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Editorial

Trans Men, Cis Men, and the Concept of Cycles: A Medical Perspective

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The phrase "men having periods" often generates confusion because it blends biological facts with evolving social language and the lived experiences of diverse groups of men [1]. At its core, menstruation is a physiologic event driven by ovarian follicular dynamics, cyclic endometrial maturation, and progesterone withdrawal bleeding—processes dependent on ovaries and a uterus, which cisgender men do not have [2]. Thus, in the strict endocrine sense, cisgender men do not and cannot experience menstruation [2]. This fact, however, is only the starting point of a larger conversation.

A parallel conversation emerges from the experiences of transgender men, some of whom do menstruate [3]. Trans men who retain their ovaries and uterus and who are not yet on testosterone—or are in early phases of testosterone therapy—will continue to have menstrual bleeding that is physiologically identical to that of cisgender women [4]. Even after testosterone initiation, breakthrough bleeding or irregular spotting is clinically documented for several months in many individuals [4]. Clinicians must recognize these realities and approach them without bias, because these experiences are central to appropriate transgender health care and psychological wellbeing [5].

Alongside this, a different but increasingly visible discussion concerns whether cisgender men experience hormonal "cycles" resembling a menstrual rhythm [6]. The popular media often labels this alleged phenomenon as "male PMS" or "the male period," but such terminology is misleading because it implies an ovarian-type monthly cycle [6]. While cis men do not undergo a monthly menstrual cycle, they *do* exhibit testosterone rhythms that follow identifiable biological patterns—diurnal, seasonal, and possibly infradian—but these are not equivalent to menstruation [7].

Diurnal testosterone rhythms are the best established: testosterone peaks in the early morning and declines through the day, a pattern consistent across healthy adult males [7]. Clinical studies confirm an approximately 20–30% morning-to-evening drop in serum testosterone, which may influence mood, libido, and energy.[8] None of these patterns resemble the endometrial shedding or 28–30-day hormone oscillation of menstrual physiology, and equating them risks conceptual confusion [8].

The more intriguing scientific debate concerns whether cis men show longer cyclical variations in testosterone [9]. Some studies suggest weekly, monthly, or seasonal oscillations [9]. In a historic longitudinal endocrine study, scientists documented multi-week fluctuations in male testosterone, though the rhythm lacked a consistent 28-day periodicity [10]. More recent evidence highlights seasonal testosterone variation, with higher levels in late summer and early autumn and lower levels in winter [11]. These rhythms are attributed to environmental light exposure, circadian regulation, and hypothalamic–pituitary–gonadal (HPG)

axis sensitivity [11]. Importantly, these cycles are not universal, are highly variable between individuals, and do not follow a predictable monthly pattern [10].

The clinical implications of these fluctuations are only partially understood [12]. Small endocrine studies suggest possible influences on mood regulation, fatigue, irritability, sexual interest, and metabolic parameters in some men [12]. However, the evidence remains inconclusive because most datasets are small, observational, and insufficiently controlled for psychosocial factors [13]. The phrase "irritable male syndrome," originally described in studies of ruminants, has occasionally been extrapolated to humans, but the supporting evidence in human males is weak and inappropriate for clinical labelling [13]. Biological fluctuations likely interact with psychological stressors, sleep, physical activity, and metabolic health, making it incorrect to frame these experiences as a male analogue of menstruation [14].

The danger of loose terminology becomes most apparent in clinical practice [15]. When cis men interpret emotional variability as a "period", it trivializes the hormonal and anatomic realities of menstruation and risks conflating metaphor with endocrine science [15]. On the other hand, when trans men describe their menstrual cycles, the terminology is literal, not figurative—an important distinction that reinforces the need for linguistic precision in medicine [16]. A clinician who responds incorrectly risks alienating the patient or missing an opportunity for timely reproductive, contraceptive, or dysphoria-related care [16].

A more nuanced public understanding is essential for both endocrinology and gender-affirming medicine [17]. The facts are clear: cis men do not menstruate, trans men may or may not menstruate depending on anatomy and testosterone therapy, and all humans experience hormonal regulation that influences physiology and behaviour [17]. Science must distinguish between metaphor, identity, and physiology, because conflating them obscures important health distinctions [18].

Moving forward, research on male hormonal rhythms deserves more rigorous investigation [19]. Large-scale longitudinal studies with multiple daily sampling points could clarify the magnitude, frequency, and behavioural correlates of testosterone fluctuations in cis men [19]. Similarly, further research on menstrual suppression, breakthrough bleeding, and hormonal patterns in trans men is urgently needed to improve gender-affirming protocols [20].

A thoughtful reframing of "men and periods" requires embracing biological accuracy, respecting gender identity, and grounding discussions in evidence rather than analogy [20]. Science gains clarity when our language is precise; patients gain dignity when their experiences are recognized without distortion [20]. Endocrinology, identity, and human health are all too important to be reduced to slogans [20].

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