

Porterbrook Clinic

Sheffield Care Trust

Dealing with the symptoms of loss of **Sexual Desire in Women**

Use of Testosterone Therapy

Information for Users of our service

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Loss of sexual desire in women can be the consequence of many different medical, psychological and psychiatric conditions. These will be assessed during your initial sessions at our clinic. This will include certain blood tests. Sometimes, we may diagnose androgen (partial) deficiency as one of the factors leading to the symptoms you are experiencing, and if so, we may offer androgen replacement therapy alongside any other psychotherapeutic support.

Androgens are hormones produced in the ovaries and adrenal glands that act on the musculoskeletal, nervous, hepatic and vascular tissues. In adult women, androgens have long been known to play a key role in sexuality and the prevention of bone loss. Like oestrogen, androgen production drops significantly after menopause. Yet the impact of postmenopausal androgen decline has been far less studied than that of estrogen.

It is a woman's ovaries that produce the hormones oestrogen, progesterone and testosterone during reproductive life. Some precursor hormones are also made in the adrenal glands which are just above the kidneys. Although women produce much less testosterone

than men, this hormone has been associated with sex drive (libido or desire) in both men and women. When women have their ovaries removed (for example after operations associated with hysterectomy, ovarian cancer) or experience natural menopause as they age, the level of testosterone decreases.

There are currently no medications available from your doctor that have been approved as treatment of decreased sex drive (desire) in women and adapted to women's physiology.

Testosterone, can be given to women orally (by mouth), as an injection (with a needle) or as pellets subcutaneously or more recently as a gel applied to the skin ('off-label'). There is the possibility of a skin patch being offered in the future. Testosterone has been associated with the following side effects: Acne (spots on the face, back and other skin areas), oily skin, greasier hair, deepening of the voice, clitoral enlargement, excessive hairiness, male pattern baldness, fluid retention, weight gain, nausea, suppression of blood clotting factors, headaches, anxiety, depression and an increase in cholesterol levels. There may be an association between testosterone and worsening of sleep

apnoea (temporary episodes of not breathing during sleep). When the more severe of these side effects occur, they are usually seen with doses much higher than those used in our clinic. The long term effects with regard to cancer are unknown at this time.

If you have a trial of testosterone therapy, we will ask you to sign our informed consent form indicating your awareness that this hormone therapy is not currently licensed as a treatment in women (other than subcutaneous pellets in post menopausal women). In addition, we must offer regular blood tests to monitor parameters of blood count, liver function, lipid levels and androgen levels. If we do not see you in clinic regularly and your GP is unable to offer these tests, then we would have to stop the prescription of the hormone, even if it was to be effective and helpful for you.

Our recommended treatment at the moment is the testosterone gel. We will prescribe a daily Testogel 50mg sachet for you to use. You must apply **one tenth** of this sachet each day onto your skin. The leaflet which accompanies the gel describes where on your body you can apply this gel. Use the graduated syringe that we provide to you to draw up 0.5mls of the gel and this is the amount to be applied onto the skin each day. Throw away any unused gel each day.

