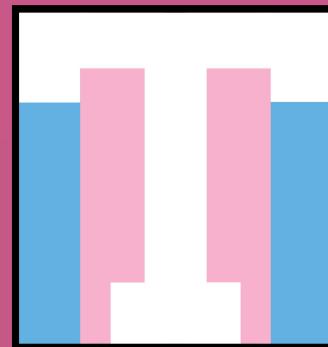


# Welcome to Transcend!



Transcend ♂ ♀

# Announcements

The Coming Out Monologues Workshop - October 4

Profit Share - October 7 at H&J's Teahouse

Emergency Contact Sheet

[QPR Training](#)

Murder Mystery Party Social

Upcoming Meetings

Makeup and Presentation - October 6

Clothing Swap - October 13

# Server Changes

#help-directory channel

no more #vent-breakroom

#buddy-system-carpool → #partner-up and #lets-hang-out

#spill-the-tea

# Land Acknowledgement

It is important that we demonstrate respect for the historic and contemporary presence of Indigenous Peoples in Texas and, particularly, here in the Brazos Valley. To that end, it is incumbent upon us to recognize that this event has been planned and hosted on what were historically the traditional territories of Indigenous Peoples who were dispossessed of their homelands.

Land Acknowledgements are an expression of gratitude and appreciation to the Indigenous Peoples, the traditional caretakers of the land, for the use of their lands on which we gather, share, and create. Transcend wishes to affirm continuous Indigenous presence and rights, acknowledge the ongoing effects of settler colonization, and express our support for Indigenous political, legal, and cultural sovereignty.

We would like to acknowledge that we are meeting on the Indigenous lands of Turtle Island, the ancestral name for what now is called North America. Moreover, we specifically acknowledge the traditional stewardship of this land by the Tonkawa, Tawakoni, Hueco, Sana, Wichita, and Coahuiltecan peoples, as well as all the American Indian and Indigenous Peoples and communities who have been or have become a part of these lands and territories in Texas.

# Land Action

Learn more about Indigenous territories on Turtle Island and whose land you are on: [www.native-land.ca](http://www.native-land.ca) or text the name of your city to (907) 312-5085.

Follow #LandBack on all social media platforms to find and support ongoing direct actions for Indigenous sovereignty.

If you are a settler, consider also making a monthly donation to the local tribes of the areas in which you live and work. One way to do that on our campus is by making a donation to the Native American and Indigenous Student Organization

([https://maroonlink.tamu.edu/organization/american\\_indian\\_student\\_assoc](https://maroonlink.tamu.edu/organization/american_indian_student_assoc)).

Native American and Indigenous Studies Program at the UT Austin (<https://liberalarts.utexas.edu/nais/>)

Indigenous Studies Working Group at Texas A&M (<https://www.facebook.com/IndigenousStudiesTAMU/>)

Texas A&M University Libraries (<https://tamu.libguides.com/NativeAmericanHeritageMonth>) for providing guidance, language, and resources for this acknowledgement.

# **Content Warnings and Questions**

We'll be taking anonymous questions through SLIDO!

Go to Slido.com and use the code #4073315



This presentation won't include any pictures but will contain information about needles, blood, and body-altering medical procedures, please use the Ding Rule in SLIDO

# Community Agreements

- Take Space, Make Space
  - Take steps to make sure everyone has the chance to speak.
- Use “I” Statements:
  - Speak from your own point of view, rather than assuming others’.
- Assume good-faith.
  - But don’t be afraid to challenge something you disagree with.
- Progressive Stack and Hand-Raising
- WAIT (Why Am I Talking?)
- Jargon giraffe
  - If you don’t understand a term, raise your hand in the shape of a giraffe

# What is HRT and how did it develop?

PAY NO ATTENTION TO MY COMPLEX AND EXTREMELY PERSONAL RELATIONSHIP WITH GENDER



THIS CAT HAS A GLASS OF LEMONADE!

# **How is gender defined medically?**

Etiology of gender:

Research into genetics, brain anatomy and function, hormonal influences, but, the fact is, there's no real definition.

There are no physiological differences separating “men” and “women”, there are more biological differences in groups of women and groups of men than there are between men and women.

# **Gender as defined in psychology**

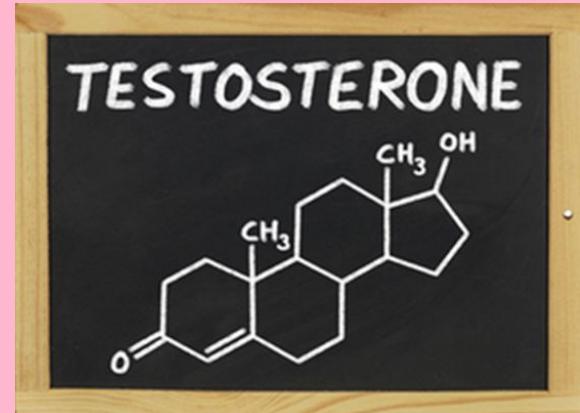
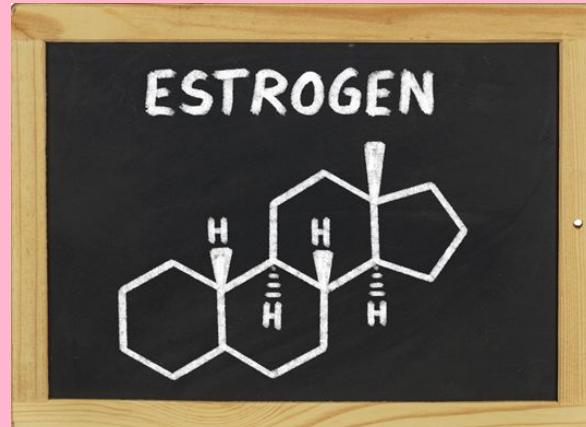
This was and is still a very big problem!

DSM-V

December 2012, American Psychiatric Association formally announces that the diagnosis “Gender Identity Disorder” will be dropped and replaced with diagnosis “Gender Dysphoria”

# HRT and gender is just hormones!!!

- chemicals carried in the blood stream to different tissues, to direct those tissue cells to develop a certain way
- created by glands such as the pituitary gland, affect secondary sex characteristics
- not just hormones, but drugs affecting hormones, such as HRT and anti-androgens



# How does HRT care work?

Reasons for vitals and blood checks:

- lipids and cholesterol
- WPATH - working to improve care beyond doctor's personal decisions
- WPATH Stage 2 -- some effects are irreversible, some are reversible!
- informed consent vs dysphoria diagnosis

Lots of great information here!! →

<https://linktr.ee/TransMutualAid>

<https://www.folkhealth.com/library/>



# Estrogen

## How is estrogen administered?

**Oral:** A pill form of estrogen that is usually dissolved under your tongue (sublingual), taken once to twice a day. (Low Dose 2mg daily, Average Start 4mg daily, Maximum Dose 8mg daily)

**Injectable:** A sterile liquid form of estrogen (suspended in oil) that is injected into the body with a needle

**Transdermal/Patch:** An adhesive patch that allows estrogen to be absorbed through your skin and into your bloodstream, applied every 3-4 days. (Low Dose 100mcg every 3-4 days, Average Start 200mcg every 3-4 days, Maximum Dose 400mcg every 3-4 days)

Sometimes prescribed with anti-androgens, sometimes not!

**Estradiol Valerate - most common injectable estrogen used in the US, suspended in castor oil, more predictable pattern of movement throughout the body (aka pharmacokinetics!)**

**Estradiol Cypionate - suspended in cottonseed oil, longer active life (meaning it can be dosed every two weeks), prescribed in Valerate is not available**

**Both are prodrugs of estradiol and have similar affinity for estrogen receptors in the body**

**The dosing is not the same for each, so if switching from one to the other, dosage would also shift substantially.**

	<b>Estradiol valerate</b>	<b>Estradiol cypionate</b>
<i>Low Dose</i>	If taken <b>weekly</b> : 0.2mL (4mg of 20mg/mL vial) OR 0.1mL (4mg of 40mg/mL vial)  If taken <b>biweekly</b> : 0.4mL (8mg of 20mg/mL vial) OR 0.2mL (8mg of 40mg/mL vial)	If taken <b>weekly</b> : 0.25mL (1.25mg of 5mg/mL vial)  If taken <b>biweekly</b> : 0.5mL (2.5mg of 5mg/mL)
<i>Average Start</i>	If taken <b>weekly</b> : 0.3mL (6mg of 20mg/mL vial) OR 0.15mL (6mg of 40mg/mL vial)  If taken <b>biweekly</b> : 0.6mL (12mg of 20mg/mL vial) OR 0.3mL (12mg of 40mg/mL vial)	If taken <b>weekly</b> : 0.3mL (1.5mg of 5mg/mL vial)  If taken <b>biweekly</b> : 0.6mL (3mg of 5mg/mL)
<i>Maximum Dose</i>	If taken <b>weekly</b> : 0.5 mL (20mg of 40mg/mL vial) OR 1mL (20mg of 20mg/mL vial)  If taken <b>biweekly</b> : 1mL (40mg of 40mg/mL vial)	If taken <b>weekly</b> : 1mL (5mg of 5mg/mL vial)  If taken <b>biweekly</b> : 2mL (10mg of 5mg/mL)

# Estrogen

- Breast growth
- Softening of the skin
- Thinning or slowed hair growth on face and body
- Body fat redistribution to hips and thighs
- Decreased muscle mass and strength
- Decreased libido (sex drive)\*
- Decreased spontaneous erections
- Change in sexual function (less firm erections)
- Decreased sperm production/reduced fertility
- Decreased testicular volume (By 25-50%) after being on estradiol long-term (even in absence of T-blocker)
- Stopping of hair-loss on head if taking DHT blocker

AVERAGE DOSE START	1 month	3 months	6 months	12 months		
	WHAT	WHAT HAPPENS			WHEN IT STARTS	COMPLETE EFFECT
skin		softening of skin & decreased oil	3-6 months		unknown	
muscle		decreased muscle mass & strength*	3-6 months		1-2 years	
breast growth		breast tissue growth	2-6 months		2-3 years	
body fat		body fat redistribution	3-6 months		2-5 years	
hair growth		thinning & slowed hair growth	6-12 months		>3 years	
sex drive		decreased sex drive	1-3 months		1-2 years	
sperm		decreased production	variable		variable	
scalp hair		hair loss stops (no regrowth)	1-3 months		1-2 years	

LOW DOSE START	1 month	3 months	6 months	12 months		
	WHAT	WHAT HAPPENS			WHEN IT STARTS	COMPLETE EFFECT
skin		softening of skin & decreased oil	6 months		depends on dose	
muscle		decreased muscle mass & strength*	6 months		depends on dose	
breast growth		breast tissue growth	6 months		depends on dose	
body fat		body fat redistribution	6 months		depends on dose	
hair growth		thinning & slowed hair growth	12 months		depends on dose	
sex drive		decreased sex drive	variable		variable	
sperm		decreased production	variable		variable	
scalp hair		hair loss stops (no regrowth)	variable		variable	

\* significantly dependant on amount of exercise



# Testosterone

Deepened voice

Changes to monthly periods/regular bleeding

Facial and body hair growth

Increased muscle mass/strength

Body fat redistribution from hips and thighs, may increase around the abdominal area, or gut

Clitoris growth/bottom growth (by 1-3 cm)

WHAT	WHAT HAPPENS	WHEN IT STARTS	COMPLETE EFFECT
skin	increased skin oiliness & acne	1-6 months	1-2 years
muscle	increased muscle mass & strength*	6-12 months	2-5 years
voice pitch	voice pitch deepens	3-6 months	1-2 years
body fat	body fat redistribution	3-6 months	2-5 years
hair growth	Facial & body hair growth	1-6 months	3-5 years
menses	monthly periods stop	2-6 months	not applicable
clitoris	enlargement (~ 0.5"-1")	3-6 months	1-2 years
scalp hair	male-pattern hair loss **	> 12 months	variable

WHAT	WHAT HAPPENS	WHEN IT STARTS	COMPLETE EFFECT
skin	increased skin oiliness & acne	3-6 months	1-2 years
muscle	increased muscle mass & strength*	12 months	depends on dose
voice pitch	voice pitch deepens	6 months	depends on dose
body fat	body fat redistribution	6 months	depends on dose
hair growth	Facial & body hair growth	6 months	depends on dose
menses	monthly periods stop	6 months	depends on dose
clitoris	enlargement (~ 0.5"-1")	6 months	depends on dose
scalp hair	male-pattern hair loss **	variable	variable

\* significantly dependant on amount of exercise

\*\* dependent on age & genetics, may be minimal

sex drive also increases

# HRT Resources in BCS



# **SHS Beutel Health Center: Women's Clinic**

- This is where you'll go if you choose to start HRT while a TAMU student
- Hit up shsportal.tamu.edu and log in (you can change your preferred name and pronouns in the portal)
- Call Patient Services number: **(979) 458-8310** and ask for an HRT consultation appointment with **Matt Hoffman**
- At the appointment the first one will be a checkup type meeting with bloodwork
- The next appointment you'll go over your bloodwork and obtain a prescription through informed consent
- Charges to your student account aren't listed as specifically for HRT
- For continuing/transferring prescriptions, call or schedule an appointment under "contraceptive consultation" with any doctor in the Women's Clinic

# HRT Resources outside TAMU

- This is where you'll go if you choose to start or continue HRT as a non-student
- Matt Hoffman in BCS, contact form: <https://www.matthoffmandnp.com/>
- Looking for other endocrinologists: Dr. Dean Blevins, or <https://www.txendocrinology.com/>
- **DO NOT GO TO Dr. Doug Crumpler** (<https://www.bvendo.us/>)
- Also check out the Resources Map and Informed Consent Map at <https://linktr.ee/TransMutualAid>

# Prescription Concerns

- Meds are expensive, especially if you don't have insurance that can help cover them
- GoodRx can absolutely help with costs by finding you the best deals
- Grocery pharmacy savings can help a lot also!
  - GoodRX cuts T cost down to \$20ish monthly (normally around 80 monthly), cheaper than gel
  - GoodRx cuts E down to \$30-40 monthly, pills and anti-androgens much cheaper

Controlled substance, amount you take home based on spaces between appointments and pharmacy

Miss a dose? No biggie! :)

Dosage depends on you and can be changed!

# Sharps and Such

Intramuscular -- straight into the muscle, needle is bigger, hurts a bit more but is less expensive

SubQ (Subcutaneous) -- into the fatty tissue under the skin, needle is shorter and thinner, injection takes longer, more expensive but less painful

Order 18 -21G needles to draw it up

Order syringe with 22-23G needle for IM (be careful of going smaller!)

Order 1cc TB syringe (locking) with 25G needles for injection for SubQ.

Make sure to do the math between size of syringe, mg, and mL

You can order these in bulk at pharmacy-- get extras and don't be afraid to have a buddy!

# How to Inject

Wash hands, swab HRT bottle

Draw up with big needle, draw in a little

Switch needles

Prime syringe

Common IM sites: outer thigh ( $\frac{1}{3}$  rule), buttocks (ice cube trick)

Common SubQ sites: belly, thigh (pinch fat trick)

Clean injection site with alcohol swab

Push needle atleast  $\frac{3}{4}$  length

Bleeding may happen! Don't panic, you didn't lose your juice :)

IM



SubQ



IM



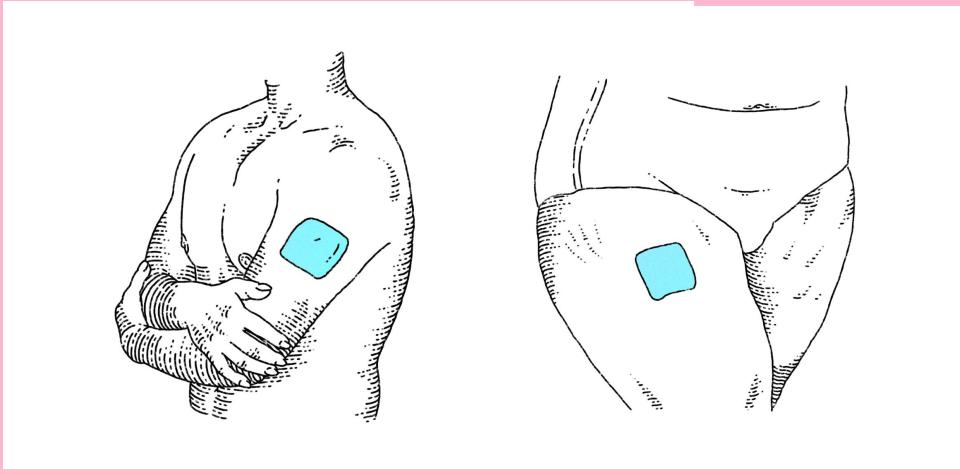
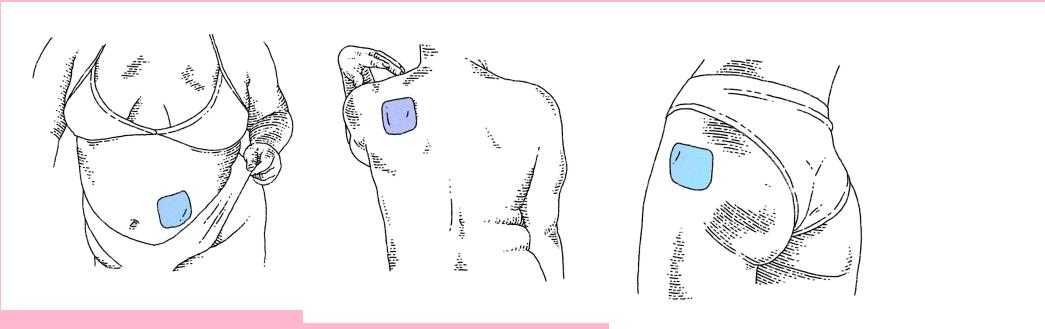
SubQ



# How to Apply Estrogen Patches

Upper arm or thigh: but it's important to note that with how much these limbs may move on a daily basis might lead to the patch unsticking sooner than preferable.

Belly, back, or upper buttocks: on areas that can be reached, and don't go under where a waistband might hit.



# How to Apply Testosterone Gel

Upper arms & shoulders: areas that would be covered by a t-shirt, for example, avoiding the armpits and inside of the elbows if possible

