

MALE HORMONES FOR WOMEN

WHY DO WE USE MALE HORMONES FOR WOMEN?

Testosterone is more abundant in the female blood stream than oestrogen. Male hormones are in essence the precursors of the female hormones. Both male and female hormones are necessary for optimal function of the body.

Testosterone levels appear to fall with age and not necessarily with menopause, unless the ovaries are removed. In our blood, testosterone is avidly bound to the sex-hormone-binding globulin (SHBG) and only a small 'free' fraction is biologically active. Oral oestrogens increase SHBG levels and so lower free, bio-active testosterone levels.

Normally, the postmenopausal ovary continues to produce some androgens. Population studies however have failed to link a decline in sexual activity with serum androgen levels. There are also technical problems with the measurement of testosterone. The commercially available assays are designed for the male normal range and are not very accurate for women or children. In some laboratories a 'sensitive testosterone' assay is available, but even these have poor correlation with sexual desire and responsiveness. Clinical trials have been more helpful than lab-based studies.

WHAT CONDITIONS ARE ASSOCIATED WITH LOW LEVELS OF MALE HORMONES?

A low level of male hormones in women is thought to be associated with

- Lack of libido (= sexual desire, which is not the same as arousal – arousal is the excitability of the external sexual organs)
- Low physical stamina
- Fatigue

There is also a recent interest in the correlation between a low level of free testosterone and the management of chronic pain syndromes.

WHEN DO WE USE MALE HORMONES AS A TREATMENT?

Low libido

There have been several clinical studies of transdermal testosterone for women, usually as patches. In nearly all the trials, women received adequate oestrogenisation first, confirming the intimate link between the two classes of hormones. These studies have shown a significant improvement in sexual desire and more satisfying sex than placebo. Although serum testosterone levels per se are of no value in diagnosing sexual disorders, they are useful in ensuring that patients are not over-treated, so that androgenic side effects (excess body hair or acne) can be minimised.

Vaginal dryness

Oestrogen therapy has been shown to improve vaginal lubrication - creams as well as oral HT, despite its adverse effects on SHBG and therefore on free testosterone - has been shown to improve sexual desire and arousal.

How is testosterone treatment given?

In Australia, testosterone for women is available as a cream (AndroFeme®) or as implants (compounded). Speak to your doctor for more information.

More information:

Speak to your doctor or specialist at WHRIA

<http://www.lawleypharm.com.au/pharm/index.html>