



9. Appendices

Appendix 1: Treatment options for transgender clients and monitoring of transgender hormone therapy

TABLE 1: Treatment options for transgender clients

| Type | Dose | Comments |
|--|--|---|
| Male to female | | |
| Estrogen | | |
| Oral estradiol | 2.0–6.0 mg/d | Consider sublingual use to avoid first-pass effect |
| Transdermal estradiol patch | 0.025–0.4 mg/d twice wk | Preferred to oral to prevent thrombotic events |
| Parenteral estradiol valerate or cypionate | 5–30 mg IM every 2 wk | |
| 2–10 mg IM every wk | Preferred to oral to prevent thrombotic events | |
| Anti-androgen | | |
| Spironolactone | 100–300 mg/d | Check potassium 1–2 wk after initiating |
| Cyproterone acetate | 25–100 mg/d | Not available in US |
| GnRH agonist (leuprolide) | 3.75–7.5 mg IM mo | Often do not use |
| Female to male | | |
| Testosterone | | |
| Parenteral testosterone Enanthate or cypionate | 100–200 mg IM (or SQ) every 2 wk | If serum testosterone is in lower normal range but patient still has low libido, dose can be titrated slowly while monitoring for AEs |
| Transdermal testosterone gel | 2.5–10 g/d | Gives smoother levels but can rub off on partner or children |
| Testosterone undecanoate | 1,000 mg every 12 wk | Not available in US |

Abbreviations: AE, adverse effects; GnRH, gonadotropin-releasing hormone agonist; IM, intramuscular; SQ, subcutaneous.

Source: Reproduced with permission from Frontline Medical Communications Inc. Transgender Care in the Primary Care Setting: A Review of Guidelines and Literature. California: Hashemi et al; 2018.



TABLE 2: Monitoring of transgender hormone therapy

| Male to female | Female to male |
|--|--|
| Evaluate the patient every 2–3 months in first year, then 1–2 times per year | Evaluate the patient every 2–3 months in first year then 1–2 times per year |
| Measure serum testosterone and estradiol every 3 months during the first year, then every 6 months in the 2nd year, and then yearly; goal total testosterone level should be < 50 ng/dL and estradiol < 200 pg/mL; prolactin should be checked at baseline and then at least annually during the transition and then every 2 years | Measure testosterone every 2–3 months until level in normal physiologic range, then every 6 months in the 2nd year, then yearly; check prolactin if patient has any symptoms |
| If on spironolactone: check serum electrolytes every 3 months for the first year and then yearly | Measure estradiol level during first 6 months of treatment or until no bleeding for 6 months |
| Check CBC, LFT at baseline and follow-up visits | Check CBC, LFT at baseline and follow-up |
| Lipid panel: based on USPSTF recommendations | Lipid panel: based on USPSTF recommendations |
| HbA _{1c} : based on USPSTF recommendations | HbA _{1c} : Based on USPSTF recommendations |

Abbreviations: CBC, complete blood count; HbA_{1c}, hemoglobin A1c; LFT, liver function test; USPSTF, US Preventive Services Task Force.

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