



MYTHS AROUND TRANSGENDER AND THE MENOPAUSE

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Transgender and the menopause is a subject very few know much about. There are facts but few statistics and no known research on how the hormones involved in menopause will affect the trans man or the trans woman. My writing is based on what my research (for my book, Menopause Unzipped) has taught me about the female menopause, so let's start there.

Just to be clear on my definitions, I am using these terms - a trans man was born clinically female and has transitioned to be a man (FtM); a trans woman was born clinically male and has transitioned to be a woman (MtF).

In addition there are people who do not identify with either gender or who choose to identify with one gender but dress as another, either temporarily or permanently. Some of these people may identify as "non-binary".

The average age of a non-trans woman to go through menopause is 51, although many women will be later (up to 60) and it's possible to have an early menopause before the age of 45. The official definition of the menopause is 'the day when menstrual bleeds have not happened for 12 full months'. For between 4-6 years before menopause is official, the FtM can experience some common symptoms of oestrogen decline, which are; hot sweats and flushes, poor sleep caused mainly by night sweats, emotional fragility, chaotic periods. These symptoms will continue after the official menopause and others may show up. Some of these symptoms cause mild to moderate disruption and for some FtM they are sufficiently chaotic to make her give up work.

The current advice for any man or woman is to live as the gender they choose for at least 12 months before beginning to use hormones or considering surgery. Obviously, the decision to live in and to become the opposite gender is a difficult one for many and not rushed into.

There are varying degrees of transition and little information about the long-term effects of a trans man (FtM) taking the male hormone testosterone at a dose necessary to create masculine features.

Due to the cost and scarcity of gender re-assignment surgery and doctors available to achieve it, many trans men will live with their uterus and ovaries in place. This will mean that symptoms of the menopause will begin to be felt in his early forties through to his late fifties. Therefore, because it is true that every person has a unique response to menopause it's impossible to say which symptom will cause the most discomfort or inconvenience. Although I can list the known symptoms, the severity of discomfort caused by each symptom will be different for everyone.

MYTHS AROUND TRANSGENDER AND THE MENOPAUSE

To stop the monthly bleed of menstruation, a trans man will probably need progesterone either orally for half of every month, or within a coil which is inserted to the uterus. There are progesterone creams available on the market but these are at best not effective, and at worst contain unknown ingredients which could cause harm. It is best to speak to your doctor for a prescription of a safe and effective progesterone.

When a trans man has the uterus and ovaries removed as part of transition, he will almost immediately go into surgical menopause and might be advised to begin taking very low level oestrogen and testosterone at levels regulated by a doctor. Those levels will fluctuate as time goes by, firstly to manage the symptoms which are a part of female menopause, and secondly to regulate the long-term dose as the trans man (FtM) ages.

Of course, he might choose to go cold turkey on the symptoms and just use testosterone to create more masculine characteristics. Although effects of taking testosterone will vary, this therapy can create beard and body hair growth, development of male pattern baldness, greater muscle mass, slight increase in the size of the clitoris, heightened libido, increased muscle bulk, deepening of the voice, possible cessation of periods if you are pre-menopausal, development of acne. Testosterone can also create a more aggressive personality.

Using testosterone therapy will not reduce the size of breasts, so chest reconstruction surgery is available. This will remove breast tissue, change the appearance of nipples, and create a more masculine chest shape. It's also possible to create a penis, and to construct a scrotum with testicular implants.

As part of managing the symptoms of menopause in a natural way (without supplements or a prescription) there's strong advice for a trans man (FtM) to stay fit, active and to eat healthily. Alcohol, meat, spicy foods, fizzy soft drinks, and caffeine are all triggers to hot flushes and night sweats. Exercise is known to relieve emotional symptoms such as brain fog, loss of confidence, lethargy, and memory loss. Any exercise which involves impact of the long bones in the legs is good for prevention of osteoporosis and swimming or stretching exercises will help maintain good joint health and ease aching lower back and hips.

MYTHS AROUND TRANSGENDER AND THE MENOPAUSE

A trans woman (those who identify as female, but were assigned male at birthMtF) will possibly be taking oestrogen in order to create a more rounded and feminine physical appearance. This will also make the voice higher pitched. For a MtF undertaking hormone therapy they will usually remain on this for life, and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).

Trans people report that for those with unstable hormone levels, access to local services that responsively and proactively monitor and manage hormone levels is currently lacking. As such, many trans people are likely to experience at least some level of menopausal symptoms. How a trans person experiences symptoms in later life may vary, depending on the age at which they transitioned and when in time that was, because treatments have changed and developed over time.

Non-binary and intersex persons may also experience menopausal symptoms, unfortunately there is currently a lack of information about the experiences of these groups during the menopause.

If a trans, non-binary or intersex person experiences discrimination or harassment in the workplace, this may cause increased stress which may worsen some menopausal symptoms. Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent TUC survey of LGBT+ workers found that almost half of trans people (48 per cent) have experienced bullying or harassment at work.

Some people are reluctant to disclose their trans status, and as a result they may put themselves at a disadvantage within the workplace. Several of the symptoms of menopause can be problematic at work, especially for the FtM, including those which can disturb mental health and chaotic menstrual bleeding. Your workplace might already have policies in place, or your Health & Wellness Champion might have posted the support available within your workplace on the company intranet.

In the UK your doctor can refer you to an NHS Gender Dysphoria Clinic (GDC). These clinics offer expert support and help, as well as assessment and diagnosis, for people with gender variance.

For more information around the female menopause buy my book at

<https://www.amazon.co.uk/Menopause-Unzipped-How-emerge-goddess/dp/B088N2DL1K/>

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Discover the answers to all your questions around menopause and beyond within my book Menopause Unzipped, how to emerge as a goddess at www.menopauseunzipped.com