

TESTOSTERONE FOR THE TRANS MAN

PRACTICAL TIPS FOR PRESCRIBING

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MASCULINISATION



Testosterone: Permanent Changes

Will happen:

- Increased facial and body hair
- Deepened voice
- Clitoromegaly (4-5cm after 1-3 yr)
- Growth spurt and closure of growth plates if given before end of puberty

May happen:

- Male pattern baldness
- Reduced fertility but possibility of unexpected pregnancy

Future Fertility

Egg retrieval

Egg freezing

IVF + Embryo
Freezing

.....\$\$\$\$ and no
guarantees



Testosterone: Reversible Changes

Increased libido

Increased appetite, weight gain,
and fluid retention.

Increased muscle mass





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Increased sweat and changes
in body odor.

Prominence of veins and
coarser skin.

Acne of the face, back, and
chest (which if severe, may
cause permanent scarring.)

Management of Acne

- Epiduo
- Doxycycline
- Referral for Roaccutane
- Testosterone dose adjustment for severe cases
- Often settles after a few years

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Emotional changes (both good and bad)

Hyperlipidaemia

Hyperglycaemia

Polycythaemia

Amenorrhoea

Vaginal dryness and itching

Headaches/Migraines

TESTOSTERONE EFFECTS

Effect	Expected Onset	Expected Maximum Effect
Skin oiliness/acne	1-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	>12 months	variable
Increased muscle mass/strength	6-12 months	2-5 years
Body fat redistribution	3-6 months	2-5 years
Cessation of menses	3-6 months	1-2 years
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	3-6 months	1-2 years
Deepened Voice	1-3 months	1-2 years

TESTOSTERONE OPTIONS

Injectable

Transdermal

(Oral)

(Implants)

TESTOSTERONE AND THE PBS

“Androgen deficiency....with established pituitary or testicular disorder”

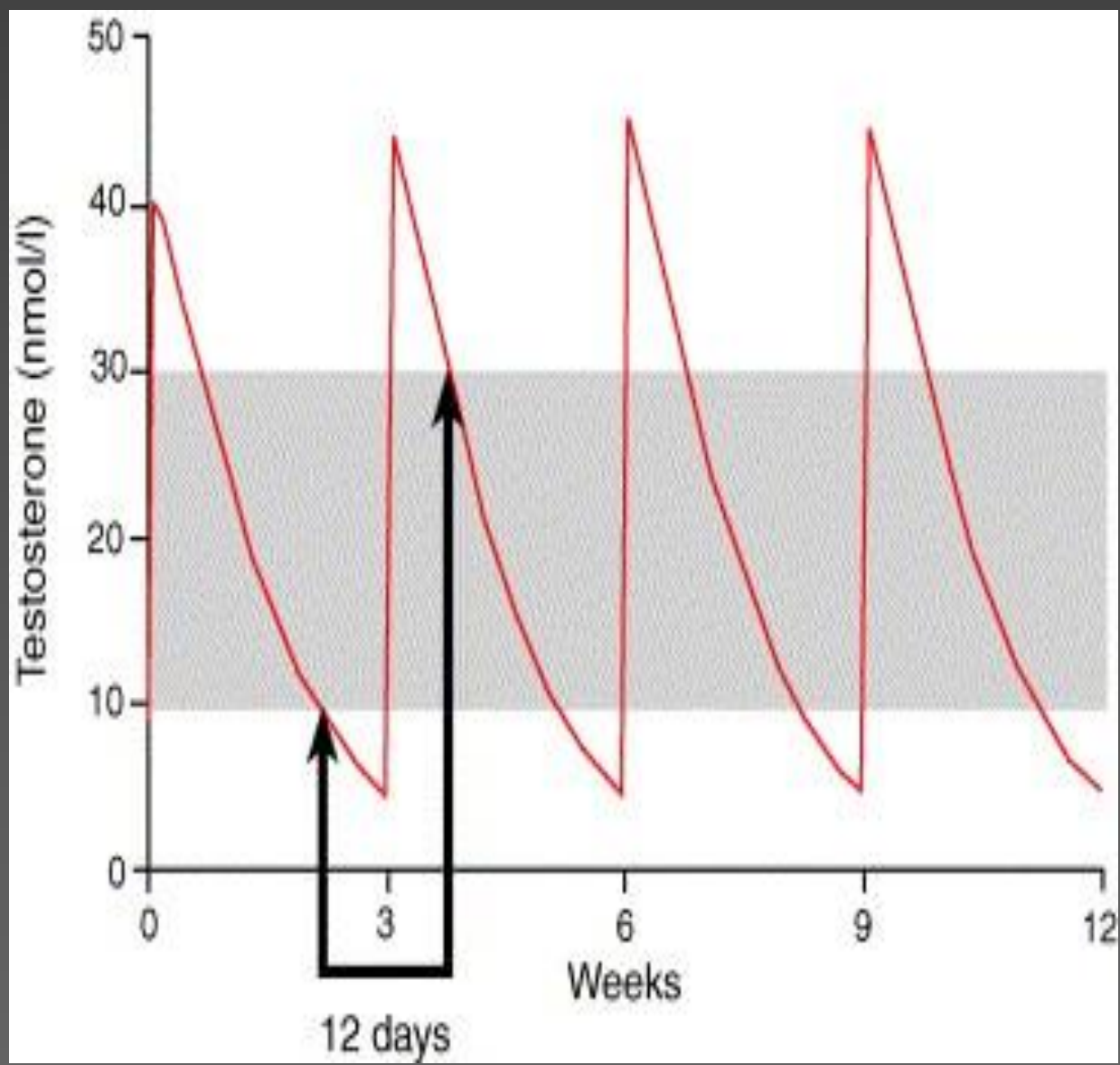
In consultation with

- endocrinologist
- sexual health physician
- urologist

TESTOSTERONE OPTIONS - INJECTABLE

Primoteston

- Testosterone enanthate
- 250mg in 1ml castor oil
- given 1-3 weekly in doses of 100 – 250mg
- peak and trough levels
- possibility of self-administration
- cheap, but no longer on PBS

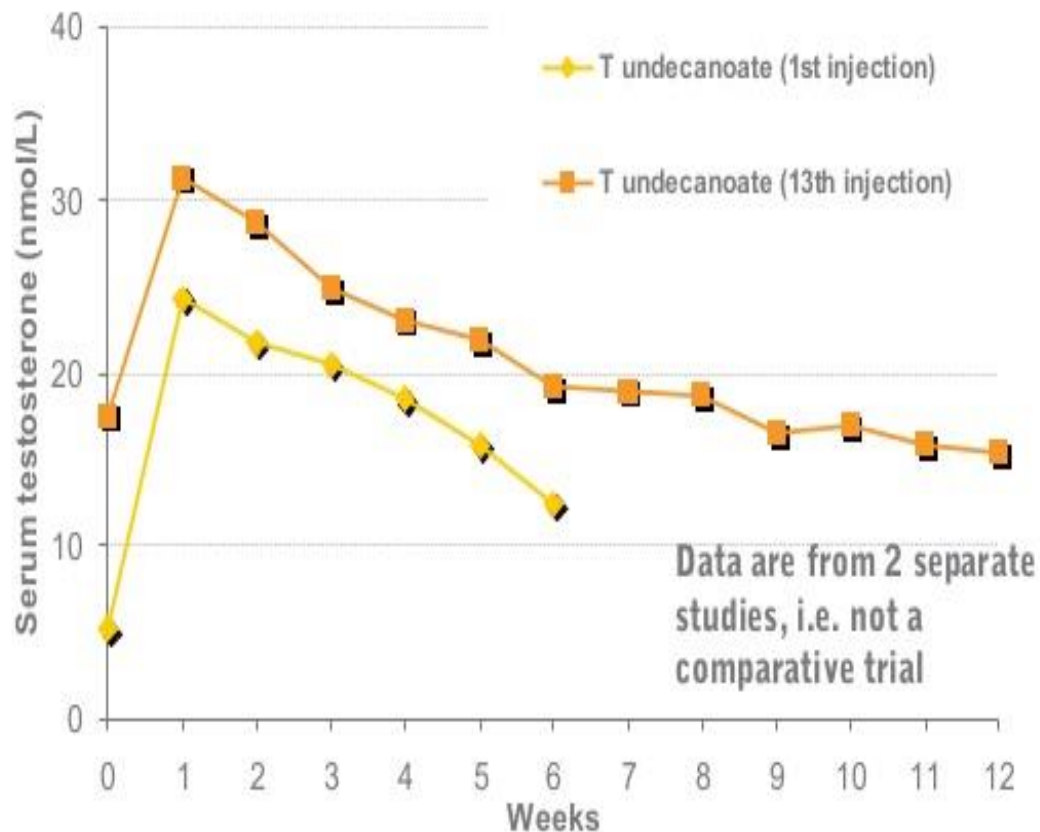


TESTOSTERONE OPTIONS - INJECTABLE

Reandron

- Testosterone undecanoate
- 1000mg in 4ml castor oil
- given 3 monthly after lead-in
- dose at 0, 6, 6-8, 8-10 weeks
- then 10-12 weekly (may be more frequent in obese patients)
- levels maintained in physiological range, avoiding peaks and troughs
- increased patient convenience with quarterly injections

► Pharmacokinetics of UK available injectable testosterone preparations: Nebido¹⁻³



1. Von Eckardstein S et al. *J Androl* 2002; 23(3):419-425.

2. Behre HM et al. *Eur J Endocrinol* 1999;140:414-419.

TRANSDERMAL TESTOSTERONE

- daily circadian profile of testosterone delivery
- daily adherence required
- not ideal for initiation due to more gradual changes (although preferred by some)
- care with transference to female partner or children

TRANSDERMAL TESTOSTERONE

Testogel

- 50mg testosterone in 5g gel, daily
- skin reactions in 4-10% of patients
- avoid washing for 6 hours

Axiron

- 30mg testosterone in 1.5ml actuation, daily
- underarm application

Androderm - patches



BASELINE TESTING

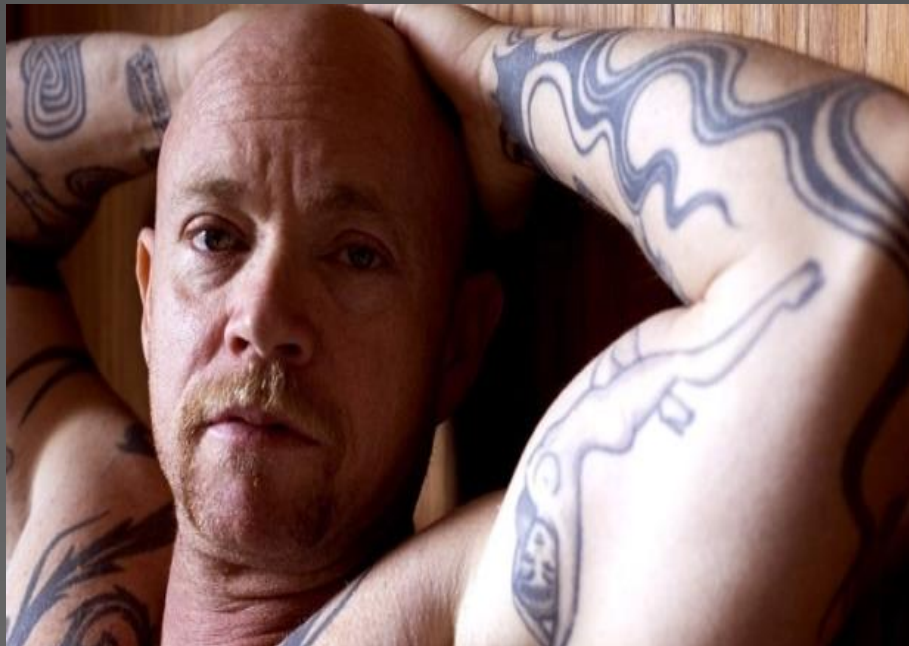
- Physical exam - BP, BMI, further exam as indicated
- Fasting lipids and BSL
- LFTs
- LH/FSH if PCOS suspected
- Pap (if indicated)

MONITORING

- Trough testosterone level in male range
- 6 mnthly E/LFTs, FBC and fasting lipids
- BP
- BMI
- Proactive management of acne

Management of Hair Loss

Embrace It!





WE SHALL
OVERCOMB

Management of Hair Loss

5-alpha-Reductase Inhibitors -
Finasteride – start early

Minoxidil

FGF5 Inhibitor (Evolis)– prolongs anagen
phase

Surgery/Transplant

Enhancing Facial Hair



Enhancing Facial Hair

Minoxidil 5% topical can be applied to the face to accelerate the transformation of vellus hair to terminal hair.

This accelerates facial hair development. It takes approx 6 months to see significant benefit and should generally be avoided until month 3

Look for fuzzy vellus hairs on the face before prescribing.

Testosterone and the Vagina

Testosterone causes vaginal atrophy and decreased secretions

--> can lead to general discomfort and difficulty with penetrative sex

Mx – lubricants, topical oestrogen

PAPS MATTER FOR TRANS MEN



If you've ever been sexually victimized (in any way) and have a steady, permanent vagina Paps, Check it Out Guys is here to help. Check it Out Guys is a free, confidential, and safe online service to help trans men get the support they need.



checkitoutguys.ca

Pap smears can be poor quality
or show atypia on cytology

Mx - 2 weeks of topical
oestrogen prior to test

(Shouldn't affect HPV testing)

Annotate your path form to
avoid a call from the confused
pathologist!

PV bleeding is not unusual early on in transition, but unexpected bleeding later on must always be investigated

Don't forget possibility of pregnancy

T is not a fail-safe contraceptive -
adequate birth control may be
required

“Oestrogen Blockers”

Potential use for management of breakthrough periods

Use not recommended in guidelines

Potential side effects

“Oestrogen Blockers”

Aromatase inhibitors (off-label use)

- testosterone → oestradiol
- androstenedione → oestrone
- aromatase highly expressed in adipocytes – AIs may be of benefit in obese patients
- 3rd generation most potent, selective, least toxic - anastrozole (Arimidex), letrozole
- S/E – menopause-like symptoms
- usually ↑ testosterone, haematocrit

SERMs

- tamoxifen
- agonist in endometrium – may worsen uterine bleeding

GT

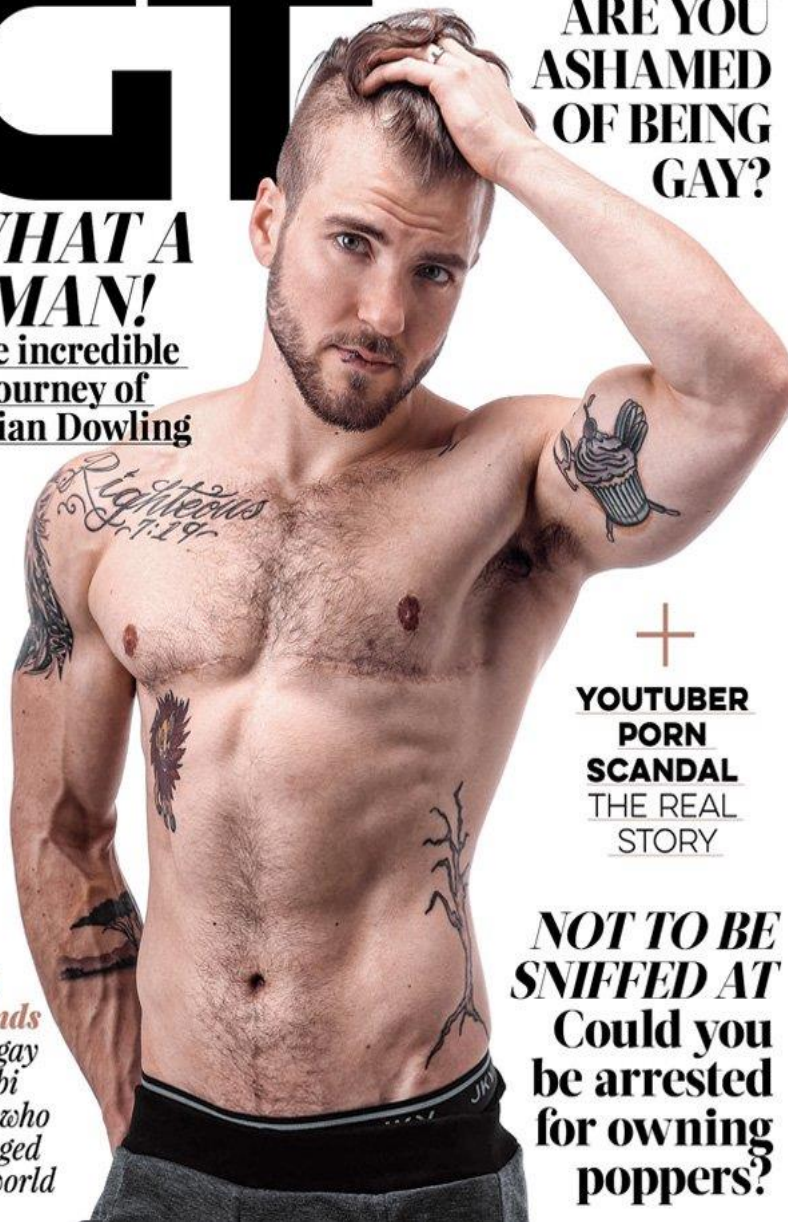
SHAME GAME
ARE YOU
ASHAMED
OF BEING
GAY?

WHAT A
MAN!

The incredible
journey of
Aydian Dowling

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03
THE ORIGINAL GAY MAGAZINE
ISSUE 2019 OF £4.95

Lost
legends
The gay
and bi
men who
changed
the world



+

YOUTUBER
PORN
SCANDAL
THE REAL
STORY

NOT TO BE
SNIFFED AT
Could you
be arrested
for owning
poppers?

CONTRACEPTION AND SEXUAL HEALTH

Many trans men have sex with women,
including trans women

Some trans men have sex with men, including
trans men

Sexual orientation may change over time

Your patient may not volunteer information

Assumptions are dangerous!

STI SCREENING

- Sexual history
- “do you have sex with someone who has a penis, and do you have penetrative sex? Where do they put their penis during sex?”
- PIV or “front hole” sex, sharing of sex toys
- Condom use?
- HIV risk should be discussed if having condomless sex with cis MSM

STI SCREENING

- Urine NAAT for Chlamydia/gonorrhoea
- HVS or ECS
- rectal/throat swabs
- Serology for syphilis and BBV (HIV, Hep B, Hep C)
- Consider PrEP if at risk of HIV acquisition

PrEP

Pre-exposure prophylaxis prevents HIV transmission

Trans men and women who have sexual partners who fall into risk groups should be considered for PrEP

Eligible for QPrEP demonstration study

May soon be available on PBS

TESTOSTERONE AND PREGNANCY

Testosterone is not a reliable contraceptive

Testosterone is a teratogen and may cause foetal harm, excessive virilization



**KEEP
CALM
AND
FINGERS
CROSSED**

CONTRACEPTION OPTIONS

Condoms

Long acting reversible contraceptives

- Implanon
- Mirena
- Copper IUCD

Oophorectomy and/or Hysterectomy

Emergency Contraception

- Ella One (ulipristal) – within 5 days
- Postinor (levonorgestrel) – within 3 days
- IUD (within 5 days)

Long-term Health Management

- ◆ routine health screening as per age and guidelines
- ◆ remember the anatomy - uterus, cervix, ovaries, breast tissue
- ◆ ongoing monitoring of hormone effectiveness and management of adverse events

Cancer Screening

Breast	Chest wall exam
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Cervical	Pap smears if history indicated
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Ovarian/ Uterine	Consider Family History Screen for PCOS Evaluate unexplained uterine bleeding
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Osteoporosis Screening

On T >5-10yr,
no
oophorectomy

Consider bone density screening if age
50+, earlier if additional risk factors

Ca++/Vit D

Post-
oophorectomy

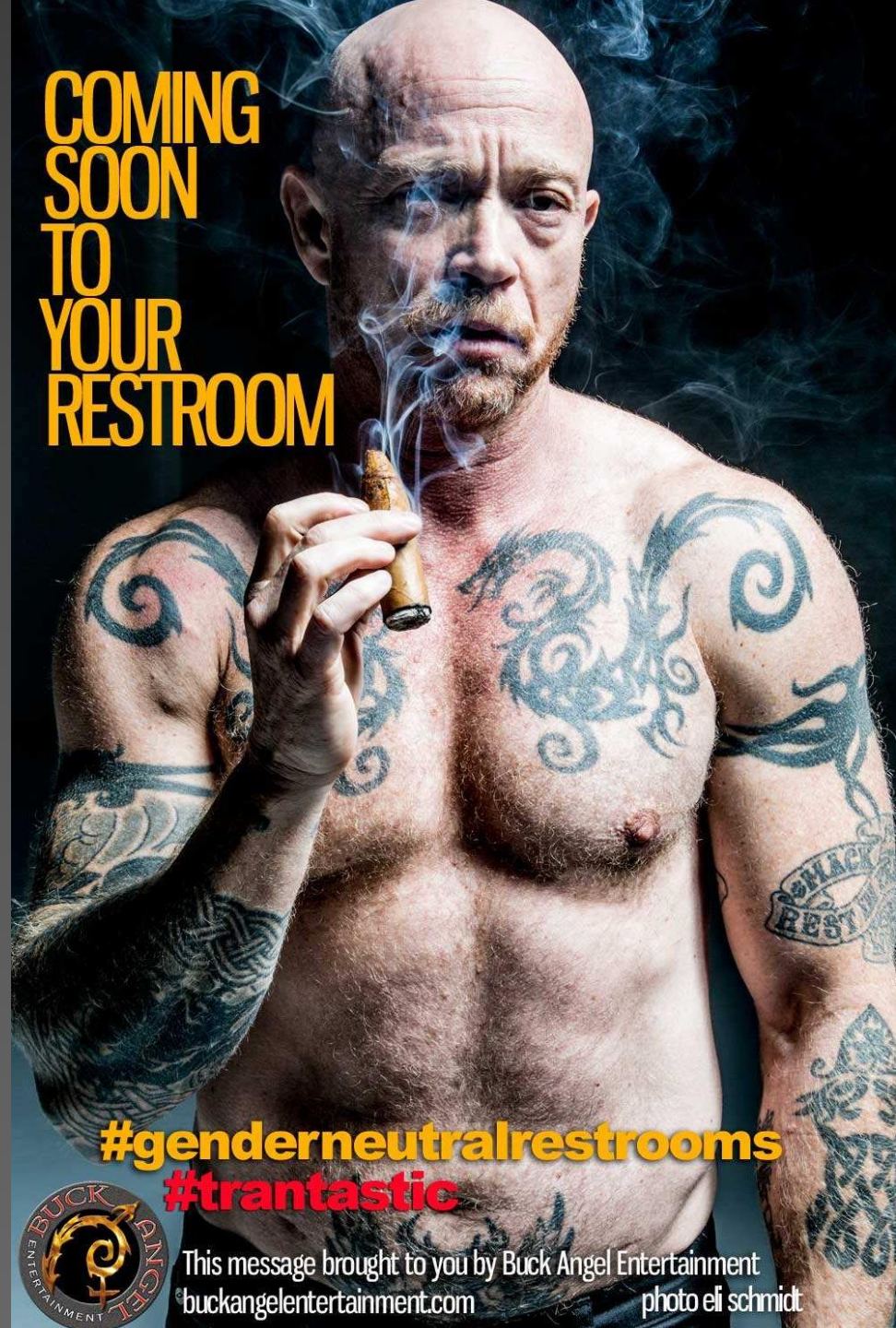
As above

Continue T, if discontinued consider
bisphosphonate

Thank You



COMING
SOON
TO
YOUR
RESTROOM



#genderneutralrestrooms
#trantastic



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