Hormone Treatment Information

This information is intended for clinicians exploring treatment options for trans and gender diverse adults (> 17).

Feminising Hormone Treatment Alternatives

Daily Estradiol Equivalents (adapted in part from the British Menopause Society)

Oral (Tablets)	*Patches*	*Sandrena Gel*	*Oestrogel 0.06%*
1 mg	25 micrograms/24hr	1 x 500 microgram sachet	1.25 mg Oestrogel = 1 actuation (press)
2 mg	50 micrograms/24hr	1 x 1 mg sachet	2.5 mg Oestrogel = 2 actuations
3 mg	75 micrograms/24hr	1 x 500 microgram sachet plus 1 x 1 mg sachet	3.75 mg Oestrogel = 3 actuations
4 mg	100 micrograms/24hr	2 x 1 mg sachets	5 mg Oestrogel = 4 actuations

Notes

- Estradiol hemihydrate and estradiol valerate are interchangeable. Prescriptions should be written generically for estradiol.
- Transdermal patches must be sited below the waist. There are differences in duration between manufacturers and people using them must read the instructions carefully (either changed twice weekly or weekly).
- Bioavailability is variable between individuals and route. Adjusting by one dose level is reasonable to control symptoms.
- Routine blood monitoring is not indicated solely because someone is taking estradiol.

GnRH Analogues Used for Testosterone Suppression

Leuprorelin, goserelin and triptorelin are commonly used. If necessary, a person can change to a different GnRH analogue but this should be rare.

People can move to longer or shorter versions of the same GnRH analogue: the 3 month preparations are the routine ones to use, and reduce medical input.

There is a six month version of triptorelin but this may be difficult to source.

Cyproterone acetate 50mg orally daily is a reasonable alternative. However this drug requires six monthly LFT monitoring as it can be hepatoxic. It should be used carefully in people experiencing low mood.

Masculinising Treatment Alternatives

People Using Nebido

People using Nebido can switch to a standard dose of testosterone gel. The three formulations currently available are:

Product	**Daily Dose for adult male**
Tostran 2% gel	40mg testosterone = 4 presses
Testavan gel	46mg = 2 presses
Testogel 16.2mg/g	40.5mg = 2 presses

Notes

- The application advice is different for each product and people should read the instruction leaflet carefully.
- Gel should be started on the day that a Nebido injection is due.
- If necessary, people can move to a different brand of gel.

People Using Gel

People on a standard dose of gel can move to Nebido (testosterone undecanoate). It is given as 1000mg Nebido by deep IM injection slowly over at least 2 minutes.

A loading dose is usual: the second injection should be given 6 weeks after the first, and then move onto a three monthly schedule. This speeds up getting to steady state but is not essential.

People Using Sustanon

People on a standard dose of Sustanon (250mg) can move to a standard dose of testosterone gel (as above). They could also move to Nebido (as above).

People on a half dose (125mg) can move to half of a standard dose of testosterone gel.

Start gel or Nebido on the day that the Sustanon injection is normally due.

Essential Monitoring for People Using Testosterone

Haematocrit should be < 0.52 and checked annually. So long as there has been a normal haematocrit in the past year, for any reason, this is acceptable.

Testosterone levels are also routinely checked on an annual basis. If checking draw bloods as trough for injectables. For injectables levels should be 9 - 15 nmol/L (ie low normal range) and for topical 9 - 39 nmol/L (ie within the normal range).

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