



Written by [Michael Tennant](#) on March 1, 2023

Study: Taking Cross-sex Hormones Carries “Substantial” Risk of Heart Attack or Stroke

Individuals taking cross-sex hormones to relieve their gender dysphoria have “a substantially increased risk of serious cardiac events, including stroke, heart attack, and pulmonary embolism,” according to a new American College of Cardiology (ACC) study.

As the transgenderism phenomenon has exploded, doctors have been prescribing hormone therapy for patients who claim to have a “gender identity” that differs from the sex embedded in their genes. An ACC [press release](#) describing the study notes that “recent data suggest about 1 million to 1.6 million people identify as transgender in the U.S. and that hormone therapy use is rising rapidly, especially among teens and young adults.” A Komodo Health Inc. study found that the number of American children diagnosed with gender dysphoria [tripled](#) between 2017 and 2021, during which time over 14,000 kids were given cross-sex hormones.

Despite this, there have been few studies examining the risks of these treatments. The ACC claims its study of more than 21,000 patients with gender dysphoria, 1,675 of whom had used some type of hormone-replacement therapy, is “the largest to date examining the cardiovascular risks of gender affirmation therapy.” (The group also uses the term “sex assigned at birth,” so it can hardly be dismissed as anti-trans.)

The ACC summarizes its findings thus:

In the study, people with gender dysphoria who had ever used hormone replacements saw nearly seven times the risk of ischemic stroke (a blockage in a vessel supplying blood to the brain), nearly six times the risk of ST elevation myocardial infarction (the most serious type of heart attack) and nearly five times the risk of pulmonary embolism (a blockage in an artery in the lung), compared with people with gender dysphoria who had never used hormone replacements. Hormone replacement therapy was not associated with any increase in deaths from any cause or with increased rates of atrial fibrillation, diabetes, hypertension, hemorrhagic stroke or heart failure.

“It’s all about risks and benefits,” said lead author Ibrahim Ahmed, M.D., a third-year resident at Mercy



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Catholic Medical Center in Darby, Pa. “Starting transitioning is a big part of a person’s life and helping them feel more themselves, but hormone replacement therapy also has a lot of side effects — it’s not a risk-free endeavor.”

It should hardly come as a surprise that dramatic alterations to the body’s chemistry can be dangerous. The ACC points out that “long-term hormone replacement therapy” in other populations, such as menopausal women, “has been associated with an increased risk of breast cancer, stroke and blood clots.” Furthermore, reports [LifeSiteNews](#):

An American Academy of Pediatrics executive admitted during a meeting last year that children who receive puberty blockers and cross sex hormones “probably will be infertile.” Last month [January], a study examining the impact of these hormones on the mental [health] of teenagers found that the “most common adverse event was suicidal ideation.” Two of the study’s participants killed themselves.

Given that sex hormones are known to increase blood-clotting activity, it’s not difficult to imagine why giving patients massive doses of these hormones — and the wrong hormones for their bodies, to boot — could lead to cardiovascular complications.

The ACC study also found “higher rates of substance use disorder and hypothyroidism” among hormone-replacement patients.

“Looking at a person’s medical and family history should definitely be part of the screening protocol before they even start hormone replacement therapy,” Ahmed said. “It is also important that people considering this therapy are made aware of all the risks.”

Good luck with that. With the medical establishment, the media, government, and other powerful institutions pushing the trans agenda, what physician would dare invite the firestorm that would surely ensue if he offered even the tiniest bit of information suggesting that trying to convert oneself to the opposite sex carries some risk? It could easily mean career suicide.

Ahmed and the ACC, therefore, deserve credit first for posing the question of risk, and then for following the evidence where it led them. What’s more, they don’t appear inclined to drop the subject. “Researchers,” reads the press release, “said it will be important to continue to study potential long-term cardiovascular and other health effects of gender affirmation therapies as the use of these therapies become [sic] more common.”



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