

Progesterone consent

Progesterone is not included in standard hormone regimens but may be desired by some trans people. Requests for progesterone are usually related to a desire to enhance breast development. While there is no clear evidence of benefit from progesterone, some trans people and clinicians believe that it may have a role in breast and areola/nipple development and/or may be beneficial for enhancing sex drive, sleep and mood.

Research suggests that taking a combination of both estrogen and progesterone carries higher risk for cardiovascular disease and breast cancer compared to taking estrogen on its own. This research came from a study of older cisgender (non-trans) women going through menopause who were using a type of estrogen that is no longer recommended. Because there is evidence showing increased risk associated with progesterone use and a lack of clear evidence showing benefits, progesterone is not generally recommended in published gender-affirming care guidelines. However, some experts believe that this evidence does not apply to trans people taking hormone therapy.

This means that some care providers may decide to include progesterone, at least for a trial period, after a careful discussion of risks and benefits. They may request that patients sign an additional consent form if progesterone is prescribed.

Additional risks from progesterone may include:	
Heart and circulation problems (cardiovascular disease)	Diabetes
Breast cancer	Testosterone-like effects such as increased body hair, acne
Mood changes including depression	Weight gain
Increased blood pressure and cholesterol	

Risks for some of these conditions may be affected by:

- Pre-existing physical or mental health conditions
- Family history of physical or mental health conditions
- Cigarette smoking or other substance use
- Nutrition, exercise, stress

_____ (name of care provider) has discussed with me the nature and purpose of hormone therapy; the benefits and risks, including the possibility that hormone therapy may not accomplish the changes I want; the possible or likely consequences of hormone therapy; and other alternative diagnostic or treatment options

1. I have read and understand the above information regarding hormone therapy, and accept the risks involved
2. I have had enough opportunity to discuss my health, goals and treatment options with my care provider, and all of my questions have been answered to my satisfaction
3. I believe I have adequate knowledge on which to base informed consent to receive hormone therapy
4. I authorize and give my informed consent to receive hormone therapy

Patient signature _____ Provider signature _____

Date _____