

APPENDIX M:

Checklist for Patient Review – Initiation of Masculinizing 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 masculinizing changes as well the possible risks and side effects.

The use of masculinizing hormone therapy 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 masculinizing hormone therapy that may not be fully understood.

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

Expected changes that can be permanent, even if you decide to stop testosterone therapy, include:

- Deepening of the pitch of your voice
- Growth of facial hair
- Increased growth, thickening, and darkening of body hair
- Possible scalp hair loss in androgenic pattern (at the temples and crown), with possible complete loss of scalp hair (baldness)
- Increase in the size of the clitoris/phallus

Expected changes that are not permanent and are likely to reverse if testosterone is stopped include:

- Menstrual periods will stop, usually within a few months of starting testosterone
- Increased muscle mass and strength
- An increase in oiliness of the skin (and sometimes acne), change in body odour
- Increased sex drive
- Weight gain and/or redistribution of fat from the hips/thighs/buttocks to the abdomen/mid-section (some degree may be irreversible)

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

- Increased risk of:
 - Permanent reduction or loss of fertility
 - reduction of fertility is variable, and many transmasculine people have been able to conceive after stopping testosterone
 - testosterone is not reliable birth control even if your periods stop—birth control should always be used if having receptive sex with a partner who produces sperm
 - If pregnancy does occur while taking testosterone, it may cause birth defects or pregnancy loss
 - Increased number of red blood cells, which may cause headache, dizziness, confusion, visual disturbances, blood clots, heart attack, or stroke
 - Increase in liver enzymes (often temporary)
 - Severe acne
 - Changes in blood pressure and cholesterol levels which may increase the risk of heart attack and stroke (likely minimal)
 - Pelvic pain/cramping (cause not currently known)
 - Dryness and irritation of genital tissues, which may increase susceptibility to STIs including HIV

- Sleep apnea
- Possible increased risk of:
 - Endometrial hyperplasia (overgrowth of the uterine lining, which can be a precursor to cancer)
 - It is important to let your provider know if you have a return of bleeding once bleeding has been consistently stopped by testosterone
 - Diabetes
 - Worsening of liver damage from other causes
 - Mood changes such as increase in irritability or anger, increased aggression, possible worsening of bipolar disorder, schizophrenia and psychotic disorders
 - Tendon injury

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 testosterone in doses that are higher than recommended