# Nandrolone for AFAB Nonbinary Hormonal Transition

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This article examines the potential of nandrolone as a hormonal therapy option for AFAB nonbinary individuals seeking to masculinize their bodies. It explores the biochemical mechanisms, compares nandrolone with testosterone, and presents anecdotal evidence from individuals who have used it.

## What is "Nandrolone?"

Nandrolone, also known as "Deca," "Durabolin," or 19-nortestosterone, is a weak androgen with high anabolic effects, meaning that it is much more anabolic than androgenic.
Androgenic means that a chemical tends to masculinize the body, as opposed to feminizing it. Anabolic refers to how a chemical affects protein synthesis and muscle mass; technically, something that is anabolic simply builds organs and tissues. As you may know, this chemical is commonly used in bodybuilding for its anabolic effects. It is most commonly found in an injectable solution.

## Why Nandrolone?

Unlike testosterone, nandrolone cannot be reduced to DHT. Instead, it is reduced to DHN, an even weaker androgen than nandrolone. To "reduce" means to convert or change to inside of your body. DHT (dihydrotestosterone) is a potent androgen responsible (or majorly responsible) for facial hair growth, body hair growth, pubic hair growth, phallus development (the penis, clitoris, or other phallic structures), and androgenic alopecia (male pattern baldness).

Because nandrolone cannot be reduced to DHT, someone taking nandrolone would not experience these effects or would experience a reduced number of these effects. This makes nandrolone an option worth considering for nonbinary people who wish to masculinize or become more androgynous without gaining as much body hair, facial hair, or clitoral growth as they would with testosterone. Alternatively, it is also an option for those at risk of severe androgenic alopecia that would not be sufficiently inhibited by finasteride or dutasteride.

### Natural Example of Masculinizing Puberty Without DHT

An example of a male body without naturally occurring DHT is that of males with 5α-reductase deficiency. This means that they do not have (or have little of) the chemical that converts testosterone to DHT. The most thorough source I found on this condition is from Wikipedia, which states, “During puberty, an increase in the levels of male sex hormones leads to the development of some secondary sex characteristics, such as increased muscle mass, deepening of the voice, development of pubic hair, and a growth spurt. The penis and scrotum may grow larger. People with 5-alpha reductase deficiency do not develop much facial or body hair." Again, from the article "Steroid 5α-reductase 2 deficiency" published in The Journal of Steroid Biochemistry and Molecular Biology, "At puberty, deepening of the voice, development of muscle mass and virilization of external genitalia occur," and "Facial and body hair is decreased in comparison with unaffected males, but male pattern baldness does not occur..." (Mendonca et al.)
Hopefully, these examples provide a deeper understanding of what masculinizing puberty looks like without the presence of DHT.

## Literature on the Subject

Let me preface this by saying that, despite being FDA-approved for other purposes, nandrolone is rarely used for transition-related care. Therefore, the literature on this topic is scarce. I have done my best to locate and verify as many articles, essays, blogs, and personal accounts of nandrolone usage for transition as possible. Please note that anecdotal evidence is different from scientific research; these pieces are meant to support one’s understanding, not replace the scientific articles provided. It is crucial that you read the scientific articles below if you are considering using nandrolone for HRT.

### Scientific Studies

Article 1: Nandrolone as a Potential Alternative Androgen with Reduced Androgenic Side Effects for Transfeminine and Transmasculine People An article from Transfeminine Science, a very trusted source within the DIY and above-ground trans communities. |
Article 2: Hormonal Treatment Strategies Tailored to Non-Binary Transgender Individuals | Nandrolone is discussed in paragraph 2 of section 3.2 - Androgens. |
Article 3: Treatment With a Nonaromatizable Androgen for Transgender Man With a Hormone-sensitive Ovarian Cancer Nandrolone successfully used over testosterone in a trans man with ovarian cancer. He was prescribed 50 mg every two weeks. |

### Informal Studies, Articles, & Anecdotal Evidence

How Much is Too Much - Trans Health brief mention of nandrolone |
Discussion of Nandrolone on the Nonbinary Wiki Brief discussion of nandrolone from the nonbinary wiki. |
Reddit Thread 1: Nandrolone as an alternative to testosterone |
Reddit Thread 2: Nandrolone instead of T Redditor u/artfrxs discusses their experiences on being prescribed nandrolone after significant hair loss while on testosterone. |
Reddit Thread 3: Does anyone here take nandrolone, and if so, what dosage do you use? Redditor u/schizoid-android reports on their experience taking nandrolone for two years (at time of posting) |

## Dosage and Other Considerations

This is a collection of self-reported dosages and guidelines gathered from my research. These are meant for harm reduction and educational purposes - I am not a doctor.

- According to Article 3 (above), *"The therapeutic dose for humans can be 0.4 mg/kg/day ... but is usually administered as 50 mg every 1 to 3 times weekly."*
- Do not take a DHT blocker (formally known as a 5α-reductase inhibitor), such as finasteride or dutasteride, with nandrolone. Citing Article 1 listed above, "...5α-reductase inhibitors actually increase the androgenic strength of nandrolone in tissues that express 5α-reductase..." This means that if you are taking nandrolone to avoid clitoral growth, hair loss, significant voice changes, and significant body hair, taking a DHT blocker is counterproductive.
- ***THIS IS IMPORTANT!*** Take estrogen or a SERM, such as raloxifine/tamoxifen, at a minimum, alongside nandrolone. Unlike testosterone, nandrolone is not aromatized to estrogen (see Article 1). Additionally, when one undergoes hormone replacement therapy (HRT), their body begins to stop or significantly reduce its own hormone production. Taking nandrolone by itself will result in overly low estrogen levels, which is not the goal of masculinizing hormone therapy. Estrogen is necessary for bone density, cardiovascular function, and brain health in individuals of any sex. Individuals with a vagina, uterus, or cervix, especially, require estrogen to maintain these organs and prevent atrophy. Even if these organs are not used, atrophy can lead to severe pain. If you use your vagina for sex, atrophy will thin the lining of your vagina, leading to increased tears, pain, increased risk of STIs, and reduced self-lubrication. Depending on your hormone levels, your estrogen intake will differ. However, looking to Menopausal Hormone Therapy protocols for guidance, one may start with at least 0.5 mg of estradiol sublingually (under the tongue) twice per day. Additionally, topical estrogen creams, such as Premarin, can be applied vaginally to reduce the effects of atrophy.

## Self-Reported Results of Nandrolone Usage

- Redditor u/Best-Isopod9939 states the following under Reddit Thread 1: *"I can only speak to my experience but I'd say that the fat redistribution and muscle growth happened much faster on nandrolone. I also didn't smell near as bad. I got some hair growth but not near as much as on T but thicker than without. My skin did get rougher but I didn't get acne like with T. The libido increase wasn't as bad but I was dryer and experienced atrophy much quicker than on T. Much less bottom growth as well"*
- Redditor u/schizoid-android states under Reddit Thread 3: *"I've been taking the 50mg/week dose for about 2 years now (though I skip doses sometimes), and I feel generally well and haven't had any more virilization of my body"*
- In a private Discord server, two users reported using nandrolone for their transitions. I will include their statements below. Zero identifying information will be included to protect the users' privacy.
- User 1: *"...From about 2017-2021 I have DIYed my HRT with nandrolone, up until a few months ago when I got it prescribed by a doctor..." "...I started to DIY nandrolone 4 years ago... I haven't grown any additional body or facial hair and my hairline hasn't*

*changed since using nandrolone..."*

- User 2: *"...as someone that's been on nandrolone for several years, after having been on testosterone previously...not only have my facial and body hair not increased at all since discontinuing T, but my preexisting body hair (for example on my legs) has actually changed the texture/coarseness of the hair to be significantly thinner than when I was on T ... That, as well as some feminizing fat redistribution in my face, have been 2 rather unexpected effects of nandrolone in lived experience compared to my initial expectations from the literature alone..."* Their reported dose was 50 mg weekly.

### Some Notes

- The pronouns they/them are used for anyone whose pronouns are not specified. Prior to defaulting to they/them, the post, comments, profile, and user flairs were checked for preferred pronouns. It is never my intention to degender or misgender any trans person.
- If you have a doctor, please discuss nandrolone with them first if it is safe to do so. Unfortunately, many doctors are uninformed about trans healthcare, and unless your doctor is a specialist in trans healthcare and endocrinology, they have likely not heard of nandrolone outside of steroid usage, if at all. I recommend providing your doctor with some of the literature listed above and describing your transition goals and why you would prefer nandrolone over testosterone. Ultimately, your body is yours and yours alone. Be careful and safe, and ensure that you are getting regular blood work. It is generally recommended to test at 3 months, 6 months, and then annually thereafter. Trans Harm Reduction has a much more comprehensive page on when and why blood work should be performed. Please take a look prior to starting or changing your HRT.
- I am not a doctor. This is not medical advice. I am an autistic person with a special interest in this topic. I have been researching all matters of HRT for 5 years and want to do my part in expanding the available resources for the trans community.

## References


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