



The Dudley Group
NHS Foundation Trust

Testosterone replacement for women

Patient Information Leaflet

Introduction

This leaflet is for patients who have been prescribed testosterone replacement. The leaflet gives you information about the treatment, why it is used, and the possible risks involved.

What is testosterone?

Androgens are hormones produced by the ovaries and adrenal glands, with the principal androgen being testosterone. In women, the ovaries directly release testosterone into the blood stream, but testosterone can also be made from other hormones that come from the ovaries and adrenal glands. It is often thought of as purely a male hormone, but it is also a naturally occurring hormone found in women.

Testosterone provides an important part in sexual function, having a healthy vagina, good energy levels, strong bones and clear thinking. As women get closer to the menopause less testosterone is produced by the ovaries.

Testosterone levels reduce even further after the menopause. If women have their ovaries removed surgically, as part of their hysterectomy, the lack of testosterone becomes noticeable very quickly. However, after the age of 65-70 years, women have testosterone blood levels similar to those seen in young women.

What are the consequences of low testosterone in women?

The effects of low testosterone in women have been greatly debated over many years. Firstly, and most importantly there is no blood level that can be used as a cut-off to “diagnose” low testosterone in women. Some studies have indicated that there may be an association between low sexual desire and low testosterone, but this has not been a consistent finding in all studies.

What is female androgen deficiency syndrome?

This is a lack of testosterone that is needed for good health and may result in sexual problems such as low libido and issues with arousal and orgasm. It can also cause a lack of energy, increased tiredness, difficulty concentrating and headaches. It is important to be aware there are many other factors involved in normal sexual functioning and testosterone is only one aspect of this.

Why use testosterone?

The current recommended reason is for persistent low sex drive (hypoactive sexual desire disorder or HSDD) in women after all other possible factors, including taking adequate oestrogen, have been addressed. Even with this indication, it does not help everyone. There is not enough evidence at the moment to recommend its use for low energy, low mood, fatigue, or brain fog.

Testosterone treatment

NICE Guidance on menopause states that testosterone can be considered for those that need it. At present there are no testosterone medications specifically licensed for use in women in the UK. This means that all currently available preparations are off license. There is limited availability of testosterone in a dose formulated for women. The Global Position Statement (2019) recommendation is that if a formulation for women is not available, a small amount of an approved male formulation (as recommended by a doctor) can be used, with regular blood monitoring to check blood levels do not exceed those of young women.

Possible side-effects of testosterone replacement?

As with all medicines side-effects can occur. With testosterone replacement these are generally linked to the dosage used and can include:

- Increased body hair at site of application. This can be managed by spreading the gel thinly and varying the site of application
- Thicker body hair (hirsutism) - uncommon

- Alopecia, male pattern hair loss - uncommon
- Some people report an increase in greasy skin or acne
- Deepening of voice (rare)
- Enlarged clitoris (rare)

How do I use testosterone replacement?

The safest method of having testosterone replacement is by using a gel. This needs to be applied to clean dry skin (lower abdomen/upper thighs) and allowed to dry before dressing. Skin contact with partners or children should be avoided until the gel is dry. Hands should be washed immediately after applying the gel. Allow drying for at least 3-5 minutes before dressing. The area of application should not be washed for 2 to 3 hours after applying the gel. Medication should be kept out of reach of children.

Testosterone replacement will be prescribed as one of the following:

- Testim gel (1%) with screw cap
- Testogel (1%) sachet

Both gels should be used by applying 1/10 of the sachet/tube each day. Each sachet/tube should last about 10 days.

- Tostran (2%) canister – use one pump on alternate days. Each canister should last 240 days.

How long will it take for the treatment to work?

It can take more than 3-6 months to notice an improvement in your symptoms. Your doctor may suggest increasing the dosage of the testosterone replacement after three months if your symptoms are not improving. This will depend on the blood results taken at around this time. If there is no improvement in your symptoms after three months, your doctor will discuss the next steps.

Do I need blood tests?

Before starting testosterone replacement your doctor will usually suggest having blood tests to check your testosterone levels. These tests should be repeated three months after starting the testosterone replacement treatment.

The results of the blood tests will allow the doctor to check that you are not having too much testosterone. The blood tests taken will be 'testosterone', protein levels and 'SHBG' (sex-hormone binding globulin).

These results give us a figure called the 'free androgen index' which should be less than 5% to minimise side-effects.

It is best to have blood tests done before you apply testosterone gel. If you are applying the testosterone treatment to your arm, the opposite arm should be used to take the blood sample for the test.

- Testosterone replacement contraindications:
- Pregnancy
- Breast-feeding
- Personal history of hormone-sensitive breast cancer
- Competitive athletes

What are the medical alternatives to testosterone replacement?

Another medication that can be used is tibolone. This is not testosterone as such but mimics the hormones effects. Tibolone is less effective than the medications mentioned previously.

Follow-up

Your doctor will discuss with you the need for any follow up appointments. If needed, these may be able to be carried out by your GP. If the treatment is issued by the hospital doctor your GP will be able to carry on further with minimum yearly review.

Can I find out more?

You can find out more from the following web links:

British Menopause Society

<https://thebms.org.uk/publications/tools-for-clinicians/testosterone-replacement-in-menopause/>

Royal College of Obstetricians & Gynaecologists

www.rcog.org.uk/en/patients/patientleaflets/treatment-symptoms-menopause/

Menopause Matters

www.menopausematters.co.uk/testosterone.php

Women's Health Concern

www.womens-health-concern.org/help-and-advice/factsheets/testosterone-for-women/

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Early Pregnancy Assessment Clinic on 01384 244584 (8.30am to 5pm, Monday to Friday)

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/obstetrics-and-gynaecology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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