

Oestrogen Hormone Information 2

Feminising Effects

Reviewed July 1st 2008

Oestrogen

Oestrogen protects women against heart and blood vessel disease. Biological males who take oestrogen benefit also. This means life expectancy could increase, since women generally live about five years longer than men.

Oestrogen therapy can sometimes lead to damage to the pituitary gland. The pituitary is like a traffic light system that controls many of the hormone systems in the body and if this occurs then further medication and regular tests may be required for the client to avoid ill health. There is a great risk of stroke later in life particularly in the case of smokers who take oestrogen.

There will also be changes over a number of years in the ability to hold a drink. Women usually are only able to drink half the quantity of men. This is due partly to the higher fat ratio in their body mass. As oestrogen therapy progresses the ability to hold a drink will decrease.

The Feminising Effects of Oestrogen

Breasts will develop slowly over three or more years. The extent of growth will depend largely upon genetic makeup. Development however may be adversely affected by poor nutrition, excessive dieting or drug use. The nipples may also become swollen, enlarged and the pigment darken. As with all women, breast size and shape will alter slowly over the years. High levels of oestrogen can result in some milky secretion from the nipples. This should be mentioned to your doctor should it occur, as adjustments to your medication may be required.

Genitals will be slowly affected over a number of years. Initially, the fluid from the testes containing sperm will no longer flow. The fluid that appears during ejaculation will look clear and be made up of mostly prostate fluid. In some case, ejaculation may cease. Libido (sex drive) will be reduced and if low to begin with, may be lost altogether. Erections of the penis may become increasingly difficult to achieve and to sustain. Some softening of the penile and scrotal tissue will occur. The testes become damaged usually after a period of two to five years, irreversible sterility occurs.

Body Fat: Oestrogen will increase and redistribute body fat to areas such as thighs, buttocks and breasts. Muscle mass may soften. Weight gain usually occurs particularly if genital sex reassignment surgery is undertaken.

Body Hair (including facial hair) will soften and growth will slow. Neither will be eliminated by oestrogen therapy. Further retardation of hair growth on the body and face can be achieved by taking anti-androgens (Androcur or Aldactone). However, the effects of these will only last while the tablets are taken and Androcur in particular can reduce sex-drive.

Scalp hair will generally remain unaffected (oestrogens and pituitary do not reduce scalp hair). Balding will slow or stop altogether. If balding has begun, hair regrowth will not return to any significant extent.

The only permanent treatment for the removal of hair from the face and body is electrolysis. There is no Medicare or health insurance rebate for electrolysis and it can take as much as 300 hours or more of electrolysis to achieve permanent hair removal of a full beard.

Emotions: Although our moods are affected by our hormones they are also affected significantly by both our feelings towards ourselves and the events around us. When hormone therapy is commenced it may be a stressful time for a number of reasons and also a time of "soul searching" for the individual. If you feel that you are experiencing mood swings, and it is affecting your ability to cope, discuss your hormone dose with your doctor.

Skin: The softening effects of oestrogen on the skin of the face and body are noticeable over time. Softening will also occur to aged or damaged skin, although to a lesser extent. The effects are due partly to changes in the oil glands of the skin and also to the deposition of a fine layer of fat tissue beneath the skin common to women. Some changes in skin pigmentation occasionally occur around the face and a fine line may appear in the centre of the stomach area. These changes will look like fine brown freckles or smudges.

Veins: Changes can occur in the veins of the legs that may look unsightly. The small surface veins may become more prominent. If a family history exists of varicose veins, these will become more likely to develop with oestrogen therapy.

Bones: These will not alter dramatically. The size of the hands, feet, chest, hips and height will not change. The main concern is the risk of osteoporosis later in life. This is a gradual thinning of bone mass, which can lead to fragile bones. There is clear evidence that a deficiency of sex hormones in either sex will contribute to weaker bones. To avoid this, individuals on long-term hormone therapy and in particular individuals who have had neo-vaginal surgery will need to continue on some form of hormone treatment for the rest of their lives.

Voice: Upon commencement of therapy, slight changes of pitch and timbre may be noticed in the voice. However, significant changes will not occur to the voice as a result of oestrogen therapy. During puberty, a biological male experiences changes to the vocal cords that remain irreversible. Speech therapy continues to be the only healthy way to change the pitch and style of the voice. Speech therapy is not always successful.

Progesterone Therapy

Doctors may also prescribe a drug called Provera. This is also a female hormone called progesterone. In biological women, it plays an important role during the menstrual cycle and in the health of mature breasts. It is not responsible for feminisation like oestrogen therapy.

It may be given to patients who are experiencing difficulties with their breasts; for example, nipple soreness. This involves taking progesterone only at certain times of the month. As this routine may be complicated, it should be discussed with your doctor.

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