

TO BE READ IN CONJUNCTION WITH [BSW SCA](#) for OFF-LABEL Topical Testosterone for low libido in menopause in adult women on HRT

BSW Pathway for the use of testosterone in women for Hypoactive sexual desire /dysfunction

Specialist diagnoses Hypoactive sexual desire/dysfunction clinically in post-menopausal women ONLY (testosterone levels do not correlate with symptoms). *Definition: Deficient or absent sexual fantasies and desire for sexual activity causing marked distress or interpersonal difficulty or reduced sexual arousal from external sexual or erotic cues.*

1

Take informed consent – off label use

Measure baseline:

- FAI (Testosterone and SHBG, FAI <1% supports testosterone use; do not prescribe if >5%)
- FBC (U&E, LFT and full lipid profile depending on individual patients risks)
- BP
- BMI

2

Review at approximately 3 months:

- FAI (stop or reduce dose if FAI>5%)
- Stop if no clinical response
- If good response and FAI 1-5% **Ask GP to take over shared prescribing**
- Send GP shared care agreement with monitoring schedule, target FAI, and how to obtain

3

Review annually thereafter:

- Stop if no clinical response
- FAI (stop or reduce dose if FAI>5%)
- FBC (stop if HCT >53% and re-challenge at lower dose when HCT normalised)
- Other tests as per individual patient circumstances/risks.

4

GP on-going review: (GP to order blood tests 2 weeks before specialist annual review appointment)

- Monitor for signs and symptoms of androgen excess (hirsutism, acne, alopecia, voice deepening)
- FAI (stop or reduce dose if FAI>5%)
- FBC (stop if HCT >53% and re-challenge at lower dose when HCT normalised)
- U&E LFT Full lipid profile- only if required as per specialist advice
- BP & BMI- only if required as per specialist advice

GP

Do not consider testosterone replacement for androgen deficiency, cognitive dysfunction, bone health, well-being or cardiovascular/metabolic benefits.

Contra-indications to Testosterone replacement:

- In cases of known or suspected breast carcinoma, known or suspected androgen-dependent neoplasia, nephrotic syndrome, history of thromboembolism or hypercalcaemia
- In cases of known hypersensitivity to the active substance or any of the excipients.
- Pregnancy & breastfeeding
- High FAI >5%

Testosterone therapy for postmenopausal women, in doses that approximate physiological testosterone concentrations for pre-menopausal women, is not associated with serious adverse events (Level I, Grade A).

Caution

- Cardiac/hepatic/renal insufficiency; Migraine; Epilepsy; Diabetes Mellitus; IHD; Polycythaemia; Elderly; HTN; Competitive athletes; may potentiate sleep apnoea in some patients, especially those with risk factors such as obesity or chronic lung disease.

Topical testosterone should be stopped when HRT is stopped or if the specialist advises for it to stop

Exclusions from shared care: Use of Testosterone without HRT; Use in breast cancer patients