

# Transgender Male to Female Feminizing Hormone Therapy Information

Trans Care BC: <http://www.phsa.ca/transcarebc/>

- Care & Support → Peer Support Directory
- Hormone Readiness Assessment: <http://www.phsa.ca/transcarebc/hormones/readiness>

Estrogen and androgen antagonists (anti-androgens or androgen blockers) are commonly prescribed for the male-to-female spectrum who wish to become feminized to reduce gender dysphoria and facilitate a more feminine gender presentation. While there are risks associated with taking feminizing medications, when appropriately prescribed they can greatly improve mental health and quality of life. Informed consent is used to make sure you know what to expect from hormone therapy, including physical and emotional changes, side effects, and potential risks. Each person responds differently to hormone therapy and the amount of change varies from person to person.

Feminizing effects of hormone therapy:

Possible Effect	Onset	Maximum effect
Redistribution of body fat	3-6 months	2-3 yr
Decreased muscle mass/strength	3-6 months	1-2 yr
Softening of skin/decreased oiliness	3-6 months	Unknown
Decreased libido	1-3 months	3-6 months
Decreased spontaneous erections	1-3 months	3-6 months
*Breast growth	3-6 months	2-3 yr
*Decreased testicular volume/size	3-6 months	2-3 yr
Decreased sperm production	Variable	Variable
Decreased body/facial hair growth	6-12 months	>3 yr
Decreased scalp hair loss (no regrowth)	1-3 months	1-2 yr
Voice changes (voice training by speech pathologist is most effective treatment)	None to Variable	None to Variable

\*Change is permanent and will remain even if hormone therapy is stopped.

Medical conditions that can be exacerbated / worsened by hormone therapy:

- High risk of: thromboembolic disease (blood clots).
- Moderate to high risk of: prolactinoma, liver dysfunction, breast cancer, heart attack, stroke, migraine.
- Long-term medical effects and safety of feminizing hormone therapy are not fully understood, and there may be long-term risks that are not yet known.
- As long as prostate and testicular tissue are present, there remains the risk for prostate and testicular cancer. Screening provided by the primary care provider is required as per usual guidelines.