



Obesity, Hormone Therapy and Cardiovascular Outcomes in Transgender Adults

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DESCRIPTION

Cardiovascular health is a significant concern for individuals across all demographics and the risks associated with obesity are well-documented. However, the intersection of obesity, gender identity and cardiovascular outcomes, particularly among transgender adults, remains under-explored. As transgender individuals often experience unique healthcare challenges and are subjected to specific risk factors related to both their gender-affirming treatments and lifestyle, understanding how these factors influence the prevalence of cardiovascular events is essential. This article explores the prevalence of cardiovascular events among transgender adults with obesity, exploring into the contributing factors, the impact of gender-affirming treatments and the implications for healthcare management in this population.

Obesity is one of the most prominent risk factors for Cardiovascular Disease (CVD), contributing to conditions such as hypertension, diabetes and dyslipidemia, which elevate the likelihood of experiencing events such as heart attacks and strokes. Among transgender adults, obesity rates tend to be higher than the general population, potentially due to a combination of societal, psychological and medical factors. The stress of gender dysphoria, barriers to healthcare and limited access to culturally competent healthcare providers all contribute to challenges in managing weight and overall health for transgender individuals.

The prevalence of cardiovascular events in transgender adults with obesity can be associated to multiple overlapping factors. First, obesity itself increases the strain on the heart and blood vessels, promoting inflammation and leading to atherosclerosis, a condition where the arteries harden and narrow. The added strain from excessive body weight on the cardiovascular system predisposes individuals to a higher risk of heart disease, heart failure and sudden cardiac events. In transgender adults, this risk is compounded by the challenges that come with obesity, such as reduced mobility and limited access to preventive care.

Secondly, transgender individuals frequently face psychosocial stressors that exacerbate their health risks. Discrimination, social stigma and marginalization often lead to higher rates of mental health issues such as depression and anxiety within the transgender community. Studies have shown that chronic stress, particularly related to experiences of discrimination and minority stress, can contribute to poorer cardiovascular outcomes. When combined with obesity, these stressors create a vicious cycle of mental and physical health decline that increases the risk of cardiovascular events.

One of the most significant contributors to cardiovascular health in transgender adults is the use of Gender-Affirming Hormone Therapy (GAHT). GAHT is a cornerstone of medical care for many transgender individuals, helping align physical characteristics with gender identity. However, the long-term use of estrogen in transfeminine individuals (assigned male at birth but identifying as female) and testosterone in transmasculine individuals (assigned female at birth but identifying as male) has implications for cardiovascular health.

For transfeminine individuals, estrogen therapy is associated with changes in lipid profiles, which may increase cardiovascular risk. Estrogen can raise levels of triglycerides and sometimes lower beneficial High-Density Lipoprotein (HDL) cholesterol, while also potentially increasing pro-thrombotic activity (blood clotting), which poses risks for cardiovascular events such as strokes and deep vein thrombosis.

CONCLUSION

In conclusion, the prevalence of cardiovascular events among transgender adults with obesity is influenced by a complex interplay of factors, including the direct effects of obesity, the impact of gender-affirming hormone therapy and the psychosocial stressors that many transgender individuals face. Population-based analyses, such as those provided by national health databases, are essential for understanding the scope of this issue and developing targeted interventions to improve

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cardiovascular outcomes for transgender individuals. As the transgender population continues to grow and healthcare providers become more attuned to their specific needs,

addressing the cardiovascular risks associated with obesity will be critical in ensuring the long-term health and well-being of transgender adults.