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**PRESCRIBING AND MONITORING FOR TRANSMEN ON SUSTANON / NEBIDO / TESTOSTERONE GEL**

**Recommended starting doses;**

1. **Sustanon (or testosterone enantate) 250mg every 4 weeks**
2. **Nebido 1000mg every 12 weeks (usually after established on short-acting T)**
3. **Gel – Testogel pump 40.5mg daily / Testogel sachets 50mg daily / Tostran pump 40mg daily**

The following should be measured 6 monthly for the first year and then annually thereafter:

1. **Testosterone (trough level on Sustanon, mid-way between injections on Nebido or random level on gel)** –
   * Lower third reference range for trough level on injection; middle third reference range on gel or Nebido injections.
   * If outside target range increase/decrease as appropriate: injection frequency by 1 week for Sustanon, 2 weeks for Nebido; or gel dose by 10 mg. Injection frequency range is 2-6 weeks for Sustanon, 8-16 weeks for Nebido; gel dose range is 10-80 mg.

Discuss with specialist if target level not achieved within these parameters.

1. **Estradiol** – usually aim for less than 250 pmol/l with suppression of menstruation. If higher than this discuss with specialist.
2. **Blood pressure** – may increase – treat hypertension as appropriate and discuss with specialist regarding testosterone dose adjustment.
3. **FBC** – can cause polycythaemia – testosterone should be withheld if haematocrit > 54% and/or haemoglobin > 18 g/l and on-going treatment discussed with specialist.
4. **LFTs** – refer back to specialist if ALT three times greater than upper limit of normal reference range.
5. **Full lipid screen** including fasting triglycerides – can increase triglycerides. Treat raised triglycerides as per local guidance.
6. **HbA1c** if diabetes or pre-diabetes.
7. **Calcium** – can possibly cause hypercalcaemia – refer to specialist if greater than upper limit of reference range.

The following should be performed according to usual screening protocols:

1. **Cervical smear as normal before GRS and** if tissue left following GRS
2. **Breast cancer screening** if not had mastectomy

Stop treatment immediately if any of the following develop:

* Severe cardiac, hepatic or renal insufficiency

\*Blood sample should be taken 4-6 hours after gel application; or early morning if applied before bed

**If periods persist after 6 months of adequate testosterone treatment a GnRH agonist, such as Leuprorelin 11.25 mg 3 monthly, or a long-acting form of progestogenic contraception can be added**

**NB Suppression of ovarian function, either by testosterone alone or in combination with another agent, is not a guaranteed method of contraception**