

# Testosterone

## - the magic extra or is it?



**Kathy Abernethy, specialist nurse and author of *Menopause: The One Stop Guide* explains more about this special hormone.**



**S**ounds tempting doesn't it? Add a tiny amount of gel to your HRT regimen and get your mojo back - the female hormone that gets left out, who wouldn't be tempted to try it? Add to that the fact that it can be difficult to get and your GP may not prescribe it and it begins to look like it might be a hidden gem, available only to those who can afford a private consultation or those fortunate enough to go to a menopause specialist clinic. Yet it is mentioned in NICE Guidance on menopause, published in 2015 to guide health care professionals in assisting women and is available in NHS practice, albeit sometimes with restrictions.

### Why testosterone?

Testosterone is often perceived as a male hormone, yet a woman's ovaries and adrenal glands produce it as well as estrogen throughout life and it helps to influence mood, energy and sex drive as well as cognitive function, which means things like memory and concentration. All of these can also be influenced by estrogen so present as menopausal symptoms, for which testosterone as well as estrogen therapy is sometimes offered. Levels of testosterone in your body gradually reduce as you become older, with many women not even noticing. Others are more sensitive to the changes and sometimes benefit from extra testosterone. Young women who have surgical menopause (removal of ovaries) may notice the change in testosterone more, perhaps because they are younger and because the drop is sudden. Young women with premature ovarian insufficiency (POI) may see a marked reduction in testosterone too, which if replaced can be beneficial to some.

*Sara is 36 years old, she had her womb and ovaries removed for medical reasons. She is already using estrogen replacement therapy and feels generally well, but still has poor energy and low sex drive, even though her vagina is not sore. Her specialist suggested trying testosterone alongside her HRT and after baseline tests and three months use, she says she feels herself again. She probably particularly noticed the decline as she is young and went through a sudden menopause.*

### Why is it sometimes hard to get?

In the past there were testosterone patches available to women, so a lot of research was done to look at safety and to assess whether it helps women. These were taken off the market some years ago and no female testosterone product has replaced it. Testosterone implants (pellets inserted under the skin and lasting around 6 months) have been used for many years with estrogen, but are now not widely available in the UK either, except on special order. There are products available which are aimed at men and some clinics prescribe these, but at much smaller doses. This is called 'prescribing off licence' and not all doctors are willing to do this unless a woman has been assessed by a specialist first. Not all doctors are even aware of how to do this, which is not surprising as it falls outside of the usual practice for many doctors, especially GPs. Whilst it is not uncommon to prescribe medicines

outside of licence, there are often limitations or restrictions put in place for reasons of safety, which GPs have to abide by. However, the situation is changing and with it being included in NICE Guidance, some GPs are now prescribing and restrictions are being addressed in some areas. The British Menopause Society, the professional organisation has issued a factsheet aimed at health care professionals and one for women is available on the Women's Health Concern website ([www.womens-health-concern.org](http://www.womens-health-concern.org)).

### Does it work?

Testosterone has been widely researched to see if helps improve sex drive and whilst the evidence is generally positive, it does not help everyone and the effect is seldom dramatic. Some women say it helps, others say it helps a little and some women try and it and find no benefit at all. This is probably because testosterone is not the only factor to affect sex drive as women age and especially as they go through the menopause. Menopause symptoms themselves can leave you tired, irritable or sleep deprived so sex goes to the bottom of

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your wish list and relationships may become strained. With your body changing too over time, you may not feel as sensual as you used to, however much your partner tries to encourage or reassure you. Vaginal dryness may mean that lovemaking is uncomfortable or even painful so it's not surprising if you are reluctant to start. Life stresses can also influence how you feel, is work going well, do you have financial or family concerns? Do you have time to relax and feel confident in yourself and so want to be intimate with someone else? Do you have a partner you want to have sex with? None of these issues will be addressed by testosterone.

As for memory, concentration and tiredness, the evidence is less clear that testosterone helps with these symptoms and it would not usually be given for this, but in women who are low in natural levels, there is some evidence that it might help.

### **Do I need any tests?**

There are few clinical guidelines on testosterone for women, but because it is being used 'off licence', blood tests are sometimes used as a

safety measure. There is no level at which you need treatment and even if your testosterone levels are low, you may not benefit from more. If blood tests are done, it is to make sure that levels stay within the normal female range, so that you don't experience minor side effects. When used at the suggested low doses, women seldom experience any side effects. Potential side effects of too much testosterone are acne or occasional hair growth (you will not grow a beard!), which is why it is important to only use the recommended amount and no more.

### **How else can I help sex drive?**

Firstly, think about why you might feel the way you do. Having a low sex drive is not in itself a problem unless it is causing you anxiety. Be honest and consider if other factors might also be affecting this; relationships, tiredness, menopausal symptoms, work pressures, lack of time and so on. Work first on these, building back intimacy with your partner and taking time to invest in your relationship together. Communicate with your partner, telling them how you feel and working together to build sex back into the relationship. You will want to feel good about yourself too, so investing time for yourself, doing whatever it is that makes you feel sensual and healthy, will enhance your feeling as a sensual woman. Aim for the healthy diet and exercise which helps keep you feeling good. Ensure that love making isn't painful; address vaginal dryness, either with non hormonal moisturisers, good quality lubricants or talk to your doctor about vaginal estrogen treatment, which will address the underlying cause of vaginal symptoms without needing 'proper' HRT.

### **So do I need testosterone?**

Certainly not all women need extra testosterone, even after the menopause. A healthy sex life before menopause often continues well into the years beyond, and into old age. Some women say it gets better with age, as you are comfortable with your body and secure in relationships, stopping contraception (eventually, not too soon!) and no more periods. If you have had a surgical menopause (ovaries removed by an operation), you may notice the drop in testosterone and if you are under 40 years and experience premature ovarian insufficiency, you might consider it too, but again it's not always needed so if you are fine on your HRT, all is well. If you notice a decline in an otherwise healthy sex drive after the menopause and it worries you (and you have considered all the other issues discussed above), consider discussing the use of testosterone with your GP. Be prepared that you might need to be referred to a specialist initially and it is certainly not always the magic answer it might at first appear.

