

Trans Health Guide:

Hormone Therapy

How do I get hormone therapy?

Some family doctors prescribe hormone therapy after they have completed an assessment. You may also see a qualified mental health professional (such as a clinical social worker, psychologist, psychiatrist or nurse specialist) who writes you a recommendation for hormones to a family doctor or an endocrinologist. (See Trans* Health Guide: Assessments.)

What do I need to tell my doctor?

The most important thing your doctor needs to know is who you are as a person. You should clarify both your gender identity and how you want to be addressed; such as the pronoun and name you prefer. Being clear helps create a good working relationship.

▶ FOR MORE INFORMATION:
Vancouver Coastal Health's 'Getting Trans - Competent Care'
<http://transhealth.vch.ca/resources/library/>

What is a physical assessment?

Physical assessments are done to make sure you will not have complications if you take hormones. The assessment includes a review of medical history and blood work. You may also need a physical exam. Your doctor will talk to you about any potential risks of hormone therapy.

What happens after my physical assessment?

Your physical assessment will have four possible outcomes:

1. No complications — you are deemed to be in good physical and mental health and can start hormone therapy.
2. Minor complications — you have a medical condition that might be made worse by hormone use but you can still receive hormones. You may need to make some lifestyle changes, get more frequent checkups or receive other medical care.
3. Moderate complications — hormone therapy will probably make an existing medical condition worse but you can still receive hormones. You may receive treatment at a slower pace and/or with a lower dose. Depending on your condition, you will probably need to make some lifestyle changes, get checkups more often or receive other medical care.
4. Serious complications — receiving hormone therapy would put you at a high risk of serious harm and you will not be prescribed hormones. *Remember: a) this is rare; b) you have the right to a second opinion; and c) you can work on other ways to transition.*

What does hormone therapy treatment involve?

Once you begin hormone therapy, you will need to have regularly scheduled checkups with your doctor. This will include blood tests and possibly a physical exam. Whenever your prescription changes, you will see your doctor more than usual to check for any side effects.

What hormones will I take and when do I see changes?

You are unique and your prescription will be tailored to your needs. Your reaction to hormones may not follow a strict timeline.

Female-to-Male Hormones

For people labelled female at birth who are transitioning to a male (or gender non-conforming) identity, the most common hormone is Testosterone.

Facts on Testosterone:

- Promotes tissue growth (e.g. muscles) and suppresses estrogen production.
- Most common forms and types: injection (testosterone cypionate and testosterone enanthate), skin gel or skin patch (dissolved testosterone crystals).
- Between 1-3 months: increased muscle mass, oily skin (with acne), thicker body hair, and increased sex drive.
- Between 3-6 months: voice starts to crack and drop but it often takes a year to finish changing. Leads to irreversible changes to your voice and (if affected) balding patterns.

Male-to-Female Hormones

For people labelled male at birth who are transitioning to a female (or gender non-conforming) identity, there are two common hormones: Estrogen and Anti-androgens.

Facts on Estrogen:

- Promotes tissue development (e.g. breasts) and indirectly suppresses testosterone.
- Most common forms and types: pill or skin patch (estradiol).
- Between 1-3 months: softening of skin, decrease in muscle mass, redistribution of body fat to a more "feminine" shape and decreased fertility.
- Gradual changes: nipple and breast growth and less growth of facial/body hair.
- Leads to irreversible nipple and breast growth.

Facts on Anti-androgens:

- Blocks effects of testosterone, reducing "masculine" body traits.
- Anti-androgen effects are relatively mild but stronger when combined with estrogen.
- Most common form and types: pill (spironolactone and/or finasteride).
- Between 1-3 months: decrease in sex drive and arousal; loss of fertility may begin.
- Gradual changes (two years or more): slower growth of facial body hair and lessened balding patterns.

There is a third class of hormones known as progestagens. They are known to have side effects but few benefits. These are rarely used in Nova Scotia.

What about side effects?

No medication is without some risk. Your doctor and pharmacist should discuss risks with you. Hormone therapy can make some existing conditions worse or bring about new conditions. Common side effects for anyone going through hormone therapy include weight gain and mood swings. Not everyone experiences these the same way. It is important to tell your care team if you begin to experience any unusual symptoms.

▶ FOR MORE INFORMATION, SEE:
WPATH's 'Standards of Care 7, Appendix B'
http://wpath.org/publications_standards.cfm

How much does hormone therapy cost?

Costs can vary depending on your prescription(s) and any coverage you may have through a workplace or private health insurance plan. You can also apply for help with the cost through the Nova Scotia Family Pharmacare Program. This program helps those who do not have drug coverage or face high costs not covered by their private insurance. Learn more at <http://nspharmacare.ca>.

Can I get hormones cheaper online? Can I use my friend's hormones?

It is important to remember that hormones are medicine. Unsupervised treatment can lead to side effects and complications. Purchasing any medication online can be dangerous (and is often against the law) – you do not know the source, purity or actual dosage of something bought online.

Using a friend's hormones may cause challenges for you and your friend. If your friend is not taking their prescribed dosage, their doctor may grow concerned about their lack of progress. Without a prescription, you may not get a consistent treatment and follow-up.

✱ **IMPORTANT:** Taking more hormones than prescribed will not cause changes in your body any faster and can be harmful.

▶ FOR MORE INFORMATION, SEE:
Health Canada's 'It's Your Health: Buying Drugs over the Internet'
<http://hc-sc.gc.ca/hl-vs/iyh-vsv/med/internet-eng.php>

Why do some people not receive hormone prescriptions from a doctor?

There are many reasons people do not receive hormone treatment from a doctor. Some people live in areas where there is no doctor available who is knowledgeable about trans care and hormone assessment processes. Some people find the system frustrating and feel there is no space for them within that framework. It is very important that you are prescribed a hormone treatment that is right for you and that you see a doctor on a regular basis.

If I am already taking hormones without a prescription, what should I do?

The most important thing you can do is be educated on hormones. Talk to your doctor or a doctor you feel comfortable with. Your body will be going through changes that should be monitored. If you are using injection hormones, you should research safe injection instructions to reduce your risk of harm. Sharing injection needles can lead to a serious risk of blood-borne diseases.

You can find out more about safe injection through the prideHealth nurse.

▶ FOR MORE INFORMATION, SEE:
Friend to Friend: Cleaning Needles & Syringes
<http://friendtofriend.org/drugs/needles.html>