

Loss of sexual desire in women and testosterone replacement therapy

Loss of sexual desire in women can have many possible causes. Examples include relationship difficulties, stress, anxiety, depression bereavement, illness, disability and medication.

Androgen deficiency may be one of the factors leading to symptoms and if so, testosterone replacement therapy can be offered alongside other support such as sexual / relationship therapy.

Androgens are hormones produced in the ovaries and adrenal glands that act on the muscles, bones, skeleton, nerves, liver and blood vessels.

The sex hormones, estrogen, progesterone and the androgen, testosterone, are produced in a woman's ovaries during reproductive life. Although women produce much less testosterone than men, this hormone has long been known to be associated with sexual desire (libido) in women as well as in men.

Testosterone levels throughout life

Testosterone levels peak at puberty then gradually fall throughout the reproductive years. When women experience natural menopause, the level of estrogen falls.

If women have their ovaries removed (for example after operations associated with hysterectomy, ovarian cancer) the level of estrogen **and** testosterone suddenly falls.

Testosterone Preparations

Testosterone is available in the form of a gel applied to the skin which has the advantage of being more under the user's control. Although there is a preparation licensed abroad, there is not a preparation currently licensed in the UK as a treatment in women, therefore licensed male preparations in much smaller amounts are often prescribed.

Side effects

Testosterone *in physiological amounts* can sometimes cause mild increases in acne and body/facial hair growth in some women, but is not associated with hair loss, clitoral enlargement or voice changes.

Short term (2 years) data show no effect on blood pressure, glucose control or lipid profiles.

Short term data suggests testosterone does not affect breast cancer risk, but there is not enough data to assess long term risk.

Prescribing and Monitoring

If you chose to use testosterone gel, Dr Amanda can provide a private prescription plus verbal and written instructions on how much to use and how often.

You will need to have a blood test to check your testosterone level before starting treatment and after 2-3 months. A blood test is advised ideally every 6 months but at least once per year whilst on testosterone treatment to make sure your testosterone level stays within the normal range.