

Appendix D: Informed Consent for Masculinizing Hormones

The following consent document is adapted from the Catherine White Holman Wellness Centre (www.cwhwc.com).

Informed Consent

TESTOSTERONE FOR TRANS* CLIENTS

What is informed consent?

Before starting hormone treatment, it is important to understand the possible benefits, risks, warning signs, and alternatives. You and your healthcare provider will work together to make sure you have all the information you need to decide if hormone treatment is right for you.

Agreeing to start hormone treatment once you know all of the benefits, risks, warning signs, and alternatives, and have had all of your questions answered, is called informed consent.

What medication can masculinize my appearance?

Part of transition for many trans* people involves taking hormones. Testosterone is the medication given to people assigned female at birth, who want to appear more masculine. You may want to take testosterone to masculinize your body, to appear more androgynous, or to feel more comfortable in your lived gender.

What is testosterone?

It is a sex hormone that is found in almost all bodies. It is responsible for physical changes to the body that are typically considered more "masculine." For example, it builds muscle and causes the development of facial hair and a deeper voice. Some trans* and gender diverse people choose to take extra testosterone and others do not. The choice is based on personal preference and the desired benefits of the hormone.

How is testosterone taken?

It is usually injected every one to four weeks. It is not used as a pill because the body may not absorb it properly and it may cause liver problems. Some people use skin creams and patches, but they tend to be more expensive. The doses used for injection differ from product to product and from person to person. The injections are made in a large muscle to slow the release of the hormone.

Benefits, Risks, Warnings and Alternatives

Benefits (* means it is a permanent change)

Physical changes including:

- bigger clitoris*
- coarser skin
- lower voice*
- more body hair*
- more facial hair*
- more muscle mass
- more strength
- no more menstrual periods
- more physical energy
- more sex drive
- protection against bone thinning (osteoporosis)

Risks

- acne (may permanently scar)
- blood clots (thrombophlebitis)
- emotional changes — for example, more aggression
- headache
- high blood pressure (hypertension)
- increased red-blood-cell count
- infertility
- inflamed liver
- interaction with drugs for diabetes and blood thinning — for example Warfarin
- male pattern baldness
- more abdominal fat and less in the hips (“apple” vs “pear” shape)*
- more risk of heart disease
- swelling of hands, feet, and legs
- weight gain
- thinning and atrophy of vaginal tissues

Warning: Who should not take testosterone?

It should not be used by anyone who is pregnant or has uncontrolled coronary artery disease.

It should be used with caution and only after a full discussion of risks by anyone who:

- has acne
- has a family history of heart disease or breast cancer
- has had a blood clot
- has high levels of cholesterol
- has liver disease
- has a high red-blood-cell count
- is obese
- smokes cigarettes

Periodic blood tests to check on the effects of the hormone will be needed. Routine breast/chest exams and internal exams with Pap tests should be continued, when applicable.

Alternatives

Not all trans* people choose to take hormones. It is up to you whether or not they want to take them, and it will not affect how you are treated at this clinic.

There are alternatives to using testosterone to help people change their physical gender. If you are interested in alternatives to testosterone treatment, talk to your clinician about your options.

Please initial each statement to show you understand the benefits, risks, and changes that may occur from taking these medications.

Informed Consent: Physical Changes

_____ Testosterone may be prescribed to change the way my physical gender appears to myself and others.

_____ It can take several months or longer for the effects to become noticeable. No one can predict how fast – or how much – change will happen. The changes may not be complete for two to five years.

_____ The following changes are likely and permanent even if I stop taking testosterone:

- bigger clitoris — typically half an inch to a little more than an inch
- deeper voice
- gradual growth of mustache and beard
- hair loss at the temples and crown of the head — possibility of being completely bald
- more, thicker, and coarser hairs on abdomen, arms, back, chest, legs

_____ I know that the following changes are usually not permanent — they are likely to go away if I stop taking testosterone:

- acne (many permanently scar)
- menstrual periods typically stop one to six months after starting
- more abdominal fat – decreased on buttocks, hips, and thighs; increased in abdomen – changing from “pear shape” to “apple shape”
- more muscle mass and strength
- more sex drive
- vaginal dryness

_____ The effects of testosterone on fertility are unknown. I may or may not be able to get pregnant even if I stop taking testosterone. I might still get pregnant even after testosterone stops my menstrual periods. I know about my birth control options (if applicable), and that I can't take testosterone if I am pregnant.

_____ Some aspects of my body will not be changed:

- Losing some fat may make my breasts appear slightly smaller, but they will not shrink very much.
- Although my voice will deepen, other aspects of my voice and the mannerisms with which I speak may not sound different.

_____ There are other methods that may be helpful to make my breast tissue less apparent or change my speech. My health care provider can give me referrals to help me explore treatment options.

Informed Consent: Risks

_____ The medical effects and the safety of testosterone are not completely known. There may be long-term risks that are not yet known.

_____ I know not to take more testosterone than prescribed. Doing so would increase health risks without making changes happen more quickly or more significantly. My body can convert extra testosterone into estrogen.

_____ Testosterone can cause changes that increase my risk of heart disease. These changes include having:

- less good cholesterol (HDL) that may protect against heart disease and more bad cholesterol (LDL) that may increase the risk of heart disease
- higher blood pressure
- more deposits of fat around my internal organs

_____ My risk of heart disease is higher if people in my family have had heart disease, if I am overweight, or if I smoke.

_____ I should have periodic heart-health checkups for as long as I take testosterone. That means I must watch my weight and cholesterol levels and have them checked by my health care provider.

_____ Testosterone can damage the liver and possibly lead to liver disease. I should be checked for possible liver damage for as long as I take testosterone.

_____ Testosterone can increase my red blood cells and hemoglobin. The increase is usually only to what is normal for a man and that has no health risks, but a higher increase can cause problems that can be life-threatening. These problems include stroke and heart attack. I need to have periodic blood checks for as long as I take testosterone.

_____ Taking testosterone can increase my risk for diabetes. It may decrease my body's response to insulin, cause weight gain, and increase deposits of fat around my internal organs. I should have periodic checks of my blood glucose for as long as I take testosterone.

_____ My body can turn testosterone into estrogen. No one knows if that could increase the risk of cancers of the breast, the ovaries, or the uterus.

_____ Taking testosterone can thin the tissue of my cervix and the walls of my vagina. This can lead to tears or abrasions during vaginal sex. This raises my risk of getting a sexually transmitted infection, including HIV. I should take precautions regardless of the gender(s) of my partner(s). I should speak frankly with my clinician about my sex life to learn the best ways to prevent and check for infections.

_____ Testosterone can give me headaches or migraines. It's best to talk with my clinician if I get them a lot or if the pain is unusually severe.

_____ Testosterone can cause mood changes. My clinician will check in regularly about my mood and mental health. Resources are available for my mental health.

_____ Testosterone causes changes that other people will notice. Some transgender people have experienced harassment, discrimination, and violence because of this. Others have lost the support of loved ones. I know my clinician can help me find advocacy and support resources.

Informed Consent: Prevention

_____ I agree to take testosterone as prescribed. I will tell my clinician if I have any problems or am unhappy with the treatment.

_____ The dose and type of medication that's prescribed for me may not be the same as someone else's.

_____ I need periodic physical exams and blood tests to check for any side effects.

_____ Testosterone can interact with other drugs and medicines. These include alcohol, diet supplements, herbs, other hormones, and street drugs. This kind of interaction can cause complications. This kind of interaction can cause complications. I need to prevent complications because they can be life-threatening. That's why I need to be keep my clinician informed about whatever else I take. I will continue to get medical care here no matter what I share about what I take.

_____ It can be risky for anyone with certain conditions to take testosterone. I agree to be evaluated if my clinician thinks I may have one of these conditions. Then we will decide if it's a good idea to start or continue using testosterone.

_____ Using testosterone to change my appearance is an off-label use. This means it is not approved by the government for this use. The medicine and dose that is recommended for me is based on the judgment and experience of the health care provider.

_____ I can choose to stop taking testosterone at any time. If I decide to do that, I should do it with the help of my clinician. This will help me make sure there are no negative reactions. My clinician may suggest I lower the dose or stop taking testosterone if certain conditions develop. This may happen if the side effects are severe or there are health risks that can't be controlled.

Informed Consent: Alternatives

_____ Not all trans* people choose to take hormones. My decision about whether to take them or not will not affect how I am treated at this clinic.

_____ There are alternatives to using feminizing medicines to help people change their physical gender. Some trans* people choose to not take hormones or have surgery and may only socially transition. If I am interested in alternatives, I can talk with my clinician about my options.

Signature

My signature below confirms that:

My clinician has talked with me about:

- the physical changes and risks of taking testosterone;
- warnings and prevention of medical complications; and
- potential alternative treatments

I understand the risks that may be involved.

I know the information in this form includes the known effects and risks.

I understand that there may be unknown long-term effects of risks.

I understand that counselling can be beneficial for some people who are considering hormone therapy (support through the decision-making process, support with coming out, adjusting to the physical and emotional changes that may come with hormone therapy, etc.) and my provider has let me know about counselling and support options that are available to me.

I have had enough opportunity to discuss treatment options with my clinician. All of my questions have been answered to my satisfaction.

I believe I know enough information to give informed consent to take, refuse, or postpone therapy with testosterone.

Based on all this information:

_____ I want to begin taking testosterone

_____ I do not wish to begin taking testosterone at this time

Client Signature _____

Date: _____

Prescribing Clinician Signature _____

Date: _____

Endocrine Therapy for Transgender Adults in British Columbia: Suggested Guidelines

Physical Aspects of Transgender Endocrine Therapy

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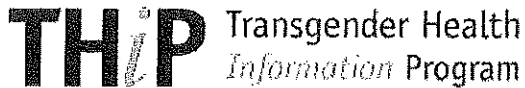
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Copies of these guidelines are available for download from the Transgender Health Information Program website. Updates and revisions will be made to the online version periodically. For more information or to contribute updates, please contact:

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