

The Dr Daisy Blog at Menopause Matters.

This month ...

HRT and loss of libido



Loss of interest in sex is such a common complaint from women in the menopause clinic. I often wish I had a magic wand!

And it's just so complex – isn't it?

Undoubtedly hormones are involved. But relationship issues, stress, physical and psychological difficulties all play a part.

Loss of libido which is severe enough to cause emotional distress is called (Hypoactive Sexual Desire Disorder - HSDD) – and deserves full medical attention in the clinic.

Sometimes this is just said to be a loss of sexual desire, but there may well be other contributory factors. These can include vaginal dryness and soreness, exhaustion - from uncontrolled hot flushes and night sweats, associated frequently with insomnia, anxiety and depression. These are all perimenopausal symptoms, directly resulting from fluctuating/low levels of female hormones, including estrogen.

There are two hormones which are vital for your libido – estrogen and testosterone.



Estrogen, Testosterone and Libido

Estrogen levels in women are responsible for one aspect of your libido – “I’m in the mood!” However it is testosterone that gives that raunchy desire - “Let’s do it right now!”

Professor John Studd wrote Ten Reasons to be Happy on HRT! – In this he definitively stated in more than one of these ten reasons, the dramatic improvement in sexual functioning/libido in perimenopausal woman from the use of HRT.

To have a normally functional libido - women are likely to benefit from having adequate levels of hormones.

Treating Loss of Libido by Replacing Hormones



Before having testosterone replacement, it is generally recommended that women have adequate estrogen replacement first. For some women estrogen replacement alone does the trick. And sometimes simply use of topical/local estrogen is enough.



Why Begin with Estrogen?

Estrogen is responsible for thickening and softening the vaginal tissues, providing natural lubrication, and ensuring this area is elastic. It also assists your nerve pathways so that they correctly respond to light touch. Just using local vaginal estrogens as either cream or vaginal tablets may be all that is required - simple! Many women report great benefit and symptom relief from this treatment.

How does Topical Vaginal Estrogen Work?

Using estrogen locally in the vagina is safe and effective. Almost no estrogen is absorbed

into the bloodstream. There is no increased risk of breast cancer with local estrogens.

Using Vaginal Estrogen

For best effect, use this as follows:

- Every night for 2 weeks
- Twice a week thereafter
- And continue indefinitely to maintain the improvement.

If symptoms worsen, go back to the beginning and repeat the course.

Using topical estrogen can also benefit the pelvic floor, the bladder and help reduce feeling of frequency and urgency, as well as reduce numbers of urinary tract infections.

Topical estrogen has no effect on hot flushes/ night sweats or other menopausal symptoms – it is only effective in the vagina/pelvic floor and hence for sexual function/libido.

Additional Benefits of HRT on Libido

Using substantive HRT as a tablet, patch, or gel, is likely to have additional benefits - Implants will be discussed separately, keep reading!

(Yes, women may need to use substantive HRT products, as well as topical vaginal estrogen.) HRT is the most effective way of eliminating hot flushes and night sweats. Once these are under control you will sleep better, have more energy and feel more like your old self. This may then hugely improve your libido!

There are more than 50 HRT preparations, and you may need to try a few to find the right one for you.

Which HRT is best for Libido?

Tibolone (Livial) is the only HRT licensed to treat loss of libido. This tablet has estrogenic, progestagenic and androgenic (testosterone type) effects. It is a no-bleed HRT, so it is not suitable for younger women who are still having periods.

The progesterone content of your HRT may be important. Different HRT brands contain different progestagens. Those which derive from testosterone, such as levonorgestrel (LNG) have slightly more androgenic side effects than other progestagens than for example MPA.





better

Libido may respond better to patches than tablets. (Oral preparations have a greater effect on protein binding in the blood stream, and can result in lower levels of circulating, 'free' testosterone.)

Favourable options to improve libido for example, might be an HRT patch containing levonorgestrel. Evidence about the effect of the Levorgestrel releasing coil - the Mirena IUS - on libido, has been conflicting. However,

for example, in 2012 Enzlin et al, found no difference in psychological or sexual functioning between women using either a copper coil or a Mirena IUS. These were broadly similar in both groups.

Who Needs Testosterone?

Sometimes, the effect of HRT estrogen alone is not enough, and some women may need testosterone replacement as well. There is a large amount of robust evidence to support the effectiveness of testosterone and relieving the symptoms of HSDD.



Women most at risk of low testosterone levels are women who have lost their ovaries. This reduces circulating testosterone by 50%.

Other women may require testosterone, if they have HSDD, and/or are adequately replaced with estrogen and have not had an adequate response to treatment. Blood levels of testosterone are not a reliable indicator of testosterone deficiency, although this should be measured before starting treatment.

Sometimes loss of libido may be a side effect of other medicines e.g. antidepressants, such as SSRIs (e.g. Fluoxetine).

Different Types of Testosterone Replacement

- Patches – not available in the UK.
- Testosterone gel – e.g. Testogel. This is an unlicensed treatment in women. One 5g sachet has to be used over a period of 7 to 10 days under specialist supervision.
- Implants – see below.

Testosterone Implants

Testosterone implants are licensed to treat HSDD.

How is an Implant Inserted?

An implant requires an injection of local anaesthetic in the lower part of the abdomen, or in the buttock. A metal introducer is used to pass the implant into the subcutaneous fat. The wound is closed with steristrips or one or two sutures. It is usually not painful, and is done in a clinic setting.

Some women choose to have an estrogen implant at the same time. It is important that you have an estrogen blood test every six months to keep estrogen levels under control. If this does not happen, you may feel like your symptoms are returning, even when there is plenty of hormone in your body. For safety, it is advisable to keep estrogen levels under 1000 pmol/L.

Estrogen implants are used by women who have not responded well to HRT tablets or patches. Also, if they require a testosterone implant anyway, it may seem logical to have both implants inserted at the same time. Implants give very good levels of hormone, and are excellent for example at improving bone mineral density. They can occasionally become infected, and rarely can be extruded from the insertion site. There will also be a small scar. Implants went out of manufacture in 2012, much to the dismay of a huge number of UK women.

However, in 2015, the British Menopause Society (BMS) announced – they are available again (from Smartways Pharmaceuticals)!

Daisy Mae

PLEASE NOTE: Products mentioned in this article are NOT endorsed by Menopause Matters Magazine.

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References

10 Reasons to be Happy on HRT,

John Studd | <http://www.studd.co.uk/tenreasons.php>

Testosterone Implants are Available in the UK

by Angie Macdonald on November 16, 2015 in HEALTH, MENOPAUSE, NEWS
<http://writehealth.co.uk/testosterone-implants-available-in-the-uk/>

Post menopausal testosterone Therapy: Myths and Misconceptions

Dr Kate Maclaran

<https://menopausedoctor.co.uk/wp-content/uploads/2017/06/testosterone-ten-tips.pdf>

Sexual functioning in women using levonorgestrel-releasing intrauterine systems as compared to copper intrauterine devices.

J Sex Med. 2012 Apr;9(4):1065-73. doi: 10.1111/j.1743-6109.2011.02266.x. Epub 2011 Apr 14. Enzlin P, Weyers S, Janssens D, Poppe W, Eelen C, Pazmany E, Elaut E, Amy JJ.
<https://www.ncbi.nlm.nih.gov/pubmed/21492401>

Androgen treatment of postmenopausal women

J Steroid Biochem Mol Biol. 2014 Jul;142:107-14. doi: 10.1016/j.jsbmb.2013.05.006. Epub 2013 May 29. Davis SR1, Worsley R2. | <https://www.ncbi.nlm.nih.gov/pubmed/23727129>

Guidelines for hormone implantation

Studd, John | <http://www.studd.co.uk/implants.php>

Images

Man and woman back to back | <https://pixabay.com/en/pair-man-woman-discussion-707506/>

Woman in pain | <https://pixabay.com/en/girl-woman-feelings-betrayal-3047297/>

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