

General advice on hormones

1. **Be informed** - understand how blockers work, the risks and do ask questions.
2. **Smoking status** - stop smoking or cut down.
3. **Deal with problems early on** - Most concerns or adverse reactions can be dealt with in a creative way without blockers needing to be stopped.
4. **Don't change hormone medication on your own** - Before starting new medications or stopping medication, it is important to let us know.
5. **Take a holistic approach** - Build a circle of care that includes healthcare professionals, friends, partners or people who care about you. Reach out to us if you need help with that.
6. **Mood changes** - Sometimes after starting new medication you can experience mood changes, or you might not feel how you thought you would. You can talk to us about this.
7. **Contact us** - Reach out if you have any questions at any point or want to discuss aspects of your personal, social, medical or legal transition.

What we monitor

Blood tests will be needed to check levels and effects of the blockers. Depending on your chosen medication, we may check slightly different bloods results for your safety.

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BLOCKERS

**Anti-androgens
Information Booklet**

What are blockers?

Blockers (anti-androgens) are medications that suppress the generation of sex hormones. Blocker therapy is not required for all people and therapy should be individualised.

Generally, cross sex hormones (Testosterone or Oestrogen) are taken along with your blocker.

Blocker therapy is primarily used to:

- Suppress testosterone generation in people assigned male at birth.
- Suppress periods in people assigned female at birth.

Why take blockers?

Trans feminine

- In some people, Estradiol alone will not obtain the desired feminizing effects and so blockers may be added to achieve goals.

Trans masculine

- If cramps, menstruation, or gynecological symptoms persist 6 months after commencing testosterone and this bothers you, blockers are one option. The introduction of blockers (anti-androgens) may help with this. You may only need to be on blockers for a short time. Progesterone (not a blocker) is another option that can help with this.

What are the types of blockers?

For Trans feminine

Options include:

- GnRH Therapy (Injection)
- Finasteride (tablet)
- Spironolactone (tablet)
- Cyproterone (tablet)
- Bicalutamide (tablet)

GnRH injections will normally cause a lower interest in sex and impact the ability to have erections. This may be something to consider when choosing your blocker. GnRH injections are better at suppressing over tablet forms. These factors may inform your choice of medication. Talk to a member of the team for advice.

For Trans masculine

Options include:

- GnRH Therapy (Injection)
- Progesterone (tablet)
- Progesterone (implant/coil)

Both GnRH and progesterone may be used to suppress periods/cramps. GnRH therapies are injections and can cause a decrease in libido (sex-drive). The tablets are a pill you take each day. There is no scientific evidence that progesterone causes feminizing effects in trans people.

How often do you take them?

- GnRH therapies are injections that are generally taken every 12 weeks.
- The tablets are a pill you take each day.
- Implants/Coils can be months/years

Possible side effects

- Loss of libido (interest in sex)
- Lower energy levels and fatigue
- Mood changes
- Injection site reactions (redness, swelling)
- Headaches
- Dizziness or nausea (sickness)
- Joint or muscle pain

How quickly should I expect to see changes?

This will depend on which blocker medication you are taking. You should discuss this with a member of the medical team.

Long term risks

Long term impact of blocker medication use on bone health and fertility are unknown. Blockers on their own (without testosterone or estradiol) are not recommended for long term use and can be dangerous for your health. Progesterone on its own is ok without testosterone.