on cyptroterone is based on) which is documented to have influenced the letter(obviously, subject matter experts such as the presumed authors may not record every influence- I'm asking for the ones which are recorded, and used in the final document- those rejected or used in drafts are obviously exempt.)
   a) https://www.gov.uk/drug-safety-update/cyproterone-acetate-new-advice-to-minimise-risk-of-meningioma
   b) Weill BMJ 2021; 372:n37 http://dx/doi/org/10.1136/bmj.n37
   c) Nota BRAIN 2018: 141; 2047-2054 https://doi.org/10.1093/brain/awy108
   d) Seal JECM 2012 97: 4422-4428 https://doi.org/10.1210/jc.2012-2030

Approach to self-medication for trans women and transfeminine people

Self-medication can result in the use of products that may not contain the medication stated on the packaging, or the dosing may not be accurate as they are not from regulated pharmaceutical suppliers. An individual who is self-medicating should be **advised to stop and await assessment** by the clinic they are referred to.

If the person declines to stop check the safety blood tests to make sure they are clinically safe. They should be advised to reduce the dose of oestrogen they are using to **no more than standard cis female HRT** (estradiol tablets 2mg, estradiol patches 25 micrograms twice a week, or Sandrena gel 0.5mg).

If they have a **contraindication** to oestrogen therapy (see BNF) they should be advised to stop.

If they are **smoking** they should be advised to stop smoking as this adds to risk of VTE. Nicotine replacement may be helpful.

If they are taking antiandrogens such as **spironolactone or cyproterone acetate they should be advised to stop** as they can compromise final breast outcome, can cause depression. Spironolactone can risk hyperkalaemia and increases risk of upper gastrointestinal bleeding. Cyproterone acetate is associated with development of meningiomas. Finasteride at 5mg per day may be a safer option.

If they are taking **progesterone they should be advised to stop** as this increases the cardiovascular and breast cancer risk of oestrogen treatment and reverses oestrogen induced cell proliferation.

As a **harm reduction measure** it is advisable to check the safety monitoring bloods below to ensure that physical harm has not occurred:

Every	Oestradiol (<600 pmol/L)
3-6 Months	Prolactin (<1000 mIU/L)
	LFTs
	Lipid Profile
	Blood Pressure
	Weight

It may be appropriate to contact the GIC you are referring the client to for further advice.