



PATIENT EDUCATION HANDOUT

SEXUAL AND REPRODUCTIVE HEALTH

Masculinizing Gender-Affirming Hormone Therapy (GAHT) in Adults

Eva Mathews, DO;
Amanda Frugoli, DO, FACP;
Tricia Westhoff-Pankratz, MD

Community Memorial Healthcare,
Ventura, CA

DOWNLOAD AND DISTRIBUTE

The PDF of this patient education handout is available for easy download and distribution to your patients at www.acofp.org/PEH.

The Osteopathic Family Physician Patient Handout is a public service of ACOFP. The information and recommendations appearing on this page are appropriate in many instances; however, they are not a substitute for medical diagnosis by a physician. For specific information concerning your medical condition, ACOFP suggests that you consult your family physician. This page may be copied noncommercially by physicians and other healthcare professionals to share with their patients.



www.acofp.org/journal

WHAT IS MASCULINIZING GAHT?

Masculinizing gender-affirming hormone therapy (GAHT) is the use of hormones to develop masculine physical attributes. The individual must have gender incongruence or gender identity that does not match birth sex, which is typically female. This is independent of whether or not they tell other people about it, dress differently, or change their name.

FERTILITY CONSIDERATIONS PRIOR TO INITIATING GAHT

Prior to beginning GAHT, the individual should have a discussion with their healthcare provider about their desire to have biological children. The long-term effects on fertility and ability to become pregnant are not well understood. Discussion should address options to preserve fertility such as freezing eggs, sperm, or embryos. Other options could include fostering, adoption, and coparenting. It is also important to understand that testosterone is not a reliable method to prevent pregnancy.

HEALTH RISKS FOR GAHT

- Heart disease and heart attacks
- High blood pressure
- Weight gain
- High cholesterol or lipid profile
- Increased red blood cell count

CONTRAINDICATIONS FOR GAHT

- Pregnancy or trying to become pregnant
- Current lactation or breast/chest feeding
- Uncontrolled high blood pressure
- Polycythemia (elevated red blood cell count)

TYPICAL TESTOSTERONE REGIMEN

- Injection of 20 to 200 mg testosterone every 1 to 2 weeks
- Application of one to eight pumps of testosterone gel daily

SOURCES

Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, Version 8. *Int J Transgender Health*. 2022;23(suppl 1):S1–S259. doi: 10.1080/26895269.2022.2100644

Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869–3903. doi: 10.1210/je.2017-01658

UCSF Gender Affirming Health Program, Department of Family and Community Medicine, University of California San Francisco. Deutsch MB, ed. *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition*. transcare.ucsf.edu/guidelines

PHYSICAL EFFECTS OF TAKING TESTOSTERONE

EFFECT	TIMING
Acne	Onset within 1 month and peak after 2 years
<ul style="list-style-type: none"> • Increased hair on the body and face (can be permanent) • Male pattern baldness (can be permanent) • Decrease in fat and increase in muscles 	Onset within 6 months and peak after 5 years
<ul style="list-style-type: none"> • Deepening of voice (can be permanent) • Reduced or no periods • Increased sexual desire • Increased size of clitoris (can be permanent) • Sexual dysfunction such as genital dryness or pain with sex 	Onset within 1 month and peak after 2 years

WHAT MONITORING WILL BE DONE WITH ADMINISTRATION OF MASCULINIZING GAHT?

Levels of estrogen and testosterone will be monitored regularly with the goal of achieving similar levels of hormones present in the desired gender. The targeted range for testosterone level is generally 400 to 700 ng/dL. In the first year, laboratory tests will be done every 3 months. After stable dosing is achieved, frequency may decrease to one to two times per year. Other monitoring will include hemoglobin level and cholesterol. It is also important to receive regular screenings indicated for one's age and body parts, including breast cancer and cervical cancer.