

Masculinizing Hormone Therapy

For Adults

Southern California Transgender Care Program

Updated January 2019

Effects of Masculinizing Hormones	Expected Onset	Expected Maximum Effect
Cessation of menses	1-6 months	n/a
Skin oiliness / acne	1-6 months	1-2 years
Clitoral enlargement*	1-6 months	1-2 years
Vaginal atrophy	1-6 months	1-2 years
Body fat redistribution	1-6 months	2-5 years
Increased muscle mass / strength	6-12 months	2-5 years
Facial / body hair growth*	6-12 months	4-5 years
Deepened voice*	6-12 months	1-2 years
Male pattern hair growth / scalp baldness*	6-12 months	Variable

Timing will vary with each individual

*Changes may be irreversible even after hormones are stopped

Risks of Masculinizing Hormones	Medical Condition
Likely increased risk	Polycythemia (increased red blood cells), acne, scalp baldness, sleep apnea, weight gain
Possible increased risk	Elevated liver enzymes, abnormal lipids
Possible increased risk with other factors like age	Cardiovascular disease, high blood pressure, Type 2 diabetes, mood instability
No increased risk or inconclusive data	Breast cancer, cervical cancer, ovarian cancer, uterine cancer, loss of bone density

Risk is affected by patient's personal medical history and family history

Masculinizing Hormones

FAQ

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What is testosterone therapy?

- Hormone therapy is a type of gender-affirming medical care that some transgender, nonbinary and gender expansive people use to affirm their identity and bring about physical and emotional changes.

Do I need to take testosterone?

- For some people the changes that come with testosterone can be gender affirming and support their gender identity and expression. Other people feel that testosterone is not needed to express their gender identity.
- Hormone therapy is not required to change your legal gender marker.

How is it used?

- Some people take testosterone regularly over a lifetime, others may choose to take testosterone for a shorter period of time or intermittently under their physician's supervision.
- The type of delivery method, dose and time on hormones is an individual decision and varies based upon each person's goals and how their body responds.
- No one can predict how fast or how much change will happen for each individual. One person's experience may be very different from another's.
- Taking higher doses of testosterone than prescribed does not increase the rate of changes and may increase the risk of serious side effects and excess testosterone can be converted to estrogen.

What does testosterone do?

- It may take at least a month after beginning testosterone to notice changes, though some people may experience changes more quickly or slowly.
- It may take 2-5 years for all physical changes to take place.
- Some changes from testosterone are permanent, even if you stop taking it and other changes are not and will reverse once off the medication.

What doesn't change from testosterone?

- Chest size and shape. Testosterone may cause chest tissue to shrink slightly but there is typically no significant change.

What will testosterone do to my fertility?

- Testosterone can stop or suppress ovulation and decrease egg release
- Testosterone is NOT a reliable form of birth control and pregnancy can occur
- Testosterone should not be taken while pregnant as it can cause birth defects
- Stopping testosterone can result in ovulation/menses after 2-3 months
- There is no data currently that indicates harm to the egg or fetus with long-term use of testosterone if it is discontinued before and throughout pregnancy.
- For teens: If a puberty blocker and/or testosterone were started prior to onset of menstruation, then a period of discontinuation of blocker and/or testosterone will be needed to allow estrogen driven puberty to mature eggs for reproductive purposes.

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If I am interested in taking testosterone, what's next?

- Your provider will review both the potential benefits and risks of hormone therapy with you to help you know what changes to expect, address your concerns and answer your questions.
- Your provider will ask you about other prescription medications and substances you take including diet supplements and herbs, alcohol, nicotine, marijuana, recreational/street drugs and other hormones. Letting your provider know about everything you use to will help them take care of you safely.

How is testosterone administered and what are my options?

SUBCUTANEOUS INJECTION

- Delivered via a small needle into the fat under the skin of the stomach
- Recommended dose is typically weekly
- Can be self-administered at home or at Kaiser

INTRAMUSCULAR INJECTION

- Delivered via a longer needle into a large muscle group, usually the thigh or buttock areas
- Recommended dose is typically every 1-2 weeks
- Can be self-administered at home or at Kaiser

GEL

- Applied directly to the skin
- Usually applied daily
- Physical changes may occur more slowly than injection methods
- Self-administered at home

PATCHES

- Adhesive patch placed on any part of the body with little hair, usually the stomach, thigh or buttocks. Some people find the adhesive irritating to the skin
- Physical changes may occur more slowly than injection methods
- Self-administered at home daily

Testosterone should be kept in a safe location away from children and pregnant people

Do not share needles with anyone

Dispose of needles safely after use

Please take medication only as prescribed and discuss changes in dose, method of delivery and stopping hormones with your provider first.

Remember to follow through on necessary blood tests and appointments