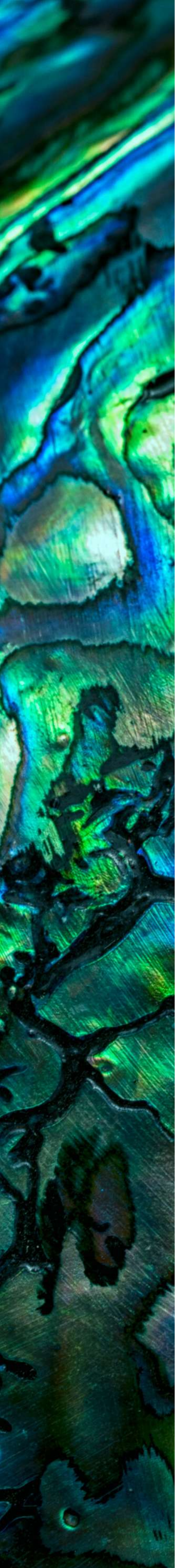

To download this reference sheet and more, visit: www.patha.nz

Maintenance masculinising hormones

Transgender patients experience the same health problems as other patients and have very few differing needs. Transgender people who have not undergone the surgical removal of breasts, cervix, uterus or ovaries remain at risk of cancer in these organs and should undergo the usual screening tests as recommended. Be aware that this needs to be managed carefully, as many transgender people find cancer screening physically and emotionally challenging. Some people may prefer to use different terms when describing body parts and it can be helpful to check what terms are preferred.

The following information relates only to funded medications available in New Zealand and does not reflect all available options. Standard dosing recommendations are based on international and New Zealand guidelines,[1,2] however, doses required should be decided in collaboration with the individual based on their response, health risks and personal gender affirmation goals. Table 1 provides information on prescribing maintenance testosterone and Table 2 outlines the recommended routine monitoring tests.

Table 1. Masculinising medications

Testosterone:	Standard maintenance doses:
Androderm® patches	7.5 mg daily *(local irritation common)*
Sustanon® (testosterone esters)	250 mg/ml IM every 3 weeks *(contains arachis oil, advise caution in those with peanut allergies)*
Depo T (testosterone cipionate)	100 – 200 mg IM every 2 weeks, or 50 -100mg SC weekly
Reandron® (testosterone undecylate)	750 - 1000 mg IM every 10 - 12 weeks *(second dose at six weeks to achieve steady state)*

Table 2. Recommended monitoring tests

Annual blood tests:

- FBC - *1-2 times yearly*
- LFT
- HbA1c – *if risk factors suggest indicated*
- Lipids
- Testoterone *(aim for normal male range)*

Measure testosterone midway between injections for Depo-testosterone or Sustanon and immediately prior to an injection for Reandron.
Trough levels may be useful if experiencing symptoms suggestive of low testosterone. Shortening the interval between injections maybe required.

If major risk factors for osteoporotic # : Consider bone density scan (DEXA)

Potential complications for masculinising therapy:

- Polycythemia – If severe, risk of thrombotic event. Hct >0.52, ensure well hydrated and review testosterone dose. If persisting despite dose reduction consider polycythemia risk factors and need for further investigations.
- Adverse lipid profile
- Mood and libido changes
- Obstructive sleep apnoea

Small risk of; liver dysfunction, insulin resistance, cardiovascular disease.

References:
1. Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere, et al. Standards of care for the health of transsexual, transgender, and gender nonconforming people, version 7. Int J Transgend. 2012;13(4):165-232.
2. Oliphant J, Veale J, Macdonald J, Carroll R, Johnson R, Harte M, Stephenson C, Bullock J. Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa, New Zealand. Transgender Health Research Lab, University of Waikato, 2018.

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