Transsexual Hormone Therapy FAQ

Q: What are hormones?

Hormones are the body's way of carrying messages from organs in a person's body through the bloodstream to its cells where homeostasis is achieved. Some of the glands, from about a dozen, in the endocrine system responsible for secreting hormones are the pancreas, thyroid, adrenals, and the pituitary. These glands play a large part in keeping a natural balance in the body.

- Endocrine Hormones

Q: How do hormones work?

Glands produce hormones and the bloodstream carries them to cells throughout the body. The hormones interact with these cells by attaching to special protein receptors. This works much like a key does to a lock. Once enough hormones have attached to receptors, then the cell nucleus is notified and genetic information is exposed thus causing physiological reactions. When this happens stimulation or balance occurs to the body's development, reproduction, growth, metabolism, and behavior.

- Hormone Therapy in Transsexuals

Q: What types of hormones are needed for Male to Female transition?

- Estrogens are used to reduce testosterones.
- Progestogens aid in full breast maturation
- Anti-androgens are used to lower testosterone levels.
- GnRH (gonadotropin-rleasing hormone) agonists stimulate the pituitary to produce FSH (follicle-stimulating hormone) and LH (luteinizing hormone) which causes sex steroids to be produced by the gonads.

Q: What types of hormones are needed for Female to Male transition?

- Testosterone is used to regulate the development of muscles and penile development.
- GnRH (gonadotropin-rleasing hormone) agonists stimulate the pituitary to produce FSH (follicle-stimulating hormone) and LH (luteinizing hormone) which causes sex steroids to be produced by the gonads.
- Progestin is used to reduce or eliminate menses (menstrual cycle).
- Andro 'Pro-hormones' include androstenedione, numbers 4, 5, and 19-androstenediol, and 19-norandrostenediol. These supplements increase sexual performance, increase muscle mass, increase serum testosterone, elevate mood, and decrease fat.

Q: What is contra-sexual hormone therapy?

- Hormone therapy that causes secondary sex characteristics to develop.

Q: What are contra-sexual hormone therapy's effects?

- Male: Reduces sperm count, decreases male sex drive (erections are infrequent and more difficult to maintain), increase in breast size, redistributes fat, body hair growth slows down, and skin blotches appear.

- Female: Higher risk for liver problems, facial and body hair growth increases, deepening of voice, clitoris enlarges, and male pattern baldness.

- Treatment Regimens, Outcomes, Adverse Effects
- Long Term Cross-Sex Hormone Therapy Effects

Q: How are hormones delivered into the body?

Hormones are delivered into a body through oral ingestion (pills), injections, pellets under the skin, vaginal cream, or a patch.

Q: What are some dangers of hormone therapy?

Some of the dangers of hormone therapy are increased risk of strokes and heart attacks, increased occurrences of blood clots, the risk of cardio vascular disease increases, heightened risk of breast cancer, and increased risk of Alzheimer's Disease.

Q: What are extra safety steps to minimize some dangers of hormone therapy?

A person can minimize some of the dangers of hormone therapy by working with a doctor closely to follow a healthy low fat diet, regular exercise routine, regular checkups, and discuss changes in their body.

Q: Where do you get hormones?

The endocrine system is made up of glands such as the pituitary, thyroid (and parathyroids), hypothalamus, adrenals, pineal, testes, and ovaries. The bloodstream carries hormones these glands secrete to organs' cells where homeostasis is achieved.

Another way hormones can be introduced to the body is through a prescription by a doctor via orally (pills), injections, pellets under the skin, vaginal cream, or by a patch.

Q: How long is a general hormone cycle last and what is a typical dosage?

General hormone therapy can last two to five years depending on how long it takes to fully achieve a complete transition, but the person will have to take hormones for the rest of their lives. The range of doses could be from .625 to 2.5mg to upwards of 400mg and vary depending on the type of hormone medication and specific purpose of the hormone.

Q: Where can I find other resources about hormone therapy and overall transition?

- Questions about Endocrine Distributors
- Understanding Transgender
- Glossary of Terms
- Physical Transition
- Transgender Dating
- Transgender Definitions
- FAQs