**ALL ABOUT BRIDGING PRESCRIPTIONS**

**This information was taken from a UKFTM.tumblr.com resource that can be found** [**here**](https://ukftm.tumblr.com/post/131703317401/bridging)**.**

***UPDATE (23/09/16):*** *Since writing this post new information has been published, meaning that bridging prescriptions are likely to be much harder to obtain than they were previously.  The GMC has clarified their statement to state that bridging prescriptions should only be given where the individual is already self-medicating.  As well as the update on the website you can also read copies of the correspondence with the BMA which lead to this clarification [here](https://t.umblr.com/redirect?z=https%3A%2F%2Fwww.bma.org.uk%2F-%2Fmedia%2Ffiles%2Fpdfs%2Fworking%2520for%2520change%2Fnegotiating%2520for%2520the%2520profession%2Fgeneral%2520practitioners%2Fletter-to-gmc-on-specialist-prescribing-may-2016.pdf%3Fla%3Den&t=N2YwMjRmNTMxZDU0M2FhYjQwOTljMTYzYWM5MDJkZTkxYmRlZDQ0NixVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank) and [here](https://t.umblr.com/redirect?z=http%3A%2F%2Fwww.gmc-uk.org%2FSusan_Goldsmith_to_Chaand_Nagpaul_BMA_GP_committee.pdf_66389596.pdf&t=ODdkYTY0MmU2MmM5Zjg1NGE5ZjZkOTY3YjU2NzgzMDgxZTcyNTIwYixVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank).  The BMA also discuss this in their “*Gender incongruence in primary care*” document, which can be downloaded [here](https://t.umblr.com/redirect?z=https%3A%2F%2Fwww.bma.org.uk%2F-%2Fmedia%2Ffiles%2Fpdfs%2Fpractical%2520advice%2520at%2520work%2Fgp%2520practices%2Ffocus-on-gender-incongruence-in-primary-care.pdf%3Fla%3Den&t=ZDAyY2EyNTdhMWQ3MDgxMWMwMWEzMzdiOTdjN2U5OTBjMTRhMzQzNCxVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank).*

*I have left the original information intact, with the exception of updating the quote from the GMC’s website, as it has been linked to in several places.  It has however important to note that bridging prescriptions do go against GMC guidance, and requests for bridging prescriptions are both now unlikely and are putting GPs in difficult situations.*

It is quite rare that a GP is willing to do this, but it is possible, and is known as a bridging prescription (‘bridging’ the gap until you are under the care of a gender identity clinic).  This was introduced in order to reduce the risk to people who would have been self-medicating, however people are increasingly starting to find that some GPs are willing to simply start prescribing testosterone.  Whether or not your GP is willing to do this really just comes down to finding a supportive GP and asking them for it, although there is some documentation which can help to support your request.

~~After assessing the risk and screening for medical contraindications to hormone therapy use, you should seek advice from a GIC or gender specialist to find a hormone therapy regimen that has the lowest risk for your patient.~~ [redacted, see information regarding updates above]

In summary, a GP should only consider issuing a bridging prescription in cases where all the following criteria are met:

a. the patient is already self-prescribing with hormones obtained from an unregulated source (over the internet or otherwise on the black market

b. the bridging prescription is intended to mitigate a risk of self-harm or suicide

c. the doctor has sought the advice of a gender specialist, and prescribes the lowest acceptable dose in the circumstances.

**- GMC’s [Transgender healthcare: guidance for doctors](https://t.umblr.com/redirect?z=http%3A%2F%2Fwww.gmc-uk.org%2Fguidance%2Fethical_guidance%2F28852.asp&t=OGUwYTBmOWUwNGUxMzZmMjg3MWU0YmU2M2VmZDBiZjAzOThlNTAzNixVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank)**

However, the GIC physician, the patient’s GP or another medical practitioner involved in the patient’s care may prescribe “bridging” endocrine treatments as part of a holding and harm reduction strategy while the patient awaits specialised endocrinology or other gender identity treatment and/or confirmation of hormone prescription elsewhere or from patient records.

- **Page 16, [Interim Gender Dysphoria Protocol and Service Guideline 2013/14](https://t.umblr.com/redirect?z=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2013%2F10%2Fint-gend-proto.pdf%2317&t=Nzg3OGM3NjY4Y2UyODg3OWM4YzRlMDUyZWVhZWJhZjdkYmQ0MTE3MSxVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank)**

However, it is possible for hormone treatment to be initiated locally by the GP, if he or she is comfortable with undertaking this treatment, or by a local endocrinologist, or by both these clinicians working together (these and others, such as psychiatrists, may be regarded as gender specialists). Where long distances and long waiting lists must be overcome in order to access treatment at a GIC, it may be desirable to provide all relevant treatments locally. A model for a de-centralised community based approach that does not involve a GIC exists elsewhere, notably in Vancouver, Canada.

- **Page 54, [Guidance for GPs and other clinicians on the treatment of gender variant people, 2008](https://t.umblr.com/redirect?z=http%3A%2F%2Fwww.gires.org.uk%2Fassets%2FDOH-Assets%2Fpdf%2Fdoh-guidelines-for-clinicians.pdf%2356&t=M2FkMGZhNTI0YTg4NDhlYzg2ZTRhOTVlMjMyZTQ5NDc5ZTlmN2VkNSxVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank)**

These factors and the anticipated delay in obtaining treatment on the NHS have led to increasing numbers of people self-medicating. Hormones and hormone-blockers are readily available via the internet. The medical practitioner or specialist must consider the risks of harm to  the patient by not prescribing hormones in these circumstances. The WPATH standards of care (World Professional Association for Transgender Health, 2011) suggest the prescribing of a ‘bridging’ prescription on an interim basis for a few months while the patient is referred to a gender specialist and an endocrinologist

This document also has detailed information on monitoring blood tests on page 54 onwards.  
- **Page 21, [Good practice guidelines for the assessment and treatment of adults with gender dysphoria, October 2013](https://t.umblr.com/redirect?z=http%3A%2F%2Fwww.rcpsych.ac.uk%2Ffiles%2Fpdfversion%2FCR181_Nov15.pdf%2322&t=ODZhMzBjMjM5Yzg4MGVmMzJhOWY4ZWI2M2Y2ZGMyNWJjMTkyNzFlYyxVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank)**

GPs can provide a limited ‘bridging prescription’ for a few months as a holding and harm reduction strategy while future specialist provision is sought. When considering offering a bridging prescription, the GP should seek guidance from a gender specialist provider, preferably the one to whom the individual has already been referred, or is likely to be referred. If you have not yet made a referral to a Specialist Gender Identity Service (SGIS) [GIC] then you need to do this now. If there is likely to be a delay, refer the individual to an endocrinologist. Meanwhile, you should assess the individual’s current regimen for safety and drug interactions, and substitute safer medications or doses when indicated (WPATH, 2011). Standard products and monitoring guidance can be found later in this module.

**[- RCGP Learning online module on Gender Variance](https://t.umblr.com/redirect?z=http%3A%2F%2Felearning.rcgp.org.uk%2Fcourse%2Fview.php%3Fid%3D169&t=OWNlODlmZDIyN2VmNDA5MWY5M2E1NzI0NTc5MTFjZjBhYWZmZGNmYixVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank) [[screenshot](https://t.umblr.com/redirect?z=http%3A%2F%2Fi.imgur.com%2FZzooAbf.jpg&t=OWEzODA2NWZkNGJjZTg3MjgzNDcwYjE2Zjg2MjdjMGQ5NmJjNDEyMixVZzR4bGRjTQ%3D%3D&b=t%3Axa5HioU1sLyCEfuW9nUC6g&p=https%3A%2F%2Fukftm.tumblr.com%2Fpost%2F131703317401%2Fbridging&m=0" \t "_blank)]**

It is also advised to request your GP to refer you to a local endocrinologist so that they can get support in ensuring that your bloods are correctly monitored, and your dosage correctly adjusted if necessary.  In some cases the prescriptions come from the endocrinologist rather than that GP.

It is important to remember that this is still something which is very uncommon, and not to get your hopes up too much as GPs are well within their rights to refuse to do this if they are uncomfortable doing so (unlike if testosterone is recommended by a GIC where they are expected to cooperate).

~ Alex