

## APPENDIX K:

# Checklist for Patient Review – Initiation of Feminizing Hormone Therapy

The decision to start hormone therapy is an individual one, based on the balance of risks and benefits for each person. In order to provide informed consent, it is important that you understand the expected feminizing changes as well the possible risks and side effects.

The use of feminizing hormone therapy (consisting of an anti-androgen and estrogen) is based on many years of experience treating trans people. A growing body of research is providing us with more information, however there are aspects of the medical effects and safety of feminizing hormone therapy that may not be fully understood.

**It is possible that hormone therapy may not result in all of the changes that are hoped for.**

**Expected changes that can be permanent, even if you stop hormone therapy, include:**

- Breast growth and development, the amount of breast tissue is variable and depends on a number of individual factors, usually breasts will become an A cup or smaller
- Genital changes - the testicles and prostate will get smaller and softer
- Infertility – the testicles will decrease (or even stop) making sperm (this may recover to a variable degree if hormones are stopped)

**Expected changes that are not permanent and are likely to reverse if hormones are stopped include:**

- Loss of muscle mass and strength
- Weight gain and/or redistribution of fat to the hips, buttocks, and thighs (some degree may be reversible)
- Softening of skin/decreased oiliness/change in body odour and amount of perspiration

- Decreased sex drive, decreased strength of and/or ability to get erections, decreased volume and thinning of ejaculate
- Thinning/slowing of body and facial hair growth
- Scalp hair loss may slow or stop, but hair does not generally grow back

**Potential adverse effects of feminizing hormone treatment may include, but are not limited to:**

- Increased risk of:
  - Blood clots (deep vein thrombosis, pulmonary embolism, and stroke)
  - Increase in liver enzymes (often temporary)
  - Decrease in, or loss of, fertility (the ability to make healthy sperm is reduced, and may be permanently affected by feminizing hormones, however you still need to use birth control if you are having penetrative sex with a partner who could become pregnant)
  - Increased triglycerides, a type of fat in the blood
  - Mood swings or depression (higher risk with cyproterone or progesterone)
  - Elevated levels of prolactin (a pituitary hormone), particularly in combination with cyproterone
- Possible increased risk of:
  - Heart disease and stroke
  - High blood pressure
  - Diabetes
  - Changes in cholesterol, which may increase risk for heart attack or stroke
  - Worsening of liver damage from other causes
  - Gallbladder disease, gallstones, and need for gallbladder removal
  - Pituitary tumours (tumor of small gland in the brain which makes prolactin)
  - Worsening of headaches or migraines

- Breast tumours/cancer (risk is lower than in cis women, but may be higher than in cis men)
- Other common side effects include:
  - Decreased sex drive and sexual functioning
  - Fatigue

**Specifically with spironolactone, adverse effects may include:**

- Impaired kidney function
- Increased levels of potassium in the blood (which may cause abnormal heart rhythms)
- Low blood pressure/dizziness
- Frequent urination (especially in the beginning)
- Gastro-intestinal upset (nausea, vomiting, diarrhea)
- Rash

**Specifically with cyproterone, adverse effects may include:**

- Liver inflammation or acute liver failure (rare)

- Changes in blood components (low red blood cells, high platelets, or a lowering of all cell types)

**Some adverse effects from hormone therapy are irreversible and can cause death.**

**The risks for some adverse effects may be significantly increased by:**

- Pre-existing medical conditions
- Pre-existing mental health conditions
- Cigarette smoking
- Alcohol use
- Taking medication in doses that are higher than recommended