



Hormonal treatment

Hormonal treatment is desired by many (but not all) trans persons. Research shows that the quality of life of trans persons strongly increases after the start of hormonal treatment.

What hormonal products are there?

- Trans women and non-binary people assigned male at birth use anti-androgen and oestrogens. Oestrogen treatment is available in pill form but also via skin administration (patch or gel). The choice of administration depends on the age, smoking behaviour and medical history.
- For trans men and non-binary people assigned female at birth, the basis of hormone therapy is testosterone. In Malta, testosterone is only available in injection form. For interrupting menstruation, the intake of progesterone is sometimes suggested.

Who is not allowed to use hormones?

- Most people - able to give full consent and for which any possible other mental or physical condition is under control - are eligible to start hormonal treatment. An exception is a history of thromboses, or important risk factors such as a genetic strain. Additional advice from the coagulation specialist is then required.

What does a treatment process look like for a trans person?

- Hormonal treatment in trans women and non-binary people assigned male at birth is based on anti-androgen plus oestrogen therapy. If the trans person has undergone a gonadectomy (removal of testicles), only the oestrogen treatment is continued. With people who have cardiovascular and/or thrombosis risk factors, the continuation of oestrogen therapy should be discussed.
- Hormonal treatment with testosterone in trans men and non-binary people assigned female at birth is adjusted based on trough values for injectable forms and according to peak values for gel forms. In principle, treatment is not interrupted after gonadectomy (removal of the ovaries) or in old age. The therapy may be carried out in consultation with the patient and reduced in old age.

What are the effects of hormone treatment on trans people?

- Testosterone treatment provides more muscle mass, more male fat distribution, more hair growth on arms, chest, back, face and abdomen and potential baldness and a lower voice. Possible side effects are acne, weight gain, a higher number of red blood cells and psychological effects such as increased irritability.

- Treatment with anti-androgens and oestrogens gives a more feminine fat distribution, softer skin and breast development. It can also have a calming effect, and some people become more emotional. A hormone treatment has no influence on the voice. Possible side effects are liver problems and hypertension.
- Prolonged use of hormone treatment can cause infertility, which may be reversible if hormone treatment is stopped. Anyone wishing to preserve fertility should discuss options before starting hormone treatment. Hormonal treatment should not be used as a contraceptive. Gametes preservation is offered on the National Health Service.
- Hormonal therapy does have an effect on sexual desire or drive. Those under testosterone treatment will have an increased libido while those under oestrogen treatment, and especially when taking anti-androgens, will have a decreased drive. Hence, it is recommended that health care practitioners explore this with their clients.
- An individual approach should always be offered, including changing the regimen in response to unwanted effects.

What medical checks are needed and how often?

- Upon initiation of treatment, a blood test is scheduled with regular monitoring throughout treatment; the timeline of blood tests will depend on the individual health of the trans person. Attention is paid to hormonal figures, the number of red blood cells, liver function, sugar levels and lipids. We also recommend a basic value determination of bone density with a follow-up every 5 years for those in specific risk groups such as those with a family history, cortisone use, long-term severe vitamin D deficiency, long-term immobility and non-systematic use of hormonal supplementation.

When should hormones be stopped?

- Treatment should be interrupted if a cardiovascular problem or thrombosis occurs. Hormonal therapy is then evaluated.

What do we know about the long-term effects on health?

- There are no long-term negative health aspects based on current available literature. There is no increased risk of other disorders, including cancers, and there is no increased risk of premature death. The only risk known is that hormones often affect fertility rates.