

Guide for Feminizing GAHT*

Before Starting Therapy	Starting Therapy
<ol style="list-style-type: none"> 1) Diagnose Gender Dysphoria-transfeminine <ol style="list-style-type: none"> a) If you have doubts about diagnosis, refer to mental health in UHealth ITP 2) Review information sheet with the patient, have patient sign, upload into patient chart 3) Discuss goals of therapy 4) Discuss fertility/ Refer to for cryopreservation if interested 5) Labs: CMP, HA1c, lipid panel 	<p>Estrogen forms and starting doses:</p> <ul style="list-style-type: none"> • Estradiol - oral <ul style="list-style-type: none"> ○ 1 – 2 mg daily • Estradiol - patch <ul style="list-style-type: none"> ○ .05 - .100 mg/day • Valerate or Cypionate - IM <ul style="list-style-type: none"> ○ 2 mg every week OR ○ 5 mg every two weeks <p>(see below for injection supplies)[±]</p> <p>Testosterone blocker:</p> <ul style="list-style-type: none"> • Spironolactone <ul style="list-style-type: none"> ○ 50 – 100 mg daily • Alternatives include 5-alpha-reductase inhibitors and GnRH agonists (Consult endocrine for assistance) <p>Considerations:</p> <p>Consider risk for thrombosis/stroke/MI</p> <ul style="list-style-type: none"> • If high risk; i.e. tobacco use, >40 years old, hypertriglyceridemia, traditional CVD risk factors, migraines; encourage patches • If patient is not amenable to patches, IM may be safer than PO (watch levels) <p>Injection teaching:</p> <p>Please ask your team nurse.</p>
Monitoring Therapy	Pearls for Therapy
<p>Labs:</p> <ul style="list-style-type: none"> • Assess labs every three months until at goal, then six months, then annually. • At first three-month check <ul style="list-style-type: none"> ○ Lipids, Estradiol, testosterone, electrolytes • After that, every three months until at goal: <ul style="list-style-type: none"> ○ estrogen, testosterone, electrolytes (if on spironolactone) • Once stable, labs 6 months to 1 year <p>Estradiol Goal: 100 – 200 pg/ml</p> <p>Testosterone Goal: < 55 ng/dl</p>	<p>Maximum doses (typically):</p> <ul style="list-style-type: none"> • Estradiol - oral <ul style="list-style-type: none"> ○ 8 mg daily – BID if dosing over 2 mg (per endo society, max = 6 mg) • Estradiol - patch <ul style="list-style-type: none"> ○ .200 mg /day ○ Patients often find > 2 patches cumbersome • Valerate or Cypionate - IM <ul style="list-style-type: none"> ○ 10 mg weekly OR ○ 20 mg every two weeks • Spironolactone <ul style="list-style-type: none"> ○ 100 – 200 mg daily ○ 400 mg daily maximum <p>Considerations</p> <p>E-consult or full endocrinology referral</p>

*This guide is not meant to be definitive. It was developed by endocrinologists and general internists at University of Colorado School of Medicine. Always use a patient-centered approach judgement to decision-making.

±Ordering injection supplies

- Order either 1mL or 3mL syringes (based on previous prescription OR pharmacy availability)
- Order 18G x 1" needle as a draw needle
- Order 23G x 1" needle if injection is IM (intramuscular)