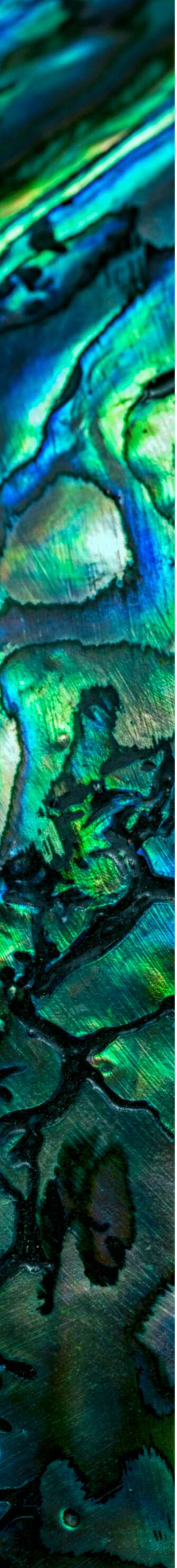

To download this reference sheet and more, visit: www.patha.nz

Maintenance feminising hormones

Transgender people experience the same health problems as other patients and have very few differing needs. Discuss enrollment in the Breast Screening Programme with trans women and non-binary people assigned male at birth on oestrogen.

The following information relates only to funded medications available in New Zealand and does not reflect all available options. Standard dosing recommendations are based on international and New Zealand guidelines,[1,2] however doses required should be decided in collaboration with the individual based on their response, health risks and personal gender affirmation goals. Table 1 provides information on prescribing maintenance anti-androgens and oestrogen and table 2 outlines the recommended routine monitoring tests.

Table 1. Feminising medications

Medication:	Standard maintenance doses:
Anti-androgen options (not required post gonadectomy)	
Cyproterone acetate	12.5 – 25 mg po daily or 25mg on alternate days.
Spironolactone	100-200 mg po daily
Oestrogen options	
Oestradiol valerate (Progynova®)	Up to maximum 6mg po daily
Oestradiol patch (Estradot®)	100-200 mcg patch twice weekly

Table 2. Recommended monitoring tests

Annual blood tests:	Electrolytes – *monitor more frequently if on spironolactone*
	LFT
	HbA1c – *if risk factors suggest indicated*
	Lipids – *if risk factors suggest indicated*
	Oestradiol – *avoid supraphysiological levels (target < 500 pmol/L)*
	Testosterone *(aim for level < 2 nmol/L)*
Every two years:	Prolactin
If major risk factors for osteoporotic #	Consider bone density scan (DEXA)

Potential complications for feminising therapy:

- Insulin resistance
- Liver dysfunction
- Gallstones
- Alterations in mood and libido
- Cardiovascular disease – adverse lipid profile, hypertension
- Small risk of osteoporosis, breast cancer, and (rarely) hyperprolactinaemia
- Venous thromboembolism:
  - most common in the first 2 years of treatment
  - likely reduced risk on transdermal oestrogen
  - if aged > 40 years, smoker or other DVT risks, consider switching to transdermal oestrogen

Cumulative and higher dosing of cyproterone acetate has been associated with a risk of meningioma (1-10/10,000 cases).[3] Whilst this risk is small it is advisable to titrate the cyproterone dose down to the lowest acceptable dose that provides testosterone suppression or consider alternative anti androgen options.

References:

1. Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere, et al. Standards of care for the health of transsexual, transgender, and gender nonconforming people, version 7. Int J Transgend. 2012;13(4):165-232.
2. Oliphant J, Veale J, Macdonald J, Carroll R, Johnson R, Harte M, Stephenson C, Bullock J. Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa, New Zealand. Transgender Health Research Lab, University of Waikato, 2018.
3. Restrictions in use of cyproterone due to meningioma risk. European Medicines Agency. March 2020.

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