



A confidential
independent service for
women and their partners

Testosterone for women

What is testosterone?

You may think of testosterone as 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?

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.

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.

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 very few.

Rotate the area of skin you apply it to and do not use more than suggested. Higher doses may lead to unwanted effects such as acne and occasional hair growth.

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.

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This fact sheet has been prepared by Women's Health Concern and reviewed by the medical advisory council of the British Menopause Society. It is for your information and advice and should be used in consultation with your own medical practitioner.

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. Blood tests before starting might be suggested with repeat testing after 3-6 months on treatment.

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. Other clinicians will have prescribing restrictions, which mean they are not able to offer it.

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