

Feminizing Hormone Therapy For Adults

Southern California Transgender Care Program

Updated January 2019

Effects of Feminizing Hormones	Expected Onset	Expected Max Effect
Decreased libido	1-3 months	3-6 months
Decreased spontaneous erections	1-3 months	3-6 months
Body fat redistribution	3-6 months	2-3 years
Softening of skin / less oily	3-6 months	Variable
Breast growth*	3-6 months	2-3 years
Decreased muscle mass	3-6 months	1-2 years
Decreased testicular volume*	3-6 months	2-3 years
Thinning and slowed growth of facial/body hair	6-12 months	>3 years
Decreased sperm production*	Variable	>3 years
Sexual dysfunction	Variable	Variable
Scalp hair loss (no regrowth, loss stops)	Variable	Variable
Voice changes	None	n/a

*Changes may be irreversible even after hormones are stopped

Timing will vary in each individual

Risks of Feminizing Hormones	Medical Condition
Likely increased risk	Blood clots, gallstones, weight gain, elevated triglycerides, elevate liver enzymes
Likely increased risk with other factors like age	Cardiovascular disease, Type II diabetes
Possible increased risk	High blood pressure, elevated prolactin level
No increased risk or inconclusive data	Breast cancer

Risk is affected by patient's personal medical history and family history

Feminizing Hormone Therapy

FAQ

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What is estrogen therapy?

- Hormone therapy is a type of gender-affirming medical care that some transgender, nonbinary and gender expansive people use to affirm their identity and bring about physical and emotional changes.

Do I need to take estrogen?

- For some people the changes that come with estrogen can be gender affirming and support their gender identity and expression. Other people feel that estrogen is not needed to express their gender identity.
- Hormone therapy is not required to change your legal gender marker.

How is it used?

- Some people take estrogen regularly over a lifetime, others may choose to take estrogen for a shorter period of time or intermittently under their physician's supervision.
- The type of delivery method, dose and time on hormones is an individual decision and varies based upon each person's goals and how their body responds.
- No one can predict how fast or how much change will happen for each individual. One person's experience may be very different from another's.
- Taking higher doses of estrogen than prescribed does not increase the rate of changes and may increase the risk of serious side effects including life-threatening blood clots.

What does estrogen do?

- It may take at least a month after beginning estrogen to notice changes, though some people may experience changes more quickly or slowly.
- It may take 2-5 years for all physical changes to take place.
- Some changes from estrogen are permanent, even if you stop taking it and other changes are not and will reverse once off the medication.

What will estrogen do to my fertility?

- Decreases sperm production and may result in permanent infertility
- It is possible to produce sperm after stopping hormone blockers and estrogen but this varies
- Estrogen is not a reliable form of birth control
- For teens: If a puberty blocker and/or estrogen were started prior to the maturation of the testes, then a period of discontinuation of blocker and estrogen will be needed to allow testosterone driven puberty to mature sperm for reproductive purposes.

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If I am interested in taking estrogen, what's next?

- Your provider will review both the potential benefits and risks of hormone therapy with you to help you know what changes to expect, address your concerns and answer your questions.
- Your provider will ask you about other prescription medications and substances you take including diet supplements and herbs, alcohol, nicotine, marijuana, recreational/street drugs and other hormones. Letting your provider know about everything you use to will help them take care of you safely.

How is estrogen administered and what are my options?

ORAL

- Recommended dose is taken once daily or twice a day
- Self-administered at home

INTRAMUSCULAR INJECTION

- Delivered via a needle into a large muscle group, usually the thigh or buttock areas
- Recommended dose is typically every 1-2 weeks
- Can be self-administered at home or at Kaiser

PATCHES

- Adhesive patch placed on any part of the body with little hair, usually the stomach, thigh or buttocks. Some people find the adhesive irritating to the skin
- Physical changes may occur more slowly than injection methods
- Lowest risk of blood clots
- Self-administered at home daily

Estrogen should be kept in a safe location

Do not share needles with anyone

Dispose of needles safely after use

Please take medication only as prescribed and discuss changes in dose, method of delivery and stopping hormones with your provider first.

Remember to follow through on necessary blood tests and appointments