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Information Leaflet (Version 1 May 2024)

Testosterone Replacement Therapy (TRT) for Women

What is Testosterone?

Testosterone is not just a male hormone; it is produced by both men and women. For this reason, Testosterone Replacement Therapy has huge potential for drastically improve the quality of life for women suffering with low testosterone symptoms.

Testosterone is made by the ovaries along with oestrogen in premenopausal women. It is also made by the adrenal glands (small glands that sit on the kidneys) as a weaker testosterone called DHEA, before and after the menopause.

How do I know if I have low testosterone?

Testosterone is generally thought of as being responsible for sexual desire, otherwise known as 'libido' or 'sex drive'. Many women don't get any low testosterone symptoms during the menopause, even when asked directly. When the blood is tested to check testosterone levels, the results often don't correlate with symptoms either.

This may be because DHEA is converted into testosterone in the brain. As such, testosterone levels in the brain may correlate better with symptoms, but these levels cannot be easily tested.

What are the symptoms of low testosterone?

The main symptom is a low sex drive, otherwise known as 'hypoactive sexual desire disorder' (HSDD). Many women also feel that testosterone gives them drive and energy, however research to date does not currently support this.

What else can cause a low sex drive?

It's important that before we consider testosterone replacement therapy, that we also consider other causes for HSDD. Causes other than low testosterone may include; ongoing menopausal symptoms, any physical or psychological illnesses, relationship difficulties, and medication (e.g. some anti-depressants (SSRI's)). It is also worth noting that multiple factors contributing factors may be present.

Consider the following factors:

- Are you attracted to your partner?
- Do you struggle with vaginal dryness/ discomfort/ splitting of skin or painful sex?
- Do you suffer from hot sweats at night?
- Do you feel attractive?
- Does your partner struggle to get or maintain an erection?
- Do you attempt foreplay?

Should I try Oestrogen HRT first?

Testosterone on its own can be very effective if the only symptom is lack of libido. However, there are risks with taking testosterone if you don't need it, such as excess hair growth/ enlargement of the clitoris and deepening of the voice (potentially irreversible).

As such, if you suffer with other menopausal symptoms, it is advisable to try oestrogen HRT first. This is because if your libido improves with oestrogen, then you may not require testosterone.

Don't forget vaginal estrogen either (cream or pessary), especially if vaginal dryness, painful sex or soreness is a problem. One third of women still have vaginal dryness despite systemic oestrogen HRT, so don't be afraid to ask!

What are the risks of Testosterone Replacement Therapy?

Most testosterone HRT preparations are not licensed by drug companies for use in women in the UK.

There is limited long term safety data for the impact of testosterone on the risk of developing heart disease, breast cancer and blood clots for women using testosterone. However, providing levels are monitored and kept within the female range, this risk is likely very low.

There can also be side effects associated with its use. These are rare when testosterone blood levels are monitored and maintained within the female range but can include:

- Excess black hair growth on the body (usually subsides once treatment is stopped or the dose is lowered).
- Acne
- Weight gain
- Potentially irreversible: Alopecia (hair loss)/ deepening of the voice & clitoral enlargement.

Who should avoid Testosterone replacement?

If you have a history of breast cancer, are pregnant, suffer from liver disease or are a competitive athlete, please mention this to your clinician at your first appointment.

How do I take testosterone?

Generally, women only need around 1/10th the amount that a man would need. Talk to your clinician about how often to take your testosterone, as not all preparations are daily or the same strength.

Preparations available include:

- Testim 1% gel
- Testogel
- Tostran 2%
- Androfeme crème 1%
- Testosterone implants

If using a topical preparation, apply to clean dry skin and leave uncovered until it is dried (normally around 20 minutes). Do not have close contact with other adults, pets, or children until it is dry and avoid washing the area or swimming for at least 2 hours after application.

Rotate where the gel or creme is applied, to avoid hair growth.

Anyone starting testosterone should have a follow up after 6-8 weeks of treatment. Please discuss your individual follow up plan with your clinician.

Booking your appointment

If you are struggling with low sex drive or feel you may benefit from oestrogen HRT or testosterone replacement therapy, then please phone Mandy Banbury (secretary to Mr Dobson) to arrange an initial appointment.

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www.samdobson.co.uk/menopause