

Increased Mortality Rates Due to Suicide

Design: A cohort study with a median follow-up of 18.5 years at a university gender clinic.

Methods: Mortality data and the standardized mortality rate were compared with the general population in 966 male-to-female (MtF) and 365 female-to-male (FtM) transsexuals, who started cross-sex hormones before July 1, 1997. Follow-up was at least 1 year. MtF transsexuals received treatment with different high-dose estrogen regimens and cyproterone acetate 100 mg/day. FtM transsexuals received parenteral/oral testosterone esters or testosterone gel. After surgical sex reassignment, hormonal treatment was continued with lower doses.

Results: In the MtF group, total mortality was 51% higher than in the general population, mainly from increased mortality rates due to suicide, acquired immunodeficiency syndrome, cardiovascular disease, drug abuse, and unknown cause. No increase was observed in total cancer mortality, but lung and hematological cancer mortality rates were elevated. Current, but not past ethinyl-estradiol use was associated with an independent threefold increased risk of cardiovascular death. In FtM transsexuals, total mortality and cause-specific mortality were not significantly different from those of the general population.

[Asscheman, A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones. \(2011\)](#)

My note: As a generalization, the longer the follow-up on transitioned individuals, the greater the risks and worse the outcomes. This is recognized in the literature, but only rarely by trans-advocates.