

Masculinising hormones – Testosterone

Testosterone is commonly used for gender transition.

Testosterone comes in several formulations including injections, gels and creams.

Testosterone can create masculinising effects including increased muscle bulk, changes in body fat distribution, deeper voice and facial hair.

Testosterone medication is generally safe when prescribed under medical supervision.

It's important to have regular check ups and blood tests when taking hormones.

It is important to quit smoking if you take Testosterone.

Expected effects of testosterone

Within a few weeks..

Lower growth (increase in clitoris size), increased libido (sex drive), oily skin, feeling hungry, acne

Within a few months..

Facial hair and body hair growth, increased muscle bulk, body fat redistribution, deeper voice (this is permanent), cessation of periods.

Longer term..

Development of hair loss /baldness may occur (this can be permanent), reduced fertility, vaginal and breast tissue atrophy (reduction in size)

Possible side effects of testosterone

Testosterone can cause serious side effects such as blood clots and liver damage, however these side effects are rare. Some people experience mood swings on testosterone, and irritability as the dose is wearing off. Vaginal dryness or irritation is common on testosterone.

Testosterone may increase heart disease risk and cause high cholesterol, so it is important to quit smoking, eat a healthy diet, minimise alcohol intake and exercise regularly.

Which Testosterone should I use?

Most clients use 3 monthly 'reandron' injections for gender transition to male. Commonly prescribed testosterone formulations are summarised below.

Reandron injection: 3 monthly injection (6-8 weekly on initiation)

Mood generally more stable compared to fortnightly shots.

Primoteston injection: Fortnightly shots.

Testogel gel: Daily topical gel. Good option for people who want to avoid injections.

Will testosterone affect my fertility?

It's unclear whether testosterone affects fertility in the longer term. Your menstrual period will usually stop within 3-6 months of starting testosterone. After a period of time there can be atrophy of your vagina, and ovaries. Some people opt to freeze eggs prior to starting Testosterone.

This involves a procedure similar to IVF where you receive hormones, and eggs are then collected through the vagina wall and frozen for later use. However, it may be that the best place to store your eggs is in your own ovaries! If you decide to carry a pregnancy in the future you would need to stop your testosterone for several months. Many transmen have had successful pregnancies when they have stopped testosterone, some have donated eggs to a female partner. Talk to your GP for more details.

Monitoring Testosterone levels

Your GP will let you know how often to come in for a check up and blood test. Generally check ups are 3 monthly initially, and 6 monthly in the longer term.

We often aim for doses to target trough total testosterone levels in the lower end of the male reference range (10–15nmol/L)

Non binary clients may desire lower levels, speak to your GP for further advice.

Will Testosterone change my voice?

Testosterone therapy (even low dose) will cause a deeper voice, usually within 3-6 months. This is permanent, and will stay at the same level even if testosterone is ceased. Some people experience 'vocal fatigue' on testosterone, this is where the voice can become tired and croaky when used a lot for example teachers or referees .

What happens if I stop taking Testosterone?

If your body still has the capacity to produce oestrogen, you can stop testosterone at any time (if not, speak to your GP before stopping). Many of the changes are reversible. If you stop testosterone you will notice your body shape will change within a few months, with body fat returning on hips and thighs. Menstrual periods will usually return within 3-6 months.

Some of the changes are permanent and will persist even if testosterone is stopped - for example deeper voice and facial hair.

Will Testosterone make me angry?

Most trans and gender diverse people experience improved mental health when on testosterone.

Some people experience irritable mood or depression symptoms. Talk to your GP, it may be that the formulation needs changing (eg smaller doses more frequently) if you are experiencing mood changes.

Can I fall pregnant on testosterone?

Yes! Although your period will stop on Testosterone, there is still a possibility of breakthrough ovulation, which means you can fall pregnant on Testosterone. Talk to your GP about contraception options and regular sexual health check ups.

Do I need to tell my other Doctors I'm taking Testosterone?

It's important to let your treating Doctors and Specialists know about all medications you are taking. There's a risk of interactions with other medications, and confusion with blood test interpretation.

Is Testosterone expensive?

No. Most testosterone injections and gels are covered by Medicare. Generally most formulations will cost approximately \$40 per month. Some drugs may be PBS listed and the price for Health Care Card Holders significantly less. Your GP will discuss this with you.

Can I travel with testosterone?

You may need a Doctor's letter if travelling with testosterone, needles and syringes. Your GP can organise this for you.

Can I do my own injections?

We can teach you how to do your own injections. Generally it's easy to do your own fortnightly shots, but the 3 monthly shots are hard to self administer due to the volume and

thickness of the fluid. Your GP can advise you further. If you do your own shots we can provide you with needles, syringes and sharps bins at no cost.

I'm already taking Testosterone (self-medding). Will my Doctor be angry about this?

It's important to let your Doctor know about any medications you are taking. You won't be in trouble!! The GP will give you advice about whether the hormones you are taking are safe, and they can monitor levels to prevent any complications.

Do I need a mammogram?

Everyone with breasts should attend for 2 yearly mammograms from age 50y-69y. This can be organised though BREASTSCREEN – call 13 20 50. If there is a family history of breast cancer please talk to your GP about appropriate screening.

Do I need a cervical screening test (previously called "PAP smear")

Everyone with a cervix needs regular screening to prevent cervical cancer. These tests are performed every 5 years from the age of 25y. People the age of 30 years may have the option to self collect their specimen. Talk to your GP.

Where can I get more information?

Make an appointment with one of the Equinox GPs by calling us on 03 9416 2889 or booking online via our website or Facebook page.