

Corporate Services



2 December 2021

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Dear [REDACTED]

YOUR OFFICIAL INFORMATION ACT (1982) REQUEST HBDHB REF: OIA2021148

I refer to your Official Information Act request dated 9 November 2021 where you requested information from Hawke's Bay District Health Board (HBDHB). Your questions and HBDHB's response is provided below:

I am asking for clarity around the use by your clinical experts of the phrase 'largely reversible' which contradicts MOH and does, indeed, suggest, your experts know of cases where they werent

Hawke's Bay DHB base our response and management of gender affirming healthcare on the New Zealand Guidelines published in the New Zealand Medical Journal (NZMJ), December 2018 as follows:

"Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa, New Zealand."

Jeannie Oliphant, Jaimie Veale, Joe Macdonald, Richard Carroll, Rachel Johnson, Mo Harte, Cathy Stephenson, Jemima Bullock, David Cole, Patrick Manning.

"..Puberty suppression using gonadotropin releasing hormone (GnRH) agonists Puberty blockers can be prescribed from Tanner stage 2 to suppress the development of secondary sex characteristics and may be still beneficial when prescribed later in puberty to prevent ongoing masculinisation/feminisation.

"Puberty blockers are considered to be fully reversible and allow the adolescent time prior to making a decision on starting hormonal therapies. Monitoring of height is recommended as adult height may potentially be increased if prolonged puberty suppression delays epiphyseal fusing. A bone age may be helpful to assess whether epiphyseal closure has occurred when considering what rate of hormonal induction to use.

"Concern has been raised regarding the long-term impact of puberty suppression on bone mineral density. It is therefore advisable to encourage young people on puberty blockers to have an adequate calcium intake, provide vitamin D supplementation where needed and encourage weight bearing exercise. Bone density measurements (DEXA) can be considered in those requiring a prolonged period on puberty blockers or have significant additional risks for reduced bone density.

"Puberty blockers halt the continuing development of secondary sexual characteristics, such as breast growth or voice deepening, and relieve distress associated with these bodily changes for trans young people. For trans men and others assigned female at birth, the puberty blockers will induce amenorrhoea, reducing distress associated with menstruation.

C H I E F E X E C U T I V E ' S O F F I C E

Hawke's Bay District Health Board

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“Currently goserelin (Zoladex®) implants have sole subsidy status, although leuprorelin (Lucrin®) injections are fully funded for children and adolescents who are unable to tolerate administration of goserelin.18 Table 2 presents clinical recommendations for puberty blockers, and standard dosing schedules. Puberty blockers should be continued until further treatments such as initiating other anti-androgens, accessing orchiectomy or other surgical interventions are decided on”.

For the full article, please click this link: <https://journal.nzma.org.nz/journal-articles/guidelines-for-gender-affirming-healthcare-for-gender-diverse-and-transgender-children-young-people-and-adults-in-aotearoa-new-zealand#tabs-menu>

Hawke’s Bay DHB is not aware of a case where puberty blockers were stopped, and gender affirming steroids not started, where the puberty blockade was not reversible. However, because of the concern about bone mineral density we use the cautious term “largely reversible and safe”. Perhaps it would have been more accurate to say “fully reversible and largely safe”.

The guidelines are fully referenced and give clinicians confidence that they are giving patients evidence based advice.

I trust this information meets your needs. If you would like any further information or clarification please phone me. If you are not satisfied with this response you may contact the Office of the Ombudsman, phone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Hawke’s Bay DHB website after your receipt of this response.

Yours sincerely



Chris Ash
Chief Operating Officer

cc: *Ministry of Health via email: SectorOIA@moh.govt.nz
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