

Patient information factsheet

Having testosterone therapy after the menopause

We have given you this factsheet because you have asked for more information about having testosterone therapy for low sex drive after the menopause. We hope it will answer any questions you may have. If you have any further questions, please contact a member of our team using the details at the end of the factsheet.

What is testosterone?

Testosterone is a hormone that both women and men produce. In women, testosterone is produced in the ovaries and the adrenal glands (small glands found on top of the kidneys) in almost equal amounts.

As women get older, their ovaries naturally produce less testosterone. Women's testosterone levels then reduce even further after the menopause (when a woman's periods naturally stop due to lower hormone levels). If women have their ovaries removed surgically (also known as surgical menopause) as part of a hysterectomy (a surgical procedure to remove the womb), the lack of testosterone becomes noticeable very quickly.

After the menopause (natural or surgical), low testosterone levels in women can lead to:

- a reduced or absent sex drive (libido) - if this causes distress, it is called hypoactive sexual desire disorder (HSDD)
- tiredness
- depression
- headaches
- cognitive problems (such as trouble remembering things or concentrating)
- osteoporosis (a health condition that weakens bones, making them fragile and more likely to break)
- loss of body muscle mass

What is testosterone therapy?

Testosterone therapy is a form of hormone replacement therapy (HRT) for women who have gone through the menopause and have a low sex drive due to their low testosterone levels. By increasing the level of testosterone in your body, testosterone therapy can improve your sex drive.

In the NHS, testosterone is prescribed off-label when it is intended as a hormone replacement for women who have gone through the menopause. This means that testosterone is not currently licensed for use in women, although it can be prescribed after the menopause by a specialist doctor if they think it might help restore your sex drive.

Is testosterone therapy suitable for everyone?

We only recommend testosterone therapy for those who have gone through the menopause and have HSDD. Testosterone therapy is not a suitable treatment for any other symptoms of the menopause.

We will not recommend testosterone therapy for you if you have:

- active liver disease
- hormone-sensitive breast cancer - this would need to be discussed with your oncologist (doctor specialising in cancer)
- blood levels of testosterone of an upper or above normal range

How is testosterone therapy given?

Testosterone is available in the form of a gel and comes in:

- a 50mg sachet (Testogel)
- a 50mg tube (Testim)
- a pump (Tostran 2%)

How to apply the testosterone gel

1. Make sure your skin is clean and dry.
2. Rub a pea-size amount of the gel onto your lower abdomen (tummy), thighs, or the inside of your upper arm. It is important that you change where you apply the gel to on a regular basis. Your clinical team will discuss this with you.
3. Wash your hands immediately after you have rubbed the gel into your skin.
4. Allow the gel to dry before covering the area with clothes and touching other people.
5. Do not wash the area of skin where you have applied the gel for at least two to three hours.

You should only use the dose prescribed by your healthcare professional (GP or menopause specialist). It can take up to six weeks before you start to see the benefits of testosterone therapy. If you have not seen any benefits after six months, you should stop using testosterone after you have spoken to your GP or specialist doctor.

Hormone replacement therapy (HRT)

If you are already receiving HRT, we may need to alter your dose of oestrogen before starting you on testosterone therapy. We will discuss this with you in more detail.

Will I need to be monitored while receiving testosterone therapy?

You will need to have regular blood tests while you receive testosterone therapy (one blood test before you start testosterone therapy and another after three to six months). If the therapy helps to improve your symptoms, you will then need to have a yearly blood test while you continue to receive testosterone. This is so that we can check that you are not receiving too much testosterone on top of the natural levels that your body produces. We will talk to you about this in your clinic appointment.

Are there any side effects of testosterone therapy?

Most people do not experience any side effects from taking testosterone, as the amount of testosterone given is so small. However, as with all medical treatments, testosterone therapy does have some potential side effects.

Patient information factsheet

Rare side effects include:

- increased body hair at the site of application (you should spread the gel thinly and change where you apply the gel regularly)
- acne and greasy skin
- male-pattern hair loss (alopecia)
- weight gain (this is reversible by reducing the dosage or stopping testosterone therapy)

Very rare side effects include:

- a deeper voice
- an enlarged clitoris (a sexual organ above the vagina)

These very rare side effects are only seen if more than the recommended dose of testosterone is used.

If used in the short-term, there is no risk of breast cancer from testosterone therapy. However, we do not currently have enough information available from trials to say whether there is an increased risk of breast cancer when using testosterone therapy long-term.

Is there any licensed testosterone available for women's use?

Androfeme is a brand name for testosterone which is licensed for female use for the symptoms of low sexual desire disorder. However, it is not available on the NHS. If you would like more information about this treatment, please contact us.

Contact us

If you have any questions or concerns, please contact us.

Menopause team secretary

Telephone: **023 8120 6041** (Monday to Friday, 9am to 4.30pm)

Useful links

www.womens-health-concern.org/help-and-advice/factsheets/testosterone-for-women
www.thebms.org.uk/publications/tools-for-clinicians/testosterone-replacement-in-menopause
www.imsociety.org

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**