

**TABLE 13. Masculinizing effects in FTM transsexual persons**

EFFECT	ONSET <sup>a</sup> (months)	MAXIMUM <sup>a</sup> (years)
Skin oiliness/acne	1 – 6	1 – 2
Facial/body hair growth	6 – 12	4 – 5
Scalp hair loss	6 – 12	b
Increased muscle mass/strength	6 – 12	2 – 5
Fat redistribution	1 – 6	2 – 5
Cessation of menses	2 – 6	c
Clitoral enlargement	3 – 6	1 – 2
Vaginal atrophy	3 – 6	1 – 2
Deepening of voice	6 – 12	1 – 2

a. Estimates represent clinical observations. See Refs 81, 92, 93.

b. Prevention and treatment as recommended for biological men.

c. Menorrhagia requires diagnosis and treatment by a gynecologist.

**TABLE 14. Feminizing effects in MTF transsexual persons**

EFFECT	ONSET <sup>a</sup>	MAXIMUM <sup>a</sup>
Redistribution of body fat	3 – 6 months	2 – 3 years
Decrease in muscle mass and strength	3 – 6 months	1 – 2 years
Softening of skin/decreased oiliness	3 – 6 months	Unknown
Decreased libido	1 – 3 months	3 – 6 months
Decreased spontaneous erections	1 – 3 months	3 – 6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3 – 6 months	2 – 3 years
Decreased testicular volume	3 – 6 months	2 – 3 years
Decreased sperm production	Unknown	> 3 years
Decreased terminal hair growth	6 – 12 months	> 3 years <sup>b</sup>
Scalp hair	No regrowth	c
Voice changes	None	d

a. Estimates represent clinical observations. See Refs 81, 92, 93.

b. Complete removal of male axillary hair requires electrolysis or laser treatment or both.

c. Familial scalp hair loss may occur if estrogens are stopped.

d. Treatment by speech pathologists for voice training is most effective.