



Endometriosis, menopause, libido and testosterone

Endometriosis and libido

Some patients attending EXPPECT report problems with low sex drive and enjoyment of sex. This can be for lots of different reasons, for example:

- Endometriosis can cause pain with sex, either from the endometriosis itself, or from scarring due to the endometriosis or from surgery.
- There can be increased spasm in the pelvic floor muscles which can contribute to pain.
- Some of the medical treatments for endometriosis, and surgery to remove the ovaries result in low oestrogen levels which can cause vaginal dryness and sensitivity which also contribute to pain.
- The impact of a chronic health condition, particularly one that can cause pain with sex, difficulty getting pregnant, fatigue and low mood can affect your emotions around sex and intimacy.
- Libido can also be affected by changes in testosterone levels.

What is testosterone?

You may think of testosterone as a male hormone, but women make this hormone too. It is just one of the sex hormones that women produce, along with oestrogen and progesterone.

Levels of testosterone in your body gradually reduce as you become older, with many women not even noticing. Others are more sensitive to the changes and sometimes benefit from extra testosterone. Young women who have surgical menopause (removal of ovaries) may notice the change in testosterone more, perhaps because they are younger and because the drop is sudden.

Why use testosterone?

The current recommended reason is for persistent low sex drive (Hypoactive sexual desire disorder, HSDD) in women after all other possible factors, including taking adequate estrogen, have been addressed. Even with this indication, it does not help everyone. There is not enough evidence at the moment to recommend its use for low energy, low mood, fatigue or brain fog.

How is testosterone treatment given?

We typically offer testosterone once your other HRT has been optimised and it may take several months to have an effect. In the NHS, testosterone is usually given as a gel, which you rub into your skin. It comes as a gel in a small sachet, tube or pump dispenser and you only need to rub a pea-size amount of this gel into your skin. One 50mg sachet or tube should last around 10 days. The gel should be rubbed onto your lower abdomen, thighs or the inner aspect of your forearm. In the UK testosterone is not currently licensed for use by women, so it is said to be prescribed 'off licence'. Your prescriber will explain this to you. Testosterone may be given to some women as an implant, but in the UK, these are not currently readily available.

Usually, you will also be recommended HRT alongside testosterone (as well as vaginal oestrogen if needed to treat vaginal dryness). It can sometimes take a few months for the full effects of testosterone to work; a 3-6 month trial is often recommended.

Are there side-effects?

If you use the recommended dose i.e. a small amount over a week or more, side effects are few.

Some patients will experience hair growth at the area that the testosterone is applied to. Rotating the area of skin you apply it to may reduce this. Other common side-effects include acne, weight gain and irritability. There can also be deepening of the voice, male pattern baldness and enlargement of the clitoris, all of which can be permanent, but these are extremely rare with the doses used for libido in women.

There is a lack of long term data for women using testosterone, but data up to five years shows no adverse effect in healthy women after menopause.

Do I need a blood test?

Blood tests are not able to diagnose whether or not you need testosterone but are used as a safety check to ensure you are not getting too much on top of your own natural levels. In Lothian we check a testosterone level prior to starting testosterone and after 3 and 12 months of treatment – this is done by your GP.

Is it available on the NHS?

NICE Guidance on menopause states that testosterone can be considered for those that need it (NG23).

Testosterone can be prescribed on the NHS if the prescriber is familiar with it and is willing to prescribe it 'off licence'. Some clinicians prefer not to take this decision and to refer to a specialist for advice before prescribing.

In EXPPECT we ask the GP to prescribe one of the following:

- Tostran gel 2% – 1 metered pump (10mg testosterone) applied on alternate days
- Testim gel – 1/10th tube per day i.e. one tube containing 50mg testosterone should last 10 days
- Testogel – 1/10th sachet per day i.e. one sachet containing 50mg testosterone should last 10 days

Privately, you may be given a type of testosterone which is not generally available on the NHS but is licenced in Australia for women. This product is called AndroFeme 1. It comes with a measure and is recommended to be used daily. It is only available on special order with a private prescription. We do not provide this from EXPPECT but you can discuss this with your GP if you have seen a private menopause specialist.

What else can be offered?

Alternatively, you can use an HRT called tibolone as it has a different type of male hormone in it. The evidence for use of tibolone to improve libido is limited, but some patients have reported benefit. Use of lubricants and vaginal oestrogen are also important to reduce any discomfort with sex, and sometimes seeing a physiotherapist can also be helpful for this too.

You can read more about the different types of HRT, risks and benefits of HRT and other helpful information at www.womens-health-concern.org/help-and-advice/factsheets.

Where can I get more information?

Please see our EXPPECT website for more information about pelvic pain and endometriosis, treatments for endometriosis and the services offered by EXPPECT: www.expectedinburgh.co.uk.

The Women's Health Concern website also has many helpful factsheets and other resources which have been developed with the British Menopause Society: www.womens-health-concern.org/help-and-advice/factsheets.

For information about endometriosis see Endometriosis UK's website: www.endometriosis-uk.org.

This information sheet was prepared by clinicians from EXPPECT and the Chalmers Menopause Service. Some information in this sheet has been adapted from material prepared by the Women's Health Concern and the British Menopause Society:

www.womens-health-concern.org/help-and-advice/factsheets/testosterone-for-women

thebms.org.uk/publications/tools-for-clinicians/testosterone-replacement-in-menopause