Hormone Replacement Therapy & Medications

EMERGENCY CONTRACEPTION

Transmasculine clients should be offered emergency contraception after a vaginal sexual assault. Testosterone is NOT a reliable form of contraception and trans persons on testosterone therapy have been known to become pregnant after initiating such treatment (Light et al., 2014). Testosterone does not affect the efficacy of emergency hormonal contraception, so long as such treatment is progesterone based and does not contain estrogen.

Two forms of appropriate emergency hormonal contraception include the "morning after pill" (two separate regimens include ulipristal acetate 30 mg and levonorgestrel 1.5 mg) and the Copper IUD (Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit, 2017; Rainbow Health Ontario, 2014). The copper IUD is considered the most effective method of emergency contraception. However, it is important to note that a client's gender dysphoria may mean that they are unable to tolerate IUD insertion.

Additionally, both the copper IUD and the morning after pill may be associated with side effects such as vaginal spotting and bleeding (Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit, 2017). For trans clients, these side effects may be unacceptable, as menstruation or any associated bodily functions may induce distress. It is also important to remember that the morning after pill may not be effective for some clients over a certain body mass (Moreau & Trussell, 2012). For these reasons, you may wish to educate your client about the risks and benefits of these contraceptive options.

If a transmasculine client inquiries about long-term hormonal contraception, they should be advised that contraception containing estrogen and progesterone (e.g., oral contraceptive pills, patches, vaginal rings) are not recommended, as estrogen will counteract the effects of testosterone (Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit, 2017). Progesterone-only contraception, such as injections, implants, or hormonal IUDs, do not counteract masculinizing hormone therapy and, therefore, can be used effectively. However, it is important to thoroughly explain the benefits and side effects of different options, as certain side effects may be less acceptable for trans clients.

ANTIBIOTICS

In Ontario, *Treatment Reference Guidelines* (2018) by Toronto Public Health recommend the following medications to treat bacterial sexually transmitted infections (STIs):

Chlamydia	Azithromycin or Doxycycline
Gonorrhea	Ceftriaxone plus Azithromycin
Pelvic Inflammatory Disease	Ceftriaxone plus doxycycline with or without metronidazole
Syphilis	Benzathine penicillin

Currently, there is no evidence to suggest that HRTs interfere with any of these STI medications. There are limited data to suggest that estrogen-based contraceptives may be impaired with concurrent usage of antibiotics, as antibiotics can break down estrogen. However, if a trans client is using estrogen-based contraceptives as a form of HRT to transition to a woman and not to prevent pregnancy, concurrent antibiotic use will not significantly affect their transition. Therefore, STI medications, currently recommended by Toronto Public Health for treating Chlamydia, Gonorrhea, Pelvic Inflammatory Disease, and Syphilis, can be administered safely to clients on HRT.

HIV PEP

The current HIV post-exposure prophylaxis (PEP) program mandates the distribution of Truvada (300mg tenofovir & 200mg emtricitabine) and Tivicay (50mg Dolutegravir). Fortunately, there are no significant interactions with any of the following commonly prescribed HRT treatments and HIV PEP.

Do Not Coadminister | Potential Interaction | Potential Weak Interaction | No Interaction Expected | No Clear Data

Do Not Coadminister | Potential Interaction | Potential Weak Interaction | No Interaction Expected | No Clear Data

Results Key

	Dolutegravir	Emtricitabine (FTC)	Tenofovir-DF
Cyproterone acetate	◆	◆	◆
Estradiol	◆	◆	◆
Spironolactone	◆	◆	◆
Testosterone	◆	◆	◆

Generated from https://www.hiv-druginteractions.org/, a comprehensive, up-to-date, evidence-based drug-drug interaction resource based at the University of Liverpool.

References:

Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit. (2017). *FSRH CEU Statement: Contraceptive choices and sexual health for transgender and non-binary people*. Edinburgh, UK: Author. Retrieved from http://www.fsrh.org/documents/fsrh-ceustatement-contraceptive-choices-and-sexual-health for/contraceptive-choices-and-sexual-health-for-trans-non-binary-people-oct 2017.pdf

Light, A. D., Obedin-Maliver, J., Sevelius, J. M., & Kerns, J. L. (2014). Trans men who experienced pregnancy after Female-to-male Gender transitioning. *Obstetrics and Gynecology*, *124* (6), 1120-1127.

Moreau, C., & Trussell, J. (2012). Results from pooled Phase III studies of ulipristal acetate for emergency Contraception. *Contraception*, *86*(6), 673-680.

Rainbow Health Ontario. (2014). *Reproductive options for trans people.* Toronto, ON: Author. Retrieved from http:// rainbowhealthontario.ca/wpcontent/uploads/woocommerce_uploads/2012/09/RHO_FactSheet_ REPRODUCTIVEOPTIONSFORTRANSPEOPLE_E.pd

Toronto Public Health. (2018). *STI treatment reference guide*. Toronto, ON: City of Toronto. Retrieved from https://www.toronto.ca/wp-content/uploads/2017/10/8fe7-TPH-STI-Treatment-Quick-Reference-Guide-2016.pdf

Cite as: Du Mont, J., Parameswaran, K., & Macdonald, S. (2020, December). *Hormone replacement therapy & medications* [Clinical Summary]. Available from http://translinknetwork.com
Adapted from: Du Mont, J., Kia, H., Saad, M., Kosa, S.D., MacFarlane, D., & Macdonald, S. (2020, December). Providing trans-affirming care for sexual assault survivors: Training manual [Revised Version]. Available from Women's College Research Institute, Women's College Hospital and the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres.