

## Transgender

# Fast access to hormone therapy in transgender adults 'lifesaving', study finds

**Exclusive: Access to immediate testosterone therapy significantly reduces gender dysphoria, depression and thoughts of suicide, research finds**

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Fast access to testosterone therapy is life saving for transgender adults, a clinical trial has found. Photograph: Pål Hansen/The Observer

Fast access to testosterone therapy for transgender adults is “life-saving”, leading to a significantly reduced risk of depression and suicide, a clinical trial led by the University of Melbourne has found.

It is the world’s first study to examine the impact of access to hormone therapy on mental distress for trans people through a randomised control trial, a strong type of study crucial in medicine due to the minimal risk of confounding factors influencing the results.

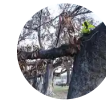
Ada Cheung, an associate professor at the university’s Trans Health Research Group and a senior author of the study, said one of the criticisms of gender-affirming hormone therapy is “that there’s not high quality evidence to support the provision of it”.

“We really wanted to undertake this study to provide that quality evidence,” Cheung said.

“Research in the past has been difficult because it’s not ethical to assign people not to get treatment and just see what happens. At our clinic, we have a long waiting list of trans people trying to access gender-affirming hormone therapy, and for our study we fast-tracked a group of those people to start treatment, while the other people in our study remained on the waitlist and so still received the current standard level of care.”

There were 64 people recruited for the study between November 2021 - July 2022, and all were asked to fill out a questionnaire before their appointment about their feelings of depression, suicidal thoughts and gender dysphoria, before being surveyed again three months later. Gender dysphoria is where people feel psychological distress due to the incongruence between their gender identity and sex.

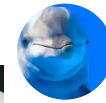
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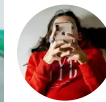
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The research, published in the Journal of American Medical Association Network Open on Friday, found access to immediate testosterone therapy compared to no treatment significantly reduced gender dysphoria, depression and thoughts of suicide.

“The suicidal ideation - the thought they would be better off dead - had resolved in 52% of the treatment group, compared with 3% in the standard care group,” Cheung said. “It’s the first study to show that. It is life-saving care. That is how patients describe it.”

Cheung said the research highlights the need for more funding for faster access to trans health services.

A previous [national survey on the health and wellbeing of trans Australians](#) revealed 73% of respondents reported a history of depression, 67% a history of anxiety, and 43% a suicide attempt.

Discontinuation of treatment is rare in adults who began gender-affirming hormone treatment as adolescents, according to the largest study to date, [published in medical journal the Lancet in October 2022](#).

Prof Damien Riggs, from Flinders University’s College of Education, Psychology and Social Work, said Cheung’s study affirms with quality evidence “what we have long known”.

“Trans people are typically aware of their desire to access medical treatment for a considerable period of time before presenting to services and receiving care,” he said.

“Importantly, the researchers followed informed consent protocols. This study demonstrates that a harm-minimisation approach to trans healthcare is best served through the timely receipt of medical treatment following informed consent.”

GP Dr Fiona Bisshop, the immediate past president of the Australian Professional Association for Trans Health [AUSpath], said they weren’t surprised by the results.

“I’ve been looking after trans people for over a decade, and seeing people who have been trying to get on to hormone therapy desperately having difficulties doing that are often very distressed and have mental health issues related to that distress,” they said.

Bisshop said for a long time, people saw having a different gender identity as a disorder.

“And because of that, people were shunted off to psychiatrists and psychologists and endocrinologists and went through a long assessment process before they could access care,” they said.

“That’s slowly changing, and we had [AUSpath guidelines come out last year](#) which have made it really clear that GPs can start therapy that doesn’t involve sending people off to psychiatrists. But a lot of GPs aren’t familiar with those guidelines and still refer to a specialist first, and the waitlist for gender clinics is appalling.”

*In Australia, support is available at [TransHub](#), [QLife](#) at 1800 184 527, [Beyond Blue](#) on 1300 22 4636, [Lifeline](#) on 13 11 14, and at [MensLine](#) on 1300 789 978*

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