

Testosterone

Some trans and gender-diverse people, presumed female at birth, may use hormone therapy to affirm their gender. This consists of testosterone given by injection, cream, or gel, which increases a person's blood testosterone levels, typically to the cisgender male range. Some people choose to go on a lower dose of testosterone to achieve slower or partial changes.

Ultimately, the decisions about testosterone formulation and dosage should be made between the trans person and their treating doctor and take into consideration gender-affirmation goals, possible barriers, medical history and potential risks of treatment. Sometimes trial and error may be needed to find the testosterone formulation that works best for you. For health advice catered to your specific circumstances, speak with your doctor.



CONTENT WARNING

This flyer contains references to genitalia, menstruation (periods), and sexual health. When referring to specific parts of the body, we use anatomical/medical terms.

Not all people want the same changes from using testosterone and not all bodies will respond the same to hormone therapy. All of the body changes described in this flyer are typical but not universal.

TYPES OF TESTOSTERONE

Reandron is an intramuscular injection typically administered every 10 – 12 weeks to the buttock by a doctor or nurse. Some people may require more frequent injections (i.e. 8 weekly) whereas others need less frequent injections (i.e. 20 weekly). While the injections can be painful, Reandron is a popular choice given that besides a handful of injection appointments each year, it requires little thought or effort.

2-4 weekly injections (**Primoteston** or **Sustanon**). These are usually able to be self-administered in the thigh but require more frequent injections.

Daily gel in a pump pack (**Testogel** or **Testavan**). These are alcohol-based gels (similar to hand sanitiser) applied to the skin daily. The pump pack makes it easy to provide low doses.

Daily testosterone cream (**Androforte**). This comes in a tube and the amount to apply to the skin daily is measured with a syringe. Some people apply this to the torso, whilst others may apply it to the genital region. It is also easy to provide low doses.



Changes differ from person to person, depending on the dose and the individual. Lower doses of testosterone and lower levels of testosterone will likely impact the rate of changes, and whether some changes occur at all.

Many people experience mood changes which will initially fluctuate with testosterone levels between dosages. Some changes are permanent and can't be reversed, even after stopping testosterone therapy. Facial hair, body hair, any balding, deepened voice, and enlargement of clitoral tissue will be permanent. Fat and muscle changes tend to reverse if testosterone is stopped.

A typical timeline for someone on a full dose of testosterone is as follows.

CHANGES AFTER 1-3 MONTHS

- Decreased oestrogen in the body.
- Increased sex drive.
- Genital dryness.
- Clitoral growth, typically 1-3cm. This is often called bottom growth.
- Increased growth, coarseness, and thickness of body hair.
- Oiler skin and increased acne.
- Increased muscle mass and upper body strength.
- Redistribution of body fat to the waist, less around the hips. Increased sweating and changes to body odour.
- Mood changes may occur.

CHANGES AFTER 1-6 MONTHS

- Menstrual periods may stop. For those with continued break-through periods, options for stopping bleeding may include increasing testosterone levels and progestin-based medications which can be administered orally or via intrauterine device.

CHANGES AFTER 3-6 MONTHS

- Voice starts to crack and lower. This is irreversible, and can keep lowering for over a year.

CHANGES AFTER 1 YEAR ONWARDS

- Gradual growth of facial hair. Possible balding.
- Full deepening of voice.

Learn more about possible changes here:



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While a majority of people use a typical dose (or 'full' dose) of testosterone, our research indicates about one in ten people use a lower dose or intermittently use testosterone. These approaches are what are sometimes referred to as micro-dosing.

Lower doses and intermittent testosterone use typically result in lower testosterone levels than the full dose, and although there will be body changes, they will occur at a slower rate. A lower dose and lower blood levels are often not effective at producing some changes, such as suppression of menstrual periods.

FERTILITY AND CONTRACEPTION

Taking testosterone at full dose will typically stop menstrual periods and may (but not always) stop ovulation. Contraception is highly recommended for anyone having sex with people who produce sperm.

When testosterone therapy is stopped, periods and ovulation typically resume for people who are younger than menopausal age.

Some people pause testosterone therapy to carry a pregnancy. Others prefer to store eggs/oocytes for future IVF before starting testosterone. Egg storage typically involves inducing ovulation with high doses of pregnancy hormones, and is undertaken in specialist fertility centres. There are additional costs for egg storage.

ARE THERE ANY HEALTH RISKS OR SIDE EFFECTS OF TESTOSTERONE THERAPY?

Some possible side effects include acne, balding, pelvic pain, polycythaemia (more red blood cells in the blood), and a probable higher risk of heart attack compared to cisgender women.

It is unclear whether hormone therapy increases the risk of cancer, but anyone with a cervix should have regular cervical screening as per current guidelines and anyone with breasts should have mammograms every 2 years from the age of 50 – 74. We are learning more about the side-effects of hormone therapy, so there may be new understanding over time.

It is important for all people to reduce their risk of heart disease by maintaining a healthy diet, engaging in exercise, not smoking, and monitoring blood pressure, glucose, and cholesterol.

For health advice catered to your specific circumstances, speak with your doctor.

Learn more about genital changes, pelvic pain, and other side effects here:



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