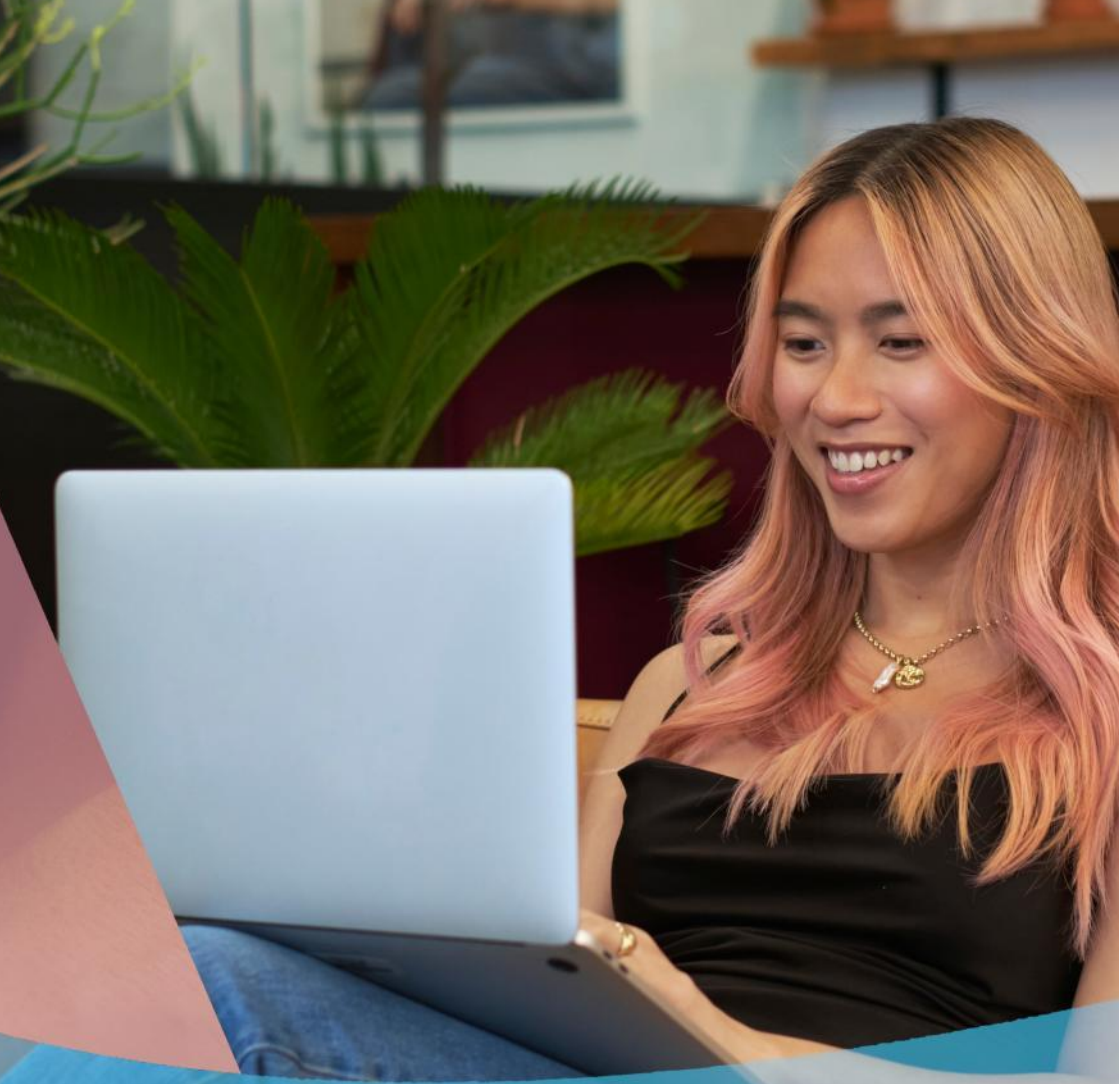

Guide to **Hormones**

Your gender transition in your own hands

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Hormones

Your gender transition in your own hands

By

Trans Resource Exchange Nijmegen (TRENY)

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Cover photos: VICE

Trans Resources Exchange Nijmegen is a working group of the Transinfo024 Foundation

1. About this book

Being transgender is wonderful! What is not so wonderful is that many trans people do not have access to healthcare. We are faced with years-long waiting lists and requirements that we cannot meet. Or we have no access to healthcare at all because, as refugees, we are excluded from the healthcare system.

Because healthcare, which is vital to us, is often not accessible through official channels, many people seek unofficial routes. They start taking medication themselves to change their bodies. When someone starts doing this without being well informed, it can be risky. When someone knows how healthcare works and what to look out for, there are far fewer risks.

We have written this book to make starting your own healthcare as safe as possible. We have tried to bring together the basic information you need when using hormones to change your body and when making an informed choice about whether or not to start taking hormones yourself.

This book was written by trans people who have faced this challenge themselves. We are not doctors and we are not authorised to give individual medical advice. The information in this book has been compiled from official treatment protocols and other public sources. Everything has been checked by experienced proofreaders, including a doctor who works in transgender care. Not all of the proofreaders' advice has been included, as opinions may differ on some issues.

We have tried to present this information in simple language as much as possible, with (tracking-free) QR codes to sources where you can read more. All medical information, dosages, blood values, etc. are based on care for adults. We have not covered

puberty blockers and the start of hormone therapy in young people.

This book was written by and for trans people in the Netherlands. While a lot of the medical information applies more broadly, information about the health care system is specific to the Netherlands. We name brand names for medications that are available in the Netherlands. When discussing blood tests and dosage, we use the measurement units that are most commonly used in the Netherlands.

We hope this book will help you, but we also hope you will use more information than just this book. We cannot tell you everything there is to know about hormones, and we certainly cannot tell you how to combine this care with other health problems or medications you are taking.

We therefore recommend that you seek out more information and, above all, get in touch with other trans people who have started hormone therapy by themselves. Contact with others who have experience with this can make a big difference in finding safe medication, solving problems you encounter and passing on what you have learned. That is why we begin this book with a list of the groups for self-starters that currently exist in the Netherlands.

We hope that this book can also help people who are not starting hormones by themselves, but would like to know more. For example, family, friends, and partners of trans people.
This book may also be useful for trans people who are prescribed hormones but receive insufficient information from their practitioner. Hopefully, this book can provide more insight into the options and considerations that healthcare providers make about the care they offer. We hope that this will enable readers to better advocate for themselves in conversations with practitioners.

If the readers of this book already know a lot about hormone use, we hope they will help us to make future editions of this book even better. So if you have any additions or comments, please send an email to: treny@riseup.net.

Finally, we would like to thank everyone who contributed to the creation of this book. In particular, we would like to thank the proofreaders: Dr. Peter Leusink (general practitioner, sexologist NVVS, initiator of Transgender Care Utrecht), Denna Sikkema (Trans in Eigen Hand), Marije van 't Kruijs (Ede Pride, Feminists Against Ableism), Michelle den Boer and the Principle17 team. Roos Wilkens created beautiful illustrations for us for the chapter on self-injection. We want to thank the Mama Cash Foundation for their financial support of our organisation. In addition, we are indebted to the organisations that have housed or supported us over the past few years: Café De Klinker, Café De Opstand, meeting place Gezellig Nijmegen, het Roze Huis and COC Regio Nijmegen.

We would also like to thank the trans organisations that have done the groundwork on which we could build, including Trans Radical Resources Exchange (T-RRex), Trans Healthcare Network and Transfeminine Science. It is impossible to name all the organisations and individuals who have contributed, because organisations that are active today build on the work of others. The tradition of supporting each other in self-medication began almost a century ago among marginalised trans people, often sex workers, who helped each other because no one else would. It is an honour to be able to make a small contribution to this history of mutual support with this book.

Information groups for self-starters:
This list is subject to change. Search the internet or ask around in the community for more tips.

Trans Resources Exchange Nijmegen (TRENY)
https://treny.noblogs.org/
https://www.instagram.com/trenymegen/
treny@riseup.nl

Trans Radical Resource Exchange
in The Hague (T-RREx)
https://trrex.noblogs.org/
https://www.instagram.com/trrex_denhaag/
https://radar.squat.net/en/den-haag/t-rrex

Bringing Unity Through Transgender Empowerment, Radiance, Friendship, Laughter, and Yearning in Amsterdam (b.u.t.t.e.r.f.l.y.)
https://butt.erfly.diy/
https://www.instagram.com/butterfly_amsterdam/

Transgender Informational Gathering for the Exchange of Radical Resources | Groningen (Tigerr 050**)**
https://www.instagram.com/tigerr.050/

2. Hormones: on prescription or start yourself?

Gender-affirming hormone therapy involves taking medication to influence the amount of testosterone and estrogen in your body, sometimes supplemented with other substances. In English, this is called *Hormone Replacement Therapy*, which is why you sometimes see the abbreviation **HRT** used in Dutch to refer to gender-affirming hormone therapy.

Many trans people use hormones to help their bodies align better with their gender identity. This can involve visible physical changes, but also how they feel emotionally and mentally.
In this book, and in medical protocols, hormone treatment is divided into two types: masculinising and feminising. In practice, trans people do not always strive to look more masculine or feminine, but rather to achieve changes – visible or not – that make them feel better about themselves.

There are also people who are cisgender (non-transgender) and use HRT. Cisgender women, for example, often use hormones to treat the symptoms of the menopause and for contraception. Cisgender men use it for various health problems resulting from low testosterone. Some people with an intersex condition also use hormones. Hormones are also used to bring about cosmetic changes or improve athletic performance. Whatever the reason and background for taking hormones, it is always a medical treatment that can affect your physical and mental health.

It is not up to us to determine for whom hormones are the right choice, in what quantity, or for what purposes. Starting hormones is a personal choice. In this book, we will not tell you whether you should do this. However, we do want to give you insight into your options.

Advantages and disadvantages of starting on your own

If you want to obtain hormones on prescription for transition care, this is usually (but not always) possible after a long waiting list and extensive psychological assessment. You will then receive a prescription from an endocrinologist or general practitioner. This doctor will determine which medication you take, how often and in what dose. The doctor will prescribe blood tests, check your blood values and adjust your care based on the results. A pharmacy will provide medication that has been manufactured in an approved laboratory according to fixed quality standards. The pharmacy will also check whether the hormones you are receiving could affect other medication you are taking. Your medication will then usually be paid for in full or in part by your health insurance.

If you start taking medication yourself, this system no longer applies. You are your own doctor. You decide which medication you take, how often and in what dose. You arrange blood tests and check your blood values yourself. You are also your own pharmacy: you look for a seller who is willing to sell you medication. In most cases, you cannot check whether your medication has been manufactured in an approved laboratory according to established quality standards. You pay for everything yourself.

The big advantage is that you are not bound by the rules of the system. There are no waiting times, no mandatory psychological assessment and you are not obliged to adhere to treatment protocols. For some people, freedom of choice is the reason they start on their own. Often, the long waiting time for official care is an important reason. Waiting years before you finally feel comfortable in your own body can be very bad for your physical and mental health. Whether or not to start on your own therefore often involves a risk analysis: is the risk of arranging everything

yourself greater than the risk of waiting years for care? And are you willing to reduce the potential risks of starting on your own by informing yourself properly and proceeding with caution?

Your options for obtaining hormones on prescription

There are various ways to obtain hormone care within the Dutch health care system. We will briefly summarise them here. The information below was compiled in 2025 and may change in the coming years.

Through a gender team at a university hospital

There are currently three clinics in Dutch academic hospitals where you can receive transition care: Amsterdam UMC, Radboud UMC and UMC Groningen. To get on the waiting list for these teams, you need a referral from your GP. The waiting time varies, but generally takes several years. This is followed by a psychological assessment (the 'indication assessment'), which takes several months. You will then be referred to an endocrinologist at the same hospital. Often, they also have a waiting list. Due to this lengthy process, it can sometimes take many years before you can actually start hormone therapy. You can also be placed on waiting lists for surgery through a gender team.

Through the gender team of a psychologist's practice

Various gender teams at psychology practices provide a psychological assessment (the ‘indication assessment’). Waiting times for these practices vary and new practices may open while others are discontinued. After the psychological assessment,

these teams refer you to an endocrinologist practice outside their own organisation. They can often also refer you to a surgeon, but sometimes you still have to go to a gender team at a university hospital for this. Health insurers often make it difficult to reimburse care that you receive in this way. It is important to make sure that your health insurer has a contract with the gender team, the endocrinologist and the hospital where the surgeon works.

Tip: The organisation Trans in Eigen Hand keeps track of the waiting lists for gender teams and publishes annual overviews of contracts with health insurers. https://transineigenhand.nl/voor-transgender-personen/overzicht-wachttijden-gender-teams/

Through a GGD trans care clinic

Gender teams are not accessible to refugees without a residence permit. However, they can receive care from the GGD. There are currently trans care clinics at the GGD Amsterdam and the GGD Utrecht. The GGD clinics also have a waiting list, but they do not perform a full psychological assessment. They will interview you and review your health. A GGD doctor will then write you a prescription for hormones. Sometimes you will have to pay for part of your care yourself. You can also receive sexual health care at the clinic, such as STI tests. The GGD clinics help trans migrants, sex workers and people of colour. You do not need a referral from a general practitioner.

Via the COA doctor

Are you a refugee and did you already start hormone therapy before you came to the Netherlands? Then the COA doctor must continue your care. Sometimes it is very difficult to convince the COA doctor that this is necessary care and that you had already started hormones in your country of origin. Support groups for LGBT refugees can help you with tips and support to get the care you are entitled to.

Tip: Contact Colored Qollective, an organisation for and by LGBTQIA+ people of colour,
https://www.coloredqollective.org/
https://www.instagram.com/coloredqollective

Tip: Contact LGBT Asylum Support, an organisation that supports LGBT refugees**.**
https://lgbtasylumsupport.nl/

Via your general practitioner

A general practitioner may prescribe hormones to a trans person. If you are a refugee, your general practitioner can receive reimbursement for hormone care through the CAK. For this, it is important that your general practitioner indicates that this is necessary care.

Your GP may prescribe hormones even if you have not had a psychological assessment at a gender clinic. However, few GPs currently do this. They often prefer to refer you to a specialist. You

can try to convince your GP that the waiting lists for specialists are too long and that this care can be safely provided in a GP practice. Trans in Eigen Hand, together with the NHG Expert Group on Sexology, Transgender Care Utrecht and Transvisie, has developed a manual for GPs.

Tip: Trans in Eigen Hand guide for GPs https://transineigenhand.nl/zorgverleners/GPs/

If you start taking hormones yourself, you are not obliged to inform your GP, but it is often worthwhile to do so, so that your GP can take this into account. Sometimes your GP will decide to write a prescription after all, or your doctor will want to help you by prescribing blood tests and interpreting the results.

If you cannot reach an agreement with your GP, you can also try to see another GP. The website of the organisation Trans In Eigen Hand also has a list of GPs who have already completed their training. There is no guarantee that they will prescribe hormones, but it is worth a try.

Tip: Trans in Eigen Hand list of GPs who have completed training: https://transineigenhand.nl/voor-transgender-personen/landkaart-transvriendelijke-huisartsen/

Via an online doctor

Various websites offer video consultations with GPs in Europe for a fee. These doctors can write prescriptions for you, but usually offer little guidance beyond that. In practice, this is similar to starting on your own, but with a prescription so you can get your medication from the pharmacy. You have to pay for the consultation yourself and sometimes for the medication as well. You may also be scammed: some websites take your money but ultimately do not provide a prescription.

If you are considering going to an online doctor, ask other trans people about recent positive experiences and pay close attention to how expensive it is. Do not just give out your credit card information and never allow automatic payments from your account.

Your options for starting on your own

There are several ways to obtain medication without a prescription. We list them below. First, a little bit about the legal status of starting on your own:

In the Netherlands, selling or passing on medication to people without a prescription is illegal in many cases. Buyers and users are not punishable. Buying and taking medication without a prescription is legal.

In some situations, self-medication can get you into trouble. For example, if you are a minor, under supervision or living in special housing where additional rules apply. In these cases, think carefully about whether you want to take the risk and with whom you share information.

Testosterone is considered a performance-enhancing drug in sport. Keep this in mind if you participate in sports competitions. Medication without a prescription cannot always be taken across international borders and doing so may in some cases be considered smuggling, especially if you are carrying large quantities. So make sure you are well informed before travelling with medication.

Hormones via an online seller

You can buy hormones from various webshops. These often ship from countries where this medication is available without a prescription or where regulations and controls are less strict. Webshops mainly sell feminising hormone medication. Testosterone is somewhat more difficult to find online due to stricter regulations surrounding this substance.
You usually pay by bank transfer or cryptocurrency. Then (if all goes well) you will receive a package with medication at home.