

UCHealth Integrated Transgender Program
Anschutz Medical Campus
**UNDERSTANDING FEMINIZING
GENDER-AFFIRMING HORMONE THERAPY**

Name, MR#, DOB

Date: ____/____/____
MM DD YY

This education form is for people who want gender-affirming hormone therapy to develop a more feminine gender expression and to reduce gender dysphoria. We will use medically oriented 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 access after today's visit.

IF YOU DO NOT UNDERSTAND THE INFORMATION BELOW, PLEASE ASK FOR CLARIFICATION.

1. Introduction

- Feminizing gender-affirming hormone therapy includes estrogen, usually in addition to a testosterone blocker. When appropriately prescribed, these medications can improve mental health and quality of life.
- Gender-affirming hormone therapy may have unknown effects that could be permanent.
- Everybody is different. There is no way to predict what your response to hormones will be. The "right" dosages for you may not be the same as for someone else. We follow widely recognized guidelines to keep you safe.

2. Feminizing Effects

- These potential changes **may be reversible** if feminizing medications are stopped:
 - Loss of muscle and strength, especially in the arms
 - Weight gain
 - More pear-shape body (more fat to buttocks, hips, and thighs; less fat to belly)
 - Softer skin
 - Facial/body hair may become lighter and grow slower but may not completely go away
 - Male pattern baldness of the scalp may slow down or stop, but hair will generally not regrow
 - Reduced sex drive
 - Decreased erections or strength of erections
 - Semen will become lighter and there will be less of it
 - Changes in mood or thinking
- These potential changes **may be permanent** even if feminizing medications are stopped:
 - Breast growth and development
 - Testes shrinking and becoming softer
 - Testes making less sperm
 - Becoming sterile (inability to get someone pregnant)
- Your face and body will change but may not completely become as feminine as you would like. You will still have an Adam's apple and your facial shape may not change.
- In general, the timing of expected effects of feminizing gender-affirming hormone therapy are as follows:

Effect	Onset	Maximum
Decreased sexual desire	1-3 months	3-6 months
Decreased spontaneous erections	1-3 months	3-6 months
Decrease in muscle mass/strength	3-6 months	1-2 years
Redistribution of body fat	3-6 months	2-3 years
Breast growth	3-6 months	2-3 years
Decreased testicular volume	3-6 months	2-3 years
Softening of skin/decreased oiliness	3-6 months	Unknown
Decreased terminal hair growth	6-12 months	>3 years
Male sexual dysfunction	Variable	Variable
Scalp hair loss	Variable	--
Decreased sperm production	Unknown	>3 years
Voice changes	None	--

Please initial here to acknowledge you understand the above information: _____



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FEMINIZING MEDICAL TREATMENTS**

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3. Potential Risks

- If your medical provider suspects that you have any condition that could be dangerous to your health, it will be evaluated before starting or continuing feminizing gender-affirming hormone therapy to ensure your safety.
- Common side effects of estradiol include headache, nausea, vomiting, and gallstones (particularly with oral estradiol). The estradiol patch may cause some minor skin irritation. The estradiol injection may cause some injection site reactions and may lead to fluctuating estradiol levels ("peaks" and "troughs") that make monitoring and dosing difficult.
- The testosterone blocker, spironolactone, can cause high blood potassium levels, dizziness from lower blood pressure, increased urination, and potentially other side effects. Other types of testosterone blockers may be used if you have side effects or cannot take spironolactone; these may have additional side effects that can be discussed with your provider.
- Estradiol can increase blood pressure and triglycerides, which will be monitored at every visit.
- Estradiol may increase the risk of blood clots, stroke, and heart attack. These risks increase in people who smoke tobacco, are overweight or obese, are over 40 years old, have a history of blood clots, or have a history of certain cancers (like breast or prostate cancer).
- Gender-affirming hormone therapy may cause changes in your emotions and moods. Your medical provider can assist you in finding support services and other resources to explore and cope with these changes.

4. Additional Considerations

- Routine breast cancer screening with mammogram is recommended to begin after the age of 50 years and 5+ years of feminizing gender-affirming hormone therapy; screening may begin earlier based on family history.
- Estradiol helps keep your bones healthy, but bone density may be monitored before starting feminizing gender-affirming hormone therapy if you have risk factors, or if you stop estradiol and have had your testes removed.
- Estrogen and testosterone blockers will not protect against sexually transmitted infections or HIV. Condoms or other barrier methods should be used when appropriate. We can provide information about HIV pre-exposure prophylaxis (PrEP).
- You may or may not be able to get someone pregnant. We can discuss fertility preservation (i.e., sperm banking) if you are interested.
- If you have your testes removed, testosterone blockers can be stopped, and estradiol dose can often be lowered.
- We can also provide resources for surgical procedures and voice therapy if desired.

5. Monitoring

- It is important to have regular physical examinations and lab tests (e.g. hormone levels, electrolytes, kidney tests, cholesterol levels, etc.) to make sure you are not having an adverse reaction to the medications and to continue good health care and preventive screening exams.
- We recommend you follow up every 3-4 months during the first year; then every 6-12 months. If you do not see your medical provider within 12 months, or have recommended lab tests, we may stop prescribing treatment.
- The Endocrine Society recommends that serum estradiol levels are in the physiologic female range and do not exceed 100-200 pg/dL; and serum total testosterone levels are in the physiologic female range: <50 ng/dL.
- It is extremely important to tell your provider about any non-prescription hormones, dietary supplements, herbs, drugs, or medications you might be taking to avoid drug interactions and adverse reactions.
- You can choose to stop taking these medications at any time and your medical provider can discontinue treatment if the medications are causing you harm.

6. 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>

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

Patient Name _____

Signature _____

