

MANAGING SIDE EFFECTS ON TRT



Acne & Oily Skin

Most common side effect. Related to DHT and sebum production. Twice-weekly dosing (our standard) minimizes it. Usually improves by months 3–6.



Water Retention / Bloating

Driven by estradiol and fluid shifts — typically self-limited in the first 1–3 months. Hydration, electrolytes, and lifestyle address most cases.



Mood Changes

Most often a peak-trough effect from infrequent dosing. Twice-weekly protocol at T-Time eliminates this for most patients before it starts.



Estrogen / E2 Elevation

Some E2 rise is expected and healthy. We focus on the T:E ratio and treat only when symptomatic — not just based on numbers.



Hair Changes

Two types: androgenic alopecia (genetic, accelerated by DHT) and telogen effluvium (temporary shedding from stress, GLP-1, or hormonal shifts). Each is managed differently — see dedicated pages below.



Testicular Atrophy

Normal result of LH suppression on TRT. Does not affect sexual performance. HCG is available as an optional add-on if this is a concern — see dedicated page.



Fertility

TRT suppresses sperm production. Options exist to preserve fertility. This conversation should happen before starting TRT if children are in your future.



Experiencing a side effect? Contact T-Time before changing anything on your own. Most have a simple fix — and stopping TRT abruptly is rarely the right answer.

ESTROGEN MANAGEMENT ON TRT: OUR APPROACH

Estradiol is widely misunderstood in men's health. At T-Time, we protect it — we do not aggressively suppress it.



Why E2 Rises on TRT

As testosterone levels increase, some converts to estradiol via aromatase. This is normal physiology — and it's a good thing. Approximately 50% of testosterone's benefits come from its metabolites, including estradiol.

Our Approach: T:E Ratio Over Absolute Number

Rather than treating an E2 number in isolation, we look at how estradiol is balanced relative to your testosterone. As T rises, some E2 rise is expected and appropriate. Context matters more than a single number.

Nipple Sensitivity

Mild nipple sensitivity when first starting TRT or after a dose change is common and transient — it resolves on its own within a few weeks. It is not gynecomastia. Contact us if it persists, significantly worsens, or you notice actual tissue growth.

First-Line: Lifestyle & Protocol

- All T-Time patients are recommended to use twice-weekly dosing — this naturally reduces E2 spikes
- Reduce alcohol, address body fat, prioritize sleep
- Mild, asymptomatic E2 elevation doesn't need treatment — allow the body to adjust

If Medication Is Needed

- We prefer Tamoxifen over anastrozole — it acts selectively at breast tissue without systemically suppressing E2 throughout the body, preserving the joint, mood, libido, and cardiovascular benefits estradiol provides



We will never crash your E2. Balance is the goal — not elimination.

ACNE ON TRT: WHY IT HAPPENS & WHAT TO DO

Acne is the most common side effect of TRT — but it's manageable and usually temporary.

Why It Happens

- Testosterone and DHT increase sebum production and keratinization
- Men with prior acne history are more susceptible
- Large T peaks worsen it — which is why twice-weekly dosing is our standard
- Usually appears in weeks 4-12 and often improves by months 3-6



Lifestyle & Skincare

- Shower daily, immediately after workouts when possible
- Use a salicylic acid body wash (e.g., CeraVe SA) + scrub brush on back and shoulders
- Change pillowcases weekly; change sweaty clothes immediately
- Avoid endocrine-disrupting chemicals in skincare and laundry products

Evidence-Based Supplements

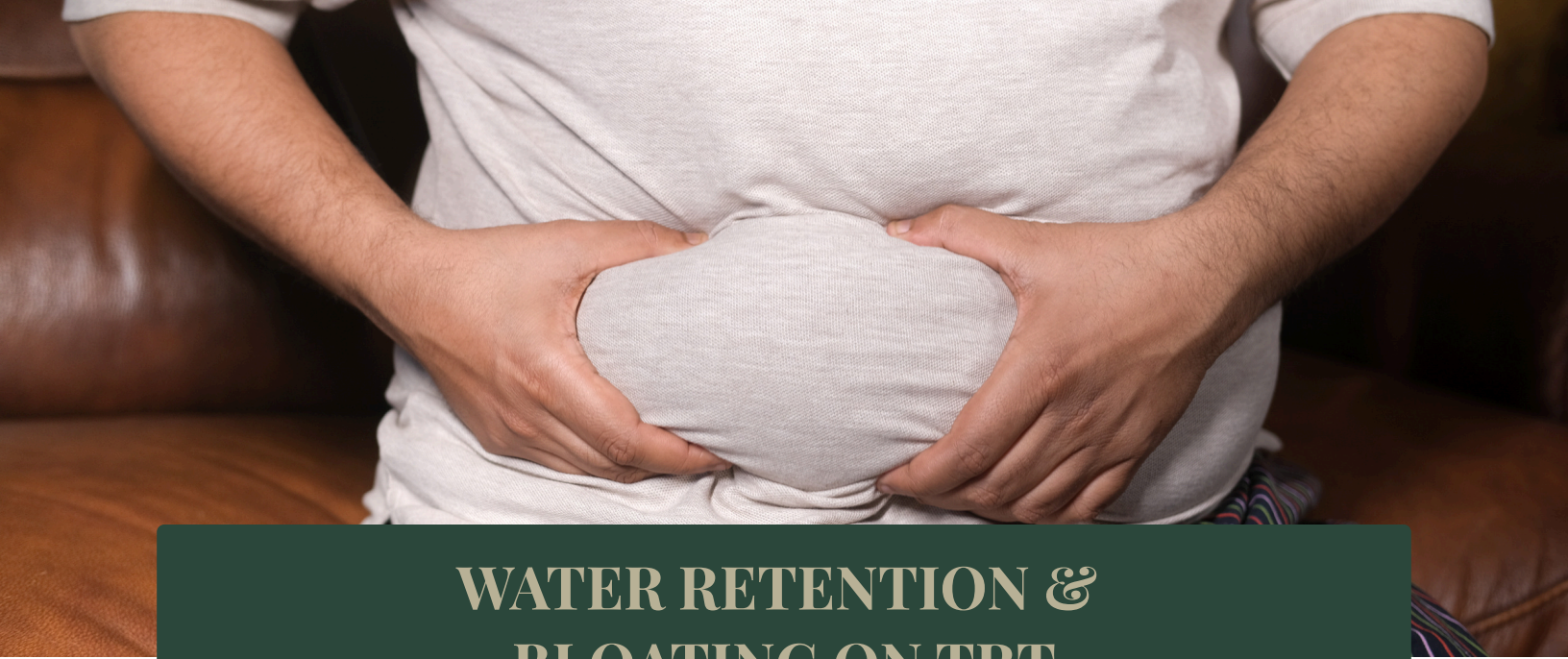
- **Zinc 30-50 mg:** Reduces 5-alpha reductase; pair with copper 2 mg for long-term use
- **Vitamin B5 / Pantothenic Acid 2,500-5,000 mg twice daily:** Reduces sebum production
- **Niacinamide B3 1,000 mg twice daily:** Anti-inflammatory skin support
- **Vitamin D3:** Optimize levels — supports skin barrier and immune regulation

Prescription Options If Needed

- Low-dose isotretinoin (10 mg daily) for resistant cases — effective at this dose without the severe side effects of higher doses
- Topical prescriptions as appropriate — contact us



Don't pick or squeeze — increases scarring. Tell your provider if acne is affecting your quality of life.



WATER RETENTION & BLOATING ON TRT

Feeling puffy in the first few months? Common, usually temporary, and very manageable.

Why It Happens

- Testosterone and elevated estradiol activate the RAAS system — kidneys retain more sodium and water
- Most common in months 1-3 as levels are adjusting; often resolves on its own

Interventions — Try These First

- Reduce sodium — processed and packaged foods are the biggest source
- Increase water intake — dehydration paradoxically signals the body to hold fluid
- Add electrolytes: potassium 1,000-2,000 mg/day, magnesium, LMNT packets
- Limit alcohol — increases E2 and worsens fluid retention

If Lifestyle Isn't Enough

- Twice-weekly dosing (already our standard) reduces E2 spikes and fluid retention
- If E2 is confirmed symptomatic: Tamoxifen may be considered
- Short-term diuretics for significant edema in appropriate patients

When to Contact Us

- Sudden, severe, or one-sided leg swelling — can indicate DVT, needs prompt evaluation
- Swelling with shortness of breath or chest pain — emergency care immediately



Mild water retention in months 1-3 is normal. Give your body time to adjust before we intervene.

MOOD SWINGS & IRRITABILITY ON TRT

Some men notice mood changes when starting TRT. Because T-Time uses twice-weekly dosing as standard, most patients never experience this significantly. Here's what to know.



The Peak-Trough Effect

With once-weekly injections, testosterone peaks 24-72 hours after the shot and falls to its lowest just before the next injection. This hormone rollercoaster can cause shifts in mood, energy, and libido throughout the week.

Why Twice-Weekly Dosing Solves It

All T-Time TRT patients inject twice weekly from the start. This significantly flattens the peak-trough curve — stable hormone levels day-to-day means stable mood day-to-day.

Other Possible Causes

- **Elevated estradiol** — emotional sensitivity
- **Subtherapeutic levels** — still functionally in low-T range
- **Poor sleep quality** — dramatically worsens mood



If you notice mood changes that track with your injection schedule, tell us. It's usually an easy adjustment.

HAIR LOSS & TRT: ANDROGENIC ALOPECIA (MALE PATTERN BALDNESS)

TRT does not cause male pattern baldness — but for men who are genetically predisposed, it can accelerate a process already written in their DNA.

What Is AGA?

Male pattern baldness is genetic hair loss driven by DHT. DHT causes genetically susceptible follicles to miniaturize over time — receding temples, thinning crown. Without intervention, follicle damage is permanent.



Does TRT Cause It?

- TRT does not cause AGA — but can accelerate it in genetically predisposed men
- Men without genetic predisposition rarely see significant scalp hair loss on TRT
- If MPB runs in your family, early intervention is key

Our Approach — No Finasteride or Dutasteride

We avoid finasteride and dutasteride due to the risk of Post-Finasteride Syndrome (PFS): persistent mood changes, low libido, gut inflammation, and hormonal disruption. Instead:

- **Minoxidil (topical or oral):** Stimulates follicle activity — widely used and effective
- **Ketoconazole shampoo:** Mild DHT blocker at the scalp; anti-inflammatory
- **Zinc 30–50 mg:** Reduces 5-alpha reductase and supports follicle health
- **Vitamin D optimization:** Low Vitamin D is directly associated with hair loss
- **Pumpkin seed oil:** Evidence supports modest DHT-blocking and hair-preserving effects



Tell us at or before your first visit if hair loss is a concern. Early intervention gives the best results.



HAIR SHEDDING: TELOGEN EFFLUVIUM — IS THIS YOU?

Sudden, diffuse hair shedding can be alarming — but telogen effluvium is temporary, reversible, and completely different from male pattern baldness. The follicles are healthy. The hair comes back.

What Causes It?

When the body experiences a significant stressor, a larger-than-normal number of hairs shift into the shedding phase at once. The follicles stay intact.

- **GLP-1 medications and significant rapid weight loss** — among the most common triggers; well-documented and expected during active weight loss phases
- **Sudden physiological stressors:** major illness, surgery, nutritional deficiency
- **Significant hormonal shifts** — can occur as the body adjusts in the early months of any new hormone protocol

How It Differs from MPB

- **Diffuse shedding across the whole scalp** — not just temples or crown
- **Follicles are alive and intact** — the hair will regrow
- Typically resolves within 3–6 months

What Helps

- **Vitamin D optimization:** Low levels directly linked to hair cycle disruption — get tested
- **Zinc 30-50 mg/day:** Supports follicle health
- **Ketoconazole shampoo:** Scalp anti-inflammatory support
- **Pumpkin seed oil:** Supports hair cycle regulation
- **If weight-loss related:** prioritize adequate protein (0.7-1g/lb) and healthy fats — nutrition is the most modifiable driver during active weight loss



Telogen effluvium during GLP-1 or early hormone therapy is expected and temporary. Optimize Vitamin D, Zinc, protein, and scalp health — the hair returns.

TESTICULAR ATROPHY ON TRT

Testicular atrophy is a common and expected change that comes with TRT. Here's the straightforward picture.



Why It Happens

When exogenous testosterone is introduced, your brain detects sufficient levels and reduces its LH signal to the testicles — they're no longer needed for production. Less stimulation means a gradual reduction in size, typically 20–30%. This is not a sign that something is wrong.

Does It Affect Sexual Performance?

No. Testicular size has no bearing on erectile function, libido, or sexual performance. For most men, this change is largely cosmetic.

Your Options

Most men are not bothered by the change and choose not to address it. If testicular atrophy is something that concerns you — whether for cosmetic reasons or because fertility is on your radar — HCG is an available add-on to your protocol.

- HCG mimics LH and keeps the testicles stimulated while on TRT
- Maintenance dose: 250–500 IU subcutaneously twice weekly
- Available as an add-on — ask your provider about adding it and associated costs
- For fertility specifically, see the Fertility Preservation page



Most men choose not to use HCG and are completely fine with that decision. It's there if you want it — not something you have to do.

FERTILITY PRESERVATION ON TRT

TRT significantly reduces sperm production. If fathering children is important to you — now or in the future — this conversation needs to happen before you start.

How TRT Affects Fertility

- Testosterone suppresses LH and FSH — the hormones that drive sperm production
- Sperm counts can drop substantially within 3–6 months of starting TRT
- Reversible in most men with proper management — but recovery takes time

Option 1: HCG (On TRT, Want to Preserve Fertility)

- Mimics LH and keeps testicles producing sperm while on TRT
- Fertility support dose: 500 IU subcutaneously 2–3 times per week
- Semen analysis can monitor response every 3–4 months
- Available as an add-on to your protocol — ask about cost

Option 2: Enclomiphene (Not Ready for TRT)

Enclomiphene stimulates the body's own LH and FSH production — raising testosterone naturally while preserving fertility. Used as a standalone option for men not yet on TRT who want to optimize without suppressing their axis.

- Dose: 25 mg daily
- NOT combined with TRT — exogenous testosterone suppresses LH/FSH regardless, making enclomiphene ineffective in that context

Option 3: Sperm Banking

- Cryopreservation before starting TRT — frozen sperm remain viable for years
- Best insurance policy if future fertility is important to you

Already on TRT and Want Children?

Contact us. Recovery is possible in most cases. We can implement HCG alongside TRT or transition protocols to help restore sperm production.



Early planning gives you the most options. Have this conversation with us before you start — not after.

YOUR GUIDE TO OPTIMIZING TESTOSTERONE & HEALTH



Troubleshooting

- Acne / oily skin → often improves after 6-12 months.
- Testicular shrinkage → normal, not dangerous, preventable with HCG if desired.
- Mood swings → usually linked to estradiol balance, not testosterone itself.

Lab-Driven Issues (monitored every panel):

- High Hematocrit (HCT >54%) → may require blood donation, dose adjustment, or frequency change.
- Estradiol (E2) → balance is key.
 - Too high → nipple sensitivity, bloating, mood swings
 - Too low → low libido, joint pain, depression
- Target ratio: Testosterone : Estradiol $\approx$ 20-30:1
- Outdated bodybuilding protocols pushed “over-suppression” of estrogen — this is no longer considered safe or necessary.



FAQs & Myths

“Why don’t I feel 100% yet?”

TRT takes 3-12 months to fully optimize. Most men need 2-4 adjustments in Year One.

“Will TRT cause prostate cancer?”

No. Studies show TRT does not increase risk. PSA is checked initially and annually for safety.

“Will TRT affect fertility?”

Yes. We can protect sperm production with HCG if fertility is a priority or there are other options, ask about enclomiphene.

“Is estrogen bad?”

No. Estradiol is vital for mood, libido, and bone health. We manage balance, not suppression.

“Do I need to donate blood?”

Not always. Hematocrit is monitored every panel. Only if levels rise above 54% would we recommend donation.



Lifestyle: Optimize Your Results

Lifestyle is the multiplier — the more you put in here, the more TRT can deliver.

- **Protein-forward diet** → supports lean mass
- **Strength training** → 3-4x weekly for maximum benefit
- **Cardio** → heart health + fat loss
- **Hydration & sleep** → critical for hormone balance
- **Limit alcohol & processed foods** → reduces inflammation + estrogen conversion
- **Smart supplements** (discuss with provider): Vitamin D, Omega-3s, Creatine, DHEA if low.

The T-Time Difference

- All labs + follow-ups included
- Direct access for questions
- Step-by-step optimization until you’re dialed in

TRT is about the long game. Stay consistent, and results will follow.

When to Contact Us

Reach out right away if you notice:

- Sudden swelling in legs/ankles
- Shortness of breath or chest pain
- Severe acne flare that’s unmanageable
- Mood changes that feel extreme (rage, depression, anxiety beyond normal adjustment)
- Signs of gynecomastia (persistent breast swelling or pain)
- Any new or concerning symptoms you’re unsure about

Call/text 972-961-3515 or send a message through the patient portal.