Department of Clinical Biochemistry: Information for Clinicians

Full guidance available at BSW formulary:
http://bswformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.04.02&SubSectionID=A100&drugmatch=5192

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

2

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

3

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 advice/support

4

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.

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.

GP

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*

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

Ref.: PATH 027
Version: 1
Approved by: Dr Moya O'Doherty, Consultant Biochemist and Clinical Director of Pathology
Approved on: 18 May 2022
Author: Beverley Harris, Consultant Clinical Scientist
Review date:18 May 2025
Date of Issue: 18 May 2022

© Royal United Hospitals Bath NHS Foundation Trust 18.05.2022