

Medicine alone does not completely suppress testosterone levels among transgender women

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The majority of transgender women who follow the usual approach prescribed in the United States are unable to reliably lower their testosterone levels into the typical female physiologic range with medicine alone.

The study, which appears in the journal *Endocrine Practice*, is the first to investigate the efficacy of transgender [treatment](#) in terms of achieving targeted and subsequent stability of [testosterone levels](#) achieving over a prolonged period of several years.

Transgender individuals are those with [gender identity](#) different from external sexual anatomy at birth. Recent studies report that 0.6 percent of the adult population in the U.S. identify as transgender. A goal of transgender medical intervention is to align physical appearance with gender identity. The strategy for transgender women (male-to-female) includes medication and/or surgery to decrease or suppress [testosterone](#) levels into the female range. Most transgender women depend on medical treatment alone to lower their testosterone levels.

The researchers extracted testosterone and estradiol levels from the electronic medical records of 98 anonymized transgender women treated with oral spironolactone and oral estrogen therapy. Patients were separated into four similarly sized groups using the average estradiol dose they were administered over the course of their treatment. The Endocrine Society guidelines on monitoring transgender women suggests that patients should reach a serum testosterone

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