

Masculinizing Hormones Effects & Risks

Anticipated Effect	Permanence	Expected onset	Expected max. effect
Courser skin and increased oiliness	Reversible	1-6 months	1-2 years
Facial/body hair growth	Irreversible	3-6 months	3-5 years
Deepened voice	Irreversible	3-12 months	1-2 years
Scalp hair loss	Irreversible	>12 months	Variable
Increased muscle mass/strength	Reversible	6-12 months	2-5 years
Body fat redistribution	Variable	3-6 months	2-5 years
Monthly bleeding stops	Reversible	2-6 months	n/a
External genital growth	Irreversible	3-6 months	1-2 years
Vaginal atrophy (shrinkage)	Reversible	3-6 months	1-2 years

Risk Level	Risk of Masculinizing Hormones	
Likely	Polycythemia - high red blood cells can lead to clots, heart attacks, strokes Modest weight gain - increases risk of Heart Disease, Alzheimer's, Type 2 diabetes, stroke Sleep apnea – increases risk of fatigue, high blood pressure, Type 2 Diabetes, liver problems Acne/oiliness	
Possible	Lipids – lowers HDL, increases LDL and triglycerides, which increases risk of heart attacks & strokes Liver dysfunction and cancers associated with oral testosterone (not injections, gel or patch)	
Possible, if additional risk factors present	Destabilization of certain psychiatric disorders (Mania, psychosis) Cardiovascular disease - heart attacks, strokes High blood pressure - is a major risk factor for coronary artery disease, stroke, heart failure, atrial fibrillation, peripheral arterial disease, vision loss, chronic kidney disease, and dementia Type 2 diabetes - can lead to kidney disease, eye damage, heart disease, stroke, high blood pressure, nerve damage and amputation	
Inconclusive	Ovarian cancer Uterine cancer	
No risk	Breast cancer Loss of bone density Cervical cancer	
Other possible side effects	Infertility Taking testosterone while pregnant can cause permanent anatomic changes in developing embryo/fetus	

For more information: WPATH Standards of Care Version 7