Options for managing menstrual cessation for trans masculine and non-binary AFAB clients

Contraceptive options

- **Depo Provera (medroxyprogesterone) -** 12 weekly injection

  May take a few injections for full cessation, good contraceptive option.

- **Combined Oral Contraceptive Pill** (running packets together)

  Oestrogen-containing medications are often not desired by the trans masculine community but recommend counselling them that it works by keeping hormones at a stable level. People with ovaries and testes both have oestrogen in their body, but the oestrogen levels usually vary much more in people with ovaries.

- **Levonorgestrel (Mirena) IUD -** intrauterine implant,

  Usually provides menstrual cessation about 3-6 months after insertion, good contraceptive option.

Non-Contraceptive options

- **Norethisterone/Primolut**

  Dose = 5mg twice daily, can increase to 10 mg twice daily for 1 week if breakthrough bleeding then reduce slowly. Occasionally need to stay at higher doses.

  This is a progestogen that is taken twice a day. It is considered to be a weak androgen and is therefore often more acceptable by the trans masculine community. It is very effective at suppressing periods, however should not be used as a form of contraception. It has been found to be effective and well tolerated in young people at the Centre for Youth Health. There is some conversion to oestrogen so should be avoided if contraindication or significant risk to being on an oestrogen containing pill.

- **Oral Provera (medroxyprogesterone)**

  Dose = 10–20mg once daily - up to 10 mg tds .

  If requiring long term higher doses may be best to explore alternative options.

- **Puberty Blockers**

  Whilst puberty blockers do stop periods the benefits are less for trans masculine people once they are through puberty and are menstruating (particularly if 2 years post onset of menses and growth plates will likely have fused). Side effects are more common e.g. hot flushes and impact on bone density. There are often potentially safer and better tolerated options that should be considered first or whilst waiting to start blockers. Puberty blockers may still be used in individualised circumstances and are usually commenced by or in discussion with a paediatrician.

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