

Testosterone is traditionally considered a “male hormone”, but women have a small amount in their bodies too. Women have been given testosterone for decades to treat various symptoms and conditions. However, no guidelines on the use of testosterone in women had ever been published until just recently.

In September 2019, 11 different international professional groups came together to publish the first world-wide agreement paper on how to properly use testosterone in women. They looked at the highest quality studies available and also used the knowledge of the world’s top experts on the subject to set out a number of recommendations.

The most important thing they concluded was that testosterone should only be used in women after menopause and should only be used to help increase desire level. Testosterone seems to have a moderate effect on libido, with an increase on average of one satisfying sexual event per month. Testosterone has not proven to have enough effect on general wellbeing, mental processing, dementia, depression, bone strength, muscle strength or total body fat in women.

The guideline-writing panel stressed the importance of identifying all of the factors that are affecting a patient’s libido. Women often do best when treatment addresses not just the biological, but also the psychosocial, with interventions like counselling.

Testosterone blood levels decrease in all men and women with aging. As such, the panel recommended that blood levels of testosterone should not be used to diagnose the cause of a woman’s low libido. Blood levels of testosterone should mainly be measured to ensure a woman on treatment is not getting too much testosterone. The aim is to reach a blood level of testosterone that is equal to that of a pre-menopausal woman, nothing higher.

No severe negative effects were seen in women with short term use of testosterone. At most, some women may notice mild acne or body/facial hair growth. However, the longest studies on testosterone lasted 24 months, so the effects of testosterone with use beyond that are unknown. Also, women at high risk of heart attack and women with previous breast cancer were not included in most studies, so the safety of testosterone in these women is also unknown and cautious use is advised.

Lastly, Health Canada has not approved any testosterone products for use in women. As such, the panel suggests the careful use of male formulations at female doses. Testosterone creams and gels are strongly preferred, because of the increased chance of negative effects with oral or injection products.

Clearly, more research is required in this area of women’s health. However, it is encouraging for patients and doctors to have a published summary of the safest way to use testosterone in women. Hopefully, this paper will serve as a call to action for more study.