

Park Lane Surgery

GP fact sheet-Testosterone Gel for women in the menopause

Testosterone gel, (Testim/Testogel/Tostran) recommended for restricted use in women in the menopause with Hypoactive Sexual Desire Disorder (HSDD)/ Female androgen deficiency syndrome (FADS) if Hormone replacement therapy (HRT) alone is not effective.

Initiation and stabilisation on treatment takes 3-6 months

Derbyshire medicine management guidelines hormone replacement

Avoid in active liver disease, history of hormone sensitive breast cancer, competitive athletes, women with high normal or high baseline testosterone levels measured with Free androgen index FAI

Side effects- body hair-site of application and generalised Male pattern alopecia, acne, greasy skin, deepening voice and large clitoris-latter side effects rare.

Apply to clean dry skin-lower abdomen/upper thighs, not to be washed area within 2-3 hours.

Testim- 1%testosterone in 5g tubes containing 50g testosterone. Starting dose 1/10 of a tube/day = 5mg per day-each tube lasts 10 days. The amount to apply each day is approximately equal to the size of a tip of a ballpoint pen lid-keep in fridge between use.

Testogel- Besins healthcare 2% testosterone gel in 2.5g sachets containing 40.5g of testosterone. Starting dose 1/8 of a sachet/day =5mg/day i.e. each sachet should last 8 days. Keep in fridge.

Tostran 2% testosterone gel in a canister containing 60g. Starting dose one metered pump of 0.5gm=10mg on alternate days

Monitoring

At 3 -6 months to assess efficacy and tolerability, before discontinued due to lack of efficacy Annually thereafter

Remain on treatment for approx. 5 years

FAI- 3 months 6 months then annually

A low FAI <1% supports use of T2 supplementation.

Female physiological range <5%- reduce or stop treatment above this.

Idf side effects, blood monitoring and keep levels in female physiological range