Twitter Thread by Kirsti Miller



Kirsti Miller
@KirstiMiller30

There is no other story that incites more hate then a story about a transgender person participating in sport, with the exception of stories relating to transgender bathroom use or in President Trumps World his hate for transgender people serving in the military.

1-

Let’s remove the words transgender, Laurel, Hannah or Mack Beggs out of the conversation for a minute and let’s look at some of the medical consequences that occur when an XY male suffers low levels of testosterone.

2-

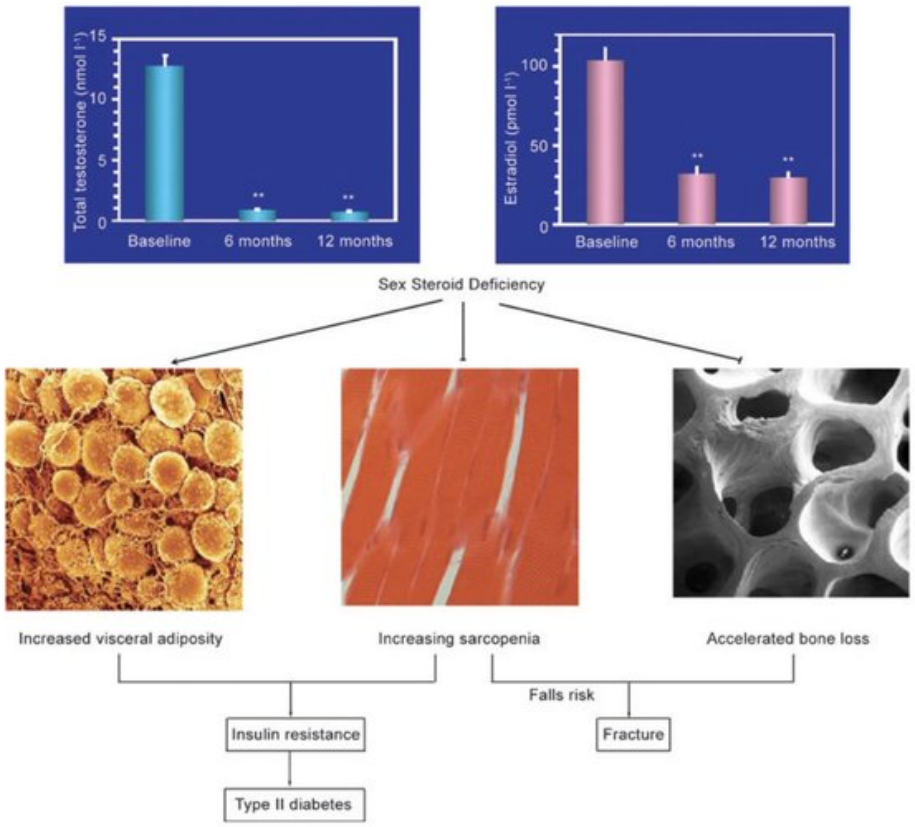
Mail 4G 3:15 am 35%
ncbi.nlm.nih.gov

eral content. Body composition changes in

doi: 10.1038/aja.2011.104

▶ Copyright/License Request permission to reuse

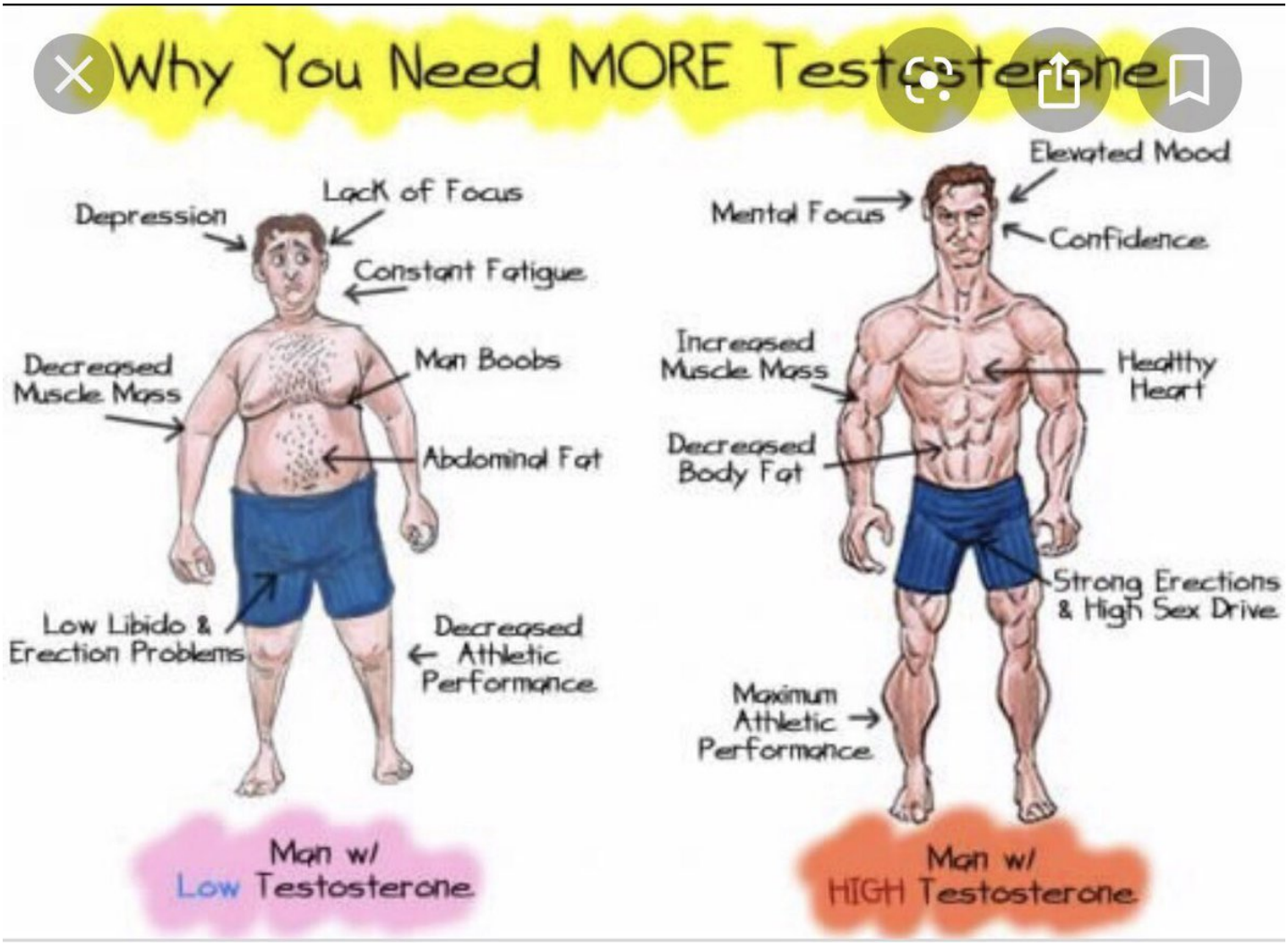
Figure 1



Consequences of androgen deprivation therapy (Courtesy of Mathis Grossmann, MD, University of Melbourne).

composition. The effects of ADT on bone are

When a man has low testosterone, or hypogonadism, he may experience:
-Reduced sex drive
-Erectile dysfunction
-Low sperm count
-Enlarged or swollen breast tissue
3-



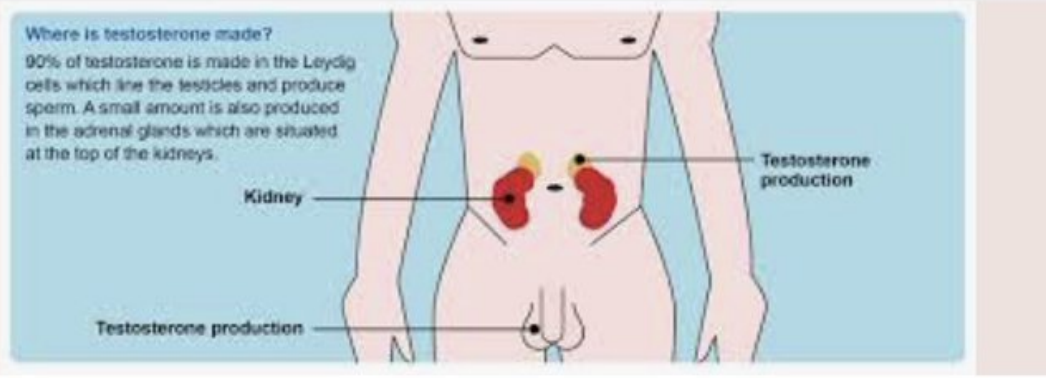
Over time, these symptoms may develop in the following ways:
-Loss of body hair
-Loss of muscle bulk
-Loss of strength
-Increased body fat
Chronic, or ongoing, low testosterone may lead to osteoporosis, mood swings, reduced energy, and testicular shrinkage.
4-

None of these medical consequences are performance enhancing. No castrated XY male has ever broken a world record or even competed at the elite level of sports.
5-

Telstra #StaySafe 4G 8:51 pm 15%

testosterone levels after bilat.

All Images Maps News Videos Shoppi



After bilateral orchidectomy, the body will not be able to produce sperm and only very low **levels** of **testosterone** will be made from the adrenal glands.

orchid-cancer.org.uk › testosterone-...

Testosterone Replacement - Orchid

About Featured Snippets Feedback

People also ask

Does an orchiectomy affect testosterone?

How long does it take for testosterone levels to recover?

The medications administered to transitioning XY females are powerful drugs the same drugs used to chemically castrate sex offenders the same drugs used to chemically castrate prostate cancer sufferers.
6-

A male in this health condition is able to be granted a therapeutic use exemption (TUE) for T to bring his T levels up to the same level as his same sex competitors but this is not allowed for surgically transitioned women they are forced to compete unhealthy.
7-

Telstra Wi-Fi Call 3:41 am 64%
wada-ama.org

This Guideline is reviewed annually to determine whether revisions to the Prohibited List or new medical practices or standards warrant revisions to the document. If no changes are deemed warranted in the course of this annual review, the existing version remains in force.

regimen. A buccal testosterone tablet and nasal spray administered twice daily are also available

3. Testosterone may be administered by oral preparation testosterone undecanoate in 40 mg capsules, usually twice or thrice daily with meals. 17α-methyl testosterone is hepatotoxic and should not be used due to potential liver toxicity

4. Human Chorionic Gonadotropin (hCG) may be used in doses of 1000-2000 IU IM 2-3 times per week for those individuals requesting fertility. Higher doses may be needed in some men in order to maintain physiological testosterone levels and induction of spermatogenesis and fertility. FSH, if required, is not a prohibited substance.

C. Monitoring dosage

The dosage and frequency are to be determined by the prescribing endocrinologist utilizing standard replacement dosage regimens. The dosage should be monitored with mid-interval (midway between two successive injections) or trough (at the time of next scheduled injection) serum testosterone levels for injectable testosterone. The testosterone product, dosage and timing of the previous treatment with injectable testosterone products must be recorded and submitted for annual review or for dosage changes. Transdermal testosterone patches, gels, creams or solutions can be monitored by serum testosterone levels at any time. HCG should be monitored with trough serum testosterone levels. The dosage and timing of treatments with hCG must be recorded and submitted for annual review or for dosage changes. Any change in product, dosage or treatment schedule of testosterone or hCG should be approved by ADO.

D. Duration of treatment

The duration of treatment may be lifelong but annual review of evidence of well-controlled therapy must be submitted. The evidence submitted must include medication logs, injection logs and pharmacy records, dosage and timing of treatments as well as regular testing of serum testosterone levels.

4. Other Non-Prohibited Alternative Treatments

If the diagnosis is confirmed, there is not a non-prohibited substance alternative treatment.

5. Consequences to Health if Treatment is Withheld

Underdeveloped genitals (if before puberty), muscle weakness, osteoporosis, diminished libido, sexual dysfunction (impotence or erectile dysfunction), infertility.

This Guideline is reviewed annually to determine whether revisions to the Prohibited List or new medical practices or standards warrant revisions to the document. If no changes are deemed warranted in the course of this annual review, the existing version remains in force.

WORLD ANTI-DOPING AGENCY

OPEN IN...
12

This treatment changed my body from a 100kg dual int male athletes body into a 57kg size 6 transitioned woman's body with my body suffering permanent severe post menopausal symptoms including complete muscle atrophy & over 200 medical complications in my body.
8-

The Xy transitioned female are the only athletes in the world that can medically illustrate, physiologically, how the body breaks down over time and what happens to the human physiology when testosterone values get down to a certain level or is removed, and the..
9-

body is no longer able to generate any hormones. For all other athletes that have been discussed in this space, their testosterone levels are their 'normal', and they are healthy.

10-

The maintenance of endogenous testosterone levels is essential to basic health in both men and women. An XY male who transitions to XY female has had their major source of endogenous testosterone (the testicles) taken away, ...11-

so needs to take synthetic testosterone in order to maintain basic health.

12-
https://t.co/EOH5dSHrxI

At this point, it is important to point out that testosterone is not exclusively a male hormone. It is produced by both males and females in the testicles and ovaries (& also in the adrenal glands), ...
13-

however XY chromosome bodies need to produce it in higher quantities 6 to 10 times as they have XY androgen receptors.

14-

XX androgen receptors are highly sensitive to testosterone, requiring much less testosterone to equate the same level of health. However, both male and female elite athletes also produce testosterone in higher quantities than the 'normal' population,
15-

and there is also a significant amount of overlap between testosterone levels in male and female elite athletes.
16-

https://t.co/V9Ggi6cJVH

The assumption is that the @iocmedia / @wada_ama did research to support their current policies to regulate sport. It is untrue. No work was ever done. If the IOC did the work in the first place, one this would be acknowledged.
17-

@wada allows men diagnosed with low testosterone to apply for an exemption to take synthetic testosterone, an otherwise banned substance, because they have a medical need.
18-

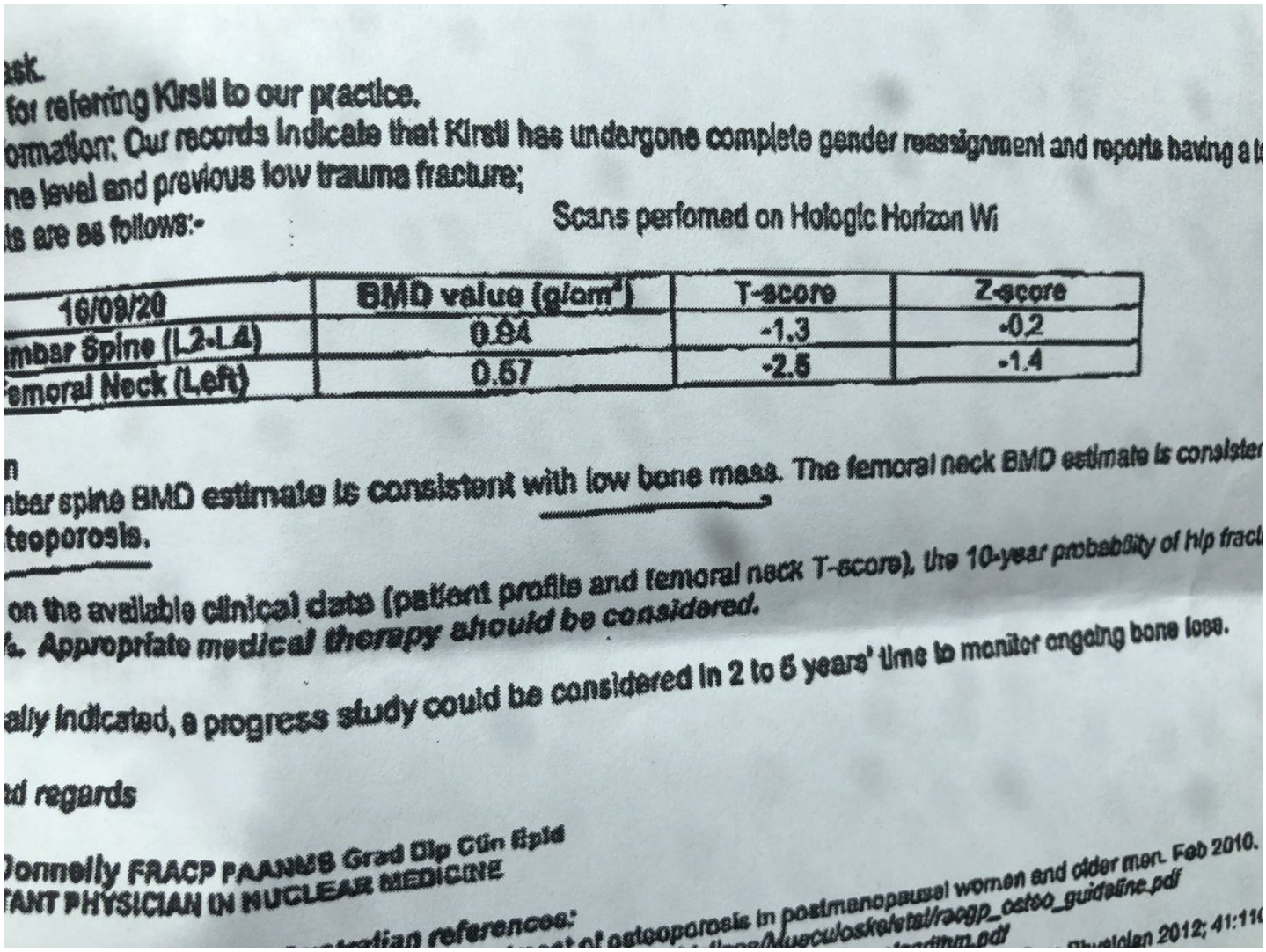
In the same document, WADA stipulates in bold font)that this exception should not be approved for females.Even if a woman's testosterone falls below a healthy limit,she isnot granted the same opportunity as a man to raise it to levels commensurate with her samesex competitors.19-

Trans male athletes who transition from female to male,however, can compete hormonally unfettered. In fact, @wada_ama maintains that the use of synthetic testosterone"is essential for completion of the anatomical and psychological transition process in female-to-male athletes.20-

In a separate document, WADA incorrectly insists that there is no known indication for testosterone supplementation in transgender female athletes.
21-

testosterone is not just about performance enhancement, but also about one's health and wellbeing. This is the crux of what was learnt in the case of Kristen Worley...
22-

& this is what has damaged my health making sport at any level impossible.
End
https://t.co/LYBdYW1KCV



ask.
for referring Kirsti to our practice.
ormation: Our records indicate that Kirsti has undergone complete gender reassignment and reports having a l
ne level and previous low trauma fracture;
ts are as follows:- Scans performed on Hologic Horizon Wi

16/09/20	BMD value (g/cm²)	T-score	Z-score
umbar Spine (L2-L4)	0.94	-1.3	-0.2
Femoral Neck (Left)	0.67	-2.5	-1.4

n
mbar spine BMD estimate is consistent with low bone mass. The femoral neck BMD estimate is consiste
steoporosis.

on the available clinical data (patient profile and femoral neck T-score), the 10-year probability of hip fract
t. Appropriate medical therapy should be considered.

ally indicated, a progress study could be considered in 2 to 5 years' time to monitor ongoing bone loss.

st regards

Donnelly FRACP FAANMS Grad Dip Clin Epid
TANT PHYSICIAN IN NUCLEAR MEDICINE

ustralian references:
ment of osteoporosis in postmenopausal women and older men. Feb 2010.
/Musculoskeletal/racgp_osteo_guideline.pdf
/algorithm.pdf
Physician 2012; 41:11

@threadreaderapp please unroll