Information on Feminizing Medications

Persons in the male-to-female spectrum who desire feminization may use estrogen and/or androgen antagonists (also called “anti-androgens” or “androgen blockers”) to reduce gender dysphoria and to facilitate a more feminine gender presentation. While there are risks associated with taking feminizing medications, when appropriately prescribed they can greatly improve mental health and quality of life.

Please initial the bottom of each page to indicate that you understand the benefits, risks, and changes that may occur from taking feminizing medication. If you have any questions or concerns about the information below, please talk with the people involved in your care so you can make fully informed decisions about your treatment. It is your right to seek another opinion if you want additional perspective on any aspect of your care.

Feminizing Effects

1. I understand that estrogen, androgen antagonists, or a combination of the two, reduce male physical features and feminize my body.

2. I understand that the feminizing effects of estrogen and androgen antagonists can take several months or longer to become noticeable, and that the rate and degree of change is not predictable.

3. I understand that if I am taking estrogen I will probably develop breasts, and:

   • Breasts may take several years to develop to their full size.
   • Even if I stop estrogen, the breast tissue that has developed will remain.
   • As soon as breasts start growing, I should begin monthly breast self-exam, and to have an annual breast exam by a clinician or nurse.
   • I may develop a milky nipple discharge (galactorrhea). Estrogen use or an underlying medical condition can cause this. I should let my clinician know about this if it occurs.
   • It unknown if taking estrogen increases the risk of breast cancer.

Patient Initials __________ Date __________
4. I understand that the following changes are generally not permanent (that is, they will likely reverse if I stop taking feminizing medications):

- Skin may become softer.
- Muscle mass decreases and there may be a decrease in upper body strength.
- Body hair growth may become less noticeable and grow more slowly, but it will likely not stop completely even after years on medication.
- Male pattern baldness may slow down, but will probably not stop completely, and hair that has already been lost will likely not grow back.
- Fat may redistribute to a more feminine pattern (decreased in abdomen, increased buttocks/hips/thighs – changing from “apple shape” to “pear shape”).

5. I understand that taking feminizing medications will make my testicles produce less testosterone, which can affect my overall sexual function:

- Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping taking feminizing medication. I can choose to have my sperm banked [http://www.fertilityoregon.com/lab/process.htm](http://www.fertilityoregon.com/lab/process.htm) if I want to have the option of pregnancy in the future. I understand that I may still be able to make someone pregnant and am aware of birth control options (if applicable).
- Testicles may shrink by 25-50%. I should do regular testicular self-examination.
- The amount of fluid ejaculated may be reduced.
- There is typically decrease in morning and spontaneous erections.
- Erections may not be firm enough for penetrative sex.
- Libido (sex drive) may decrease.

6. I understand that there will be aspects of my body that will not significantly change by use of feminizing medications:

- Beard/moustache hair may grow more slowly and be less noticeable, but will not go away.
- Voice pitch will not rise and speech patterns will not become more feminine.
- The laryngeal prominence (“Adam’s apple”) will not shrink.

Other treatments that may be helpful change these features. I can request a referral from my clinician to specialists to help change these features.

Patient Initials _________  Date __________
Risks of Feminizing Medications

7. I understand that the medical effects and safety of feminizing medications are not completely understood, and that there may be long-term risks that are not yet known.

8. I should not to take more medication than is prescribed, as this increases health risks. Taking more than prescribed will not make feminization happen more quickly or increase the degree of change: extra estrogen converts to testosterone, which may slow or stop feminization.

9. I understand that feminizing medications can damage the liver, possibly leading to liver disease. I should be monitored for possible liver damage as long as I am taking feminizing medications.

10. I understand that feminizing medications will result in changes that will be noticeable by other people, and that some transgender people in similar circumstances have experienced harassment, discrimination, and violence, while others have lost support of loved ones. I have been advised that referrals can be made for support/counselling if I feel this would be helpful.

Medical Risks Associated with Estrogen

11. I understand that taking estrogen increases the risk of blood clots, which can result in:
   
   • pulmonary embolism (blood clot to the lungs), which may cause permanent lung damage or death
   • stroke, which may cause permanent brain damage or death
   • heart attack
   • chronic leg vein problems

   I understand that the risk of blood clots is much worse if I smoke cigarettes, especially if I am over 40. I understand that the danger is so high that I should stop smoking completely if I start taking estrogen. I am aware that I can ask my clinician for advice about options to stop smoking.

12. I understand that taking estrogen can increase deposits of fat around my internal organs, which is associated with increased risk for diabetes and heart disease.

13. I understand that taking estrogen can cause increased blood pressure. If I develop high blood pressure, my clinician will work with me to try to control it by diet, lifestyle changes, and/or medication.

Patient Initials _________ Date _________
14. Taking estrogen can increase the risk of gallstones. I understand that if I have abdominal pain that is severe or prolonged, I should discuss this with my clinician.

15. Estrogen can cause nausea and vomiting, similar to morning sickness in pregnant women. I understand that if nausea/vomiting are severe or prolonged, I should discuss this with my clinician.

16. Estrogen can cause headaches or migraines. I understand that if I am frequently having headaches or migraines, or the pain is unusually severe, I should discuss this with my clinician.

17. It is unknown if taking estrogen increases the risk of non-cancerous tumors of the pituitary gland (prolactinoma). Although prolactinoma is typically not life threatening, it can damage vision and cause headaches. This is monitored for at least three years when I start taking estrogen.

18. I am more likely to have dangerous side effects from estrogen if I smoke, am overweight, am over 40 years old, or have a history of blood clots, high blood pressure, or a family history of breast cancer.

19. If I take too much estrogen, my body may convert it into testosterone, which may slow or stop feminization.

**Risks Associated with Androgen Antagonists**

20. I have been informed that spironolactone affects the balance of water and salts in the kidneys, and that this may:

   • increase the amount of urine produced, making it necessary to urinate more frequently
   • reduce blood pressure
   • increase thirst
   • rarely, cause high levels of potassium in the blood, which can cause changes to heart rhythm that may be life-threatening

21. I understand that some androgen antagonists make it more difficult to evaluate the results of PSA (prostate-specific antigen) test, which can make it more difficult to monitor prostate problems. If I am over 50, I should have my prostate evaluated every year.
Prevention of Medical Complications

22. I agree to take feminizing medications as prescribed and to tell my care provider if I am not happy with the treatment or am experiencing any problems.

23. I understand that the right dose or type of medication prescribed for me may not be the same as for someone else.

24. I understand that regular physical examinations and blood tests will check for negative side effects of feminizing medications.

25. I understand that feminization medications can interact with other medication (including other sources of hormones), dietary supplements, herbs, alcohol, and street drugs. I understand that being honest with my care provider about what else I am taking will help prevent medical complications that could be life threatening. I will continue to get medical care no matter what information I share.

26. I understand that some medical conditions make it dangerous to take estrogen or androgen antagonists. I agree to further testing if my clinician suspects I may have one of these conditions before deciding to start or continue feminizing medication.

27. I understand that I can choose to stop taking feminizing medication at any time, but that I should do this with the help of my clinician to make sure there are no negative reactions to stopping. I understand that my clinician may suggest I reduce or stop taking feminizing medication, or switch to another type of feminizing medication, if there are severe side effects or health risks.

28. I agree to dispose of any needles used for any injectable medication in a sharps box that I can obtain from a pharmacy. I will return these boxes when filled to the pharmacy.

Patient Initials _________ Date _________
My signature below confirms that:

• My clinician has talked with me about the benefits and risks of feminizing medication, the possible or likely consequences of hormone therapy, and potential alternative treatment options.
• I understand the risks that may be involved.
• I understand that this form covers known effects and risks and that there may be long-term effects or unknown risks.
• I have had sufficient opportunity to discuss treatment options with my clinician. I have no further questions regarding this treatment.
• I believe I have adequate knowledge on which to base informed consent to the provision of feminizing medication.

Based on this:

_____ I wish to begin taking estrogen.

_____ I wish to begin taking androgen antagonists (e.g., Spironolactone).

Whatever your current decision is, please talk with your clinician any time you have questions, concerns, or want to re-evaluate your options.

_________________________________________  ______________
Patient Signature  Date

_________________________________________  ______________
Prescribing Clinician Signature  Date

This form adapted from www.laurathorcounseling.com May 2014