

H.S.D.D (hypoactive sexual desire disorder or low libido)

What is testosterone and how can it help?

- Testosterone is one of the 3 sex hormones that women's ovaries produce. Women produce three times as much testosterone than oestrogen before the menopause.
- Levels of testosterone in your body reduce as you become older and like oestrogen, if you have your ovaries removed, you are suddenly left without testosterone which can impact on your mental, bone and sexual health hugely.
- Testosterone affects libido and sexual satisfaction but can cause headaches, loss of muscle strength and persistent exhaustion too.
- The National Institute for Health and Care Excellence (NICE) suggests that if women are suffering from menopausal symptoms suggestive of low testosterone levels, then testosterone may be helpful and can be tried. My experience is that it often helps with cognition, memory, muscle strength and fatigue too. It helps improve libido in some women but problems with libido and sexual satisfaction can be multifactorial and this should be considered and discussed before prescribing it.
- When you are in the menopause, if you are on oestrogen hormone replacement therapy (HRT) especially after your ovaries have been removed, you may still have the symptoms of lack of testosterone and can be discussed once we are sure your oestrogen replacement is optimised. Testosterone will always be combined with standard HRT as it works best when there is oestrogen present too in my experience.
- A diagnosis of low testosterone levels can be made on symptoms alone but a blood test is required at the clinic to ensure prescribing of testosterone would be safe and effective.

Medicine – what is an unlicensed medicine?

- At present there are no available testosterone preparations licensed for female use in the UK (which is an unjust health inequality) however the safety and efficacy of testosterone replacement in women has been demonstrated in many randomised studies which have followed women for up to 12 months and reported significant improvement in sexual function, musculoskeletal health and the symptoms of fatigue.
- Due to the lack of availability of licensed female testosterone preparations, products such as Tostran® and Testogel®, which are manufactured and licensed for use in men, have been used outside their product licence to provide female physiological testosterone replacement. It is not uncommon in clinical practice to use medicines outside their product licence as long as this meets the criteria proposed by the General Medical Council (GMC) and the Government Regulator (The Medicines and Healthcare products Regulatory Agency - MHRA) on prescribing an unlicensed medicine or using a medicine off-label. You will be asked to sign an agreement to say you understand this before a prescription is given. Australia has a product called androfemme which is licensed specifically for women with HSDD and it is hoped that it will become available in the UK soon.

How is testosterone given?

Testosterone is usually given as a gel to rub into the skin, and there are a couple of different products that might be used. Please remember that the information leaflet that accompanies the gels are specifically for men so you will be given clear verbal and written instructions on how to use it, how much and how often.

The desired female testosterone replacement dose is approximately 5 mg a day. This can be provided using Tostran® 2% gel, in a pump dispenser, given as one measured pump (which contains 10 milligrams of testosterone) usually used three times a week. Testogel® a testosterone product that comes as a gel in a sachet can be used by applying the gel in a sachet usually over the course of 7-10 days (given as a daily dose of a small portion of the pack)

The gel should be applied to clean and dry skin and allowed to dry before you get dressed. You should not have contact with any other person while it is drying (approximately 10-minutes), and you should wash your hands after it has been applied. The area that it is on should not be washed for three hours after application to allow it to be absorbed.

The medicine can take several months to work and it is not effective for every woman. Younger women who have had an early menopause often notice more benefits from using testosterone sooner than others and in my experience it helps about 2 out of 3 women I prescribe it to.

If you find that testosterone is beneficial then you will continue to be prescribed it, alongside your standard HRT but as it is not yet available on the NHS, this will be a private prescription.

Is blood test monitoring required?

Blood testing for testosterone is not essential but I always advise it for monitoring purposes at least annually to be sure we are not 'under treating' or 'over treating' you. The relief of symptoms and lack of side effects is a helpful assessment and will be considered alongside a women's blood test results to ensure we are prescribing the right treatment safely and within recommended guidelines.

What are the side effects from using testosterone?

There are usually no noticeable side effects of testosterone as it is given to restore testosterone to levels before the menopause. However, some side effects are dose dependent and include:

- Hirsutism, increased facial or body hair (common), It is especially important to use different areas of the body to apply the gel to avoid excessive hair growth in that area.
- Alopecia, male patten hair loss (less common)
- Acne and greasy skin (less common)
- Deepening of voice (rare)
- An enlarged clitoris (rare)