CCHCS / DHCS Care Guide: Gender Dysphoria

SUMMARY | **DECISION SUPPORT** | **PATIENT EDUCATION / SELF MANAGEMENT**

GOALS

- ✓ **Ensure accurate diagnosis of Gender Dysphoria (GD)**
- ✓ **Maintain psychological well being and functioning**
- ✓ **Maintain sex hormone levels that are safe and appropriate for the desired gender when hormones are prescribed**

ALERTS

- ♦ Co-occurrence of mental health disorders (e.g., borderline personality disorder, psychosis, factitious disorder, malingering)
- ♦ Self-harm behaviors (often associated with co-occurring borderline personality disorder)
- ♦ Suicidal ideation, gestures, and attempts (often associated with co-occurring borderline personality disorder or depression)
- ♦ Risk of sexual assault, threatened or actual
- ♦ Medical conditions exacerbated by transgender hormone therapy

DIAGNOSTIC CRITERIA / EVALUATION

DIAGNOSIS—According to the APA, the name change to Gender Dysphoria, rather than Gender Identity Disorder "remove(s) the connotation that the patient is 'disordered'." The change… "offer(s) a diagnostic name that is more appropriate to the symptoms and behavior…"

DSM V Gender Dysphoria (GD) diagnostic criteria include:

A. A marked incongruence between one's expressed gender and one's primary and assigned gender of at least 6 months duration as manifested by at least 2 of the following:
- a marked incongruence between one's experienced/expressed gender and one's physical sex characteristics
- a strong desire to be rid of one's sex characteristics because of the incongruence with one's experienced/expressed gender
- a strong desire for the primary and/or secondary sex characteristics of the other gender
- a strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- a strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- a strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

EVALUATION OF GD IN CCHCS / DHCS

- Mental Health rules out co-occurring mental health disorders (MHDs) or MHD's that may complicate treatment and rules out mimics of gender dysphoria, including factitious disorder, borderline personality disorder, malingering, and psychosis.
- Medicine rules out medical mimics of gender dysphoria including adrenalizing syndromes, chromosomal abnormalities, and conditions that preclude hormone treatment.
- Medical and mental health treatment team case conference to establish GD diagnosis.

DEFINITIONS

TRANSGENDER: Transgender is the state of one's "gender identity" (self-identification as a woman, a man, neither or both) not matching one's physically "assigned sex" (identification by others as male, female or intersex, based on physical/genetic sex).

TRANSSEXUAL: A person who establishes, or wishes to establish, a permanent identity with the gender opposite their birth sex utilizing some type of medical treatment

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- Patient education
- Psychotherapy when indicated
- Group therapy when indicated

MEDICAL
- Patient education
- Hormone therapy (pages 4-5)

SOCIAL / ENVIRONMENTAL
- Appropriate housing
- Medical Classification Chrono (CDCR 128-C3) indicating GD status
- Gender appropriate clothing shall be provided by custody staff upon request to inmates identified as transgender on the CDCR 128-C3 per the Department Operations Manual (DOM).

DOM, Ch 6, Section 62080.14, Transgendered Inmates

OTHER

Requests from patients for surgical treatment for gender dysphoria (GD) shall be referred by providers to the Institution Utilization Management Committee (IUMC) using a Request for Services (RFS).

The treating clinicians and the IUMC will provide requested medical, mental health, and custody information to the Headquarters Utilization Management Committee (HQUMC) but will defer approval/disapproval of the requests to the HQUMC.

GENDER DYSPHORIA EVALUATION AND MANAGEMENT

PATIENT REQUESTS GD TREATMENT*

MEDICAL PROVIDER ASSESSMENT

Medical provider refers patient for mental health Gender Dysphoria assessment

For patients currently receiving hormone therapy (or with a clear, well-documented history of recent therapy *prescribed by a clinician),*

Initial temporary hormone therapy may be prescribed by the PCP *after:*

- Informed consent is obtained (patient must be aware of benefits and risks of hormone therapy).
- Patient is informed that a mental health evaluation will be performed before a decision is made by the treatment team about continuing hormone therapy and that this therapy may be discontinued upon review of patient's case by the treatment teams.
- Ensure there are no medical contraindications to hormone therapy.
- Obtain baseline lab work (page 6).

For all patients (previously treated with hormones or never previously treated with hormones), the medical provider will assess patient for:

- Medical disorders causing or contributing to gender dysphoria symptoms (chromosomal or hormonal conditions).
- Medical conditions which may preclude or complicate medical treatment of GD.
- Prior history of GD treatment or work-up.
- Patient's understanding of medical effects and adverse effects of GD therapy (what it will and will not do).
- Likelihood of patient's adherence with therapy.
- Any contraindications to therapy.

MENTAL HEALTH PROVIDER ASSESSMENT

Mental health provider will determine:

- Patient's history of mental health disorders (past and present).
- Presence of mental health disorders that mimic GD.
- Relevant background information on GD counseling or medical therapy.
- Abuse and neglect history.
- Substance use history past and present.
- Psychological conditions which may preclude medical treatment of GD
  - self-injurious behaviors
  - suicidal behaviors [including ideation, gestures, or attempts],
  - potential sexual violence or related violent behaviors,
  - any other condition that may negatively impact GD medical treatment
- Patient's understanding of effects of GD therapy (what it will and will not do).
- Likelihood of patient's adherence with therapy.
- Safety and housing assessment.
- Recommendation for MHSDS placement if indicated.

Case conference scheduled by medical provider with mental health and primary care treatment teams to establish a diagnosis of GD (or to establish absence of GD)

GD Diagnosis confirmed?

YES

Refer to medical provider (who may be the PCP) for assessment and for a recommended treatment plan.

NO

- Inform patient of decision to discontinue or not to start GD therapy.
- Discontinue hormones if already prescribed.

Upon completion of designated medical clinician's treatment plan, the PCP shall:

- Review the plan and ensure there are no contraindications to the proposed therapy.
- Obtain informed consent from the patient (page 8).
- Obtain baseline labs, if not already collected.
- Prescribe hormone therapy per treatment plan after reviewing results of baseline labs.
- Schedule routine PCP follow-up to initiate, monitor, or adjust therapy.
- Obtain consultation when clinically indicated.

*Evaluation and treatment of Reception Center patients who desire hormone therapy and have not been previously treated will be deferred in most cases until transfer to a mainline institution.

Note: Individuals with GD may be sexually attracted to males, females, both or neither. Some carefully diagnosed persons spontaneously change their aspirations and some accommodate their gender identities without medical intervention.

EVALUATION FOR HORMONE THERAPY

ELIGIBILITY FOR HORMONE THERAPY

- Fulfills DSM V criteria for GD or transsexualism per designated mental health provider.
- Lack of mental health diagnosis, physical diagnosis, or needed treatment that would contraindicate or greatly increase risk of hormone therapy.
- Able to demonstrate knowledge and understanding of the expected outcomes of hormone treatment and the medical and social risks and benefits.
- No medical contraindications to therapy.

POTENTIAL MEDICAL CONTRAINDICATIONS TO HORMONE THERAPY

MALE TO FEMALE	FEMALE TO MALE
Very high risk of adverse effects • History of thromboembolic disease **Moderate to high risk of adverse effects** • History of prolactinoma • Significant liver disease (transaminases > 3 times upper limit of normal) • History of breast cancer • Coronary artery disease • Cerebrovascular disease • Severe migraine headaches	**Very high risk of adverse effects** • History of breast or uterine cancer • erythrocytosis (Hct > 50%) **Moderate to high risk of adverse effects** • Significant liver disease (transaminases > 3 times upper limit of normal)

EFFECTS OF HORMONE THERAPY

MALE TO FEMALE	FEMALE TO MALE
Feminizing effects: *Note: maximal physical effects may not be evident until ≥ 2 years of therapy. The degree of change varies from person to person, is limited by heredity, and cannot be overcome by increased doses.* Treatment with estrogen and antiandrogens can result in: • Breast enlargement • Body fat redistribution to approximate a female body habitus • Decreased upper body strength • Softening of the skin • Decreased body hair • Slowing the loss of scalp hair • Decreased testicular size • Decreased libido • Decreased frequency and firmness of erections • Decreased spontaneous erections • Decreased sperm production	**Masculinizing effects:** *Note: maximal physical effects may not be evident until ≥ 2 years of therapy. The degree of change varies from person to person, is limited by heredity, and cannot be overcome by increased doses.* Treatment with testosterone can cause: • Deepening of the voice • Increased oiliness of skin, acne • Clitoral enlargement • Increased libido • Mild breast atrophy • Increased facial and body hair • Male pattern baldness • Increased upper body strength • Weight gain • Increased sexual interest • Decreased hip fat

POTENTIAL ADVERSE EFFECTS OF HORMONE THERAPY*

MALE TO FEMALE	FEMALE TO MALE
• Increased emotional lability/depression • Increased risk of: ◦ Thromboembolic disease ◦ Pituitary prolactinoma ◦ High blood pressure ◦ Diabetes mellitus ◦ Liver disease ◦ Gallstones ◦ Breast cancer ◦ Cardiovascular disease	• Increased risk of: ◦ Cardiovascular or cerebrovascular disease ◦ Hypertension ◦ Liver disease and increased LFTs ◦ Diabetes mellitus ◦ Breast or uterine cancer ◦ Thromboembolic disease • Increased aggression or depression • Adverse changes in lipid profile

*For complete list of possible adverse effects see manufacturers' medication prescribing information.

HORMONE THERAPY FOR MALE TO FEMALE TRANSSEXUAL PERSONS

GOALS OF HORMONE THERAPY

Initial:
- Suppress endogenous hormone production of gender at birth
- Induce secondary sex characteristics of new gender

Maintenance:
- Maintain sex hormone levels in the normal physiologic range for the designated gender

Note: maximal physical effects may not be evident until ≥ 2 years of therapy. The degree of change varies from person to person, is limited by heredity, and cannot be overcome by increased doses.

MEDICATION CLASS	MEDICATION*	COMMENTS	EFFECTS / ADVERSE EFFECTS / DRUG INTERACTIONS
ESTROGEN			
Parenteral $$	**estradiol valerate** 5 - 20 mg IM every two weeks	➢ **Parenteral (IM) administration <u>is preferred</u> in CCHCS** • Consider adding aspirin 81 - 325 mg for all patients who do not have contraindications, especially if cigarette smoker, obese, > 40 years old, cardiac risk factors • Stop all estrogens two weeks prior to major surgery/immobilizing event, resume when normal mobility restored • Response to treatment is highly variable • Test hormone level midway between injections. Titrate estrogen dose to result in a physiologic range for young healthy females, not to exceed 200 pg/ml	• Estrogen effects and adverse effects, see page 7 • Drug interactions, see page 7
$$	estradiol cypionate 2 - 10 mg IM (only) every two weeks		
Oral $	**estradiol** 2 - 6 mg daily		
Transdermal $$	estradiol patch 0.1 - 0.4 mg twice weekly		
ANDROGEN SUPPRESSANTS			
$	**spironolactone** 100 - 200 mg by mouth twice daily	• Contraindicated with renal insufficiency and/or potassium > 5.5 mEq/dl • Avoid use in patients who are receiving digoxin, ACE inhibitors, potassium sparing diuretics	• Hyperkalemia • Dehydration • Hyponatremia
	finasteride (Proscar®/Propecia®) 5 - 10 mg by mouth daily		

***Bold**=Formulary

SUMMARY	DECISION SUPPORT	PATIENT EDUCATION/SELF MANAGEMENT

HORMONE THERAPY FOR FEMALE TO MALE TRANSSEXUAL PERSONS

MEDICATION CLASS	MEDICATION*	COMMENTS	EFFECTS / ADVERSE EFFECTS / DRUG INTERACTIONS
TESTOSTERONE			
Parenteral $	Testosterone cypionate 50 - 200 mg IM (only) every two weeks	➢ **Parenteral (IM) administration <u>is preferred</u> in CCHCS** • During the first three to nine months of testosterone treatments total testosterone levels may be high although free testosterone levels are normal due to high sex hormone binding globulin levels in some biological women • 15% of patients on testosterone will experience transient elevations in liver enzymes • Do not use cypionate and enanthate interchangeably due to differences in duration of action • Test hormone level midway between injections. Titrate the testosterone dose to result in a serum testosterone level between 350 to 750 ng/dl	• Testosterone effects and adverse effects, see page 7 • Drug interactions, see page 7
$	Testosterone enanthate 50 - 200 mg IM (only) every two weeks		
Topical $$	testosterone gel 1% 20 - 100 mg testosterone/day		
$$$	testosterone patch 24 hr (daily) 2.5 - 7.5 mg/day		

***Bold**=Formulary

MONITORING HORMONE THERAPY

MALE TO FEMALE	PROVIDER AND LAB FOLLOW-UP	LABS	LAB GOAL	PREVENTIVE SERVICES
BASELINE	N/A	• CBC, serum creatinine and potassium • Liver function tests (LFTs) • Fasting lipid panel • Fasting glucose (if family history of DM) • A1C (if diabetic) • Thyroid stimulating hormone • Testosterone level • Prolactin level • Estradiol level		➢ Routine Cancer Screening • Mammography per CCHCS IMSP&P Vol. 4, Ch. 7, Preventive Clinical Services Policy, Appendix A; Preventive Clinical Services: Screening Guidelines • Fecal occult blood (FOB) testing per CCHCS preventive services screening guidelines • Prostate cancer screening per CCHCS preventive services screening guidelines • Consider bone density testing at baseline if risk factors for osteoporosis are present, (e.g., previous fracture, family history of osteoporosis, significant corticosteroid use, prolonged hypogonadism) otherwise screen at age 60
HORMONE THERAPY < 1 YEAR	EVERY TWO TO THREE MONTHS	• Serum testosterone • Serum estradiol • CBC, LFTs • Serum creatinine and potassium for those on spironolactone therapy	Testosterone: < 55 ng/ml Estrogen: Normal physiologic range for young healthy females, not to exceed 200 pg/ml	
HORMONE THERAPY > 1 YEAR	EVERY SIX TO TWELVE MONTHS	• Serum testosterone • Serum estradiol • CBC, LFTs • Serum creatinine and potassium for those on spironolactone therapy • Serum prolactin yearly for two years, then every two years thereafter	Testosterone: < 55 ng/ml Estrogen: Normal physiologic range for young healthy females, not to exceed 200 pg/ml	
FEMALE TO MALE	**PROVIDER AND LAB FOLLOW-UP**	**LABS**	**LAB GOAL**	**PREVENTIVE SERVICES**
BASELINE	N/A	• CBC, serum creatinine, and potassium • Liver function tests (LFTs) • Fasting lipid panel • Fasting glucose (if family history of DM) • A1C (if diabetic) • Testosterone level • Estradiol level		➢ Routine Cancer Screening • Mammography per CCHCS IMSP&P Vol. 4, Ch. 7, Preventive Clinical Services Policy, Appendix A; Preventive Clinical Services: Screening Guidelines • Fecal occult blood (FOB) testing per CCHCS preventive services screening guidelines • PAP smear per CCHCS preventive services screening guidelines • Consider bone density testing at baseline if risk factors for osteoporosis are present, (e.g., previous fracture, family history of osteoporosis, significant corticosteroid use, prolonged hypogonadism) otherwise screen at age 60
HORMONE THERAPY < 1 YEAR	Every two to three months	• Serum testosterone • Serum estradiol every three months for the first six months or until no uterine bleeding for six months • CBC, LFTs • Fasting lipid panel	Testosterone: Normal physiologic range between 350 to 750 ng/dl Estrogen: < 50 pg/ml	
HORMONE THERAPY > 1 YEAR	Every six to twelve months	• Serum testosterone • Serum estradiol as needed • CBC, LFTs • Fasting lipid panel • Fasting glucose (if family history of DM) • A1C (if diabetic) • Monitor weight	Testosterone: Normal physiologic range between 350 to 750 ng/dl Estrogen: < 50 pg/ml	

Adapted from Endocrine Society Guidelines: Endocrine Treatment for Transsexual Persons 2009

POTENTIAL DRUG INTERACTIONS WITH SEX HORMONE THERAPY

ESTROGENS

Estrogens are partially metabolized by CYP3A4 and interactions may occur with agents that inhibit or induce CYP3A4. [See full prescribing information for more details about potential drug interactions]

Estrogens may **reduce** levels or effects of:	Estrogens may **increase** levels or effects of:	Estrogen levels or effects may be **increased** by:	Estrogen levels or effects may be **decreased** by:
• Warfarin • Hypoglycemic agents • Fosamprenavir • Levothyroxine	No significant interactions reported	• Erythromycin, clarithromycin • Azole antifungals • Calcium channel blockers: ◦ verapamil ◦ diltiazem • Isoniazid • Vitamin C • Fluoxetine, fluvoxamine, paroxetine, nefazodone, sertraline • Some HIV medications: ◦ efavirenz ◦ indinavir ◦ saquinavir ◦ atazanavir ◦ etravirine	• Anticonvulsants: ◦ carbamazepine ◦ oxcarbazepine ◦ phenytoin ◦ phenobarbital ◦ topiramate • Rifampin, rifapentine • Cimetidine • Dexamethasone • Some HIV medications: ◦ lopinavir/ritonavir ◦ ritonavir ◦ tipranavir ◦ darunavir ◦ nelfinavir ◦ nevirapine

TESTOSTERONE

Testosterone Reduces levels or effects of:	**Testosterone Increases** levels or effects of:	Testosterone levels or effects may be **increased** by:	Testosterone levels or effects may be **decreased** by:
No significant effects reported	• Warfarin • Cyclosporine	No significant interactions reported	No significant interactions reported

STATE OF CALIFORNIA
HORMONE ADMINISTRATION CONSENT
CDCR 7528 (09/13)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Form: Page 1 of 1

Initial Each Box:

Patient Initials: ☐ I have received and read all patient education/staff management materials.

Patient Initials: ☐ I agree that all my questions and concerns have been adequately addressed and I understand the information provided.

Patient Initials: ☐ I have been given the opportunity to discuss the effects, risks, and possible adverse reactions of the use of hormones.

Initial the Appropriate Box:

Male to Female	Female to Male
I voluntarily give my informed consent to use hormones (estrogen and possibly progesterone) along with the anti-testosterone drug spironolactone for the purpose of transition to the female gender. Patient Initials: ☐	I voluntarily give my informed consent to use male hormones (testosterone) for the purpose of transition to the male gender. Patient Initials: ☐

Initial Each Box:

Patient Initials: ☐ I agree to have regular physical examinations and laboratory testing as required by my provider. I understand that these are required to continue hormone therapy.

Patient Initials: ☐ I agree to take my hormone therapy as prescribed by my provider. I will inform my provider of any problems with my treatment. I agree not to change hormone dosages without consultation with my provider and I realize that in doing so may result in my discontinuation in the gender change program.

Patient Initials: ☐ I understand that I can choose to stop hormone therapy at any time. I also understand that my provider can discontinue treatment for medical reasons. I agree to follow a prescribed reduction plan if either of these situations occurs to reduce potentially harmful side effects that may happen if I suddenly stop hormone therapy.

Patient Signature: _____ Patient Name (Print): _____ Date: _____

Witness Signature: _____ Witness Name and Title (Print): _____ Date: _____

1. Disability Code:	2. Accommodation:	3. Effective Communication:	
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions	CDCR #:
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information	Last Name:
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**	First Name: MI:
☐ DNS ☐ DDP	☑ Basic ☐ Transcribe	☐ Not reached* ☐ Reached	DOB:
☐ Not Applicable	☐ Other*	*See chrono/notes	
4.Comments:			

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

CCHCS/DHCS Care Guide: Gender Dysphoria

SUMMARY | DECISION SUPPORT | PATIENT EDUCATION/SELF MANAGEMENT

HORMONE THERAPY: MALE TO FEMALE

- Changing your gender is a serious and possibly dangerous process.
- The normal process of going through puberty is gradual and transforming to another gender also takes time. This transformation can be very hard on your body.
- There are many things you can do to get the safest and best results for your body and mind like:
  - Not smoking
  - Not drinking alcohol or taking illegal drugs
  - Maintaining a healthy weight
  - Getting regular exercise




- You should only trust information you get from your medical and mental health providers.

WHAT YOU NEED TO KNOW ABOUT ESTROGEN THERAPY

- The feminizing effects of estrogen can take many months to be noticed and several years to be complete.
- Some changes to your body will be permanent, even if you stop taking estrogen, including:
  - Breast development
    - You will need to learn to do monthly breast self-examinations, have an annual medical exam, and you will need to have mammograms after age 50.
  - Changes in fertility and sperm production
    - Estrogen can cause sperm to stop maturing and may cause infertility. Even if estrogen is stopped, the ability to make healthy sperm may or may not come back.
- Taking estrogen will not protect you from sexually transmitted diseases.
- Estrogen may cause migraine headaches.
- Estrogen is a very strong medication with possibly serious side effects. It must be used carefully and must be monitored regularly. Take estrogen only as directed by your health care provider. The correct dosage for you may not be the same as someone else. Dangerous side effects can include:
  - Blood clots
  - Breast cancer
  - Clinical depression
  - Stroke
  - Heart Disease
  - Liver disease
- Estrogen may raise your risk of heart disease, just like smoking cigarettes. Smoking is not allowed within the California Department of Corrections and Rehabilitation. If you choose to smoke, your health care provider may not prescribe estrogen or may prescribe lower doses. It is important to reduce other risk factors for heart disease, like high cholesterol and being overweight.
- You can choose to stop taking estrogen at any time. Your health care provider can also stop your treatment for medical reasons. If you stop taking estrogen, you must follow a plan to reduce the dose gradually to avoid harmful side effects.

WHAT YOU NEED TO DO

- Tell your health care provider if you are taking any dietary supplements, herbs, *drugs (legal or illegal) obtained in prison, other than those prescribed for you* or other medications.
- Alcohol, smoking, and drug abuse must be controlled before estrogen therapy is started.
- If you are in the mental health services delivery system, continue care with your mental health provider . If you feel you need mental health services submit a CDCR 7362 request or notify a staff member.
- You will be asked to sign an informed consent form before starting estrogen therapy.

If you have any questions, talk to your health care or mental health provider

HORMONE THERAPY: FEMALE TO MALE

- Changing your gender is a serious and possibly dangerous process.
- The normal process of going through puberty is gradual and transforming to another gender also takes time. This transformation can be very hard on your body.
- There are many things you can do to get the safest and best results for your body and mind like:
  - Not smoking
  - Not drinking alcohol or taking illegal drugs
  - Maintaining a healthy weight
  - Getting regular exercise




- You should only trust information you get from your medical and mental health providers.

WHAT YOU NEED TO KNOW ABOUT TESTOSTERONE THERAPY

- The masculinizing effects of testosterone can take many months to be noticed and many years to be complete.
- Some changes to your body will be permanent, even if you stop taking testosterone, including:
  - Hair loss
  - Facial hair growth and increased body hair
  - Deepening of your voice
- Taking testosterone will not protect you from sexually transmitted diseases or from becoming pregnant.
- Testosterone may effect fertility. If you take testosterone for a long time, you may not be able to get pregnant in the future, even if you stop taking testosterone.
- Testosterone is a very strong medication with possibly serious side effects. It must be used carefully and must be monitored regularly. Take testosterone only as directed by your health care provider. The correct dosage for you may not be the same as someone else. Dangerous side effects can include:
  - Blood clots
  - High blood pressure
  - Liver disease
  - Clinical depression
  - Breast and/or uterine cancer
  - Aggressive behavior/hostility
  - Heart Disease
  - Stroke
- Testosterone may raise your risk of getting diabetes in the future.
- Testosterone may raise your risk of heart disease, just like smoking cigarettes. Smoking is not allowed within the California Department of Corrections and Rehabilitation. If you choose to smoke, your health care provider may not prescribe testosterone or may prescribe lower doses. It is important to reduce other risk factors for heart disease, like high cholesterol and being overweight.
- You can choose to stop taking testosterone at any time. Your health care provider can also stop your treatment for medical reasons. If you stop taking testosterone, you must follow a plan to reduce the dose slowly to avoid harmful side effects.

WHAT YOU NEED TO DO

- Tell your health care provider if you are taking any dietary supplements, herbs, *drugs (legal or illegal) obtained in prison, other than those prescribed for you* or other medications
- Alcohol, smoking, and drug abuse must be controlled before testosterone therapy is started.
- If you are in the mental health services delivery system, continue care with your mental health provider . If you feel you need mental health services submit a CDCR 7362 request or notify a staff member.
- You will be asked to sign an informed consent form before starting testosterone therapy.

If you have any questions, talk to your health care or mental health provider

TERAPIA HORMONAL: DE HOMBRE A MUJER

- Cambiar de género es un proceso serio y posiblemente peligroso.
- El proceso normal de la pubertad es gradual y transformarse hacia otro género también toma su tiempo. Es una trasformación que puede ser muy severa para el cuerpo.
- Existen muchas cosas que puede hacer para obtener resultados más seguros y mejores para mente y cuerpo:
  - No fumar
  - No ingerir alcohol ni tomar drogas ilegales
  - Mantener un peso sano
  - Ejercitarse regularmente

- Debe confiar únicamente en la información que le suministren su médico y proveedores de salud mental.

Lo que necesita saber sobre la terapia de estrógenos

- Los efectos de la feminización por estrógenos pueden tomar muchos meses antes de comenzar a notarse y varios años para completarse.
- Algunos cambios en su cuerpo serán permanentes, aun si deja de tomar estrógenos, tales como:
  - Desarrollo de senos
    - Debe aprender a autoexaminarse los senos de forma mensual, hacerse un control médico anual y debe hacerse mamografías a partir de los 50 años de edad.
  - Cambios en la fertilidad y en la producción de esperma
    - Los estrógenos pueden causar que el esperma deje de madurar y puede causar infertilidad. Incluso si se deja de tomar estrógenos, la habilidad de producir esperma sana podría volver o no volver.
- Tomar estrógenos no le protegerá de contraer enfermedades de transmisión sexual.
- Los estrógenos pueden ocasionar migrañas.
- Los estrógenos son un medicamento muy poderoso con posibles efectos secundarios graves. Debe administrarse con cuidado y bajo monitoreo médico regular. Tome estrógenos solo como se lo indica su médico. La dosis adecuada para usted podría no ser la misma para otra persona. Algunos efectos secundarios peligrosos son:
  - Coágulos de sangre
  - Cáncer de seno
  - Depresión clínica
  - Infarto
  - Enfermedad cardíaca
  - Enfermedad hepática
- Los estrógenos pueden elevar su riesgo de sufrir enfermedades cardíacas, tal como lo hace el fumar cigarillos. El Departamento Correccional y de Rehabilitación de California (*California Department of Corrections and Rehabilitation*) prohíbe fumar. Si decide fumar, su proveedor de cuidados de salud podría no recetar estrógenos o podría recetar una dosis más baja. Es importante reducir otros factores de riesgo de enfermedad cardíaca, como colesterol y sobrepeso.
- Puede decidir dejar de tomar estrógenos en cualquier momento. Su proveedor de salud también podría detener el tratamiento por razones médicas. Si deja de tomar estrógenos, debe seguir un plan de reducción progresiva de la dosis para evitar así efectos secundarios dañinos.

Lo que necesita hacer

- Avise a su proveedor de salud si usted está tomando algún suplemento dietético, hierbas, drogas (legales o ilegales) obtenidos en la cárcel aparte de los que le han sido recetados u otros medicamentos.
- Deberá controlarse el abuso del alcohol, el tabaco y las drogas antes de iniciar la terapia de estrógenos.
- Si está participando en el programa de servicios de salud mental, debe continuar viéndose con un proveedor de salud mental. Si piensa que necesita servicios de salud mental debe llenar y enviar un Formulario 7362 o indíqueselo a cualquier empleado del CDCR.
- Se le pedirá que firme un formulario de consentimiento informado antes de iniciar su terapia de estrógenos.

Si tiene alguna pregunta, converse con su médico o proveedor de salud mental antes de comenzar su terapia de estrógenos

TERAPIA HORMONAL: DE MUJER A HOMBRE

- Cambiar de género es un proceso serio y posiblemente peligroso.
- El proceso normal de la pubertad es gradual y transformarse hacia otro género también toma su tiempo. Es una trasformación que puede ser muy severa para el cuerpo.
- Existen muchas cosas que puede hacer para obtener resultados más seguros y mejores para mente y cuerpo:
  - No fumar
  - No ingerir alcohol ni tomar drogas ilegales
  - Mantener un peso sano
  - Ejercitarse regularmente

- Debe confiar únicamente en la información que le suministren su médico y proveedores de salud mental.

Lo que necesita saber sobre la terapia de testosterona

- Los efectos de la masculinización por testosterona pueden tomar muchos meses antes de comenzar a notarse y varios años para completarse.
- Algunos cambios en su cuerpo serán permanentes, aun si deja de tomar testosterona, tales como:
  - Pérdida de cabello
  - Crecimiento de vello facial y aumento de vello corporal
  - Intensificación de la voz
- Tomar testosterona no le protegerá de contraer enfermedades de transmisión sexual ni de quedar embarazada.
- La testosterona podría afectar la fertilidad. Si toma testosterona por un largo período de tiempo, podría quedar infértil a futuro, incluso si deja de tomar testosterona.
- La testosterona es un medicamento muy poderoso con posibles efectos secundarios graves. Debe administrarse con cuidado y bajo monitoreo médico regular. Tome testosterona solo como se lo indica su médico. La dosis adecuada para usted podría no ser la misma para otra persona. Algunos efectos secundarios peligrosos son:
  - Coágulos de sangre
  - Presión arterial alta
  - Enfermedad hepática
  - Depresión clínica
  - Cáncer de seno/ o uterino
  - Comportamiento agresivo/hostilidad
  - Enfermedades cardíacas
  - Ataques cardíacos
- La testosterona podría elevar su riesgo de sufrir diabetes a futuro.
- La testosterona puede elevar su riesgo de sufrir enfermedades cardíacas, tal como lo hace el fumar cigarillos. El Departamento Correccional y de Rehabilitación de California (*California Department of Corrections and Rehabilitation*) prohíbe fumar. Si decide fumar, su proveedor de cuidados de salud podría no recetar testosterona o podría recetar una dosis más baja. Es importante reducir otros factores de riesgo de enfermedad cardíaca, como colesterol y sobrepeso.
- Puede decidir dejar de tomar testosterona en cualquier momento. Su proveedor de salud también podría detener el tratamiento por razones médicas. Si deja de tomar testosterona, debe seguir un plan de reducción progresiva de la dosis para evitar así efectos secundarios dañinos.

Lo que necesita hacer

- Avise a su proveedor de salud si usted está tomando algún suplemento dietético, hierbas, drogas (legales o ilegales) obtenidos en la cárcel aparte de los que le han sido recetados u otros medicamentos.
- Deberá controlarse el abuso del alcohol, el tabaco y las drogas antes de iniciar la terapia de testosterona.
- Si está participando en el programa de servicios de salud mental, debe continuar viéndose con un proveedor de salud mental. Si piensa que necesita servicios de salud mental debe llenar y enviar un Formulario 7362 o indíqueselo a cualquier empleado del CDCR.
- Se le pedirá que firme un formulario de consentimiento informado antes de iniciar su terapia de testosterona.

Si tiene alguna pregunta, converse con su médico o proveedor de salud mental antes de comenzar su terapia de testosterona