



JGLHC Gender Affirming Hormone Therapy (GAHT)

Informed Consent Form—Feminizing Hormone Therapy

The use of hormone therapy for gender affirmation/transition is based on years of experience and is guided by World Professional Association for Transgender(WPATH) Health Standards of Care, however the FDA has not approved its use for this and it is still considered “off label”. Research on hormone therapy is slowly providing care providers with more information on its safety and efficacy over time, however long term effects of therapy may not yet be fully understood. Informed consent is a continuous, ongoing decision-making process based on your voluntary decision to engage in medical treatment, which is based on having full knowledge and understanding of said treatment. The purpose of this informed consent form is to help you consider the risks, benefits and alternatives so that you can make a fully informed decision to consent to gender-affirming hormone therapy.

What is Gender Affirming Hormone Therapy/Feminizing Hormone Therapy?

Feminizing Hormone Therapy is the use of one or more medications that cause feminizing effects and are used by some to affirm one’s gender. Most often it is comprised of 2 types of medications:

1. Estrogen: the sex hormone that causes the development of feminine characteristics. It can be given in several formulations: a pill that you put under the tongue, a patch or cream that is put on the skin, or a shot into the muscle.
2. Androgen-blocker: Testosterone is an androgen, which is a type of hormone that causes masculine characteristics. Spironolactone is a common medication used to help block and lower the amount of testosterone made by your body, and makes estrogen work better to cause feminizing effects.

The type of medication, how it is given (as a pill that is taken sublingually, a patch or a shot) and the dose will be dependent on many factors. Your practitioner will work with you to find the medication(s) that is best suited for you and your body based on your transition goals (including fertility and sexual function goals), your age, medical history, and medications. There can be a wide range of variation between peoples’ goals for their transition and their responses to hormone therapy, and it can be hard to predict how much or how fast these changes will happen.

Potential Effects of Feminizing Hormone Therapy:

The feminizing changes in the body may take several months to become noticeable, and usually take 3-5 years to become ‘complete’. You will need to continue hormone therapy as long as you want to continue the effects of the medication. Some of these changes are permanent and will not go away completely, even if you stop taking the medication.

These changes are PERMANENT and may not go away completely (even if you stop the medication):

- Breast growth and development
- The testicles becoming smaller and softer
- The testicles producing less sperm, and potential infertility (unable to get someone pregnant)



These are NOT PERMANENT and will likely reverse over time if hormone therapy is stopped:

- Fat redistributed to the buttocks, hips and thighs rather than the abdomen and mid-section
- Loss of muscle mass and decreased strength, particularly in the upper body
- Skin may become softer, you may notice less acne
- Facial and body hair become softer, lighter and will grow more slowly
- Male pattern baldness of the scalp may slow down or stop, but the hair generally won't grow back in that area
- Sexual changes can include a reduced sex drive, decreased strength of erections, or the inability to get or keep an erection. Overall there may be less ejaculate that may change in consistency, and frequency of wet dreams may decrease.
- You may notice changes in your mood or thinking, and this may feel positive, negative, or a mix of both. You may find you have increased emotional reactions to things, however most people find that overall their mental health improves after starting hormone therapy. The effects of hormones on the brain are not fully understood.

Usually, the benefits of hormone therapy for gender affirmation outweigh the risks for most people. The risks of estrogen are different from the risks of Spironolactone, and both are reviewed separately below.

Risks and Possible Side Effects of Androgen Blockers (Spironolactone):

Spironolactone can:

- Increase urine production and possible changes in kidney function; this can cause a feeling of needing to urinate more frequently and sometimes a noticeable increase thirst
- Cause a drop in blood pressure which can also cause a feeling of lightheadedness or dizziness
- Increase the amount of potassium in the blood, which typically doesn't cause noticeable side effects. However, if the potassium level gets too high it can lead to muscle weakness, nerve problems and dangerous heart arrhythmias (irregular heart rhythms) which can be life-threatening. To prevent this from happening, you will have regular bloodwork which will monitor your potassium level and how well your kidneys are functioning.

Risks and Possible Side Effects of Estrogen:

Estrogen can:

- Increase the risk of developing blood clots. Depending on where the blood clots travel in the blood vessels, they can cause a heart attack, a stroke, a DVT (blood clot in the leg) or a PE (blood clot in the lung). This is uncommon, but could be life-threatening.
- Increase the blood pressure
- Increase the amount of fat or cholesterol in the blood
- Increase the risk of heart disease
- Increase the risk of developing diabetes
- Increase the risk of gallbladder problems
- Cause or worsen migraine headaches
- Cause a milky discharge to come from one or both nipples, called galactorrhea.



- Cause a prolactinoma, which is a non-cancerous tumor on the pituitary gland in the brain which produces too much of the hormone prolactin, and can cause a milky discharge to come from the nipples
- Cause changes in sexual function such as a decreased libido, the inability to have or maintain an erection for penetrative sex, and potential changes in fertility (your ability to get someone pregnant)
- Harm the liver
- Cause mood swings or in rare cases, worsen depression
- Increase the risk of developing breast cancer

The risks of hormone therapy are greater for people who:

- Smoke cigarettes/use tobacco or nicotine products
- Are older than 40
- Have a BMI over 30
- Have heart disease, high blood pressure, high cholesterol or a history of blood clots
- Have a family history of breast cancer
- Have liver disease or Hepatitis

Smoking cigarettes and/or the use of other tobacco/nicotine products may greatly increase the risks of taking estrogen, especially the risk of blood clots and heart disease. If you are a current smoker, it is important for your health to make an effort to quit or cut back. If you need additional support with quitting/cutting down, you can talk to your provider about strategies and/or medications to help you.

How does Feminizing Hormone Therapy affect my fertility?

Taking feminizing hormones can change your body's ability to make healthy sperm, but how long this takes to happen and if it becomes permanent varies. For this reason, you may choose to "bank" some of your sperm before starting hormone therapy if having biological children is something that may be important to you in the future.

Although hormone therapy can affect your fertility, it is still possible that you could get someone pregnant. If you have a sexual partner with whom you have reproductive potential and you are not seeking pregnancy, it is important to use another method of contraception to prevent pregnancy, such as condoms.

Besides Feminizing Hormone Therapy, what are my other choices for feminization?

Other than, or in addition to hormonal therapy, you could consider:

- Gender affirming surgical feminization procedures
- Laser hair removal/electrolysis
- Use of cosmetic products
- Voice training/vocal coaching
- Doing none or a combination of these options



You can choose to stop taking feminizing hormone medication at any time. If you decide to stop the medication, talk to your provider so they can support you. Suddenly stopping estrogen treatment after you have been taking it for a long time may have negative health effects, so you are encouraged to discuss this decision with your medical provider.

Every effort will be made to support you in your transition and include you in medical decision making. Occasionally, your medical provider may need to decrease the dose or change the route of a medication because of safety concerns or medical reasons. You can expect that the medical provider will discuss the reasons for all treatment decisions with you through an informed and shared decision-making process.

You agree to:

- Inform your medical provider if you start taking other medications (including dietary or herbal supplements), other doses of medications (prescribed or not prescribed), and any other drugs so that we can discuss possible interactions with and effects on your hormone treatment
- Inform your medical provider of any new symptoms or medical conditions that may develop
- Keep regular follow-up appointments and get necessary lab work done when instructed to by your medical provider

In the first year of starting GAHT, you will have an initial appointment and then follow ups at 3 months, 6 months, sometimes 9 months (if indicated) and then every 6-12 months thereafter. Your provider will always give enough medication to get you to your next appointment, so if you're running low on your meds that means you're probably due for a visit! Your provider will discuss with you what lab work is necessary and why.

You should call the office at (603)436-7588 if you are noticing any of these WARNING SIGNS, which may be related to your hormone therapy:

- Headaches (especially if they are persistent, debilitating or causing visual changes)
- Visual changes (such as loss of peripheral vision, or a new onset of sparkly floaters or flashing lights that coincide with a headache)
- A milky discharge coming from one or both nipples

Call 911 immediately* If you are having any of these severe symptoms:

- Any signs of a heart attack or PE (blood clot in the heart or lung): chest pain, shortness of breath/difficulty breathing, palpitations.
- Any signs of a stroke: one-sided weakness, facial drooping on one side of the face, difficulty speaking, understanding, and walking.
- Any signs a DVT (blood clot in the leg): pain in the leg, accompanied by swelling and localized heat.

***Call your provider once you are safe and stable, so they can support you with follow-up care.**



By signing this form, you acknowledge:

- You are at least 18 years of age, or if you are a minor, you have a parent or guardian's consent and signature below.
- You have been given adequate information to be able to make an informed decision about voluntarily undergoing gender affirming hormone therapy. You understand the information your provider has given you, and you have been given an opportunity to ask any questions regarding the contents of this form or the treatment you're about to begin
- Your consent to receiving Gender Affirming Hormone Therapy

_____ Signature of patient	_____ Date
_____ Signature of parent or guardian (if applicable)	_____ Date
_____ Signature of Witness	_____ Date