

# Case study example 1



These case studies are a way to illustrate different ways to integrate LGBT+ inclusion in the MPham programme. If you have any great examples not included here, please share them by emailing [lgbt@the-pda.org](mailto:lgbt@the-pda.org)

Case study 1	Things to consider
<p>You are a community pharmacist working on a busy Saturday.</p> <p>A patient enters the pharmacy, approaches you and quietly requests emergency hormonal contraception (EHC) to prevent pregnancy after unprotected sex. You are unsure of the patient's gender, although they have a typically masculine appearance.</p> <p>As the pharmacist, you must determine if oral emergency contraception is suitable for patients requesting it.</p>	<p><b>Confidentiality:</b></p> <ul style="list-style-type: none"><li>• Invite the patient to use the private consultation room, as you would in any EHC consultation.</li></ul> <p>Is the person in front of you the patient, or are they requesting for somebody else? (Think WWHAM).</p> <p><b>Open-ended questions:</b></p> <ul style="list-style-type: none"><li>• 'Could you explain why you think you might be at risk of pregnancy?'</li></ul> <p>Do not attempt to 'out' the patient by asking personal questions about their gender identity or sex assigned at birth.</p> <p>The <a href="#">Faculty of Sexual and Reproductive Healthcare</a> states that the supply of EHC does not differentiate between people who are assigned female at birth (AFAB), including trans men and non-binary individuals, even if they are medically transitioning.</p> <p>Testosterone and gonadotropin-releasing hormone analogues both cannot be relied on for contraceptive protection.</p> <p>As with any EHC consultation, ensure that EHC is appropriate for the patients and counsel about using barrier methods of contraception, and regularly testing for sexually transmitted infections.</p>

Case study 1 simply highlights the awareness needed to help LGBT+ patients access hormonal contraception.

## Case study example 2



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### Case study 2

### Things to consider

You are presented with the following prescription on 28 of December 2021.

Pharmacy Stamp

Age: 22

Home (including forename and address): Miss Anna Smith, 12 High Street, Sunderland

Date of Birth: 11/11/1999

Prescription: Sustanon 250mg/1ml injections, As directed

Signature of Doctor: Dr Alan Webber, Sunderland Medical Centre, Sunderland, SR1 1JJ

Date: 28/11/2021

What are the key things you should think about with regards to this prescription?

Sustanon (testosterone undecanoate) is a brand of testosterone injection licensed for the treatment of hypogonadism in males, and for supporting the medical transition of transgender men, and other transmasculine people.

#### Clarify the patient's preferred name and pronouns

- The name on the prescription could be a 'deadname' (the patient's name prior to transitioning) and using it could cause distress.
- Some systems like ProScript Connect allow for pop-ups to be set up to avoid deadnaming patients, despite the rigid digital systems that prevent patients from changing gender without a new NHS number. Keep in mind some patients might not be comfortable outing themselves to all pharmacy staff.

#### Legal issues

- Testosterone injections are Schedule 4 part II-controlled drugs, which means the prescription is expired as it is over 28 days old and will therefore need to be reissued.

#### Clinical issues

- Who is going to administer the injection? If it is the patient, do they know how to administer an intramuscular injection?
- Monitoring: see guidance from the Northern Region Gender Dysphoria Service.

Case study 2 is a specific example of hormonal replacement therapy (HRT) for a trans person. It highlights the clinical, legal, and social ramifications for the patient. There is a debate on whether MPharm students need to learn about the clinical therapeutics and specifics of HRT as it is quite specialist, but as a baseline, students need to know how to address trans people appropriately, have a basic awareness of what trans people's health needs are, and treat them with respect and dignity, like any other patient.

## Case study example 3



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### Case study 3

### Things to consider (besides the medication review)

You are a GP pharmacist conducting a medication review for a 48-year-old cisgender woman.

She has a past medical history of hypertension, depression and has a family history of cervical cancer.

She takes amlodipine 5mg OD and sertraline 100mg OD. Upon questioning, you find that she enjoys drinking at her local pub with her wife.

#### Non-pharmacological support for mental health:

- Strengthen your menu of 'social prescriptions' with [support groups for LGBT+ people](#).

#### Ask when she last attended a cervical screening, and whether she has booked her next appointment

- Lesbians and bisexual women are less likely to attend cervical screening compared to heterosexual women.

#### Assess her alcohol intake

- Support people to [reduce their alcohol intake](#).
- According to [Stonewall](#), 1 in 6 LGBT+ people drink alcohol every day; this is related to [minority stress](#).

Case study 3 aims to normalise LGBT+ people in healthcare content by including them in the curriculum not specific to their sexual orientation or gender identity. The medications in this can be changed to suit the educator's needs, but the point of representation remains. This case also highlights the health inequalities faced by women who have sex with women (WSW).

'Trans broken arm syndrome' is a phenomenon when a healthcare professional is overly focused on patients' hormone therapy, instead of assessing the patient holistically. This syndrome applies to any underrepresented groups within healthcare education.