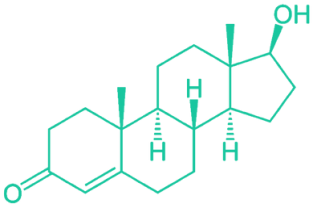




Testosterone therapy in Menopause

We usually associate testosterone with men, but it is a female hormone too. It's vital for sexual development, brain, bone, 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 ovaries 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?

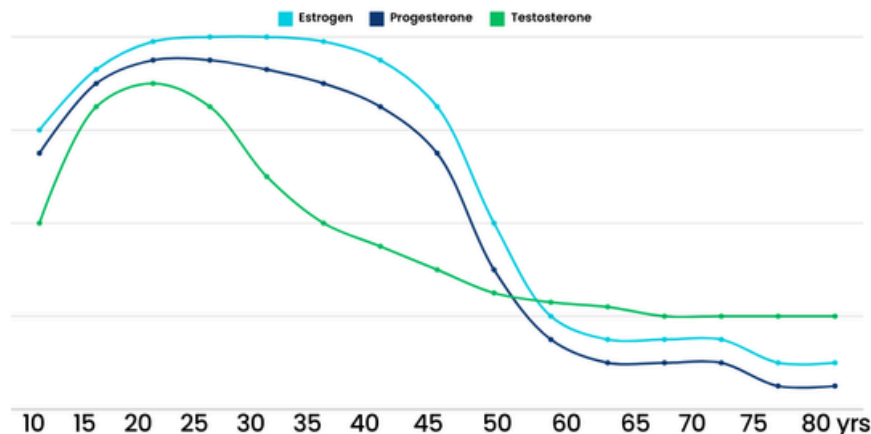
Current guidelines recommend that testosterone is prescribed for low libido during menopause or Hypoactive Sexual Desire Disorder (HSDD). According to NICE guidelines HRT (including oestrogen and a progestogen if you still have a uterus) should be tried first and if that is not successful testosterone 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 and medical conditions as well as 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.

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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 it is prescribed 'off-licence' on the NHS and women use the products that are designed for men, but 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 so that 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 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, like HRT, is prescribed based on your symptoms, not your blood level. That said your doctor may take a blood test before starting you on testosterone to establish a baseline and make sure it is not already high. Ideally the blood test should be repeated after 3-6 months and there after annually to ensure that you are staying within what is safe levels.

How is it applied?

Apply a pea-sized amount of the gel to a clean area of skin. It may promote local hair growth, so it's advised to rotate the spot where it is applied on a regular basis.

Wash hands after applying and avoid contact with partners, children 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. Some women may experience acne outbreaks.

If levels are too high, the side effects can include excessive hair growth on face, thinning of hair on scalp, 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 at the doses used currently.

Who should not take testosterone?



You should not take testosterone if you are a:

- pregnant or breastfeeding women
- women with active liver disease
- women with a history of hormone sensitive cancer unless agreed with specialists
- athletes – staying within the female physiological range is important to avoid accusations of performance enhancement
- women with high baseline testosterone level.

References:

<https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#managing-short-term-menopausal-symptoms>

Reviewed: Oct 24

