

Testosterone prescription

If you are under the age of 18, consent is required from both your parents or guardian in order to be prescribed puberty blockers or **gender affirming hormonal treatment including testosterone**. If not the Family Court has to rule in favour for this to occur.

Please be aware that the following process only applies to people aged 18 years and over.

In order to prescribe testosterone, your GP/doctor will need to refer you to an endocrinologist or sexual health physician to manage your hormone levels and ensure you're healthy.

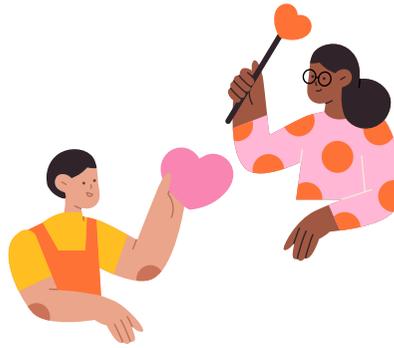
Sometimes, your GP will refer you to a psychologist or psychiatrist to assess you for a 'gender dysphoria' diagnosis. While this is not strictly necessary, some health practitioners prefer it for peace of mind.

It's important to keep in contact with your prescribing doctor, this includes for any follow up blood tests to ensure everything goes smoothly.

Another option is pursuing a GP or specialist that uses the 'informed consent' model of care, which means you will be given clear information about your choices so you can make the right decisions about your health and healthcare. Part of this is knowing what affects testosterone will have on you. You will still need a follow-up appointment with an endocrinologist or sexual health physician.

Some GPs may need you to have seen an endocrinologist or sexual health physician before prescribing testosterone.

Tip: A copy of the informed consent form for testosterone can be found on transhealthsa.com



Finding a doctor

To find a health professional that can prescribe testosterone, you can check out the *SA Practitioner's List* on www.transhealthsa.com, speak to community members about doctors they recommend, or contact trans-specific services such as SHINE SA's Gender Connect Country SA or the Gender Wellbeing Service. Remember, the process of accessing testosterone can be stressful and frustrating, so make sure to reach out for support if needed.

Note: GPs/doctors have varying degrees of understanding of hormones and TGD medical care.

Gender Connect Country SA

Phone **08 7099 5390**

Email
genderconnectcountrysa@shinesa.org.au

Website shinesa.org.au/gender-connect

SHINE SA

Phone **08 8300 5300**

Website shinesa.org.au

GENDER CONNECT COUNTRY SA

Gender Affirming Hormone Treatments: Testosterone

What is testosterone (or T) and how does it work for people who are trans or gender diverse?



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Gender Affirming Hormone Treatment

Gender Affirming Hormone Treatment (GAHT) is hormone treatment a trans or gender diverse (TGD) person can undergo as a part of gender affirming healthcare.

Testosterone (also known as T) is often prescribed to TGD people who are assigned female at birth (AFAB) who wish to alter their hormonal and physical makeup.

Some of these folks may identify as trans masculine but not always!



Testosterone is a hormone developed in the testes, ovaries and adrenal glands. It is found in all humans but usually in much higher quantities in those who are assigned male at birth (AMAB). It's responsible for bodily functions such as libido (sex drive), bone and muscle mass, body fat distribution, body hair growth patterns, mood, and even red blood cell production.

Remember: TGD folks who can't or don't want to access hormones are just as valid in their identity as those who do.

All bodies react to testosterone differently. Affecting factors include genetics, overall health, how long you take it for, and how old you are when you start.

Possible side effects from testosterone:

- Skin thickening and becoming oily
- Increased acne
- Increased libido
- Increased body and facial hair growth
- Clitoral enlargement (bottom growth)
- Increased muscle mass
- Body fat redistribution
- Male-patterned baldness
- Deepened voice
- Reduction or cessation of menstrual cycle
- Change in body odour
- Vaginal atrophy (thinning, drying and inflammation of the genitals)
- Lower fertility
- May effect moods

Remember: testosterone puts your body through a second puberty. Some changes will come quicker than others. Allow your body and yourself time.

Testosterone is not a contraceptive.

Contraceptive options include barrier methods such as condoms and dams, IUDs, injectable contraception, and contraceptive implants.

If you suspect you've become pregnant, stop your testosterone treatment (as it may harm fetus development) and consult a health professional.

Types of testosterone available

- Topical: absorbed through the skin via patches, gels or creams
- Injectable: via syringe (typically into the thigh or buttock)
- Ingestible: taken orally in tablet form

There are risks and benefits from each type of T and your doctor will work with you to find which would be best for you.



Taking testosterone

Only ever take testosterone as prescribed, as taking extra can cause significant health risks and excess testosterone in the body can be converted back into estrogen.

If you accidentally miss a dose or take it late or are feeling unsure, contact your prescribing doctor for instructions or refer to your medication leaflet.

Do not take a double dose to make up for a forgotten dose as it is dangerous for your health.

If you stop taking testosterone entirely, depending on what changes have occurred, most things will revert over time as your body continues to create oestrogen as long as you still have ovaries. Clitoral growth, male-patterned baldness, facial hair and deepened voice are non-reversible.