Table 1

Transgender Identity Terms

	Identify as non-natal sex?	Hormones or surgical intervention	Sexual orientation	Cross-dressing
Transsexual	Yes; fully identifies as other sex	Yes, seeks surgery, hormone therapy	Any	Full time, to express core gender identity
Transgenderist	Yes, to varying degrees	May seek some hormonal intervention; surgery less common	Any	Full or part time to express core gender identity
Bigender	Identifies as both genders	May seek some hormonal intervention; rarely surgery	Any	May be part time to express core gender identities
Transvestite	No; may identify with aspects of non-natal sex	Rarely	Any	Yes, for erotic purposes, may express noncore aspects of identity
Drag Queen Drag King	Not necessarily	Rarely—more so if identifies as transgender	Any, usually gay	Yes, for performance and may identify as transgender
Male/Female Impersonator	Not necessarily	Rarely—more so if identifies as transgender	Any	Yes, for performance, and may identify as transgender

Adapted from: Bockting WO. From construction to context: gender through the eyes of the transgendered. SIECUS Report 1999; 28:3-7 and Sykes D. Transgendered people: an "invisible" population. California HIV/AIDS Update 1999; 12:1-6.

Table 2

Suggested Laboratory Tests for Patients on Hormone Therapy

Male-to-female patients

- Fasting glucose
- Fasting lipid panel
- Liver function tests
- Bun, creatinine, and potassium (if on spironalactone)
- Prolactin
- Prostate specific antigen (offered to patients older than 50)
- Other: CBC, urinalysis (optional)

Female-to-male patients

- Fasting glucose
- Fasting lipid panel
- Liver function tests
- Hemoglobin

Table 3

Common Feminizing Medications

Drug	Common Doses	Side Effects	Drug Interactions
Oral estrogens	Conjugated estrogens: 2.5 to 7.5 mg qd Estradiol: 2 to 10 mg qd	Multiple, including thromboembolic events, impaired glucose tolerance, weight changes, liver effects, increased triglycerides	Primarily with other drugs with hepatic metabolism, such as phenytoin, sulfonylureas, rifampin
Transdermal estrogens	.1 mg patch, 1 to 2 patches q week, 2x/wk depending on brand	As above, except little effect on lipids or liver	Theoretically fewer because they bypass liver
IM estrogens	20 to 40 mg IM q 2 weeks	As above	As above
Spironalactone	100 to 400 mg qd	Hypotension, urinary frequency, hyperkalemia	Hyperkalemia with ACE inhibitors, ARBs, NSAIDs, salt substitutes, caution with digoxin
Progestins	Medroxyprogesterone: 5 to 20 mg qd Norethindrone: 5 to 10 mg qd Micronized progesterone: 100 to 400mg qd	Multiple, including thromboembolic events, cholestasis, hypertension, acne, depression	May interfere with drugs cleared hepatically
Finasteride	5 to 10 mg qd	Minimal	None reported

Table 4

Common Masculinizing Agents

Drug	Common Doses	Side Effects	Drug Interactions
Testosterone 1% gel (comes in single-use packets)	5 to 10 gms to skin qd	Multiple, including acne, increased hematocrit, mood changes, HTN, hyperlipidemia, male pattern baldness, abnormal liver function tests, rash	Hypoglycemic agents, corticosteroids
Testosterone transdermal patch	5 mg patch, 1 to 2 patches qd	As above, rash at patch site	
IM testosterone	50 to 200 mg IM weekly, can be dosed q 2 weeks as well	As above, injection site reactions	As above, also warfarin (increased INR)