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For a Better State of Health

Feminizing Medications for Transgender Patients

Client Information for Informed Consent

You want to take estrogen and other medications to feminize your body. Some of these medications need to be taken continually. Before using them, there are several things you need to know. They are the possible advantages, disadvantages, risks, and warning signs. We have listen them here for you. It's important that you understand all of this information before you start. We are happy to answer any questions you have.

What are the different medications that can help to feminize me?

Different types of the hormone estrogen can help you appear more feminine. Estrogen is the female sex hormone. There are also medications that can help you appear less masculine. They are called androgen antagonists or anti-androgens or androgen blockers. Androgen is the male sex hormone.

Every medication has risks, benefits, and side effects that are important to understand before starting. Some need to be taken continuously to maintain their effects. It's especially important to know how they work.

Warning—Who Should Not Take Estrogen?

It should not be used by anyone who has a history of:

- an estrogen-dependent cancer
- blood clots that could or did travel to the lungs

It should be used with caution and only after a full discussion of risks by anyone who:

- has a strong family history or breast cancer or other cancers that grow quicker when estrogens are present
- has diabetes
- has eye problems such as retinopathy
- has heart disease, heart valve problems, or a tendency to have easily clotted blood
- has hepatitis
- has high cholesterol
- has kidney or liver disease
- has migraines or seizures
- is obese
- smokes cigarettes

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Benefits of Taking Feminizing Medications:

- Breast development
- Body fat redistribution — less fat on belly and more on buttocks, hips, and thighs
- Reduced muscle mass and strength
- Softening of skin
- Less body and facial hair
- Reduced size of testicles

Risks of Taking Estrogen:

- Mood changes *(If you begin feeling depressed or hopeless, please let us know.)*
- Nausea/vomiting
- Headaches or migraines
- Abnormal liver blood tests or possible liver damage
- Gall stones
- Diabetes
- High blood pressure
- Heart disease
- Noncancerous tumor of the pituitary gland *(This is very rare.)*
- Blood clots

Risks of Taking Androgen Antagonists:

- Fatigue
- Depressed mood
- Low bone density
- Increase amount of urine you produce
- Increase thirst
- Reduce blood pressure
- Increased potassium in the blood – rare
- Decreased sex drive
- Decreased amounts of erections and lower quality erections

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Please initial and date each statement on this form to show that you understand the benefits, risks, and changes that may occur from taking these medications.

Feminizing

_____ I know that estrogen or anti-androgens—or both—may be prescribed to help me appear less like a man and more like a woman.

_____ I know it can take several months or longer for the effects to become noticeable. I know that no one can predict how fast—or how much—change will happen.

_____ I know that if I am taking estrogen I will probably develop breasts.

- I know it can take several years for breasts to get to their full size.
- I know the breasts will remain, even if I stop taking estrogen.
- I know I should examine by breasts as soon as they start growing. I should also have a clinician examine them every year.
- I know I might have a milky discharge from my nipples—galactorrhea. If I do, I know I should check it out with my clinician because it could be cause by the estrogen or by something else.
- I know that no one knows if taking estrogen increases the risk of breast cancer.

_____ I know that the following changes are usually not permanent—they are likely to go away if I stop taking the medicines.

- I know my body hair will become less noticeable and will grow more slowly. But it won't stop completely, even if I take the medicines for years.
- I know I will probably have less fat on my abdomen and more on my buttocks, hips, and thighs. I will be redistributed to a more female shape—changing from "apple shape" to "pear shape."
- I know that if I have male pattern baldness it may slow down, but probably not stop completely. It is also very likely that hair that has been lost will not grow back.
- I know I may lose muscle and strength in my upper body.
- I know that my skin may become softer.

_____ I know that my body will make less testosterone. This may affect my sex life in different ways and future ability to cause a pregnancy:

- I know my sperm may no longer get to mature. This could make me less able to cause a pregnancy. I also know I might never produce mature sperm again. But I know that it's also possible that my sperm could still mature. So, I know that I might get someone pregnant if we have vaginal intercourse and we don't use birth control. The options for sperm banking have been explained to me.

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Feminizing, *continued*

- I know that my testicles may shrink down to half their size. Even so, I know that I will need regular checkups for them.
- I know that I won't have as much semen when I ejaculate.
- I know it is likely that I won't be hard in the morning as often as before. And it is likely that I will have fewer spontaneous erections.
- I know I may not be able to get hard enough for penetrative sex.
- I know that I may have less sex drive.
- I know this treatment may (but is not assured to) make me permanently unable to make a woman pregnant.

_____ I know that some parts of my body will not change much by using these medicines.

- I know the hair of my beard and moustache may grow more slowly than before. It may become less noticeable, but it will not go away.
- I know the pitch of my voice will not rise, and my speech patterns will not become more like a woman's.
- I know my "Adam's apple" will not shrink.

Although these medicines can't make these changes happen, there are other treatments that may be helpful.

_____ I know if I have any concerns about these issues, you can make referrals for me to help me explore other treatment options.

Risks of Feminizing Medications

_____ I know that the side effects and safety of these medicines are not completely known. There may be long-term risks that are not yet known.

_____ I know not to take more medicine than I am prescribed. I know it increases health risks. I know that taking more than I am prescribed won't make changes happen more quickly or more significantly. I know my body can convert extra estrogen into testosterone, and that can slow down or stop my appearing more feminine.

_____ I know these medicines may damage the liver and may lead to liver disease. I know I should be checked for possible liver damage as long as I take them.

_____ I know these medicines cause changes that other people will notice. Some transgender people have experienced harassment, discrimination, and violence because of this. Others have lost the support of loved ones. I know my clinician can help me find advocacy and support resources.

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Risks of Estrogen

_____ I know that taking estrogen increases the risk of blood clots that can result in:

- chronic problems with veins in the legs
- heart attack
- pulmonary embolism—blood clot to the lungs—which may cause permanent lung damage or death
- stroke, which may cause permanent brain damage or death

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

_____ I know taking estrogen can increase the deposits of fat around my internal organs. This can increase my risk for diabetes and heart disease.

_____ I know taking estrogen can raise my blood pressure. I know that if it goes up, my clinician can work with me to try to control it with diet, lifestyle changes, and/or medication.

_____ I know that taking estrogen increases my risk of getting gallstones. I know I should talk with my clinician if I get severe or long-lasting pain in my abdomen.

_____ I know that estrogen can cause nausea and vomiting. I know I should talk with my clinician if I have long-lasting nausea or vomiting.

_____ I know that estrogen can cause headaches or migraines. I know I should talk with my clinician if I have headaches or migraines often or if the pain is unusually severe.

_____ I know that it is not yet known if taking estrogen increases the risk of prolactinomas. These are non-cancerous tumors of the pituitary gland. I know they are not usually life threatening, but they can damage vision and cause headaches. I know this needs to be checked on for at least three years after I start taking estrogen.

_____ I know that I am more likely to have dangerous side effects if:

- I smoke.
- I am overweight.
- I am over 40 years old.
- I have a history of blood clots.
- I have a history of high blood pressure.
- My family has a history of breast cancer.

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Risks of Androgen Antagonists

_____ I know that spironolactone affects the balance of water and salts in the kidneys. This may:

- Increase the amount of urine I produce, making it necessary to urinate more frequently.
- Increase thirst.
- Rarely, cause high levels of potassium in the blood, which can cause changes in heart rhythms that may be life-threatening.
- Reduce blood pressure.

_____ I know some androgen antagonists make it more difficult to evaluate test results for cancer of the prostate. This can make it more difficult to check up on prostate problems. I know that if I am over 50, I should have my prostate evaluated every year with a prostate-specific antigen test, as applicable.

Prevention of Medical Complications

_____ I agree to take feminizing medications as prescribed. And I agree to tell my care provider if I have any problems or am unhappy with the treatment.

_____ I know that the dose and type of medication that's prescribed for me may not be the same as some else's.

_____ I know I need periodic physical exams and blood tests to check for any side effects.

_____ I know that feminization medications can interact with other drugs and medicines. These include alcohol, diet supplements, herbs, and other hormones, and street drugs. This kind of interaction can cause complications. I know that I need to prevent complications because they can be life-threatening. That's why I need to be honest with my clinician about whatever else I take. I also know that I will continue to get medical care here no matter what I share about what I take.

_____ I know that it can be risky for anyone with certain conditions to take these medicines. I agree to be evaluated if my clinician thinks I may have one of them. Then we will decide if it's a good idea for me to start or continue using them.

_____ I know that I should stop taking estrogen two weeks before any surgery or when I may be immobile for a long time. This will lower the risk of getting blood clots. I know I can start taking it again a week after I'm back to normal or when my clinician says it's okay.

_____ I know that using these medications to appear more womanly is an off-label use. I know this means it is not approved by the government. I know that the medicine and dose that is recommended for me is based on the judgment and experience of the clinician.

_____ I know that using these medicines may make me appear more feminine at any time. I know that if I decide to do that, I should do it with the help of my clinician. This will help me make sure there are no negative reactions. I also know my clinician may suggest that I cut the dose or stop taking it if certain conditions develop. This may happen if the side effects are severe or there are health risks that can't be controlled.

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Alternatives

There are alternatives to using feminizing medicines to help people appear more feminine. If you are interested in alternatives, talk with you clinician about your options.

My signature below confirms that:

- My clinician has talked with me about
  - the benefits and risks of taking feminizing medication
  - the possible or likely consequences of hormone therapy
  - potential alternative treatments
- I understand the risks that may be involved.
- I know that the information in this form includes the known effects and risks. I also know that there may be unknown long-term effects of risks.
- I have had enough opportunity to discuss treatment options with my clinician.
- All of my questions have been answered to my satisfaction.
- I believe I know enough to give informed consent to take, refuse, or postpone therapy with feminizing medications.
- I am 18 years old or older.

Based on all this information:

_____ I want to begin taking estrogen.

_____ I want to begin taking androgen antagonists (e.g., spironolactone).

_____ I do not wish to begin taking feminizing medication at this time.

_____ _____

Patient Signature Date

_____ _____

Prescribing Clinician Signature Date

Your health is important to us. If you have any questions or concerns, please call us at _____. We are happy to help you.

Resource: SouthWind Women's Center

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