

# Hormonal and Surgical Treatment Options for Transgender Women and Transfeminine Spectrum Persons

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## KEYWORDS

- Transgender • Feminizing hormones • Feminizing surgery • Gender-affirming care
- Cross-sex hormones

## KEY POINTS

- Feminizing hormone therapy includes treatment with antiandrogens and estrogen supplementation in an individualized manner based on patient goals and health needs.
- Hormone therapy leads to development of feminine secondary sex characteristics and minimization of masculine characteristics; results vary greatly based on age, physiology and individual genetics.
- Surgical options may be limited owing to economic and structural barriers. Types of surgery pursued vary based on patient goals and status of hormone therapy.
- Hormone and surgical therapies improve quality of life and mental health in transgender people with minimal adverse effects.
- Ongoing longitudinal research is crucial to improve understanding about specific risks of feminizing hormone therapy and improve surgical outcomes.

## INTRODUCTION

Many (but not all) transgender individuals who identify on the female gender spectrum will seek medical interventions to affirm their gender. Health care providers trained in transgender care can prescribe feminizing hormone regimens, and surgeons trained in gender-affirming procedures can perform a variety of surgeries

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**Abbreviation**

WPATH World Professional Association for Transgender Health

to achieve feminization of the body. A gender-affirming and patient-centered model of care considers the individual goals and informed consent as central to the overall treatment plan. As such, some individuals pursue hormonal and/or surgical procedures with some degree of variation depending on multiple individual factors, in consultation with the health care team. Many, but not all, transgender women and transfeminine-spectrum people begin estrogen plus antiandrogen hormone therapy simultaneously to reduce masculine secondary sex characteristics and induce the development of feminine secondary sex characteristics. An increasing number of people, in part owing to improved insurance coverage, will seek a variety of surgeries, including facial feminization, breast augmentation, and genital affirmation surgery. This article provides an overview of current hormonal and surgical options for transfeminine individuals, based on a synthesis of best practice guidelines, a growing body of evidence, and the clinical experience of the authors who have collectively worked with transgender patients for 24 years.

***Gender-Affirming Care***

When seeking consultation for hormones and surgery, it is crucial that each individual's gender identity is affirmed.<sup>1,2</sup> In addition to basic components such as use of one's chosen name and pronoun, gender affirmation in health care encounters includes discussing specific goals, which vary from patient to patient and may not fit into traditional gender binary expectations. Medical and behavioral health providers are responsible for an ongoing process of informed consent. For hormonal options, discussions include exploring all possible changes and uncertainty of precise outcomes, level of permanency, risk of adverse events, and when to expect onset and maximum effect of hormones. For surgical options, counseling includes preoperative and postoperative care planning with an interdisciplinary health care team<sup>3</sup> and a detailed conversation with the surgeon about the procedure itself, including a discussion of risks and possible complications.

Some individuals presenting for hormone care may request a mix of masculine and feminine characteristics, others may seek a slower transition, and still others may present with goals that may not be realistic given the way hormones work in the body. For example, it is unlikely that feminizing hormone regimen alone will eliminate all unwanted facial hair, and therefore electrolysis or laser hair removal is often required. Alternatively, feminizing hormone therapy, even at low doses, will almost always lead to some breast development as well as loss of erectile function; therefore, these realities have to be taken into consideration. Furthermore, the same medication and dose can have very different effects from person to person, depending on concurrent medications, physiology, and genetics. Best practice guidelines such as Center of Excellence for Transgender Health Guidelines for Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People,<sup>4</sup> World Professional Association for Transgender Health (WPATH) Standards of Care, 7th Version,<sup>5</sup> and Endocrine Society Clinical Practice Guidelines<sup>6</sup> can guide clinical practice. However, treatments are individualized based on an informed discussion about long-term risks, realistic expectations, and the patient's goals. The recommended hormone dosages discussed in this article may be started at lower amounts and increased more slowly, titrating to the desired effect.

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