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transition-related hormone therapy
(commonly referred to as HT)

FREQUENTLY ASKED QUESTIONS

For Ontarians considering hormone therapy (HT) and the people supporting them.

Do you accept new patients?

Sherbourne Health serves clients through our Family Health Team, which comprises nurses, mental health counsellors, physicians, outreach workers, dietitians, client resource workers, and health promoters. Sherbourne Health does *not* accept referrals from primary care providers (PCPs) for exclusive gender-affirming care. Sherbourne Health has an Ontario-wide educational program called Rainbow Health Ontario, which provides training and supports to healthcare providers to build their capacity to provide trans health care. RHO does not provide direct care.

Since PCPs usually have familiarity and a continuous relationship with patients, they are ideally situated to facilitate and support a patient's transition process.

How do I start HT?

Hormone therapy (HT) for trans and non-binary people in Ontario is no longer a specialty area. This means that primary care providers (doctor or nurse practitioner) can provide HT through an informed consent model.

If a PCP has not completed specific training on gender-affirming care, Rainbow Health Ontario offers training, mentoring, and support for clinicians in primary care: https://learn.rainbowhealthontario.ca/

Do I need to see an endocrinologist before starting HT?

Referral to an endocrinologist may be appropriate and helpful, particularly in the case of a medically complex patient, but it is not required as a matter of course for most trans and non-binary patients.

Can a patient who is at risk of suicide start HT?

Yes, a patient who is at risk of suicide, but able to provide informed consent, may benefit from the initiation of hormone therapy. This can be particularly true when gender dysphoria/ gender incongruence is the main source of the patient's psychological distress.

What is Lupron used for?

Gonadotropin-releasing Hormone analogues (e.g., leuprolide/"Lupron" or busrelin/"Suprefact") are commonly used for pubertal suppression in trans adolescents. They may also occasionally be used as a blocker of endogenous hormones in trans adults.

At what age can you start HT?

There is no age of consent for medical treatment in Ontario. This means a person can be prescribed HT at any age, as long as the person is deemed capable of understanding the benefits and risks of the medical treatment.

Is HT covered by ODB and EAP?

Yes. Patients covered by the Ontario Drug Benefit (ODB) program include those on Ontario Works (OW), the Ontario Disability Support Program (ODSP), seniors over 65 years of age, youth under 25* years of age (via OHIP+ unless they have a private drug plan) and those on the Trillium Drug Program.

For patients covered by ODB, injectable testosterone and topical gel formulations are covered with the submission of an Exceptional Access form (EAP). Anti-androgens and oral estradiol are covered without the need for EAP approval.

How soon are you able to start feminizing hormones if on anti-androgens?

There is a lack of consensus among clinicians on the preferred timing of the initiation of estrogens in relation to an anti-androgen.

Common approaches have included both the initiation of an anti-androgen prior (usually 1–3 months) to the addition of estrogen, or alternatively, the simultaneous introduction and subsequent titration of both components.

For more information pertaining to deciding the relative timing of anti-androgen and estrogen introduction review the Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients.

What are the impacts of progestins?

Apart from cyproterone, the use of progestins in transfeminine patients continues to be contested. Progestins have a suppressive effect on testosterone production and have at times been used as part of feminizing regimens for transfeminine patients. However, a clear impact has yet to be demonstrated.

Is the use of anti-androgens required after gonadectomy?

For most transfeminine patients who have undergone gonadectomy, androgen suppression will no longer be required. The androgen blocker can be stopped immediately after surgery or tapered over the course of four to six weeks or more post-operatively.

How does HT impact fertility?

Masculinizing and feminizing hormone therapy regimens have variable temporary and long-term impacts on fertility. Accordingly, there is a need for discussion regarding both birth control and fertility preservation prior to the initiation of hormone therapy.

Some costs associated with fertility preservation for those planning to medically transition may be covered by the Ontario Ministry of Health and Long-term Care (MOHLTC) at certain clinics.

Fertility tends to be more affected by transition-related hormone therapy in people assigned male at birth (AMAB) than people who are assigned female at birth (AFAB). It has been reported that many AFAB trans and non-binary people have been able to conceive with little to no intervention following (temporary or permanent) cessation of testosterone.

References

Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients

Tips for Providing Paps to Trans Men

Rainbow Health Ontario: How do I access or start hormone therapy?

Rainbow Health Ontario: Reproductive options for trans people

TRS (Transition-Related Surgeries) FAQ

Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2017 Nov 1;102(11):3869–903.

Wierckx K, Gooren L, T'Sjoen G. Clinical review: Breast development in trans women receiving cross-sex hormones. J Sex Med. 2014 May;11(5):1240–7.

Orentreich N, Durr N P. Proceedings: Mammogenesis in transsexuals. J Invest Dermatol. 1974 Jul;63(1