

Testosterone and sexual function

- Testosterone can affect your sexual function in different ways:
- Increase in sex drive or interest in sex
- Enlargement of the clitoris Bleeding after sex
- Testosterone may thin the lining of your vagina which can make penetrative sex more uncomfortable and you may notice bleeding. Your provider can provide a topical cream to help with this. Also, consider using lubrication

If you have trouble talking with your provider about your sexuality, these questions may help you start the conversation.

Ask him or her:

- What words can I use to tell others about my transgender identity?
- How can I find ways to match my spiritual and moral beliefs with my sexual values and behaviors?
- How can I explore my sexuality?
- How can I ask for what gives me pleasure
- How can I talk with a sexual partner about their desires?
- What are good ways to set safe limits on sexual behavior?

There are other resources you can use. Find a support group, online or in your community.

Ask your health care provider to suggest websites or organizations for transgender people.

24 Hr Emergency ☎ **044-6666 7788**



DR. RELA INSTITUTE & MEDICAL CENTRE

No. 7, CLC Works Road, Chromepet,
Chennai – 600 044, Tamil Nadu, INDIA.

Tel : +91 44 6666 7777

Email: helpdesk@relainstitute.com

www.relainstitute.com



DR. RELA INSTITUTE & MEDICAL CENTRE
An International Medical Facility



Department of
Endocrinology

Transgender Health Definitions

Transgender Health Definitions

Sex: A person's sex, as assigned at birth. This is usually identified by one's reproductive organs, hormones and/or chromosomes. The chromosomes are XX for females and XY for males.

Differences of sex development (DSD): When a person's reproductive organs, hormones and/or chromosomes are not consistently male or female. A person born with DSD may identify as "intersex."

Gender identity: A person's internal sense of being boy/man, girl/woman, neither, or both. Your gender identity may not be the same as the sex assigned to you at birth.

Gender fluid: One who exhibits a wider range of gender identity and expression. People who describe themselves as gender fluid do not feel restricted by society's typical gender norms and expectations. They may identify and express themselves as male or female or along a spectrum. Their identity and expression may vary over time.

Gender expression: The way a person presents their gender to other people. You can express your gender as masculine, gender-neutral, feminine, or something in between any of those descriptions. A person's gender may be shared, or expressed, through body shape, clothing, accessories, hair style, mannerisms, voice, walk, and interests.

Cisgender: A person who has the same gender identity as the sex assigned to them at birth.

Transgender: A person who does not have the same gender identity as the sex assigned to them at birth. Also includes those who have different gender expressions and behaviors than what society expects for their biologic sex. May or may not involve altering one's body with hormones and/or surgery. Transgender status does not relate to one's sexual orientation.

Gender roles: Society's expectations for a person's behavior, attitudes and emotions based on the sex assigned to that person at birth.

Gender non-conforming: When gender identity, expression and/or role is not the same as what society expects for a person with that biologic sex.

Sexual orientation: a person's physical and/or emotional attraction to others. These attractions may change over time or be permanent. Some examples of sexual orientation are shared here.

Straight or heterosexual: A person who feels romantic, emotional and/or sexual attraction to a person of the opposite gender.

Gay: Men who feel romantic, emotional and/or sexual attraction to men.

Lesbian: Women who feel romantic, emotional and/or sexual attraction to women.

Bisexual: A person who feels romantic, emotional and/or sexual attraction to men and/or woman.

Pansexual: A person who feels romantic, emotional and/or sexual attraction to people of various gender identities.

Asexual: A person who does not have sexual feelings or associations.

Other definitions

Queer: A general term used by people who do not identify as heterosexual or cisgender. This term used to insult people. But for some people it is now gaining acceptance.

Questioning: A term used to describe someone who isn't sure about his or her sex, gender identity or sexual orientation.

Ally: A heterosexual or cisgender person who supports people who are LGBTQI*.

LGBTQI*: A person who identifies as lesbian, gay, bisexual, transgender, queer, or intersex.

Note: The asterisk (*) is used to include all other gender and sexual minorities.

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Feminizing Hormone Therapy

Feminizing hormone therapy includes medications that will reduce the level of testosterone and increase estrogen (or estradiol) to allow feminizing changes to occur. It is important to let your provider know if you take any other prescribed medications or over-the-counter supplements as these may interfere with feminizing medications.

Testosterone blockers

Testosterone blockers may be started before estradiol, or at the same time. In our country, the most common testosterone blocker is spironolactone. This oral medication may block the effects of testosterone and also reduce the levels in the blood stream. With these changes in testosterone, you may notice breast tenderness. The most common side effects include drop in blood pressure, increased urination and high potassium. Your provider will monitor your potassium levels. If this medication is not tolerated well, speak to your provider about alternatives.

Estradiol

Estradiol is a hormone that promotes feminine physical changes. Estradiol can be given in many ways, most commonly, oral, transdermal or injectable. Your provider should review the pros and cons of each of these. It is important to review your medical history with your provider particularly if you have a history of cancer (particularly breast or prostate), heart disease, stroke, blood clots, liver disease or you smoke, as your risks associated with hormone therapy may be increased if you have any of these. Risks related to estradiol therapy may include increased risk of blood clots, high triglycerides, high blood pressure and possibly heart disease/stroke, particularly if you are older than age 50 years.

Physical Changes

Physical changes may take some time to occur. Below we have provided a general expected timeline. It is important to know that everyone is different. Your height, voice and Adams apple will not change with hormone therapy.

In 1 to 3 months:

- Decrease in sexual desire and function (including erections)
- Baldness slows

In 3 to 6 months:

- Softer skin
- Decrease in testicular size
- Breast development and tenderness
- Change in body fat distribution

In 6 to 12 months:

- Hair may become softer and finer

Fertility and Hormone Therapy

Feminizing hormones will decrease sperm production; however it is still possible to get your partner pregnant if you engage in vaginal sex. You may need to use additional birth control measures. If you wish to have children in the future, consider banking sperm before starting hormone therapy.

Follow-up Care

Your provider will recommend that you regularly come for follow up care after these hormones have started. Follow up visits may include physical examinations, measurement of hormone levels and sometime other testing depending on your age and medical problems. Other tests may include a bone density, mammogram, prostate assessment, sexually transmitted infection (STI) screen and follow up of blood sugar and cholesterol. If you are older than 50 years of age, your doctor may want to evaluate your risk of heart disease a little closer.

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Masculinizing Hormone Therapy

Masculinizing hormone therapy includes medications that will reduce the level of estrogen (or estradiol) and increase testosterone to allow masculinizing changes to occur. It is important to let your provider know if you take any other prescribed medications or over-the-counter supplements as these may interfere with masculinizing medications.

Testosterone

Testosterone can be given in many ways. The most common include: injection or through topical gels or patches. It is important to let your provider know if you have a history of cancer (particularly breast or ovarian), heart disease or stroke, liver disease or you smoke.

Other possible risks related to testosterone therapy include:

- High blood pressure
- Higher cholesterol and triglycerides and lower HDL cholesterol
- High level of red blood cells
- Sleep apnea
- Soreness at the injection site

Physical Changes

Below we have provided a general expected timeline for physical changes. It is important to know that everyone is different. Things that will not change include height and breast size.

In 1 to 3 months:

- Balding Deep voice
- Acne

In 3 to 6 months:

- Increased and coarser facial and body hair
- Change in the distribution of your body fat
- Enlargement of the clitoris and/or vaginal atrophy
- Menstrual cycle stops

In 6 to 12 months:

- Increased muscle mass and strength

Fertility and Hormone Therapy

Even though your periods may stop when you take masculinizing hormone therapy, you should still use birth control if you engage in vaginal sex. If you might want children in the future, talk to your provider about fertility options before starting hormone therapy.

Follow Up Care

Your provider will recommend that you regularly come for follow up care after these hormones have started. Follow up visits may include physical examinations, measurement of hormone levels and sometime other testing depending on your age and medical problems. Other tests may include a bone density, mammogram, pelvic exam and/or pap smear, sexually transmitted infection (STI) screen and follow up of blood sugar and cholesterol.

Sexual Health

Sexual health is important for relationships and also general wellbeing. Below we will discuss some sexual health concerns in transgender men and how to talk about them with your provider.

It is important to take charge of your health and find a provider will understand your needs.

Get the screening tests you need

Your health care provider may want you to have some or all of

the following screening exams and tests. The screenings and how often you need them depend on what organs you still have, your age and your other risk factors.

Breast tissue health: Chest surgery does not remove all breast tissue, therefore it is important to continue to screen for breast cancer. Make sure your provider knows if people in your family have had breast cancer. Ask your provider to teach you how to examine the chest area. Continue to have mammograms if this is recommended by your provider.

Pelvic health: If you still have your pelvic organs, including uterus, cervix and ovaries, your provider will recommend regular evaluation of these organs to promote healthy pelvic health, even if you are on testosterone. This can include a pelvic exam (checks for problems with internal organs), pap smear (small brush collects cells from your cervix to screen for cervical cancer) and sexually transmitted infection (STI) testing. This is important, even if you do not engage in vaginal sex. To prevent STIs, always remember to use barrier protection such as a condom or dental dam. If you have not had the HPV vaccine, talk to your provider more about this as this may reduce your risk of

Fertility Issues

If you have a uterus and ovaries, you still can get pregnant even if you are on testosterone and your periods have stopped. Talk to your provider about reliable contraception options if you do not wish to have a child. Examples include condoms, an intrauterine device, or IUD, and hormonal pills, implants or injections. If you want to become pregnant, either now or in the future, talk with your provider about fertility options. There are ways to help you have a child with your own genetic material. Examples include freezing eggs or ovarian tissue, and embryo freezing. These may be options for you if you want to become pregnant or if you want to have someone else, called a surrogate,

Other Sexual Issues

Sexual orientation

You may find that your sexual orientation becomes more fluid as you grow more comfortable with your body and your gender identity. You may be attracted to different kinds of people. Sexual behaviors and activities that you like and do not like may change.