

ALL ABOUT TESTOSTERONE THERAPY



Dr Katie Barber
BM BCh MRCGP DRCOG DFRH
Clinical Director, GP and
Accredited Menopause
Specialist

Women naturally produce oestrogen, progesterone and testosterone. The ovaries produce most of the oestrogen during the years leading up to menopause and levels then fall. Progesterone is produced after ovulation and stops once menstruation ceases and at the menopause.

Testosterone blood levels peak at the age of 20 and slowly decline with time. Testosterone is involved in preservation of bone density, has a positive effect on libido, sexual arousal and response, cardiovascular health, cognition and maintains energy levels. Testosterone therapy is often given to women already taking hormone replacement therapy (HRT) who have hypoactive sexual desire disorder, this can include loss of libido, reduced arousal and difficulty achieving orgasm.

Women who have undergone a 'surgical menopause' (ovaries removed) or those with premature ovarian insufficiency (menopause before age 45) are most likely to experience testosterone deficiency as the ovaries produce the majority of testosterone in the body.

DIAGNOSIS OF TESTOSTERONE DEFICIENCY

Clinical symptoms of sexual dysfunction (low libido, sexual arousal and enjoyment) are the most indicative of testosterone deficiency and your menopause specialist will take a detailed clinical and sexual history to elicit these and look at other issues which may affect your symptoms (for example psychological issues, other medical conditions such as diabetes, thyroid disease, vaginal dryness/soreness, other medication, smoking, alcohol, exercise).

Your specialist will arrange for a blood test to check the level of total testosterone. Higher levels are associated with adverse side effects.

01235 634606
enquiries@oxfordmenopause.com
www.oxfordmenopause.com

The Carriage House, School Road,
Ardington, Wantage, OX12 8PQ

OXFORD MENOPAUSE  **THE CARRIAGE HOUSE** CLINIC

Oxford Menopause Ltd is a company registered in England and Wales with company number 13618225.

Oxford Menopause Ltd is regulated by the Care Quality Commission (CQC).

OML24-09-Testosterone_Therapy

Monitoring of your blood levels is advised within the first 2-3 months after starting testosterone and then every 6-12 months while treatment continues.

TREATMENT

Testosterone is applied as a gel or cream which you rub into your skin so the hormone is absorbed directly into your bloodstream. Testosterone levels return to the normal pre-menopausal range for women. You should apply a small amount of the gel/cream as prescribed into the skin on your lower abdomen or outer thigh. You are advised to wash your hands thoroughly after using it. It can take 3-6 months for the full benefits of testosterone to work and for you to notice an improvement.

SIDE EFFECTS

Most women have no side effects of testosterone treatment as it is merely replacing the testosterone that you are not already producing. Occasionally women notice some increase in hair growth where the gel/cream has been rubbed in, this can be avoided by changing the place where you rub the gel/cream into regularly. Acne, unwanted hair growth and weight gain are common side effects. Hair loss, voice change (deepening) and enlargement of the clitoris are rare with testosterone treatment at the dose recommended in women but important to mention.

THERAPY DURATION

If women notice an improvement in the symptoms mentioned within 3-6 months, testosterone therapy can be continued with regular monitoring, your specialist will advise about the frequency of monitoring blood tests. If there is no clinical improvement at 6 months, therapy will be discontinued.

Testosterone therapy can be reduced/stopped without any significant issues.

01235 634606
enquiries@oxfordmenopause.com
www.oxfordmenopause.com

The Carriage House, School Road,
Ardington, Wantage, OX12 8PQ



Oxford Menopause Ltd is a company registered in England and Wales with company number 13618225.

Oxford Menopause Ltd is regulated by the Care Quality Commission (CQC).