

Hormones

Without a Doctor

Tips for Staying Safe

Pill and Patch Identification Guide



Estrace 0.5mg (white)
Estradiol
"MJ 021" on pill
2-16 pills per day. Max: 20



Estrace 2mg (blue)
Estradiol
"MJ 756" on pill
1-4 pills per day. Max: 5



Menest 0.3mg (yellow)
Conjugated estrogens
"M72" on pill
2-16 pills per day. Max: 16



Menest 0.625mg (orange)
Conjugated estrogens
"M73" on pill
1-8 pills per day. Max: 8



Menest 1.25mg (blue)
Conjugated estrogens
"M74" on pill
1-4 pills per day. Max: 4



Menest 2.5mg (red)
Conjugated estrogens
"M75" on pill
1-2 pills per day. Max: 2



Premarin 0.3mg (green)
Conjugated estrogens
"Premarin 0.3" on pill
2-16 pills per day. Max: 16



Premarin 0.625mg (black)
Conjugated estrogens
"Premarin 0.625" on pill
1-8 pills per day. Max: 8



Premarin 0.9mg (white)
Conjugated estrogens
"Premarin 0.9" on pill
1-5 pills per day. Max: 5



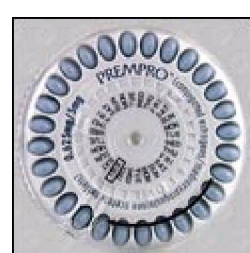
Premarin 1.25mg (yellow)
Conjugated estrogens
"Premarin 1.25" on pill
1-4 pills per day. Max: 4



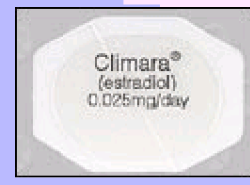
Premarin 2.5mg (purple)
Conjugated estrogens—no longer manufactured
"Premarin 2.5" on pill
1-2 pills per day. Max: 2



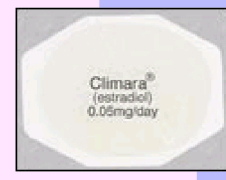
Prempro 0.625mg/2.5mg (pink)
Conjugate estrogens/medroxyprogesterone
"Prempro" on pill
1-4 pills per day. Max: 4



PremPro 0.625mg/5mg (blue)
Conjugated estrogens/
medroxyprogesterone
1-2 pills per day. Max: 2



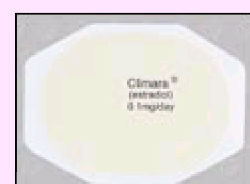
Climara 0.025mg
Estradiol patch
"Climara (estradiol) 0.025mg/day" on patch
8 patches at a time, change weekly



Climara 0.05mg
Estradiol patch
"Climara (estradiol) 0.05mg/day" on patch
4 patches at a time, change weekly



Climara 0.075mg
Estradiol patch
"Climara (estradiol) 0.075mg/day" on patch
3-4 patches at a time, change weekly



Climara 0.1mg
Estradiol patch
"Climara (estradiol) 0.1mg/day" on patch
2-3 patches at a time, change weekly



Estraderm 0.1mg
Estradiol patch
2-3 patches at a time, change weekly



Estraderm 0.05mg
Estradiol patch
4 patches at a time, change weekly

Anti-Androgens

Androcur 50mg
"BV" in hexagon on pill
Cyproterone acetate
2-3 pills per day. Max: 3

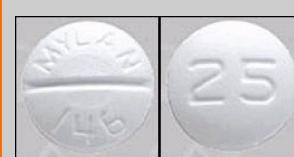
Eulexin 125mg
"Schering 525" on pill
Flutamide
1 pill per day



Propecia 1mg
"propecia" on pill
Finasteride
1 pill per day



Proscar 5mg
"proscar" on front of pill, "MSD 72" on back
Finasteride
One half—one pill per day



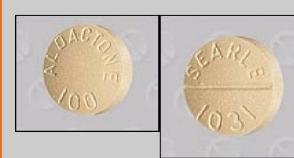
Spironolactone (generic) 25mg
Spironolactone
"MYLAN 145" on front of pill, "25" on back
2-4 pills twice per day



Aldactone 25mg
Spironolactone
"ALDACTONE 25" on front of pill, "SEARLE 1001" on back
2-4 pills twice per day



Aldactone 50mg
Spironolactone
"ALDACTONE 50" on front of pill, "SEARLE 1041" on back
1-2 pills twice per day



Aldactone 100mg
Spironolactone
"ALDACTONE 100" on front of pill, "SEARLE 1031" on back
1 pill twice per day

Hormones without a doctor

Tips for staying safe

Intro

If you've decided you're ready to begin using hormones, the best thing to do is get them from a doctor. That way you know that the medications you get are safe and the dosages are right for you. The doctor can also test your blood to make sure the hormones aren't damaging your liver, or causing other dangerous side effects.

However, we understand that many people can't go to a doctor, and get their hormones from friends, from other countries, on the internet, or on the street. This pamphlet is for people who are taking hormones without a doctor, and want to know how to stay safe and take care of themselves.

What to expect from hormones

Female hormones, or estrogens, change the way your body grows. Estrogens cause changes in non-trans women's bodies during puberty. Estrogens can cause breasts to grow or increase in size, and can make nipples more sensitive. Estrogens cause your skin to become softer, and can change the way fat appears on your body, to make it more female in appearance.

Estrogens will not change your voice or reverse male-pattern baldness. Estrogens can make it harder to have an erection, and can make you infertile (unable to have children.)

Changes caused by estrogens can take years. Taking more hormones than is recommended will not speed up the process or make the changes more dramatic. Taking too much estrogen will not give you bigger breasts! Taking too much estrogen is actually very dangerous!

Some people who are taking hormones but have not had surgery to remove their testicles (orchiectomy or castration) also take anti-androgens. These block the effects of testosterone on your body. Anti-androgens often have other side effects as well, and taking more won't necessarily be better and can be dangerous.

What can go wrong?

Hormones can have serious side effects. The most serious is that it can cause your blood to clot abnormally, especially if you smoke tobacco. Blood clots can form anywhere in your body, but often strike the legs, the lungs and the brain.

If you notice an unexplained pain, swelling or redness in one leg, especially one that increases when you flex your foot, you should seek medical help immediately- this could be a sign that a blood clot is forming in the veins of your leg.

If a blood clot lodges in your lungs, it is called a pulmonary embolism. Often this happens after a clot has already formed in your leg and traveled upwards. Signs of a pulmonary embolism include a sudden unexplained shortness of breath or chest pain that doesn't go away. A pulmonary embolism is a real medical emergency and can kill you- get medical help immediately!

If a blood clot forms or lodges in your brain, it can cause a stroke. Signs of a stroke include sudden confusion, numbness or weakness, especially affecting one side of your body. Often people find that they suddenly can't speak clearly. If you think you have had a stroke, do not delay medical help at all- every minute that passes increases the risk of permanent brain damage.

Anti-androgens can also cause serious side effects. Spironolactone, a common anti-androgen, can cause changes in your blood pressure or a serious condition called hyperkalemia, where your blood contains too much potassium. These side effects are hard to detect without a doctor's help. You should be aware of weakness or faintness, or chest pain, and seek medical help if you are concerned.

The best thing you can do to prevent serious side effects is not to take too much medication, especially anti-androgens. Staying with a reasonable dose is much easier on your system. Also, if possible, stop smoking tobacco- see if there are stop-smoking resources in your area.

Hormones can have other side effects as well. These include nausea, cramps, and gallbladder problems; changes in skin pigmentation, changes in your vision, migraines, depression and a loss of sex drive. Estrogen tends to make erections less frequent, and can cause you to retain water. Estrogen can also cause hair loss, though, in an "all over the head" pattern rather than a male-pattern receding hairline.

Is it actually medication?

Before you take a pill or inject hormones, you need to be sure it's what you think it is! If you can't absolutely identify a medication, you're probably better off not taking it. No matter how you're getting your hormones, there's something else out there you can take that is better known.

Every real medication comes in a sealed container with the chemical name and expiration date printed somewhere on it. The first thing you need to do is find out what the chemical name is and whether it has expired or not. If the current month is one month after the month printed on the medication, it is too old and may not work correctly.

If you are using injectable hormones (shots), make sure the bottle is unopened. Most medication vials have a plastic or metal cap that covers the rubber stopper. The cap should still be there when you get the bottle, and the rubber stopper should not have any needle marks in it. [see diagram- arrow is pointing at cap]

If you are using pills, compare them to the pictures of pills in this pamphlet. Just because a pill bottle says it contains a particular medication doesn't mean somebody didn't reuse the bottle. This pamphlet does not include all possible hormones, but it does cover the most common.

If you are using patches, make sure their sleeves are unopened. If possible keep your hormones in their original container, with the chemical name on it. That way, you won't ever get them mixed up with other medications.

Prenatal Vitamins

Doctors will often prescribe prenatal vitamins for pregnant women. Some trans women have tried taking these pills for hormones effects. Prenatal vitamins do not contain any hormones. Taking one per day as a vitamin probably won't hurt you, but taking more than this could cause an overdose of fat-soluble vitamins or iron.

B Vitamins

Many doctors give trans women B vitamin shots with their estrogen, especially vitamin B-12. B vitamins have no effect on the hormones or on your transition, but they are probably good for you, especially if you are not always able to eat healthy food. B vitamins, including B-12 are available in pill form at any drug store.

Birth Control Pills

Birth control pills often contain more than one chemical. These may be estrogens, usually ethinyl estradiol or norethindrone acetate, or progesterones such as medroxyprogesterone. In addition, there are often two or more dosages in each pack, with doses varying by when in a woman's cycle she is supposed to take the pill. Because of this, and because there are so many different birth control pills out there, this pamphlet is too short to explain choosing a birth control pill for transitioning or for preventing pregnancy.

A general guideline is no more than one pill per day.

Other Pills

Pills are shipped from the manufacturer in plastic bottles or in plastic blister-packs. For a prescription, a pharmacist will count a number of pills into a smaller bottle and label it with the chemical name, the person it's for, and when and how much to take.

Just because a pill bottle says it contains a hormone pill doesn't mean it does! This pamphlet contains pictures of several common hormone pills along with recommendations about how many to take per day. Try to match the pill in the bottle with a picture in this pamphlet- that way you know for sure what you're taking and what the dosage is. You should make sure the pills are the right color- many hormone pills come in different colors for different doses.

If you are taking more than one pill per day, you could try taking some in the morning and some before bed. This way your hormone levels will be more even throughout the day.

Some people cut pills in half so that they will last longer- this only works for solid tablets. Capsules like Eulexin, where a powder or liquid is encased in a shell, can't be cut in half. Since the dust or crumbs from cutting a pill have medication in them, make sure to clean them up and don't leave them where somebody could accidentally eat them.

Patches

Hormone patches are small pieces of plastic that stick to your skin, and slowly transfer a dose of estrogen to your body. Some doctors believe patches are less likely to cause side effects than pills or injectable hormones. Make sure a patch is unopened- once it is taken out of its wrapper it starts to lose its effectiveness. Stick patches to places on your skin where you have no body hair, often on the lower half of your abdomen (belly). Patches should be changed about once per week. If you notice redness, itchiness or pain around a patch, remove it immediately and do not try to use patches again- you may be allergic to the plastic or the adhesive that holds the patch on.

Be careful when comparing the dose of patches- many patches will list two doses: the total dose and the "per day" dose. You want to know the "per day" dose. Also, many patches will look the same at different dosages except for the labels on the packages. Compare your patches to the pictures in this pamphlet.

Injectable Hormones (shots)

Injectable medications are shipped in glass vials (bottles) with a rubber stopper. Over this rubber stopper is a metal or plastic cap, which must be removed before use. When you get a vial of hormones, make sure this cap is still there and there are no needle holes in the rubber stopper- you want to know every needle that's ever been in that vial.

Only use a needle or syringe once, and only on one person. Never share or reuse needles or syringes. You can trade used needles or syringes for clean ones at a needle exchange program.

Always dispose of used needles in a "sharps" container. You can get these at any drug store pharmacy for less than \$5. If they ask you any funny questions, leave and go the next store. You can share a sharps container with your friends. When your container is full, you can bring it to a needle exchange or clinic and they will dispose of it for you.

Always be clean when handling injectable medications. Wash your hands and the place on your body where you are going to inject. Clean the rubber stopper and the injection site with an alcohol swab.

If you are sharing a vial with a friend, make sure you never put a needle back into the stopper that has already been in one of your bodies. Watch every time either of you draws up medication.

Some injectable hormones, especially those from Mexico, come in syringes already. These should come in a blister pack and have the chemical name and expiration date printed on them.

How Much To Inject and How Often

Most injectable hormones are a salt of a chemical called estradiol. The chemical name includes the name of the salt- estradiol valerate, for instance, is the valerate salt of estradiol. These different salts are also known by different trade names:

Chemical Name	Trade Name
Estradiol Valerate is the same as	Delestrogen Primogyn
Estradiol Cypionate is the same as	DepoEstradiol
Estradiol Benzoate is the same as	BenzoGinestril

The chemical name should be written on the vial. Sometimes the trade name will be there too.

The estradiol salt is mixed with a quantity of medically purified vegetable oil. The vial should also list the concentration of the hormone, usually as mg/ml (milligrams per milliliter) this tells you how many milligrams of hormone you are injecting for every milliliter of oil. Common concentrations are 5mg/ml, 10mg/ml, 20mg/ml, and 40mg/ml.

Estradiol Valerate

The most common dosage for estradiol valerate is 20 milligrams every two weeks. This means that you inject enough oil to get 20 milligrams of estradiol hormone. You can use the concentration to tell how many milliliters of oil to inject.

For instance- if the concentration is 10mg/ml, then for every milliliter of oil, you get 10 milligrams of hormone. You would need 2 milliliters, because 20 divided by 10 is 2. Here is a chart:

Concentration	How Much to Inject
5mg/ml	4 milliliters
10mg/ml	2 milliliters
20mg/ml	1 milliliter
40mg/ml	one half milliliter

Generally, people give themselves one shot every other week.

Estradiol Cypionate

The most common dosage for Estradiol Cypionate is 5 milligrams every two weeks. This means that you inject enough oil to get 5 milligrams of estradiol hormone. You can use the concentration to tell how many milliliters of oil to inject.

For instance, if the concentration is 5mg/ml, then for every milliliter of oil, you get 5 milligrams of hormone. You would need 1 milliliter, because 5 divided by 5 is 1. Here is a chart:

Concentration	How Much to Inject
5mg/ml	1 milliliter
10mg/ml	One half milliliter
20mg/ml	One quarter milliliter

People give themselves one shot every other week.

Syringes and Needles

Most syringes are marked in milliliters. Usually they come in 1ml, 3ml or 5ml sizes, and have numbers from 0 to 1, 3, or 5 on the side. Some very small syringes are marked in "Units" and go up to 100- for these syringes, 100 is the same as 1 milliliter, and 50 is the same as one half milliliter.

Needles are measured in length and in "gauge" or width. The gauge is a number, usually between 18 and 25. The lower the number, the bigger the needle- 18g needles are very wide, 25g needles are very narrow. Many people use a wider needle to draw hormones out of the vial, then use a narrower needle to inject. Needles also come in different lengths. You will need a needle that is at least an inch long.

Injection Instructions

Injecting hormones is different from injecting IV drugs. With hormones you want to make sure and avoid hitting a vein. The best way to learn how to inject your own hormones is to learn from someone who already knows. Make sure they stay clean and don't re-use needles or syringes, then ask them to walk you through the process. If you are using pre-filled syringes, you can skip steps 2-6.

You will need your vial (bottle) of hormones, a wide needle, a narrower needle that is at least one inch long, a syringe and two alcohol swabs.

First- wash your hands!

Clean the rubber stopper at the top of the hormone vial with the first alcohol swab. Open the syringe and needles and put a wide needle on the tip of the syringe. Twist it to screw it on tightly.

Pull back on the plunger until the end of the plunger is opposite the number of milliliters you plan to inject and the syringe is full of air.

Put the needle through the rubber stopper and push the air into the vial. You have to put air in to get the hormones out.

Draw out as many milliliters (measured on the side of the syringe) as you need to inject. Make sure not to draw up any more air. Remove from bottle.

Put the narrower needle on the end of the syringe.

Choose your injection site- most people use the upper outer quarter of their butt or the outer side of their thigh. You want to change where you do your shot every time, so that no one place gets used too much. Be careful- if you have silicone in your butt, don't inject hormones there! Use your thigh instead.

Clean the injection site with the second alcohol swab

Pull the skin to one side over the injection site- this way when you're finished, the needle hole in the skin and the needle hole in the muscle won't line up, and less hormone will leak out.

Inject the needle into the muscle straight down (don't go at an angle)

Pull back on the plunger a little bit- the syringe should be very hard to pull, or you should see a small air bubble pop into the syringe. This means you aren't in an artery or vein. If you see blood come back into the syringe, pull it out and start over.

Inject all the medication.

Pull the needle straight out.

Combining Medications

Some people will want to take some of pill x and some of pill y, or combine a half-dose of pill x with shot y. This is dangerous- it is hard to predict how different hormones will interact. The best bet is to use up all of one form before starting on another.

The exception is that many people take one anti-androgen medication and one estrogen medication. This is generally safer than taking two different estrogens. Never take more than one kind of anti-androgen! Taking too much anti-androgen is more dangerous than taking too much estrogen.

When you're ready to go legal

Eventually, you may want to get your hormones from a doctor. Making the decision to go legal is a big deal. Often, it costs more money at first than getting hormones from other sources. Often, it means telling strangers about your T, or about other parts of your life you don't usually talk about. It can mean repeated appointments, rude questions and other frustrations. The most important thing is to make sure that you stay in control of the situation- remember, you can always leave and go back to the street, internet or other sources.

In every city there are doctors who give hormones and hormone prescriptions to trans people. Generally, if you ask around, you can find someone who knows the name of a friendly doctor.

A doctor you go to should be responsible. This means, they should write you an actual prescription for hormones that you can take home with you. If the doctor gives you a prescription for injectable hormones (shots) they should teach you how to give an injection correctly. They should also give you a prescription for syringes and needles.

A responsible doctor should monitor your blood, to make sure the hormones aren't damaging your liver, kidneys or heart. A responsible doctor should take an interest in other aspects of your health- if you have asthma, for instance, or anxiety, or something else, they should make sure that you are being taken care of.

A doctor you go to should be respectful. This means they should call you by the name you prefer, and call you "she" if you want to be called "she." A respectful doctor does not worry about whether you are "real" enough or pretty enough to get hormones. **NO DOCTOR SHOULD EVER TRY TO MAKE A PASS AT YOU, OR MAKE YOU FEEL LIKE YOU NEED TO GIVE THEM SOMETHING SEXUAL IN EXCHANGE FOR HORMONES.**