Oestrogen: Gender Affirming Hormone treatment and menopause symptoms

This factsheet is for trans women, transfeminine people, and non-binary people who were presumed or 'assigned' male at birth (AMAB) who use oestrogen.

Hot? Agitated? Feel like you're crying more than usual? Low and fluctuating oestrogen can cause a range of symptoms.[1]

The term we are using is 'menopause symptoms' but you may prefer to say menopause, hormone changes, hormone fluctuations, or something else entirely. If you have other terms or ideas about language, please share them.

There is a lack of research about transgender and non-binary people's experience of menopause, their symptoms and support options.[2] Current guidance for practitioners is to proceed with highly tailored, person-centred approaches to prescribing gender-affirming hormone therapy (GAHT).[3]

Not everyone who's taking oestrogen as part of gender affirmation will experience menopause symptoms, or talk about them in that way, and experiences vary widely. Everybody's journey is unique.

What are menopause symptoms and why am I having them?

"Menopause symptoms" are physical, emotional, and cognitive changes associated with low or fluctuating estrogen levels.

Whether we are talking about hormones that the body makes on its own (endogenous hormones) or hormones that you take as part of GAHT (exogenous hormones) the rise and fall of hormone levels can feel the same in the body.

Menopause is a term that usually describes the fluctuation and decline of endogenous oestrogen that happens when ovaries stop making hormones. If you're using oestrogen you may experience menopause symptoms if your oestrogen levels decline, are low or fluctuate up and down.[4]

Why might my levels be low?

It's not uncommon for oestrogen levels to be low or fluctuate at different times. This can happen if:

- You are just starting oestrogen and your dose is still being adjusted.
- Your dose is inconsistent because you're facing barriers to accessing a regular dose. The inconsistency of doses can cause hormone levels to go up and down.
- You stop or take a break from oestrogen for a health or other reason.

Common symptoms trans people report when they experience low or fluctuating oestrogen include:

- Hot flushes (sudden overheating and sweating)[5]
- Fatigue or low energy[6]
- Mood changes[7]
- Decreased sex drive[8]
- There may be other symptoms too, but research is limited in this area.[9]

Some of these symptoms could also be caused by underlying medical conditions or by ageing. It's important to talk to your GP about your symptoms so they can rule out other conditions.

What causes these symptoms?

Hormone-related symptoms may be associated with:

- Low oestrogen levels[10]
- Missed doses or inconsistent access to hormones[11]
- Aging while on oestrogen[12]

Even if your oestrogen levels look 'within range' to your health practitioner, you're the expert of how those levels feel in your body.

You can advocate for yourself. A good practitioner will work with you to address any challenges you're having.

Missed or inconsistent doses of oestrogen

For people using oestrogen, missed or inconsistent doses can create a noticeable "rollercoaster" of symptoms because hormone levels rise and fall instead of staying steady.

These fluctuations can affect mood, energy, and physical sensations. For example, some people report feeling more tearful and sensitive.

Follow the advice of your GP about dosage and talk to them if you have challenges taking the regular dose. Taking a consistent dose at a regular time of day keeps your oestrogen levels steady.

What helps?

Ask for support and information from your GP or doctor about:

- What the impact of missing or skipping oestrogen doses could be for you. Your doctor may have some tips about how to make your medication routine easier.
- Reviewing and continuing to tailor your oestrogen dose and delivery method (patch, gel, tablet, injection)[13]
- Adjusting or discontinuing anti-androgens if no longer needed[14]
- Discussing healthy ageing and long-term estrogen use

Hormone needs can change over time. Adjustments are common. It's important that your GAHT is tailored to you.

Take a regular dose

This can be easier said than done – especially if you're new to taking a daily medication. There's no shame in needing to learn or seek support to take regular medication.

- Some people set reminders on their phone, or build a routine around taking the medication.
- Seek out support from peers about how they have built new habits or formed routines that help them take a consistent dose.
- For oral medications you can buy a webster pack from the pharmacy. These packs help some people take their medication consistently and also notice when they've missed a dose.

Self-care and lifestyle strategies[15]

Finding out what works for your life and preferences is key. Some suggestions are:

- Dressing in layers and using cooling aids for hot flushes
- Maintaining regular sleep routines
- Gentle physical activity (e.g., walking, stretching, yoga)
- Stress-reduction strategies
- Talking to safe people in your life to help you look out for symptoms and find ways to manage the impact of hormonal fluctuations.
- Keep a symptom diary so you can track frequency, intensity and identify triggers. Some people find that caffeine, spicy food and alcohol can trigger hot flushes. These triggers may also contribute to poor sleep, night sweats, migraines and changes in mood.

Important things to know – it is not in your head!

These symptoms are real. Though there's not a lot of research on this, there is enough evidence out there to show that this isn't just in your head.

Taking a consistent dose of oestrogen can help. If you find the symptoms persist discuss them with your GP.

You deserve respectful, informed, gender-affirming care.

If you're not being heard by your doctor, seek support. Ask a friend or trusted person to attend appointments with you. Make a plan together about how your support person can support you in the appointment. For example, by taking notes, asking questions, or advocating for you. This can help get the most out of your appointment with your doctor.

You can also look for a new doctor. You can ask your doctor if they can suggest another doctor who has more experience or specialises in this area. You can also seek out another doctor. There are trans affirming doctors and allied health providers listed on the AusPATH service directory.

Other resources

- ***Transhub***

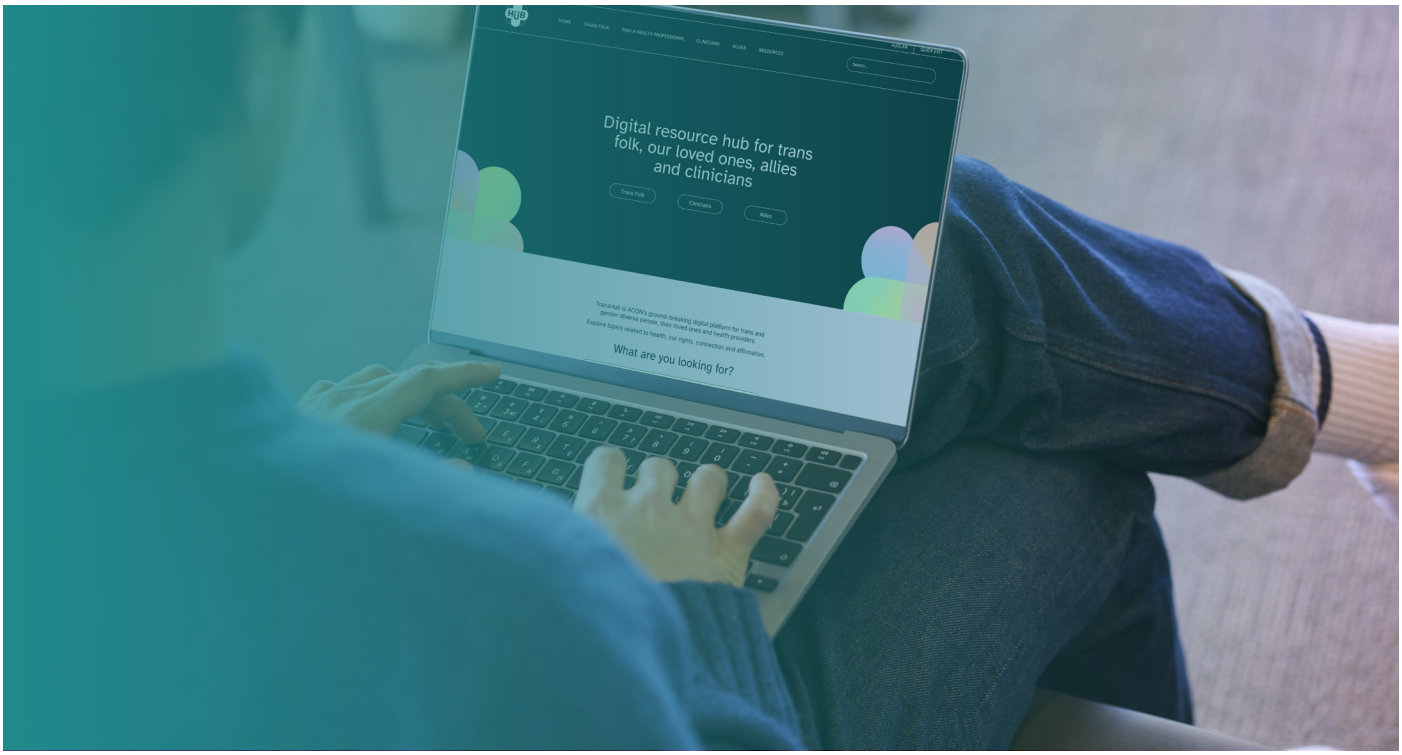
has all kinds of health information, including a page about using oestrogen
www.transhub.org.au

- ***Working It Out***

peer support groups and 1 to 1 support. Lutruwita/Tasmania's gender, sexuality and intersex status support service is free and accessible face to face or online.
www.workingitout.org.au

- ***The Trans and Gender Diverse Menopause project***

Hear from trans and gender diverse Tasmanians about what oestrogen cessation and menopause meant for them. Tips and encouragement about how to get through it and thrive.
www.womenshealthtas.org.au/trans-menopause



CHECKLIST

What to ask your GP/Doctor

Hormones and dosing

- [ ] Are my current oestrogen levels appropriate for my body and stage of life?
- [ ] Could my symptoms be related to low or fluctuating estrogen?
- [ ] Would adjusting my oestrogen dose or delivery method help?
- [ ] Do I still need my current testosterone blocker?

Dosing and monitoring

- [ ] What blood tests are recommended for me, and how often?
- [ ] How do we balance blood results with how I actually feel?

Symptoms and wellbeing

- [ ] Are there non-hormonal options that could help my symptoms?
- [ ] Could stress, mental health, or other medications be contributing?
- [ ] What symptoms mean I should seek urgent care?
- [ ] How might the chronic condition I live with be contributing?

Long-term health

- [ ] How does estrogen affect my bone health long-term?
- [ ] Should we be monitoring cardiovascular health?
- [ ] Should I take any supplements such as vitamin D or calcium as I age?

Resources and community care

- [ ] Do you have any resources that help me talk about these symptoms with friends and family?
- [ ] Do you have a list of hotlines or support services who I can talk to?
- [ ] Do you know of any organisations or peer-support groups who I can support me?
- [ ] Can you suggest any affirming community resources to help me feel less alone in this?

Questions unique to me

Endnotes

1 EM Aquilla. (2024). Ask the Expert: What to Know About Menopause When You're Trans or Nonbinary. Healthline. www.healthline.com/health/menopause/ask-the-expert-menopause-in-trans-men-and-nonbinary-people#trans-women-and-menopause

2 Westra, B. L., Quick, C., Knudson, G., & Krakowsky, Y. (2024). Transgender patients and genderaffirming hormone therapy through the midlife. *Maturitas*, 189, 108093. https://pubmed.ncbi.nlm.nih.gov/39178607

3 AusPATH. (2025). Australian Standards of Care for Informed Consent Gender-Affirming Hormone Therapy. Version 2. Australia: Australian Professional Association for Trans Health. www.auspath.org.au/standards-of-care

4 Menopause and Oestrogen Cessation. (2024). Transhub. www.transhub.org.au/our-health/menopause-oestrogen-cessation

5 Ibid.

6 Mohamed, S., & Hunter, M. S. (2019). Transgender women's experiences and beliefs about hormone therapy through and beyond mid-age: An exploratory UK study. *International Journal of Transgenderism*, 20(1), 98–107. www.doi.org/10.1080/15532739.2018.1493626

7 Ibid.

8 Ibid.

9 Xin MQL, Lane R. Exploring the clinical, psychological, and social relevance of menopause for trans and gender diverse people: a qualitative study. *Menopause*. 2025 Apr 1;32(4):288-294. www.doi.org/10.1097/GME.0000000000002498. Epub 2025 Jan 28. PMID: 39874451.

10 Menopause and Oestrogen Cessation. (2024). Transhub. www.transhub.org.au/our-health/menopause-oestrogen-cessation

11 Note that there can be a range of reasons why doses are missed or reduced, including because of barriers to access. Restar, A. et al. Gender affirming hormone therapy dosing behaviors among transgender and nonbinary adults. *Humanities and Social Sciences Communication* 9, 304 (2022). www.doi.org/10.1057/s41599-022-01291-5

12 Mohamed S, Hunter MS. Transgender women's experiences and beliefs about hormone therapy through and beyond mid-age: An exploratory UK study. *International Journal of Transgenderism*. 2018 Oct 23;20(1):98-107. www.doi.org/10.1080/15532739.2018.1493626

13 For information about initiating and tailoring GAHT in Australian see AusPATH. (2025). Australian Standards of Care for Informed Consent Gender-Affirming Hormone Therapy. Version 2. Australia: Australian Professional Association for Trans Health. www.auspath.org.au/standards-of-care; Cundill, P. (2020). Hormone therapy for trans and gender diverse patients in the general practice setting. Australian journal of general practice, 49(7), 385-390. www1.racgp.org.au/ajgp/2020/july/hormone-therapy-for-trans-and-gender-diverse-patie

14 Hormones – Feminising. (2025). TransHub. www.transhub.org.au/medical/hormones-feminising

15 Australian Menopause Society. (2019). Lifestyle and Behaviour Modifications for Menopausal Symptoms, www.hub.menopause.org.au/Play?pId=baf6c5a6-ae1c-4fe3-80d5-0ae1aa1065cb

Hello! Could you give us feedback about this resource? We'd really like to know what you think and if reading this helped.

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Women's Health Tasmania

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