

Hormone Options:
Anti-Androgen Therapy

For many, androgen blockers are needed or desired to drive down one’s own production and response to testosterone, and allow the effects of estrogen to be more apparent. Estrogen alone can suppress testosterone, but for some estrogen alone may not be enough to suppress testosterone sufficiently.

Oral	
Medication name	Aldactone (spironolactone)
Frequency	By mouth once or twice daily
Additional comments	A potassium-sparing diuretic that can directly inhibit testosterone production and its effects, as well as potentially having its own small estrogenic effect. Those who are smaller and thinner, have lower blood pressure, are on certain blood pressure medications, and/or have underlying kidney disease may be at increased risk of experiencing adverse side effects. This is currently the anti-androgen of choice in the United States.
Medication name	Propecia, Proscar (finasteride), Avodart (dutasteride)
Frequency	By mouth once daily
Additional comments	Blocks the conversion of testosterone to its more potent form, DHT. It does not inhibit the production of testosterone and therefore will not lower blood testosterone levels. May be most effective for those with hair loss/baldness, significant facial hair, or those who are unable to tolerate higher doses of spironolactone.
Injectables	
Medication name	Lupron (leuprolide)
Frequency	Injected monthly or every 3 months, depending on the formulation. This injection is done by a medical provider.
Additional comments	Decreases one’s own production of sex hormones, and is used for the purpose of blocking gonadal (testicular or ovarian) function. In youth, this can also reversibly block pubertal development prior to starting on gender-affirming hormone therapy. Lupron can be an option for some adults as part of a hormone therapy regimen, but it may be cost prohibitive and is not first-line use.