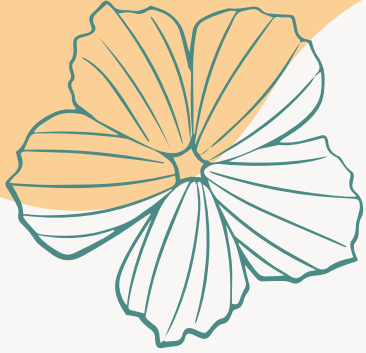


Gender Affirming Care

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INTRODUCTION

To identify as Transgender is to resonate and embody a gender that is different from the sex assignment at birth using physical features like genitalia.

Transgender individuals often experience gender dysphoria



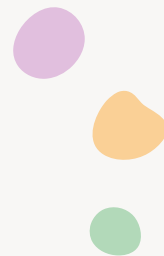
Gender Dysphoria

Gender dysphoria is “psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity”

Signs:

- Depression and anxiety
- Suicidal Ideation
- Social Isolation

Imagine the feeling of being trapped in a body that isn't yours



Gender Affirming Care

- Gender-affirming care is a range of different procedures and tools that allow transgender people to affirm their gender identity and make it a physical reality.
- Treatments can range from surgeries, counseling, and hormonal therapy.
- Gender Affirming care has been shown to improve quality of life and reduce suicidal ideation



Hormone Therapy

- Gender-affirming hormonal therapy (GAHT) is the use of hormones in an effort to reduce the production of hormones already produced in the body to be replaced by hormones that align with their gender identity
- Most used gender affirming care therapy
- Range of Applications: Injections, Pills, Gels & Creams and Implants
- GAHT isn't the first or only step in transitioning, it is the step where a person is working towards feeling comfortable existing in their own body.





Masculinizing GAHT

Masculating hormone therapy is the use of hormones to induce the development of characteristics that are associated with male hormones otherwise known as androgens, using testosterone. Often for those who identify as transmasculine



Hormonal Therapy




Feminizing GAHT

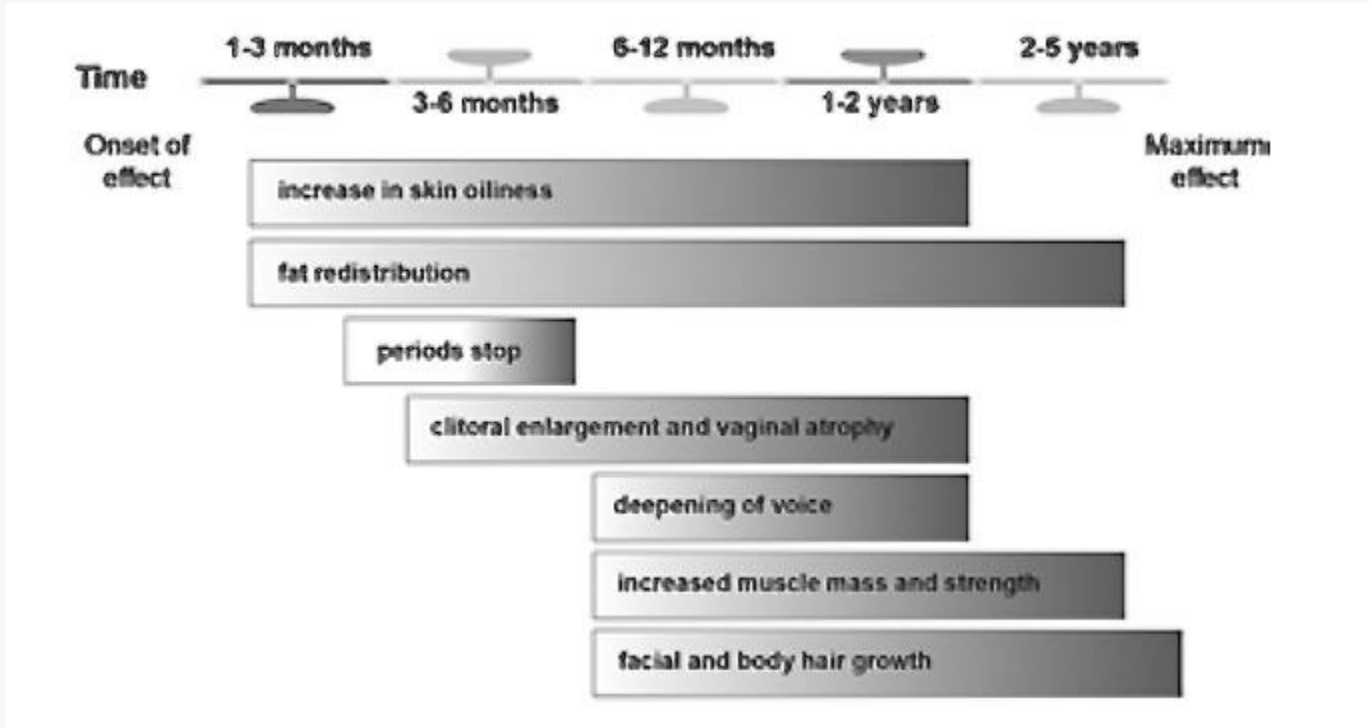
Feminizing therapy is the use of hormones such as estrogen, in an effort to feminize the body and create more of a feminine look. Often for those who identify as Transfeminine



Masculinizing GAHT

- Uses testosterone to develop male characteristics over time from a time period of 2-5 years.
 - The target range of testosterone levels in those in masculine GAHT should be “between 320 and 1,000 ng/dL, levels prior to treatment range from 15 - 70 ng/dL.
 - Characteristics: voice pitch drop, an increase in facial hair & body hair density, increase in muscle mass.
 - Stops menstruation
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Masculinizing GAHT







Potential Risk





There is a common misconception that the use of GAHT is detrimental to an individual's health in the long term, however, there are no current studies or research that support this claim. Along with any medical intervention, there are certain risks involved, however, in GAHT there is a very low risk of any complications that can lead to death or serious illness.

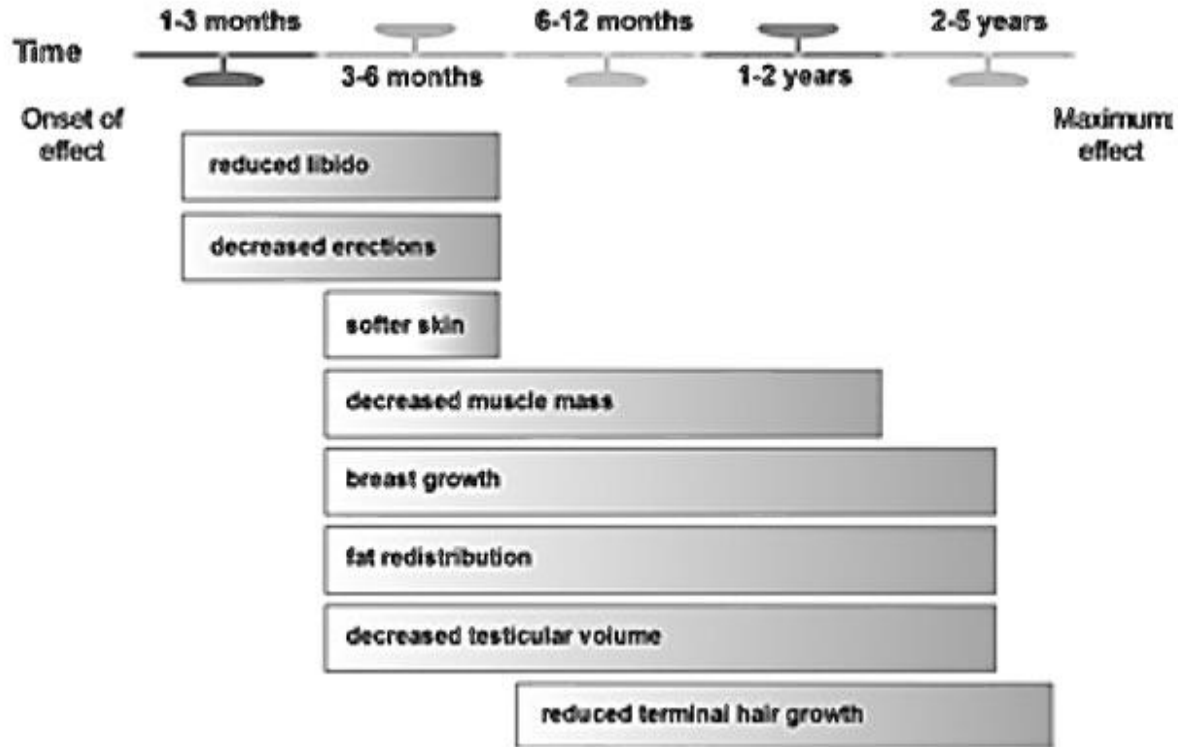
- “In a study of 795 Dutch trans men on testosterone therapy yielding data for 15,974 person-years, only one case of breast cancer was diagnosed. This translated to a rate of 5.9 per 100,000 person-years, similar to the rate observed in the cisgender male population”
 - Transmasculine men face lower risk of breast cancer due to the lower levels of estrogen
 - Hormone manipulation can have a negative effect on bone health, however transmasculine individuals show increased strengthening of the bones.
 - Another debated risk is fertility, noting that transmasculine people may lose their ability to conceive, however in pausing testosterone, pregnancy is possible.
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Feminizing GAHT

- Feminizing GAHT usually consists of estrogen hormones with a combination of anti-androgens.
 - Estrogen produces female characteristics such as breast growth, while antiandrogens are used to suppress male characteristics such as body hair.
 - Anti Androgens are used if the individual still has their gonads/testes, the presence of testes produce testosterone and the use of estrogen is not enough to lower testosterone levels to match that of a cis female level.
 - “The U.S. Endocrine Society suggests aiming for estradiol levels of 100 to 200 pg/mL and testosterone levels less than 50ng/dL” (Rachel Ann Heath Ph.D., & Katie Wynne Ph.D. 2019). 10 to 40 ng/dL is observed prior to treatment
 - Characteristics: Voice pitch gets higher, body fat redistribution, breast development, decrease in body hair.
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Feminizing GAHT





Potential Risk

The risk of Oncological complications in transfeminine individuals is a bit more complicated as the studies done are not conclusive and don't provide enough data to create a solid stance.

- It is seen that transfeminine people don't have a higher risk of breast cancer as one might assume based on the amount of estrogen they are intaking, however, rates of breast cancer among them match that of cisgender men , “remains similar to the low rate of one in every 1,000 for cisgender males”
- Transfeminine are at a lower risk of prostate and testicular cancer due to the low levels of testosterone
- Feminizing care does not put individuals at a higher rates of risk and mortality than that of their cis-women counterparts



Mental Health

- According to The Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health, 54 percent of young people who identified as transgender or nonbinary reported having seriously considered suicide in the last year, and 29 percent have made an attempt to end their lives.
- “we observed 60% lower odds of depression and 73% lower odds of suicidality among youths who had initiated PBs or GAHs compared with youths who had not”
Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K.
- For this participant and others, the delay of gender-affirming healthcare was not merely an inconvenience but could be considered “a life or death situation” (P2585, transgender man, 16).