

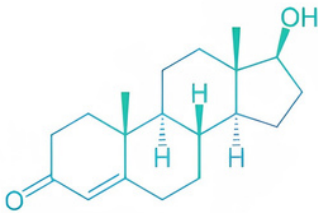


Testosterone therapy in Menopause



We usually associate testosterone with men, but it is a female hormone too. It's vital as we grow for sexual development, brain, bone, and muscle function, as well as our sex drive or libido.

Testosterone levels in women peak in the mid 20's and slowly decline with age, plateauing out at around 60 or so. Many women may not notice any changes as the levels drop, but some report symptoms such as low energy, brain fog, mood changes, lack of muscle tone, and low libido. Those who've gone through menopause at a younger age or following surgery to the ovaries may notice the changes more than those who go through natural menopause at the average age of around 51 in the UK.



What is testosterone recommended for?

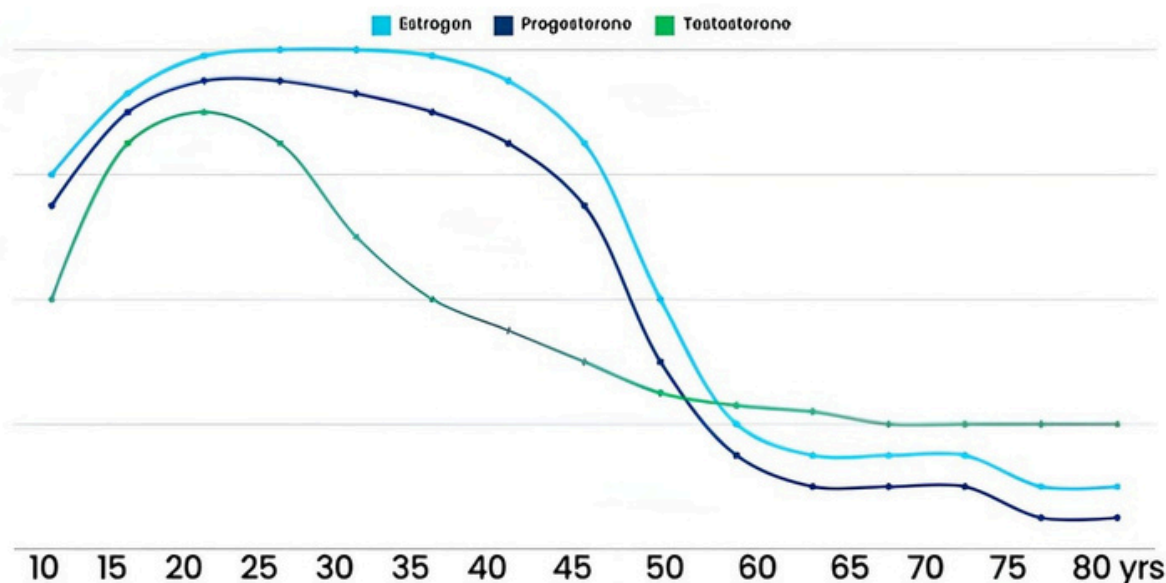
Current guidelines recommend that testosterone be prescribed for low libido during menopause, known as Hypoactive Sexual Desire Disorder (HSDD). According to NICE guidelines, HRT (including oestrogen and a progestogen if you still have a uterus) should be tried first and if that is not successful testosterone can be considered. Testosterone therapy works well for around two-thirds of women, but it may take 3-6 months to see any difference.

It's worth noting that there are many other causes for low libido, including certain medications like antidepressants or certain medical conditions. There are also psychological and physical factors, such as past trauma or pain during sex (due to vaginal dryness due to lack of oestrogen), that can affect it.

Anecdotally some women say that testosterone helps their energy levels, mood, and cognition, as previously mentioned, but it is not currently recommended as a treatment for these symptoms as there is not enough scientific evidence to say that it makes a difference.

Figure 1: Hormone changes in women as they age

OESTROGEN, PROGESTERONE & TESTOSTERONE BY AGE



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How is it prescribed?

There is no specific testosterone product for women in the UK so the products designed for men prescribed 'off-licence' on the NHS, but they are used in lower daily doses. Patients who go privately may be prescribed an Australian product called Androfeme cream which dispenses the appropriate daily dose for women.

Not all GPs are trained in prescribing testosterone to women and some areas in the UK don't have it on their list of drugs that can be prescribed which can make it difficult to obtain testosterone in those areas.

Products prescribed in the UK include:

- **Testogel sachets:** These 2.5g sachets contain 40.5mg testosterone. It's recommended that women use 5mg/day which means each sachet should last around 8 days.
- **Testim gel:** This is 1% testosterone gel in 5ml tubes. Again, the recommended dose is 0.5ml (5mg)/day, so each tube lasts for 10 days.
- **Tostran:** This is a 2% testosterone gel in a canister containing 60g. It is a pump action, and each metered pump of 0.5g is the equivalent of 10mg, so it is used every second day. A canister should last 240 days.
- **AndroFeme cream:** This is a 1% testosterone cream in a 50ml tube. The recommended dose is 0.5ml/day = 5mg /day, so each tube should last 100 days.
- **Testosterone Implants:** 100mg implanted pellets beneath the skin. These are not commonly used on the NHS but may be prescribed privately under specific circumstances.

Tip: For Testogel or Testim, some women decant the gel into a small pot and use a syringe to draw up the correct amount.

Do I need a blood test?

Testosterone is prescribed based on symptoms, not your blood level. That said, your doctor may take a blood test before starting you on testosterone to establish a baseline. This should be repeated after 3-6 months and thereafter annually to ensure that you are staying within safe levels.



How do I apply it?

Apply the gel to a clean area of skin. It may promote local hair growth so change to spot where it is applied regularly. Wash hands after applying and avoid contact with people and pets until the area is dry. Don't wet, wash or swim for about 2-3 hours after application.

Are there side effects?

If your levels remain within safe physiological levels there should be no side effects except localised hair growth where the gels is applied. Some women may experience acne outbreaks. If levels are too high the side effects can include excessive hair growth on the face, thinning of hair on the head, a permanently lowered voice and clitoral growth. There is very little data on the long-term safety of testosterone in post-menopausal women, however, the evidence does not point to an increased risk of cancers or cardiovascular problems with correct usage.

Who should not take Testosterone?

- pregnant or breastfeeding women
- women with active liver disease
- women with a history of hormone-sensitive cancer, unless agreed with specialists
- athletes – to avoid accusations of performance enhancement
- women with high baseline testosterone level.

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