



Health notes: The lowdown on testosterone therapy

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Last updated at 8:00 PM on 22nd October 2011

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Q Jane Fonda (right) says she takes testosterone to boost her sex drive. How does it help loss of libido in older women – and how can I get hold of it?

A The male hormone testosterone occurs in women too, produced by the ovaries and adrenal glands. It plays a role in stimulating desire for lovemaking as well as in bone strength and ovarian function. Consultant gynaecologist Mr Michael Dooley (thepoundburyclinic.co.uk) says testosterone replacement therapy (TRT), usually as pills or gels, can help some women but must be prescribed by a doctor. Your GP may refer you to a local gynaecologist.

Menopause itself doesn't usually cause loss of libido: contrary to myth, many women feel sexier and have more orgasms after the menopause, possibly because the ratio of testosterone to oestrogen swings towards testosterone as the latter drops.

But TRT is only licensed to treat loss of libido if you have had your ovaries removed (which significantly diminishes testosterone levels). The only other licensed TRT is a treatment for osteoporosis in women lacking testosterone.

TRT may, however, be given for some cases of hypoactive sexual desire disorder. This is at your doctor's discretion and reactions are mixed, according to netdoctor.co.uk. TRT may also help new mothers experiencing 'post-baby coolness', which is probably caused by hormonal upheaval following childbirth.

It won't work if there are other problems, though. Many older women suffer painful vaginal dryness, which can be helped by topical oestrogen from your doctor or a lubricant such as Yes Organic Lubricant (£10.30 for 75ml, from Victoria Health). Relationship difficulties can also be a passion-killer, so do seek help if necessary (counselling and sex therapy from relate.org.uk). Other common problems to discuss with your doctor are anaemia and diabetes.

TRT can have side effects. The most common are signs of masculinisation (including a deeper voice, increased hair growth on chin and upper lip, thinning scalp hair); also swelling of the clitoris, acne, insomnia, breast pain and weight gain. Most are reversible when treatment stops. There are some concerns that TRT may increase the risk of breast and endometrium (womb lining) cancer, so the prescribing doctor should carefully monitor patients.

Your testosterone levels should be checked first. Side effects are more likely if you take too much, so it's important to make sure the dose is correct. Mr Dooley checks levels again after six weeks of therapy.



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