



PRIMARY CARE
WOMEN'S HEALTH FORUM

10 Top Tips

on Testosterone Use for Women

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1

Women produce more testosterone than oestrogen, but far less than men do. It is derived in approximately equal amounts from the adrenals and ovarian stroma.

2

Testosterone acts as a central neurosteroid affecting a variety of functions including interest in sex.

3

Genital sexual response in women requires the tissues to be oestrogenised though androgens may also have a role.

4

Ovarian removal or ablation by radiotherapy, infarction or infection will result in depletion of testosterone. This may affect sexual function in some women. This can only be assessed once oestrogen has been adequately replaced both vaginally and systemically.

5

A total testosterone level is not very informative as testosterone is significantly protein bound. Measure the sex hormone binding globulin and albumin. If the latter is normal calculate a Free Androgen Index as below.

$$\frac{\text{Testosterone} \times 100}{\text{SHBG}}$$

6

If a woman complains specifically about loss of sexual interest

- ✓ take a thorough sexual history to exclude factors such as relationship issues
- ✓ ask about other symptoms of androgen deficiency such as lack of motivation or energy, myalgia, or mood change (often anxiety)
- ✓ ensure that oestrogen deficiency is corrected. Use non oral oestrogen to allow assay and avoid raising SHBG
- ✓ Ensure that atrophy has been reversed so sex is comfortable
- ✓ Check oestradiol levels and the free androgen index

If all apply and the free androgen index is in the lower quartile for women (<1% is a useful guide) you can then consider supplementation as suggested by NICE NG23.

7

There are no licensed testosterone products for women on the UK market.

The options to offer if supplementation is appropriate are all applied to the thigh (where hair growth may increase but can be removed) and initiated at 5mg/day.

Testogel® – 1% testosterone gel in sachets. This is licensed for use in men. It delivers 50mg per 5ml sachet. This is too big a dose to use at once so advise women to start with 1/10 sachet = 5mg daily. They should eke the sachet out over 10 days rolling the top and sealing with a clip between uses. It is supplied in boxes of 30 sachets. This will last 300 days. Do not prescribe the pump version as the concentration is higher and the dose delivered per pump measure is 20.25mg and this cannot easily be fractionated.

Tostran® – 2% testosterone gel.

This is licensed for use in men. It delivers 10mcg per 0.5ml metered dose. The typical starting strategy is one measure applied every other day. The 60g pump contains 120 doses and will last 240 days.

AndroFeme1 – 1% testosterone cream.

This is produced and licensed in western Australia but can be made available on a private prescription in the UK. It is imported and supplied by Clinigen and the pharmacist can obtain a supply from them. It is packaged in a 50mg tube with a syringe for measuring. The typical starting strategy is 0.5ml = 5mg testosterone applied daily. The tube will last 100 days.

8

We suggest checking the free androgen index after about 8 weeks and then reviewing in the light of the clinical presentation.

9

Patient satisfaction is the primary criterion with the free androgen index somewhere near or just above the female median.

This will avoid excess hair or acne though the site of application may have increased hair growth due to higher local concentration.

10

If no better after three months and blood levels have increased, stop.

For more resources visit: www.pcwhf.co.uk. Prepared in July 2020.