

APPENDIX L: Checklist for Patient Review –

Initiation of Progestin Therapy

Evidence suggests that the addition of a progestin to feminizing hormone regimens may increase some of the risks associated with treatment, **over and above the risks of an anti-androgen and estrogen alone**. Since there has been no demonstrated benefit to adding progestins to feminizing hormone therapy, it is not recommended in Sherbourne Health's Guidelines.

Some patients may choose to trial progestin therapy in the hopes of attaining one or more of the following anecdotal (unproven) benefits:

- Increase in libido
- Increase in breast growth
- Increase in feminizing effects through further suppression of testosterone when not adequately suppressed
- Out of desire to more closely mimic the hormones that cis women have

Potential adverse effects of adding progestin to a feminizing hormone treatment may include, but are not limited to an increased risk of:

- Blood clots (deep vein thrombosis, pulmonary embolism)
- Heart disease and stroke
- Invasive breast cancers
- Psychiatric symptoms (depression and suicidal feelings)
- Changes in cholesterol and blood pressure which may increase the risk for heart disease and stroke
- Liver inflammation
- Abdominal pain, nausea, vomiting, diarrhea or constipation
- Migraines or other headaches
- Dizziness and fatigue
- Acne
- Body hair growth
- Weight gain and bloating/fluid retention
- Joint and muscle pain

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 hormones in doses that are higher than recommended