



KNOX COLLEGE D2C PEER EDUCATOR SEX ED SCIENCE FAIR

Tuesday- October 26, 2021, 6:00 pm - 8:00 pm

Ferris Lounge, Seymour Union

Hormone Replacement Therapy (HRT) FAQs

Q: *How do hormones affect fertility?*

A: HRT decreases fertility in both AMAB (assigned male at birth) and AFAB (assigned female at birth) people. However, it does not stop sperm production in AMAB people or ovulation in AFAB people. Hormones should not be taken during pregnancy and breastfeeding, or while trying to become pregnant, and fertility supplements and therapy may be recommended to increase chances.

Q: *Are HRT and puberty blockers reversible?*

A: Puberty blockers are preventative measures. When someone stops taking puberty blockers, their biologically assigned process of puberty will continue as before. Some effects of HRT are non-reversible, like clitoral growth in AMAB people and vocal deepening (vocal cords cannot be shrunk to become higher except through surgery). Others, like fat distribution, hair growth/loss, and changes in mood and libido are reversible.

Q: *Does my insurance cover HRT? Where do I get a prescription?*

A: I don't know! The easiest way to find out is to call your provider and ask. While many insurance companies and Medicare programs cover HRT, some require a diagnosis of gender dysphoria or only partially cover HRT. Clinics like Howard Brown (in Chicago) and some Planned Parenthoods offer sliding scale hormone therapy. Most primary care providers have the ability to prescribe HRT. Hormones are controlled substances and can only be acquired through prescription.

Q: *What about the supplements at the grocery store?*

A: Supplements are just that: supplementary. They will not manufacture production of hormones.

Q: *How do I talk to my parents about starting hormones?*

A: First, gauge your safety. Are you out to your parents? Are you stable and secure if they react negatively? What are you willing to compromise? Prepare yourself to answer a lot of questions, or pick up a few of these FAQs and have them on hand. Provide internet resources if you can, and look up support groups for parents of trans and nonbinary people in your area. Talk to them about the risks and side-effects as well as the benefits. Make them feel included. Assure them that this is safe. Maybe start with a statement like, “I’ve been looking into ways to alleviate some of the mental stress that comes with my body not looking like/being seen as I want it to. I want to/have talked to a doctor/therapist about starting hormones to gradually change the way my body presents. I’m excited about it and want your support as I look into this/throughout this journey.”

Q: *How will hormones affect my mood and mental illness(es)?*

A: That depends on your mood and mental illnesses. Testosterone can increase feelings of anger, irritability, competition, and aggression. Estrogen can decrease these, and can create a monthly hormonal cycle (like menstruation) that can have emotional side effects. Sometimes, hormonal changes can contribute to feelings of depression, mania, hyperactivity, etcetera. For those with Bipolar I (manic bipolar), testosterone can increase the symptoms and frequency of manic episodes. Also, injection-based HRT can create cycles of hormone levels (because they’re less frequent and come in larger doses) that can create artificial manic-depressive cycles or just create predictable mood patterns.

Q: *Will I have to go to a lot of doctor’s appointments?*

A: Yes, initially. Usually a first and second appointment is required before hormones are prescribed, and sometimes the prescription needs to be reviewed and approved by the insurance company. You will need lab tests (blood draws) done regularly to determine your hormone levels and check on your liver.

Q: *Can I give blood on HRT?*

A: Yes, you can; please do.