

**Patient  
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# Testosterone replacement for women

## 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?

Testosterone 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.

## 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.

## Testosterone treatment

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'.

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We can still use these preparations as there is clear evidence they are effective, their use is widespread and has been recommended in National Guidelines (NICE).

### **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 is an occasional problem. This can be managed by spreading the gel more 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. 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 these gels should be used by applying 1/10 of the sachet/tube each day. Each tube/sachet should last about 10 days.
- Tostran (2%) canister – use one pump on alternate days. Each canister should last 240 days.

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## How long will it take for the treatment to work?

It can take more than 4 weeks to notice an improvement in your symptoms.

Your doctor may suggest increasing the dosage of the testosterone replacement after 3 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 3 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 3 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 cannot be used:

- If you are/could be pregnant
- If you are breast-feeding
- If you have had hormone-sensitive breast cancer
- If you are a competitive athlete

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## 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.

### Further information

#### British Menopause Society

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

#### Royal College of Obstetricians & Gynaecologists

Website: [www.rcog.org.uk/en/patients/patient-leaflets/treatment-symptoms-menopause/](http://www.rcog.org.uk/en/patients/patient-leaflets/treatment-symptoms-menopause/)

#### Menopause matters

Website: [www.menopausematters.co.uk/testosterone.php](http://www.menopausematters.co.uk/testosterone.php)

#### Women's Health Concern

Website: [www.womens-health-concern.org/help-and-advice/factsheets/testosterone-for-women/](http://www.womens-health-concern.org/help-and-advice/factsheets/testosterone-for-women/)

### Acknowledgement

This leaflet was written by Mr Philip Kaloo, Consultant Gynaecologist

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