Testosterone

WOMEN'S
Wellness Clinic

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Testosterone in women

Testosterone is an important hormone that is made by your ovaries but production of this hormone, like estrogen, declines sharply around the time of the menopause. This fall in testosterone can lead to a lack of energy, brain fog and reduced libido (sex drive). Testosterone replacement is not currently licensed to women in the UK, but it is prescribed by many menopause experts and some GPs, as it has proven benefits in numerous clinical trials and little, if any, side effects.

Many people think of it as a 'male' hormone which is true, but women produce testosterone too. In fact, women produce three times as much testosterone than estrogen before the menopause. Levels of testosterone in your body drop more sharply around the time of the perimenopause and menopause and stay low thereafter.

What does testosterone do in your body?

Testosterone plays an important role for your muscle mass and bone strength, your cardiovascular health, cognitive performance such as concentration, and your overall energy levels and quality of sleep. The hormone also influences your level of interest in sex, and the amount of pleasure you feel from it. When your levels of testosterone reduce, you may find that you desire sex less often and when you do have sex, it's not as enjoyable as it used to be, (even when you still desire and love your partner).

Benefits of testosterone

Many women find that taking testosterone as part of their HRT provides further improvements than taking estrogen alone (with or without a progesterone).

Benefits you might experience include:

Improved energy and stamina

Improved muscle mass and strength

Improved concentration, clarity of thought and memory

Improved sleep

Increased libido and sexual arousal levels

Who needs testosterone?

There is good evidence to show that the benefits of testosterone could help many more women in their perimenopause and menopause.

Testosterone can be considered soon after the onset of peri/ menopausal symptoms, when you go to seek help for your symptoms. You do not usually need to have a blood test before treatment is started; your symptoms are enough of a guide for your doctor to agree to prescribe testosterone.

It is possible to measure your available testosterone levels in your blood by having your 'total testosterone' and SHBG levels checked, and your 'Free Androgen Index' (FAI) calculated. Your GP or NP is likely to want to do this test a few months after starting treatment to ensure your levels are within the 'female' range.

How is testosterone treatment given?

Testosterone is usually given as a cream which you rub into your skin like a moisturiser, and it then becomes absorbed directly into your bloodstream. The AndroFeme®1 is made for women and is a regulated preparation. The Testogel and Testim gels are made for men but can be safely used in lower doses for women. Your clinician will tell you how much to use. It should be rubbed onto clean, dry skin on your upper outer thigh or buttocks, it usually takes about 30 seconds to dry.

You should wash your hands thoroughly after using it. Applying the cream or gel at the same time each day will have the best effect and help you remember to apply it. Avoid swimming or showering until around 30 minutes after application and initially avoid using perfume, deodorant or moisturising creams on the area.

It can sometimes take a few months for the full effects of testosterone to work in your body, whether this is using the cream, gel or the implant

After you have started testosterone treatment

Using testosterone cream or gel daily will help to restore your blood testosterone levels back into the normal range for you and usually improves tiredness, brain fog and low sex drive, among other things. You should have a blood test to check your testosterone levels after around 3 months, and you should be reviewed by your doctor 3-6 months after starting treatment.

There are usually no side effects with testosterone treatment as it is given to replace the testosterone that you are otherwise lacking. Very rarely women notice some increased hair growth in the area in which they have rubbed the cream, this can be avoided by rubbing it into places with few hair follicles (upper outer thighs and buttocks are the recommended sites) and regularly changing the area of skin on which you rub it in.

As the dose is so low, testosterone used in this way does not usually increase your risk of developing facial hair, voice deepening or skin changes. It is important to have regular (usually annual) blood monitoring to reduce the risk of any side effects occurring. If you use AndroFeme®1, this contains almond oil so should not be used if you have an allergy to almonds.

Testosterone can be taken safely alongside estrogen HRT and vaginal estrogen. Long term use of safely prescribed testosterone replacement is not associated with any adverse health risks and is shown to be beneficial for the health and strength of your muscles, bones, cardiovascular health and brain health.

Hypoactive sexual desire disorder

You may have come across the medical abbreviation HSDD, which stands for Hypoactive Sexual Desire Disorder. It's normal to go through phases of less interest in sex but HSDD might be identified if you have a total lack of interest, lasting for more than 6 months that has consequences on your relationship and/or self-esteem.

Other signs of HSDD include no interest in any type of sexual activity, no sexual thoughts or fantasies, no interest in initiating sex, and difficulty getting pleasure from it, including masturbation.

Here are some of the questions that are asked when a diagnosis of HSDD is considered:

1. In the past, was your level of sexual desire or interest good and satisfying to you?

2. Has there been a decrease in your level of sexual desire or interest?

3. Are you bothered by your decreased level of sexual desire or interest?

4. Would you like your level of sexual desire or interest to increase?

5. What are the factors that you feel contribute to your current decrease in sexual desire or interest:

a. An operation, depression, injuries, or other medical condition

b. Medications, drugs, or alcohol you are currently taking

c. Pregnancy, recent childbirth, or menopausal symptoms

d. Other sexual issues you may be having (pain, decreased arousal, or orgasm)

e. Your partner's sexual problems

f. Dissatisfaction with your relationship or partner

g. Stress or fatigue

Getting help for HSDD

A lack of libido doesn't have to be an inevitable consequence of getting older, you can speak to someone about it. There's no one test for HSDD but discuss with your clinician how it is impacting you and your relationship. They may want to look at what could be causing it, such as the factors listed above and often it's a combination of more than one.

Depending on the cause, you can look to make some positive changes. This might be HRT including testosterone, vaginal estrogen if sex is uncomfortable, changing other medications you might be on that are lowering your libido, specialist counselling for yourself or as a couple, and there are some medications that are sometimes suggested to boost your libido.

Don't forget simple changes to routines can also help relieve stress and improve intimacy with your partner: exercising regularly, enjoying activities you both find relaxing, planning times for connection and intimacy, sexual experimentation (such as different positions, places, role-playing, or sex toys), and avoiding substances like tobacco and alcohol that can reduce sexual desire and performance.

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