

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

Drugs are Dangerous, Drugs Can Kill

An Introduction to Some Side-Effects of Oestrogen Hormone Therapy

by Kathy Ann Noble

Article appeared in Polare magazine: June 2002 Last Update: October 2013 Last Reviewed: September 2015



Another more common problem with overuse of oestrogen is the possibility of blood thickening and clotting. This can be a significant problem that can cause thrombosis, varicose veins and even strokes.

Why as a transsexual was I never made aware of the possible effects that H.R.T. would have on me? I was put on hormones with no explanation of the side effects or symptoms that I am now encountering. I have had to compare my feelings with pre- and post-menopausal women.

You may also encounter symptoms of menopause, irritability, emotional outbursts, general emotional instability, spontaneous crying or hot and cold flushes.

If these symptoms were known as per 'Hormone Therapy - General Outline' on the web, why was I not forewarned? It would have given me an insight into what to expect, rather than finding out after the onset of the symptoms.

I am producing Prolactin naturally and was told initially "Men do not produce this hormone", yet in the Harry Benjamin Standards of Care, latest version, it is mentioned on page 11: "A pre-treatment Prolactin level should be obtained and repeated at one, two and three years. If Hyper-prolactemia does not occur during this time, no further measurements are necessary."

Biological males undergoing oestrogen treatment should be monitored for breast cancer and encouraged to engage in routine self-examination. As they age, they should be monitored for prostate cancer. In hormone therapy, Prolactin is put as one of the tests required before actually embarking on H.R.T., along with liver function, kidney function, testosterone levels and oestrogen levels.

My Prolactin was at 1500 and was down to 979 at the last testing. Tests have not been done for several months - why not?

I intend to ask this question at my next meeting with my endocrinologist.

Prolactin is produced during puberty to form the breasts. It is also produced for lactation in pregnant women. Statistics show 30 percent of the general population have Pituitary Adenoma, a non-cancerous benign tumour of the pituitary gland at the base of the brain. Most are unaware of it, and it never causes a problem. This gland controls the sex hormones, body temperature, metabolism, calcium in the blood and to and from the bones. What symptoms are seen depends on which part of the gland the tumour is located in. With H.R.T. these can become quite apparent. The most common is raised blood Prolactin levels in response to oestrogen intake. In transsexuals, if large doses of an oestrogen hormone such as Premarin and Estigyn or if one is put on 'the Pill' in the hope of increasing breast size or speed of breast development this can often have the opposite effect, and can cause lactation ranging from minor nipple discharges to full on 'need nursing pads' type milk production.

This is bothersome and embarrassing. If not controlled, excessive oestrogen levels can lead to eyesight problems by causing the tumour to grow putting pressure on the optic nerves which could lead to eventual blindness. A doubling of the blood Prolactin levels can mean a doubling in tumour size. This is one of the less common problems that can occur. Another more common problem with overuse of oestrogen is the possibility of blood thickening and clotting. This can be a significant problem that can cause thrombosis, varicose veins and even strokes. You may also encounter symptoms of menopause, irritability, emotional outbursts, general emotional instability, spontaneous crying or hot and cold flushes.

At present I am experiencing all of the above and am only coming to terms with the problems because of talking to my women friends. I also suffer hard nipples, sensitive nipples and breasts and itchy breasts that at times appear swollen and are painful to touch. This has been going on for longer than the two or three months after which it is supposed that these feelings subside.

There can also be varying degrees of depression, bouts of unexplained crying similar to 'baby blues' which women suffer after giving birth. I liken this phase to the 'post-operative regret phase'. You have all the redistribution of body fat and hair to contend with. Fat moves from the tummy, back and shoulders to the thighs, hips and bottom. There is usually some weight gain associated with this, which is harder to get rid of than before, and the general rounding of the body into a more female shape is quite noticeable. Upper body strength diminishes and voice may also change, becoming noticeably higher.

Taking Androcur, some notice a change in their fingernails, which become brittle and peel and hair can become dry and brittle. If all of this is known then we should be informed of these possible consequences caused by H.R.T. As far as I can ascertain, no one that I know who is either pre- or post-operative has been made aware. We have, in the main, found out ourselves if we are predisposed to do some research. At present I am at both ends of the scale as I see it, being both into puberty and menopause. I am only now finding out what it all means, as my Prolactin was found to be pumping out in 1997 after checks of my pituitary in 1998 confirmed no tumour. The Prolactin worked its job perfectly, and my entire body started to change. Breasts started to grow, skin texture changed, musculature altered, weepy, softer nature, but no one could explain why, other than to try male H.R.T., which did not work.

It was then decided to go with the female hormones in 1999 and since then I have changed dramatically. I did not go onto female H.R.T. until March 2001, as we wanted to see what my natural Prolactin production would do. From March 2001 there have been more symptoms from introduced hormones, not those made naturally. I had S.R.S. in November 2001 and am extremely happy with my new self, but must admit to the odd occasion recently of wishing to end it all because of all the symptoms and effects they are having on me. It is hard enough for born women to come to terms with their mental and physical changes during menopause, so it must be doubly hard for us to come to terms with all of this. They have to come to terms with puberty as well, but at a different time.

With us it seems all in one, no wonder we tend to flip out. I will survive and not become another transsexual suicide statistic, but now believe I know why so many do opt to end it all. Because of the lack of understanding on my part and the lack of documentation, I have been on the brink several times recently, with no access to professional help available when required.

I have to wait one or two months and could be dead by then. I find this appalling and quite unacceptable!

When, if ever, will this situation alter? With the plethora of litigation and the very high cost of insurance cover, can explanation of how drugs affect people not be addressed? It will not only save lives, but also cause fewer problems and forestall possible future litigation. It would appear that neither the Harry Benjamin nor the Australian Standards of Care are being observed. Is it too much to ask that this situation be corrected and full explanations given to all transsexuals in accordance with the aforementioned standards.

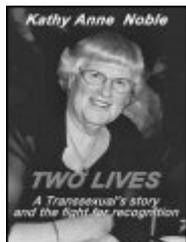
Kathy Noble

Kathy Noble is the founder of [Agender Australia](#), and [Changeling Aspects](#) , a support group for transgender people located in Brisbane.

With the help of the Gold Coast Hospital Board, Kathy founded the group in 2002 as a support group for people undergoing reassignment surgery. This service ceased in 2004 when the surgeon and hospital ceased performing this surgery.

With the introduction of Agender to Australia in June 2002, Kathy began providing educational support for health care workers, institutions of higher learning and government bodies, lecturing and lobbying government departments, and generally fighting for the rights and dignity of transgender people.

Kathy sadly passed away in August 2015. She was 80.



Two Lives: A Transsexual's story and the fight for recognition

Author: Kathy Noble

Publisher: Zeus Publications (2011)

I.S.B.N.-13 978 192173155613.

From Amazon Books:  *Two Lives: A Transsexual's story and the fight for recognition* is a heart-wrenching read. The author shares her painful, yet sometimes happy journey through a tormented life that many could not imagine. From early childhood and being born a boy called Frank, Kathy felt something was not right with her gender. As she matured her body shape and physical appearance leant towards female, but it was the turmoil inside her mind that caused her the greatest

anxiety. As a man she married and had a family and tried in vain to be "normal" as society would say, while in private she dressed in her wife's clothes. There would be another marriage and it was in this one that she came out and declared she would be changing her life to the female she always knew she had to be. With sex reassignment surgery Kathy emerged to bravely fight the long, difficult battle for recognition. Kathy's honesty and strength gives the reader a truly informative and insightful look into the subject of transsexuals and their struggle through Government and political departments and laws pertaining to their rights. There is a huge amount of research and documented data contained in this amazing story that will give knowledge and hopefully a better understanding of the transgender community.

Polare Magazine is published quarterly in Australia by The Gender Centre Inc., which is funded by the Department of Family & Community Services under the S.A.A.P. program and supported by the N.S.W. Health Department through the AIDS and Infectious Diseases Branch. Polare provides a forum for discussion and debate on gender issues. Unsolicited contributions are welcome, the editor reserves the right to edit such contributions without notification. Any submission which appears in Polare may be published on our internet site. Opinions expressed in this publication do not necessarily reflect those of the Editor, The Gender Centre Inc., the Department of Family & Community Services or the N.S.W. Department of Health.

The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We

specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.