uchealth

Integrated Transgender Program – Anschutz Medical Campus

Patient Identification Label
Name
MRN
DOB
Date of service

Understanding Masculinizing Gender-affirming Hormone Therapy

This form is for people who want gender-affirming hormone therapy. This lets you develop a more masculine gender expression and reduce gender dysphoria. We use medical words for body parts that may be triggering, so please let us know if you have any concerns. This form will be uploaded into your chart for medical providers and you to reach after today's visit.

If you do not understand the details below, please ask us to make it more clear.

Introduction

- Masculinizing gender-affirming hormone therapy includes testosterone. When prescribed in the correct way, testosterone therapy can improve mental health and quality of life.
- Gender-affirming hormone therapy may have unknown effects that could be permanent (never goes away).
- Everyone is different. There is no way to predict what your response to hormones will be. The "right" dose for you may not be the same as for someone else. We follow widely recognized guidelines to keep you safe.

Masculinizing Effects

- These potential changes may be reversible if testosterone is stopped:
  - Male pattern fat distribution
    - More belly fat
    - Less fat in the breasts
    - Less fat in the buttocks
    - Less fat in the thighs
  - Increased weight
  - Increased red blood cells
  - Acne, which may become severe
  - Increased sex drive and energy levels
  - Possible increased aggression and anger
  - End of monthly bleeding and release of eggs from the ovaries (periods and ovulation)
  - Thinning of vaginal tissue leading to increased risk of dryness and yeast infections
- These potential changes **may be permanent** even if testosterone is stopped:
  - Hair loss, mainly at the temples and crown of your head (male-patterned baldness)
  - Facial hair growth such as:
    - Beard
    - Mustache
    - Sideburns
  - Thicker, coarse body hair
  - Deeper voice
  - Clitoral enlargement (bottom growth)

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- Most often, the timing of expected effects of testosterone are as follows:

Effect	Onset	Maximum
Skin oiliness/acne	1 to 6 months	1 to 2 years
Clitoral enlargement	1 to 6 months	1 to 2 years
Vaginal atrophy	1 to 6 months	1 to 2 years
Fat redistribution	1 to 6 months	2 to 5 years
Cessation of menses	1 to 6 months	—
Deepening of voice	6 to 12 months	1 to 2 years
Increased muscle mass/strength	6 to 12 months	2 to 5 years
Facial/body hair growth	6 to 12 months	4 to 5 years
Scalp hair loss	6 to 12 months	—

Potential Risks

- If your medical provider suspects that you have any condition that could be dangerous to your health, we will check it. This must be done before starting or staying on therapy to make sure it is safe for you.
- Testosterone may lead to liver inflammation and damage.
- Testosterone may decrease your HDL ("good cholesterol") and increase your LDL ("bad cholesterol").
- Testosterone may cause changes in your emotions and moods. Your medical provider can help you find support services and other resources to explore and cope with these changes.
- If you take more testosterone than prescribed or the dose is too high, the excess will convert to estrogen. This may cause undesired effects.
- The endometrium (lining of the uterus) can turn testosterone into estrogen. This may increase the chance of uterine cancer.

More to Consider

- Routine cervical cancer screening (Pap test) is strongly recommended starting at age 21 years unless the cervix is removed.
- It is recommended that clinical breast exams begin at the age of 25 years. If you have a mastectomy, breast cancer screening may still be needed in the future.
- Testosterone should keep your bones healthy, but bone density will be monitored if you stop testosterone and if you had your ovaries removed.
- Testosterone will not protect against sexually transmitted infections or HIV. Condoms or barrier methods should be used when appropriate.
  - We can give you information about HIV pre-exposure prophylaxis (PrEP).
- Testosterone is not a form of birth control if you still have a uterus and ovaries. Even without having periods, it is possible for you to become pregnant if you have unprotected sex with someone assigned male at birth with male sexual organs. To reliably prevent pregnancy, use another form of birth control such as:
  - A progesterone hormone method (pills, injection)
  - Intrauterine device (iud)
  - Condoms
- If you want, you might be able to get pregnant after starting (or stopping) testosterone. Egg banking (saving eggs for future pregnancy) may be a choice and we can provide resources for fertility preservation. If you do become pregnant, testosterone can cause harm or death to the fetus so please stop taking testosterone and call your medical provider.
- We can also provide resources for surgery and voice therapy if you would like to know more.

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Monitoring

- It is important to have regular physical exams and lab tests to monitor for an adverse reaction to testosterone and continue good health care and preventive screening exams. These labs include:
  - Hormone levels
  - Liver tests
  - Cholesterol levels
  - Blood counts
- We would like to see you every 3 to 4 months during the first year, then every 6 to 12 months unless care is transferred back to your primary care provider.
  - If you do not see your medical provider within 12 months, or fail to have recommended lab tests, you may not continue to get testosterone.
- The Endocrine Society recommends mid-dose serum total testosterone levels in the physiologic male range of 400 to 700 ng/dL.
- To avoid drug interactions and adverse reactions, it is very important to tell your provider about any drug you might be taking. This includes:
  - Non-prescription hormones
  - Dietary supplements
  - Herbs
  - Drugs
  - Medicines
- You can choose to stop taking testosterone at any time. And your medical provider can stop treatment if the medicines are causing you harm. If testosterone is stopped, a prescribed plan to reduce the dose is needed. This can reduce adverse and potentially harmful side effects that may occur if you suddenly stop taking testosterone.

Please print and sign below to acknowledge you understand the above information. You can use your preferred name.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

Name of patient (printed) ____________________ Relationship to patient ____________________

Signature of patient or legally authorized representative ____________________ Date ________ Time ________

Interpretation: Discussion interpreted for patient/representative by (name)____________ (#)__________ (date/time)__________

References

- Endocrine Society: https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence
- World Professional Association for Transgender Health, Standards of Care, v7: https://www.wpath.org/publications/soc
- University of California, San Francisco: https://transcare.ucsf.edu/guidelines/feminizing-hormone-therapy