

# Testosterone

Written by Dr Louise Newson

**balance**  
the menopause support app

This booklet has been written by Dr Louise Newson, GP, menopause specialist and director of the balance app.

She is also director of the not-for-profit company, Newson Health Research and Education, and is the founder of The Menopause Charity.

## Testosterone in women

Testosterone is an important hormone that is made by your ovaries but production of this hormone, like estrogen, declines sharply around the time of the menopause. This fall in testosterone can lead to a lack of energy, brain fog and reduced libido (sex drive). Testosterone replacement is not currently licensed to women in the UK, but it is prescribed by many menopause experts and some GPs, as it has proven benefits in

numerous clinical trials and little, if any, side effects.

Many people think of it as a 'male' hormone which is true, but women produce testosterone too. In fact, women produce three times as much testosterone than estrogen before the menopause. Levels of testosterone in your body drop more sharply around the time of the perimenopause and menopause and stay low thereafter.

## What does testosterone do in your body?

Testosterone plays an important role for your muscle mass and bone strength, your cardiovascular health, cognitive performance such as concentration, and your overall energy levels and quality of sleep. The hormone also influences your level of interest in sex, and the

amount of pleasure you feel from it. When your levels of testosterone reduce, you may find that you desire sex less often and when you do have sex, it's not as enjoyable as it used to be, (even when you still desire and love your partner).

## Benefits of testosterone

Many women find that taking testosterone as part of their HRT provides further improvements than taking estrogen alone (with or without a progesterone).

Benefits you might experience include:

*Improved energy and stamina*

*Improved muscle mass and strength*

*Improved concentration, clarity of thought and memory*

*Improved sleep*

*Increased libido and sexual arousal levels*

## Who needs testosterone?

Current UK NHS guidelines only recommend testosterone if you have severely reduced libido or 'Hypoactive Sexual Desire Disorder' (see p.3 for further detail), but there is good evidence to show that the benefits of testosterone could help many more women in their perimenopause and menopause for the reasons listed above. Menopause specialists, and increasingly GPs, are realising the widespread benefits of testosterone replacement for most women.

Testosterone can be considered soon after the onset of peri/

menopausal symptoms, when you go to seek help for your symptoms. You do not usually need to have a blood test before treatment is started; your symptoms are enough of a guide for your doctor to agree to prescribe testosterone. It is possible to measure your available testosterone levels in your blood by having your 'total testosterone' and SHBG levels checked, and your 'Free Androgen Index' (FAI) calculated. Your doctor is likely to want to do this test a few months after starting treatment to ensure your levels are within the 'female' range.

## How is testosterone treatment given?

Testosterone is usually given as a cream or gel (in the UK, it is available as AndroFeme®1 cream, Testogel® or Testim® gel) which you rub into your skin like a moisturiser, and it then becomes absorbed directly into your bloodstream. The AndroFeme®1 is made for women and is a regulated preparation. The Testogel and Testim gels are made for men but can be safely used in lower doses for women. Your clinician will tell you how much to use. It should be rubbed onto clean, dry skin on your upper outer thigh or buttocks, it usually takes about 30 seconds to dry. You should wash your hands thoroughly after using it. Applying

the cream or gel at the same time each day will have the best effect and help you remember to apply it. Avoid swimming or showering until around 30 minutes after application and initially avoid using perfume, deodorant or moisturising creams on the area.

Some menopause specialists give testosterone as an implant, which is a tiny pellet inserted under the skin that usually stays there for 6 months.

It can sometimes take a few months for the full effects of testosterone to work in your body, whether this is using the cream, gel or the implant.

## After you have started testosterone treatment

Using testosterone cream or gel daily will help to restore your blood testosterone levels back into the normal range for you and usually improves tiredness, brain fog and low sex drive, among other things. You should have a blood test to check your testosterone levels after around 3 months, and you should be reviewed by your doctor 3-6 months after starting treatment.

There are usually no side effects with testosterone treatment as it is given to replace the testosterone that you are otherwise lacking. Very rarely women notice some increased hair growth in the area in which they have rubbed the cream, this can be avoided by rubbing it into places with few hair follicles (upper outer thighs and buttocks are the recommended sites) and regularly changing the area of skin

on which you rub it in.

As the dose is so low, testosterone used in this way does not usually increase your risk of developing facial hair, voice deepening or skin changes. It is important to have regular (usually annual) blood monitoring to reduce the risk of any side effects occurring. If you use AndroFeme®1, this contains almond oil so should not be used if you have an allergy to almonds.

Testosterone can be taken safely alongside estrogen HRT and vaginal estrogen. Long term use of safely prescribed testosterone replacement is not associated with any adverse health risks and is shown to be beneficial for the health and strength of your muscles, bones, cardiovascular health and brain health.

## Hypoactive sexual desire disorder

You may have come across the medical abbreviation HSDD, which stands for Hypoactive Sexual Desire Disorder. It's normal to go through phases of less interest in sex but HSDD might be identified if you have a total lack of interest, lasting for more than 6 months that has consequences on your relationship and/or self-esteem.

Other signs of HSDD include no interest in any type of sexual activity, no sexual thoughts or fantasies, no interest in initiating sex, and difficulty getting pleasure from

it, including masturbation.

Here are some of the questions that are asked when a diagnosis of HSDD is considered:

1. In the past, was your level of sexual desire or interest good and satisfying to you?
2. Has there been a decrease in your level of sexual desire or interest?
3. Are you bothered by your decreased level of sexual desire or interest?

4. Would you like your level of sexual desire or interest to increase?

5. What are the factors that you feel contribute to your current decrease in sexual desire or interest:

- a. An operation, depression, injuries, or other medical condition
- b. Medications, drugs, or alcohol you are currently taking

c. Pregnancy, recent childbirth, or menopausal symptoms

d. Other sexual issues you may be having (pain, decreased arousal, or orgasm)

e. Your partner's sexual problems

f. Dissatisfaction with your relationship or partner

g. Stress or fatigue

## Getting help for HSDD

A lack of libido doesn't have to be an inevitable consequence of getting older, you can speak to someone about it. There's no one test for HSDD but speak to your doctor and explain how your low sex drive is impacting you and your relationship. They may want to look at what could be causing it, such as the factors listed above and often it's a combination of more than one.

Depending on the cause, you can look to make some positive changes. This might be HRT including testosterone, vaginal estrogen if sex is uncomfortable, changing other medications you might be on that are lowering your

libido, specialist counselling for yourself or as a couple, and there are some medications that are sometimes suggested to boost your libido.

Don't forget simple changes to routines can also help relieve stress and improve intimacy with your partner: exercising regularly, enjoying activities you both find relaxing, planning times for connection and intimacy, sexual experimentation (such as different positions, places, role-playing, or sex toys), and avoiding substances like tobacco and alcohol that can reduce sexual desire and performance.



Dr Louise Newson is a GP and menopause specialist in Stratford-upon-Avon, UK and the founder and writer of the balance app and website.

The website and app contain evidence-based, non-biased information about the perimenopause and the menopause. She created both platforms to empower women with information about their perimenopause and menopause and to inform them about the treatments available.

Her aim is for people to acquire more knowledge and confidence to approach their own GP to ask for help and advice about their hormones. She is passionate about improving awareness of safe prescribing of HRT in all stages of the perimenopause and menopause.

Louise is also the director of the not-for-profit company Newson Health Research and Education and Chair of the Newson Health Menopause Society.



© Balance App Limited 2022

*All intellectual property rights in the content and materials in this leaflet are owned by Balance App Limited and/or other licensors. Materials, images and other content may not be copied without the express prior written permission or licence of Balance App Limited.*