



Low Libido and Testosterone Therapy

Low libido refers to a woman's lack of desire for sex and is the most common sexual problem reported by women. Other common difficulties include problems with arousal and orgasm.

Sexual well-being is a complex area of women's health. Low libido always has more than one cause and it is important to determine whether it is lifelong or recently acquired. In any one woman, low libido may be linked to relationship issues, psychological or hormonal problems and even side-effects of medicine. Hormones are rarely the only factor involved and unless other issues are addressed, it is unlikely that hormones alone will help.

Women often say that menopause makes them feel more self-conscious about their bodies, particularly during sex. Other changes may be occurring in a woman's life, such as a partner's midlife issues, teenagers in the house or leaving home, and parents dying or requiring care. Many women find that these additional stresses mean that the last thing on their mind is sex. For many women, decreased libido is not seen as a problem in their life. So it only needs to be addressed when it causes personal concern/distress.

Surgical removal of both ovaries causes approximately a 50% reduction in the level of the hormone testosterone, which may be associated with significant deterioration of sexual desire, particularly in younger women. These women tend to have more severe symptoms than the women who experience natural menopause.

Treatment Options for Low Libido

- Find a doctor who is interested and competent in this area.
- Address general health and lifestyle issues.
- Consider relationship counseling.
- Any depression or anxiety may need to be dealt with first.
- Some drugs, especially anti-depressants, can impair sexual responsiveness. Discuss this with your doctor.
- Hormone therapy/Hormone Replacement Therapy (HT/HRT) or tibolone: Tibolone may be more effective in treating low libido than conventional HRT (see other AMS pamphlets).
- Sometimes a major factor is dryness in the vagina causing pain on intercourse which can be helped by either vaginal oestrogen or HT/HRT.
- Some forms of oral oestrogen such as HT/HRT tablets or the oral contraceptive pill can reduce a woman's own testosterone level so a trial off the pill or changing to a non-oral HT/HRT should be considered if low libido is a problem.
- A trial of testosterone therapy can be appropriate for some women.

Testosterone Therapy

Testosterone has been used to treat low libido for several decades but only recently have clinical trials assessed its usefulness and safety in women. One of the major difficulties when researching testosterone in women is the inaccuracy of current hormone blood tests, in addition to the limited knowledge of what the normal levels are in women of different ages. Of note, testosterone levels are not necessarily related to low libido but a blood level should be done prior to starting any testosterone therapy so that women with normal to high levels are not inappropriately treated.



What we know

- Testosterone may improve libido, mood and energy in some women.
- Testosterone does not drop suddenly at menopause like oestrogen but levels slowly decline throughout a woman's life. At 40 years of age, a woman has half the amount of testosterone had she had at 20 years.
- Low libido may improve with oestrogen therapy alone but in some cases testosterone may also be helpful, especially in women who have had their ovaries removed.
- In general, testosterone should not be used on its own in postmenopausal women, but always with oestrogen or oestrogen/progesterone HT/HRT first.
- Oral oestrogen may interfere with the effect of testosterone therapy. Hence the best effect of testosterone is seen in women using non oral oestrogen such as patches or gels.

What we don't know

- Which women might benefit from testosterone treatment
- Whether testosterone treatment might cause harm: there are no long-term studies evaluating the risk of conditions such as heart disease and breast cancer.

Considerations in using testosterone treatment

Although testosterone preparations are available from doctors in Australia, the government drug regulator, the TGA, has not approved it for the specific use of treating low libido in women. Low dose preparations, which have been shown to be safe in the short term can be used but results have been variable. Unlike ordinary HT/HRT, where blood tests are not normally used to monitor hormone levels, it is important to have blood tests before starting testosterone therapy and regularly while using it. These should be done at a reliable, specialised laboratory. If testosterone is used there is often no effect until 4 to 8 weeks. If there is no benefit after 6 months then therapy should be stopped.

Forms of testosterone

- *Tablets.* Oral preparations are not usually used due to concerns about liver toxicity.
- *Injections and gels.* Testosterone injections and gel are not recommended for use in women as the dose is designed for men and too high for women.
- *1% testosterone cream.* It is applied daily to the skin, and sometimes reduced or increased, depending on side effects and blood levels.
- *Implants.* These are inserted under the skin six monthly. Initial high levels and accumulation can cause problems which are sometimes serious. Thus blood levels must always be checked before a new implant is inserted.
- *Patches.* These have been approved in Europe for women who have had their ovaries removed but are not available in Australia other than in a clinical trial.
- *In general, testosterone products formulated or approved for use in men (except implants) should not be used in women because of the danger of unpredictable dose excess.*

Side effects of testosterone

Clinical studies show that if used in low doses for short periods of time, testosterone is well tolerated. The most commonly reported side effects are mild acne and increased hair growth. Less common side effects at low doses are "male" pattern baldness and fluid retention. Serious side effects (rare at low doses) are clitoral enlargement and voice deepening and these can be permanent. We do not know the long term effects of testosterone. We do know that oral testosterone lowers HDL (good) cholesterol whereas testosterone via the skin (cream or patch) does not have this effect.

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