Approach to self-medication for trans men and transmasculine people

Self-medication can result in the use of products that may not contain the medication stated on the packaging, or the dosing may not be accurate as they are not from regulated pharmaceutical suppliers. An individual who is **self-medicating should be advised to stop and await assessment** by the clinic they are referred to.

If the person declines to stop check the safety blood tests to make sure they are clinically safe.
If they are using injectable testosterone and are unwilling to stop, from a harm reduction point of view it would be safer to suggest they use testosterone gel at a minimum dose rather than injections to avoid risks associated with needle use.

If they have a **contraindication** to testosterone therapy (as per BNF) they should be advised to stop.

If they are **smoking** they should be advised to stop smoking as this adds to risk of polycythaemia. Nicotine replacement may be helpful.

As a harm reduction measure it is advisable to check the safety monitoring bloods below to ensure that physical harm has not occurred:

Every	Testosterone (<30 nmol/L)
3-6 Months	FBC (polycythaemia)
	LFTs
	Lipid Profile
	Blood Pressure
	Weight
	Every 2 years on testosterone: **pelvic ultrasound** to monitor for endometrial hyperplasia

If they agree to stop testosterone therapy then **menstrual suppression** may be maintained by the use of medroxyprogesterone acetate 10 mg twice per day - this can be continued until such time as they are seen and assessed at the GIC

It may be appropriate to contact the GIC you are referring the client to for further advice.

Approach to self-medication for trans women and transfeminine people

Self-medication can result in the use of products that may not contain the medication stated on the packaging, or the dosing may not be accurate as they are not from regulated pharmaceutical suppliers. An individual who is self-medicating should be **advised to stop and await assessment** by the clinic they are referred to.

If the person declines to stop check the safety blood tests to make sure they are clinically safe. They should be advised to reduce the dose of oestrogen they are using to **no more than standard cis female HRT** (estradiol tablets 2mg, estradiol patches 25 micrograms twice a week, or Sandrena gel 0.5mg).

If they have a **contraindication** to oestrogen therapy (see BNF) they should be advised to stop.

If they are **smoking** they should be advised to stop smoking as this adds to risk of VTE. Nicotine replacement may be helpful.

If they are taking antiandrogens such as **spironolactone or cyproterone acetate they should be advised to stop** as they can compromise final breast outcome, can cause depression. Spironolactone can risk hyperkalaemia. Cyproterone acetate is associated with development of meningiomas. Finasteride at 5mg per day may be a safer option.

If they are taking **progesterone they should be advised to stop** as this increases the cardiovascular and breast cancer risk of oestrogen treatment and reverses oestrogen induced cell proliferation.

As a **harm reduction measure** it is advisable to check the safety monitoring bloods below to ensure that physical harm has not occurred:

Every	Oestradiol (<600 pmol/L)
3-6 Months	Prolactin (<1000 mIU/L)
	LFTs
	Lipid Profile
	Blood Pressure
	Weight

It may be appropriate to contact the GIC you are referring the client to for further advice.