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- Transgender means the sex assigned at birth does not match a person's gender identity.
- Gender dysphoria is a diagnosis that requires medical treatment, but not a requirement to be part of the transgender community.
- It is important to understand the risks and benefits of hormone therapy.
- Taking care of mental and sexual health are important for the well-being of transgender patients.

**Gender identity** and **sexual orientation** are different things.

- Sexual orientation is about your attraction to other people. Examples include straight, gay, lesbian, bisexual, pansexual and asexual.
- Gender identity is about your inside feelings and how you name your gender. Examples include male, female and nonbinary.

**Transgender** is a term for people whose gender identity is different from the sex (male, female or intersex) given to them at birth. A transgender woman was assigned male at birth but identifies as female. A transgender man was assigned female at birth but identifies as a man. Transgender also includes **nonbinary**, a gender identity which does not fit into a set male or female gender within the binary of man and woman.

**Gender Incongruence** is when a person feels uncomfortable or discontented by their assigned sex and gender identity not matching.

**Gender dysphoria** is a diagnosis where someone feels anxious or stressed when their assigned sex and gender identity do not match.<sup>1</sup> Not all transgender people have gender dysphoria<sup>2</sup>; however, some medical providers or insurance companies require a diagnosis to provide gender-affirming medications or procedures, but this is not always necessary.

## Pathways to Gender-Affirming Hormone Therapy<sup>4</sup>

### Medications Before Puberty Ends<sup>3</sup>

Medications called puberty “blockers,” such as leuprolide, can be started shortly after puberty starts to delay further development. Parents and children should talk to an endocrinologist (hormone doctor) about these medications.

### Hormone Therapy

Hormone therapy can be prescribed by any provider who is comfortable managing hormones. Hormone therapy can be used, along with other treatments, to help someone change their outward appearance to match their gender identity. Depending on your provider's experience, they may want a referral letter from a mental health professional to rule out other diagnoses such as body dysmorphia (being uncomfortable with your body/certain parts of your body not related to gender identity).

It is important to understand all the risks and benefits of gender-affirming hormone therapy. People need to make an informed decision before starting any medications.

## Feminizing Hormone Therapy<sup>4</sup>

Feminizing hormone therapy consists of hormones that increase estrogen (hormone responsible for female features) and block testosterone (hormone responsible for male features). Medications that block testosterone may also called anti-androgens.

- **Estrogen** comes in a pill, patch, or injection. Side effects may include migraines, mood swings, hot flashes, weight gain, decreased sexual desire, and more seriously, blood clots. If you smoke or are older than 35 years old, your risk for blood clots is higher.
- **Spirolactone** is a pill that blocks testosterone. Side effects may include dizziness, low blood pressure, and high potassium.

## Masculinizing Hormone Therapy<sup>4</sup>

Masculinizing hormone therapy consists of testosterone (hormone responsible for male features).

- **Testosterone** comes as an injection, gel or a patch. Side effects include hair loss, migraines, acne, or high red blood cell count.

## Mental Health<sup>5</sup>

People of all gender identities experience depression and other mental health conditions. Due to many factors including hormone changes and discrimination, counseling while transitioning may be helpful. It is important to talk to your provider about your mood and mental health.

If you (or a loved one) are experiencing a mental health crisis, call a suicide hotline immediately.

For the National Suicide & Crisis Lifeline, dial 988.

Transgender-specific suicide hot lines:

- Trevor Project: Call 866-488-7386 or Text 'Start' to 741-741
- Transgender Lifeline: 877-565-8860 (12 PM to 8 PM Central time zone)

## Sexual Health<sup>4</sup>

Changes in hormones can affect sexual desire, pain, or performance. It is important to talk to your health care providers about sexual health, even if you feel uncomfortable.

Practicing safe sex is important for everyone. Some individuals at higher risk for HIV infection take a medication to help lower their risk, such as tenofovir/emtricitabine (Truvada<sup>®</sup>) or emtricitabine/tenofovir alafenamide (Descovy<sup>®</sup>), also known as PrEP (Pre-exposure prophylaxis), in addition to using condoms. There is also a monthly shot, cabotegravir (Apretude<sup>®</sup>), available to help lower risk of HIV infection.

## Effects

Every person is different, but hormone effects may take several months before becoming noticeable:<sup>3</sup>

Time to Feminizing Effects	
Less muscle mass/strength	3-6 months
Softer skin/decreased oiliness	3-6 months
Breast growth	3-6 months

Time to Masculinizing Effects	
Facial/body hair growth	6-12 months
More muscle mass/strength	6-12 months
Deeper voice	6-12 months
Periods stop	1-6 months



Go online to find more information about transgender hormone therapy and to view the references for this toolkit.

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