



Significance of Hormonal Therapy in Transgenders

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ABOUT THE STUDY

Despite growing acceptance and acknowledgement of transgender and gender non-conforming people by society and the medical community over the past several decades, transgender people in the United States and around the world continue to encounter challenges accessing quality healthcare. The Endocrine Society and the World Professional Association for Transgender Health are two professional societies that have issued guidelines for transgender people's hormone treatment. Many doctors, however, still lack the confidence and training necessary to offer good treatment to transgender persons. Some doctors are still skeptical about hormone therapy's safety for transgender people and are hesitant to prescribe it.

The study provide a thorough assessment of safety results in transgender patients receiving cross-hormone therapy recommended under medical supervision. They look at the risks of thromboembolism, cancer, cardiovascular disease, diabetes and insulin resistance, bone mineral density, and mortality among transgender people who are Male To Female (MTF) and Female To Male (FTM) [1].

Based on many cohort studies, the study concluded that the risk of thromboembolic disease in MTF transsexual people is minimal, with an incidence of 5% recorded in previous research and nearing 1% in more recent studies. By the study 0 out of 162 MTF transgender people had a thromboembolic event, suggesting that transdermal oestrogens may reduce the incidence of thromboembolic disease. Based on case reports and short case series, the authors similarly observed an unclear risk of cancer among MTF and FTM transsexual people [2,3].

They also stated that studies on bone density, insulin resistance, and other laboratory measures were too modest to raise any concerns about cross-sex hormone therapy's safety. In their review, the authors also point out that there was no direct evidence that hormone therapy increased mortality in MTF or FTM transgender people.

The findings of study should provide clinicians increased confidence in administering hormone therapy to transgender persons. The incidence of suicide is higher in this community

than in the general population, hence transgender people may be at an increased risk of death. Although there is no data to know if hormone therapy improves the depression and suicide risk associated with being transgender, withholding hormone therapy or failing to provide correct referrals for care may raise the suicide risk in this population. Larger studies are needed to confirm that hormone therapy is safe when administered under proper medical supervision, as well as to determine which hormone therapy regimens are associated with the lowest rates of morbidity and death. Until these studies are completed, there is nothing that can be done.

Many providers employ informed consent, which allows a person seeking hormone therapy to write a declaration of informed consent and begin treatment without going through a lot of red tape. Other clinicians use important diagnostic tools like the International Classification of Diseases or the Diagnostic and Statistical Mental disorders (DSM) to determine eligibility (DSM). Gender incongruence and gender dysphonia are frequently accompanied by or manifest as psychiatric illnesses [4,5].

As a result, in addition to screening for psychiatric illnesses, individuals are examined using DSM-5 criteria or ICD-10 criteria. Physicians diagnosing gender dysphonia and incongruence must be trained in psychiatric diseases and have ICD-10 and DSM-5 competency, according to the Endocrine Society. A complete assessment of the patient's mental health should also be obtained, as well as the identification of potential psychosocial factors that may affect the patient's mental health.

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