

Porterbrook Clinic

Sheffield Care Trust

Support with **Gender Dysphoria**

Anti-Androgens

Information for Users of our service

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Why do I need to take anti-androgens?

Some patients will need to take additional drugs to oestrogens, to help in the feminising process. These drugs will reduce and in many cases stop all of the effects normally brought about by the body's natural androgen, which is testosterone. It is usually given once a dose of oestrogen therapy has been established. It commonly prevents any erections occurring, stops production of sperm and reduces stimulation of hair follicles. The effect of oestrogen may be enhanced as there is no competition from the 'male hormone'.

How do these work?

They work by bringing about an absence of male hormones circulating through the body. A lowering of gonadotrophin and androgen production (the hormones testosterone and dihydrotestosterone) is why this happens. They also block androgen receptors elsewhere in the body.

Are there any side-effects to taking anti-androgens and are they dangerous to my health?

Although anti-androgens have been used for several years, the possible long-term effects are not known. After reading this leaflet, and discussing it with the clinical staff in this service, you will be aware of additional treatment options and possible harmful effects. You will need to sign a consent form agreeing to such treatment, after weighing up the possible harmful effects against the likely advantages to you. There are several drugs which have an anti-androgen effect. You may or may not experience any of the following side-effects for each drug.

1. Cyproterone

Fatigue and lassitude are common in first few weeks (special care is needed when driving or operating machinery), loss of libido, reduced sperm and ejaculate resulting in possible infertility which may or may not be reversible, increase or decrease in weight, changes in pattern of body hair, transient and occasionally permanent enlargement of breast tissue and rarely discharging nipples and tender benign

(non-cancerous) nodules; less common side-effects include liver abnormalities including dose related toxicity (which can be fatal), benign or malignant tumour, intra-abdominal haemorrhage, breathlessness, osteoporosis, blood clots and depression.

2. Spironolactone

Spironolactone is an antihypertensive agent. Spironolactone can cause erectile dysfunction, breast growth, gastric upset, headache and more rarely low sodium levels, low blood pressure and blood related disorders.

3. Finasteride

Finasteride and dutasteride are both specific inhibitors of the enzyme 5 alpha reductase which metabolises testosterone into the more potent androgen dihydrotestosterone. Side effects include erectile dysfunction, loss of libido, difficulties with ejaculation, breast tenderness and breast enlargement. Both compounds are excreted in semen. Women of child bearing potential should avoid contact with the tablets and the semen of their partner if he is taking the agent.

4. Gonadorelin analogues

Gonadorelin analogues (also known as GnRH agonists) inhibit the production of oestrogen and testosterone. Common side effects include loss of libido, hot flushes, increase sweating and in women dyspareunia (painful intercourse). Other common side effects include headache, rashes, changes in breast size, high blood pressure, weight changes and depression. Bone pain and difficulties passing water may be experienced.

Will it affect my chances of having children?

Yes - almost everyone who has these treatments will become infertile. If you wish for storage of any of your own semen, then samples should be obtained before starting this treatment. The consent form will indicate that you have been made aware about this effect and option for semen storage.

How long will it take for the drug to work?

This drug can take effect very quickly and you may notice the effects within days of starting treatment. However, in the case of hair growth, because of the long process involved in hair growth, an

immediate reduction in hair growth is not noticeable, and it may take 8 weeks to note any differences in body hair growth and even longer on facial hair growth.

How long do I need to take anti-androgen medications for?

You will need to take this drug until the time that you have your testicles surgically removed. Thereafter, it is not usually necessary to continue with this medication as there will be very little circulating testosterone in the body for the drug to have any useful effect.

How is the medication given?

Anti-androgen drugs are usually prescribed as tablets, but may also be given as an injection. The choice depends on individual needs. Your doctor at the clinic will discuss this with you and adjust the dose according to your needs. ***It is dangerous to take drugs which are not prescribed by a doctor or at a dose higher than prescribed***

Can I stop taking the hormones prescribed to me at any time and will this be harmful?

Generally, stopping this medication will reverse the side-effects, although some may be irreversible such as infertility, and you can do so at any time usually without any harm to you. However, you may also reverse the positive benefits the drug is having on you. You may wish to seek advice from your doctor before discontinuing the medication.

What should I do if I experience any problems or if I have any worries or concerns whilst taking Anti-androgens?

Some side-effects are life-threatening and you therefore should not hesitate to contact your General Practitioner (GP) if you are at all concerned about any problems that you may experience whilst taking this medication. You may also wish to contact the Gender clinic for advice. If you experience pain or discomfort in your calf, chest pain, breathlessness, abdominal pain or headaches, ***do not delay in seeing a doctor.***

What monitoring will take place?

We will check various levels of hormones in your blood as well as other blood tests including liver function tests every 3-6 months whilst you are prescribed this medication. Routine blood pressure and weight checks will be carried out at each clinic visit. You will also be offered an

examination regularly by a clinic doctor or your GP to check on the progress and changes expected from the drug.

Where can I get any further information?

Please ask any of the clinic staff in the gender clinic.

