

Cantú T Guide



WRITTEN & ILLUSTRATED BY CYRUS

Welcome to the T Guide for the Cantú Queer Center at UCSC!

First, a few notes about the guide and Testosterone:

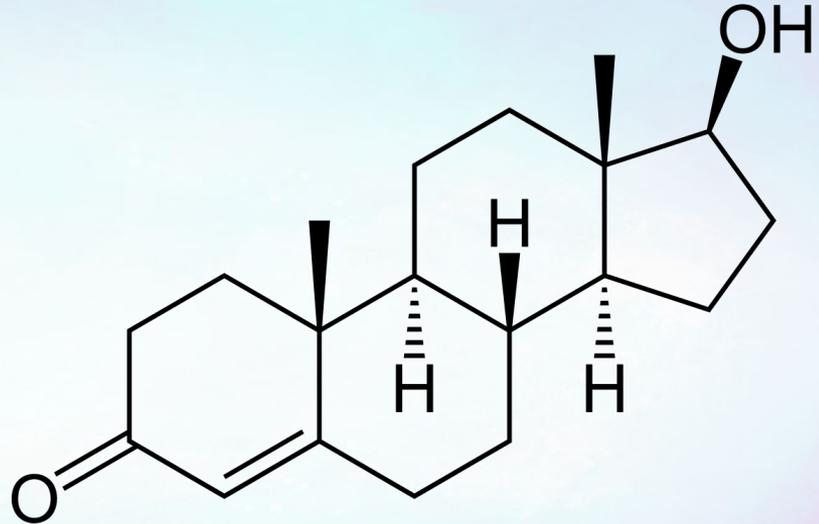
- This is not made to be comprehensive! Please use the other resources linked at the end of this guide.
- This is not official medical advice. I am not a doctor, so make sure you consult with a doctor about how HRT might affect you.
- **A note about language used:** There are a variety of terms to describe the experience of people who seek out testosterone HRT, such as FTM or Trans men. I want to avoid using umbrella terms that imply everyone who takes testosterone is male/wants to be male. In regards to the term trans masculine, I can also recognize that “masculine” and “feminine” are still binary terms that don’t wholistically describe the trans experience. For these reasons, throughout this guide I simply say “**people who are taking T**”.

Some important notes:

- **Hormones are for anybody who wants to take them.** Sometimes it can be difficult to access hormones without a dysphoria diagnosis, but it is not impossible.
- Many of the effects of T are reversible, or will diminish if you stop taking T.
- Finally, many trans masculine people have PCOS. It is important to understand how this could impact the way HRT affects you.

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Testosterone molecule!

About the Author

My name is Cyrus (they/he) and I'm a Black nonbinary student at UCSC! I'm an art and psychology double major and at the time of writing this, in my final quarter. I wanted to write this guide in order to have a resource for people considering HRT. I wanted it to include various information that I was unsure about before I started HRT. In this guide, I try to tackle common misconceptions, and I use both research and personal experience as I have been working within the LGBT community for upwards of seven years.

I wanted my guide to be available because as a nonbinary person who was curious about testosterone, so many of the resources did not have comprehensive information that was inclusive to my experience. I wanted to make a guide for *everyone* who wants to take testosterone, not just reciting the experiences of (trans)normative people. Seeing so much of HRT conversation dominated by talk about dysphoria, fear, and negativity was something that drove me to create my own guide--I knew there had to be more to it than this. So when I started HRT, I set out to find information that was more in line with my experiences, and then ended up making my own!



About the Author

My experiences on HRT

I began taking T in 2020 after being out as nonbinary for over 4 years. I started a low dose of testosterone gel, because I wasn't 100% sure about starting T, but it felt like the right move. Accessing T was difficult as someone without a supportive doctor or even a dysphoria diagnosis, so I started with an online HRT provider called Plume. Plume has a care team of their own who prescribes HRT, but they do not go through insurance, so you have to pay out of pocket. Then, I continued my care locally after changing my primary care doctor to one who works with trans people. I stayed on a low dose for the first five months, as I wasn't sure the extent I would want the testosterone to affect me. It's been very euphoric, I'm very proud of my HRT journey and all of my T effects. I'm now one year on T!

What is HRT?

Hormone replacement therapy (HRT), also called Gender Affirming Hormone Therapy (GAHT) is the process of taking additional hormones in order to alter your body's current levels. There are **androgens** such as testosterone and **estrogens** like estradiol. People who identify in ways like trans masculine, FTM, trans men, or nonbinary people are some groups of individuals who commonly take Testosterone (T)!



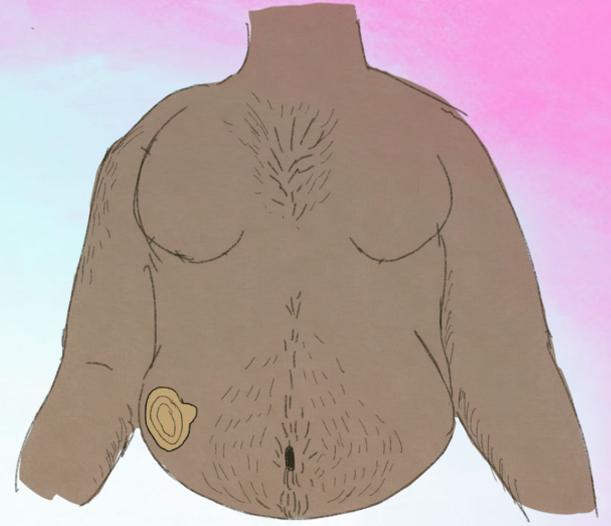
Ways to Take T: T Patches

Most people who take testosterone take it via injections. There are also gel forms of testosterone-- topical gel and T patches.

T patches are small, round patches. On one side of the patch is an adhesive. You stick the patches to your body and it slowly dispenses gel containing testosterone throughout the day. Sometimes, they can cause itching, swelling, or redness.

It is important to keep in mind the difference between the 3 methods regarding dosing. With injections, you fill the syringe with a specific amount of injectable T. Patches come in certain mg of T per patch. Certain amounts of gel is dispensed with each pump of T gel.

Fun Fact: Taking a high dose of T quickly doesn't lead to faster changes, instead, it can lead to complications. Although of course dysphoria is difficult and most people starting HRT have certain goals in mind, HRT changes can take years to fully show up. Try enjoying and appreciating each new change you get from T rather than focusing on the end goal.



T patches stick on an area of your skin so that the gel it dispenses can be absorbed.

A prescription for these might be called the “Androderm” patch.



Ways to Take T: Topical T Gel

Topical gel testosterone is a viable option for people interested in taking T. Although some individuals have said it was less effective for them, others who have taken T via both gel and injections have said they experienced similar results.

Unlike with the patches or injections, gel is dispensed via pumps. In order to increase your dose, you go up in amount of pumps of gel daily. To get the T out of the bottle, you simply press down on the top of the pump and it will expel the amount you need.

The testosterone is suspended in an alcohol-based gel. You apply the gel to the back of your shoulders and it dries after a short period of time. One additional consideration is that because of the nature of the gel, there is a possibility of spreading your dose of testosterone. Try to take care when coming in contact with people directly after putting on the gel. Some providers will advise you to wait to have contact with partners for example until after the gel has dried.

Since starting testosterone a year ago, I have been on both T gel and T patches. In my personal experience, T gel has given me the effects I was after-- such as facial hair, a voice drop, and body fat redistribution.



A prescription for T Gel might be called something like “Testosterone gel 1.62%”.

Types of Injections

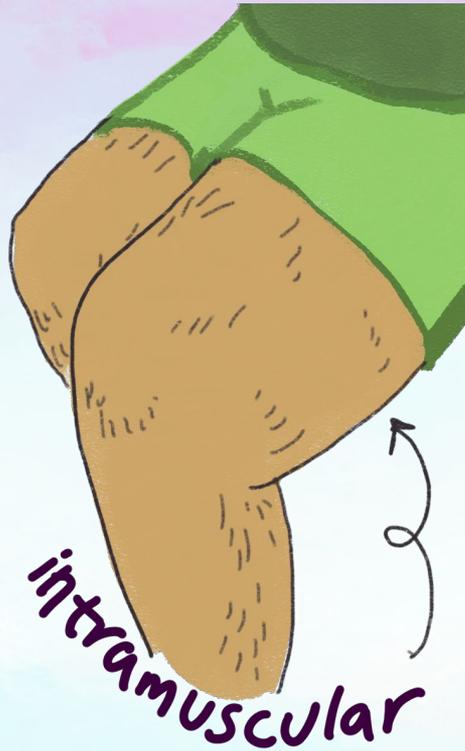
Injections are the most common form of taking T.

There are two types:

subcutaneous injections and ***intramuscular injections***.

They are equally effective, but subcutaneous injections involve a smaller needle than intramuscular.

Intramuscular injections go into muscles like your thigh. Subcutaneous injections go into softer, fatter areas of the body like your belly. When you start T, a nurse teaches you how to do injections safely.



Sexual health changes

One of the first noticeable effects on T is bottom growth. This can happen in as little as one week, but can take up to 3 months. Additionally, there are often changes in pleasure, what you enjoy might change. It is totally okay to experiment and see what you like. The feeling of having an orgasm can also change to be more focused on genitals, and less full bodied. Your sex drive will most likely increase, although like every other effect, this is variable.

Spicy Question: Will T make me like men?

Some people who take T have reported testosterone changing their sexual or romantic preferences! While it is not a well-documented or studied effect, it is important to be open to the possibility that your sexuality may fluctuate as you embark on your HRT journey.

Reproductive Health changes

★ Fertility:

- One thing to note is that people who take testosterone **can and do get pregnant.** However, doctors state that in some cases T can cause infertility. Talk with your doctor about fertility preservation if that is important to you.

★ Birth Control:

- Testosterone is not a form of birth control, so if you don't want to get pregnant it is important to use condoms, birth control pills, IUDs, or other forms of contraceptives.
- **People taking T can take the morning after pill.**

★ Pregnancy

- People who take testosterone can and do get pregnant, menstruate, ovulate, and give birth! If you become pregnant while on T it is important to stop HRT. T is an androgen and is harmful to developing babies.
- If pregnancy is important to you and something you're looking forward to please know that people on T do **carry out full term pregnancies and give birth!**

Reproductive Health changes

★ **Periods:**

- Your period may get lighter, and for many people menstruation can stop after 4-6 months. For some, light spotting continues or mild periods even after long term HRT.
- The Lupron Depot shot can be administered to stop your periods. You can talk to a doctor about options if your menstruation continues to occur despite HRT.

★ **Dryness:**

- Front Hole/Vaginal dryness may occur, so you may need to use (more) lube if you are sexually active and use that body part.

Physical changes

- ★ Your skin may become tougher
- ★ Muscle mass can increase and it might be easier to gain and maintain muscle
- ★ Your shoulders may broaden
- ★ Your voice may crack and drop, although this can take a while to occur. It's important to know that NOT everyone experiences a voice drop.
 - Voice training can help you get closer to your desired voice even if you are not on T.
- ★ T can increase your hunger or alter your metabolism, but weight gain is not a sure side effect of T even with these effects.

Important: T does not reduce the size of breast tissue! While body fat redistribution does occur, it is a gradual shift of your fat from your hips to your abdomen: you might have a softer tummy after a few months on T.

Hair

Being on testosterone impacts your hair in a variety of ways. It increases your body hair, as well as facial hair growth. Your body hair will get **thicker, and coarser, and you will most likely find hair growing in new places.** If you're interested in further beard growth, try researching Minoxidil! Hair growth and thickness can increase on your stomach, arms, legs, chest, and back.

Effects like facial hair are often somewhat based on genetics, so look to family members to see what that might look like for you! Not everyone gets a beard, but it is also important to note that testosterone changes to your facial and body hair can take years to fully show.

While hair loss can be an effect of testosterone, it is not seen in everyone who takes T, and often takes over a year of being on T to show up.



You might get belly hair, butt hair, chest hair, extra hair on your arms, or facial hair...! Fun stuff!

Emotional Changes

T may change how you experience emotions. Often irritation and anger can be common, especially as you first begin to take T. These changes often level out as you find a dose that is right for you. Being in therapy can help you manage your new emotional states! You might cry less on testosterone, which can be frustrating.

Depending on the way you take testosterone, your emotions might be impacted differently. For example, people who take injectable T may experience a fluctuation in hormone levels and consequently their emotions as they only take T once a week. Folks on T gel or patches might experience less of this fluctuation of emotions since T is being administered daily.

Emotional Changes

Many people who take T report that their gender euphoria and mood increases, and that as T effects occur, they feel better about their bodies. However, HRT itself does not change underlying body issues. While HRT can help alleviate dysphoria, many people might still have dysphoria about other, unaffected parts of their bodies. In addition, it won't take away other mental health issues such as eating disorders or body dysmorphia. Working with a trans affirming therapist on these issues can be a way to make sure you are getting the help you need to tackle these issues while you are on HRT.

Timeline of Changes

I wanted to include a timeline of changes while on T, but be aware that most of these vary person to person, and so you may not see these exact effects at the given time range. For me, my voice didn't start dropping until around 8 months!

Sourced from [Hormones: A guide for FTMs](#)

Typical changes from testosterone (vary from person to person)

Average timeline

Effect of testosterone

1–3 months after starting testosterone

- increased sex drive
 - vaginal dryness
 - growth of your clitoris (typically 1–3 cm)
 - increased growth, coarseness, and thickness of hairs on arms, legs, chest, back, & abdomen
 - oilier skin and increased acne
 - increased muscle mass and upper body strength
 - redistribution of body fat to a more “masculine” pattern (more fat around the waist, less around the hips)
-

1–6 months after starting testosterone

- menstrual periods stop
-

3–6 months after starting testosterone

- voice starts to crack and drop within first 3–6 months, but can take a year to finish changing
-

1 year or more after starting testosterone

- gradual growth of facial hair (usually 1–4 years to reach full growth)
 - possible “male”-pattern balding
-

Testosterone affects the entire body.

It's not possible to pick some changes and not others.

Other Resources

[Testosterone Hormone Therapy Guide - UCSF](#)

[Hormones: A Guide for FTMs](#)

[Fenway Health Trans Health: Injection Guide](#)

[Egg Freezing Guide for Trans Men](#)

[Masculinizing Hormone Therapy - Trans Primary Care Guide](#)

The End

I hope this guide was helpful and that if you decide to start taking T that it is affirming and everything you dreamed it would be!

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