Menopause/ oestrogen cessation, testosterone, and your body

This factsheet is for trans men, transmasculine people, and non-binary people who were presumed or 'assigned' female at birth (AFAB). It has information that can help if you use testosterone (T). Some information may be helpful even if you don't use testosterone.

Be aware: We use the terms perimenopause, menopause, oestrogen cessation and hormonal fluctuations in this factsheet. We also use medical terms for body parts such as ovaries, vagina and uterus.

Celebration? Relief? A rollercoaster? Menopause and perimenopause can show up with or without being on T. Being prepared can help you get through it.

There is a lack of research about trans ageing, the impact of gender-affirming hormone therapy (GAHT) and perimenopause symptoms. Current practice is that GPs focus on what each individual person needs. This means tailored, person-centred approaches to prescribing GAHT.[1] Everybody's journey with GAHT is unique and you might experience symptoms that are unique to you.[2]

Let's get the basics down

- Menopause is when the ovaries stop producing enough oestrogen to continue menstrual cycles.
- Menopause can happen because of medical treatments such as taking testosterone, or a surgery such as a hysterectomy (removal of the uterus) or oophorectomy (removal of ovaries).
- Perimenopause is the lead-up to menopause. During perimenopause, the ovaries produce irregular/fluctuating amounts of oestrogen in the body. The fluctuations of oestrogen levels can come with symptoms such as mood changes, fatigue, hot flushes and disrupted sleep.
- Perimenopause is a common part of aging (often starting in the 40s) for people who have ovaries.

How testosterone changes your oestrogen levels is specific to you

Some people on testosterone may:

- Enter menopause because the testosterone decreases oestrogen so much that periods stop.[3]
- Experience low or fluctuating levels of oestrogen and this could mean you still get a period, or experience peri-menopause symptoms.
- Will go through age related perimenopause and menopause in mid-life. This is especially the case if you only use a low dose.[4]
- Be in menopause because of a surgery or other health treatment.[5]

If you haven't or don't use GAHT or haven't had surgeries

- You can expect peri/menopause to occur in midlife. It may bring with it a range of symptoms.
- Each person's experience of perimenopause/ menopause is individual. Some people experience lots of symptoms, others experience very few.
- For trans and gender diverse people, there's a big spectrum of social, physical and emotional experiences that come with this midlife change.[6] *See our lived experience resources for more information.*

How can low or fluctuating oestrogen levels/perimenopause show up (even if I am using Testosterone)?

The physical, emotional, and mental signs of low and fluctuating oestrogen are varied. They can change over time and change in intensity.

While this isn't an exhaustive list, these are some common symptoms:

- Hot flushes or night sweats
- Genital discomfort/atrophy – sometimes described as dryness, burning, or feeling like papercuts
- Problems urinating
- Changes in mood – feeling irritated, tearful or low
- Fatigue – tiredness, or more difficulty doing physical tasks
- Changes to libido – decreasing, or increasing
- Brain fog and trouble thinking and remembering
- Sleeping difficulties

While they can be signs of oestrogen cessation/ perimenopause, they could also be a symptom of an underlying health condition. It's important to talk to your GP about your symptoms so they can rule out other conditions.

Neurodiversity and oestrogen cessation/menopause

Some people who are neurodiverse report that they experience symptoms intensely. For some people, peri/menopause can mean that Autism or ADHD is diagnosed after long years of masking.

See our lived experience resources for more information:
www.womenshealthtas.org.au/trans-menopause

What helps manage these symptoms

You can talk to your GP or specialist to get help with:

- Reviewing and continuing to tailor your testosterone dose and delivery method (gel, injection).[7]
- Discussing things like bone and heart health and how your hormone levels impact these. There are lifestyle changes that can help support healthy bones and heart.
- Discussing medications and devices to assist with symptom management of genital discomfort or heavy periods.[8]
- Discussing a referral to a pelvic physio. Especially if you're having trouble with urination, incontinence, or persistent pelvic pain a pelvic physio can help.

Your GP may refer you for screening and tests to ensure these symptoms are not related to another underlying condition. Even if your testosterone 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.

Self-care and lifestyle strategies[9]

Evidence around self-care and lifestyle changes is mixed. 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 (walking, stretching, yoga)
- Seeking peer support. There is an Australian gender inclusive peer support group on Facebook for people experiencing perimenopause.
- You may like to 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 mood disturbances.

What helps is individual — you're allowed to experiment, change your mind, and find what work's best for you.

Important things to know – you're not alone!

As a trans or gender diverse person, it's understandable to have concerns about outing and misgendering if you talk about your experience of menopause.[10]

Support is out there! Many trans people have gone before you and live well while navigating oestrogen cessation/menopause.

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 oestrogen cessation/ menopause

- [ ] Could what I'm experiencing be related to perimenopause or menopause?
- [ ] How do oestrogen treatments for menopause affect gender-affirming testosterone?
- [ ] How does my testosterone interact with oestrogen cessation/menopause?
- [ ] Are my current hormone levels supporting my long-term health — not just transition goals?

Dosing and monitoring

- [ ] Should we review my testosterone dose or delivery method due to the changes I am experiencing?
- [ ] Are blood tests useful for me right now — and how do we balance results with how I feel?

Body changes and comfort

- [ ] What can help with genital discomfort?
- [ ] I am having urinary problems – can we talk about why and how to make it better? I have heard that pelvic physios can help.

Long-term health

- [ ] Do I need to think about bone density testing now or in the future?
- [ ] Are there heart or other health risks we should monitor over time?
- [ ] Are there lifestyle factors that I could look at to help me live and age well?

Symptoms and wellbeing

- [ ] Are there non-hormonal options that could help my symptoms?
- [ ] I am experiencing problems with my sleep/ energy levels/cognition. Are they related to peri/menopause and if so, what are my options for addressing these symptoms?
- [ ] Could any of my medications be contributing to these changes?
- [ ] How might my chronic condition/illness or disability be contributing to these symptoms?
- [ ] Can you refer me to someone who specialises in this?
- [ ] What symptoms mean I should seek urgent care?

Resources and community care

- [ ] Do you have any resources for me about managing peri/menopause at home?
- [ ] Do you have any resources that help me talk about peri/menopause 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

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2 Ibid.

3 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

4 Australian Menopause Alliance. (2024). Trans and Non-binary Considerations. www.menopausealliance.au/menopause/trans-and-non-binary-considerations

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6 Toze, M., & Westwood, S. (2025). Experiences of menopause among non-binary and trans people. I*nternational Journal of Transgender Health*, 26(2), 447–458. www.doi.org/10.1080/26895269.2024.2389924

7 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; 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

8 Transhub (2024). Hormones – Masculinising. www.transhub.org.au/medical/hormones-masculinising

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10 Annabel K. Gravely, Lori A. Brotto (2026) The Non-Cisgender Experience of Menstruation and Menopause: Literature Review and Recommendations. *Journal of Obstetrics and Gynaecology Canada*. Volume 48, Issue 1, 103161. www.doi.org/10.1016/j.jogc.2025.103161

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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