

# Testosterone prescribing for menopause – the East Lancashire experience



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## Background

Testosterone is currently used **off-licence** to treat symptoms associated with the menopause. **NICE** and the British Menopause Society (**BMS**) recommend considering it in women with **low sexual desire if conventional HRT alone is ineffective**.<sup>1,2</sup> However, research suggests that testosterone also has **additional benefits of improving energy, sleep, mood and memory**.<sup>3</sup>

## Objectives

1. To assess if departmental practice was in line with BMS and NICE recommendations
2. To evaluate the clinical response following testosterone use in our patients

## Methods

🔍 A retrospective study was conducted on all women who received testosterone replacement from January to June 2024 at East Lancashire Hospitals NHS Trust.  
📁 They were identified through pharmacy records.  
💻 Data on patient demographics, symptoms, investigations and follow-up appointments were collected from electronic records.

## Results

48 patients received testosterone from Jan–Jun 2024

- Average age: 51.5 years (range: 35-60)
- 36 (75%) were commencing testosterone, the rest were repeat prescriptions

### Symptoms experienced

- Of the 36 patients commencing testosterone, 97% reported low sexual desire
- 42% also reported tiredness, 19% brain fog, 19% poor sleep and 17% low mood

### Clinical response to testosterone

#### Symptoms

- 59% reported improved libido
- 38% reported improvement in other menopause-related symptoms (18% energy levels, 15% cognition, 9% general well-being)

#### Discontinuation of testosterone

- 24% (n=8) discontinued testosterone after 3 months
- 6 cases were due to having experienced no improvement in symptoms
- 2 cases were due to intolerable side effects

#### Side effects

- Intolerable side effects were reported in 2 patients
- One experienced increased aggression, and the other reported feeling more emotional, angry and forgetful

| BMS/NICE recommendation                                                                                                                                                | % achieved |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Received counselling regarding off-license use and limited long-term data                                                                                              | 81%        |
| Prescribed for indication of low sexual desire, exclusion of other causes of this                                                                                      | 72%        |
| Commenced after a trial of conventional HRT                                                                                                                            | 97%        |
| Vulvovaginal atrophy addressed/considered prior to commencement                                                                                                        | 22%        |
| Follow up being conducted 3-6 months after commencement                                                                                                                | 86%        |
| Total testosterone levels checked before treatment to establish baseline/ensure levels not in upper range, and repeated close to 2-3 months after commencing treatment | 97%<br>53% |

Table 1 | Standards being evaluated among those commencing testosterone and percentages achieved

## Discussion

**Suggested areas for improvement**, with regards to departmental practice when commencing patients on testosterone for menopause

- Excluding other causes of low sexual desire
- Ensuring vulvovaginal atrophy is addressed / discussed
- Counselling regarding off-licence use and limited long-term data
- Sending information leaflets to all patients
- Repeating testosterone levels 2-3 months after

## Conclusion

Our experience suggests that testosterone is **generally well-tolerated**, with **benefits to libido, energy, cognition and general wellbeing**. While current practice is generally in line with NICE/BMS guidance, some areas for improvement have been identified. Further research is also required to establish the potential benefits of testosterone for menopausal symptoms beyond libido, as well as its safety in the longer-term.

## References

1. National Institute for Health and Care Excellence. (2015, updated 2024). Menopause: identification and management. NG23. <https://www.nice.org.uk/guidance/ng23/chapter/recommendations>
2. British Menopause Society. (2022). Testosterone replacement in menopause. Tool for clinicians. <https://thebms.org.uk/wp-content/uploads/2022/12/08-BMS-TfC-Testosterone-replacement-in-menopause-DEC2022-A.pdf>
3. Glynne S, et al. (2024). Effect of transdermal testosterone therapy on mood and cognitive symptoms in peri- and postmenopausal women: a pilot study. Arch Womens Ment Health.