



## **JGLHC Gender Affirming Hormone Therapy (GAHT)**

### **Informed Consent Form—Masculinizing 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 Health (WPATH) Standards of Care, however it is not FDA approved 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/Masculinizing Hormone Therapy?**

Masculinizing Hormone Therapy is the use of a medication (testosterone) that causes masculinizing characteristics, which may be used as a part of one’s gender transition and/or to affirm their gender.

Testosterone is the sex hormone that causes the development of masculine characteristics. It is given as a patch, a gel or cream, or a shot into the muscle or subcutaneous tissue. Your practitioner will work with you to find the medication and dose that is best suited for you and your body based on your transition goals (including fertility and sexual function goals), your age and medical history. 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 Masculinizing Hormone Therapy:**

The masculinizing changes in the body may take several months to first 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):**

- Increased facial and body hair
- Deepened voice
- Enlargement of the clitoris
- Hair loss (potentially male pattern baldness)

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

- Increased sex drive
- Body fat redistribution (to the abdomen/mid-section rather than the buttocks, hips and thighs)
- Increased muscle development (often dependent on exercise/lifestyle)
- Cessation of menstrual periods



Usually, the benefits of masculinizing hormone therapy for gender affirmation outweigh the risks for most people. However, there are some potentially serious risks to taking testosterone, described below.

### **Risks and Possible Side Effects of Testosterone:**

Testosterone can:

- Increase the risk of developing heart disease
- Increase the blood pressure, or risk of developing hypertension
- Increase the amount of fat or cholesterol in the blood, or cause unhealthy cholesterol levels (your HDL or “good” cholesterol may decrease and your LDL or “bad” cholesterol may increase)
- Increased fat deposits around the heart, blood vessels and other organs
- Increase the risk of developing excess red blood cells. It is normal to have an increase in your red blood cells and hemoglobin, but if it gets higher than normal levels for someone assigned male at birth, this can increase the risk of developing blood clots. To prevent this from happening, you will have regular bloodwork which will monitor the hemoglobin and/or the red blood cells.
- 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.
- Harm or damage the liver (this is not common when testosterone is given as an injection)
- Increase your risk of developing diabetes. This is because testosterone can cause a decrease in the body’s response to insulin, which can also potentially cause weight gain
- Contribute to changes in your mood, especially during the first 6 months of treatment. This may feel positive, negative, or a mix of both. Many people report feeling irritable, angry or more impulsive, however most people find that their overall mental health improves after starting hormone therapy. Getting exercise often helps with this, but share this with your provider, because we can also refer you to resources to help you manage your emotions.
- Your body can turn testosterone into estrogen. It’s not known if this increases your risk of developing cancers of the breast, the ovaries, or the uterus.

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 testosterone, 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 Masculinizing Hormone Therapy affect my fertility?**

Testosterone is likely to affect your ovulation cycles, although it is not known exactly how long this takes to happen, to what degree, and whether or not the changes are permanent for some people. Even if you stop taking testosterone, it is possible that you may not be able to become pregnant in the future. For this reason, you may choose to undergo gamete (egg) banking 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 pregnant while you are taking testosterone. If you currently have or could potentially 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. Testosterone is a medication that is considered teratogenic, or has the potential to harm a developing fetus. For this reason, it is often recommended that a reliable form of contraception is used in addition to condoms.

### **Besides Masculinizing Hormone Therapy, what are my other choices for masculinization?**

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

- Gender affirming surgical masculinization procedures
- Use of chest binders, packers or cosmetic products
- Voice training/vocal coaching
- Doing none or a combination of these options

You can choose to stop taking masculinizing hormone medication at any time. If you decide to stop the medication, talk to your provider so they can support you.

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, an Injection training visit (if starting on an injectable form of testosterone) 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 symptoms:**

- Headaches that are new, persistent, debilitating or causing visual changes
- Mood changes, such as worsening depression, anxiety or mania that appears extreme (especially if you have pre-existing mental health conditions), or if you are having thoughts of harming yourself or others
- Pregnancy symptoms, such as nausea, vomiting, tenderness in breast tissue, frequent urination or unusual fatigue. Either take a pregnancy test at home or come into the office for evaluation if you are or think you could be pregnant

**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

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Signature of patient

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Date

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Signature of parent or guardian (if applicable)

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Date

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Signature of Witness

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Date