Testosterone help beat the menopause? Jane Fonda says it transformed her libido

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Can testosterone help beat the menopause? Jane Fonda says it transformed her libido and researchers claim the benefits are almost limitless

By Jane Feinmann for the Daily Mail

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Jane Fonda described a dramatic improvement in her libido with testosterone

Hormone replacement therapy hit the spot for Frances Goodman in every respect — except one.

The interior designer from London was relieved when combined HRT (oestrogen and progesterone) ended the 'horrible' hot flushes and other menopausal symptoms that had made her early 50s a minor nightmare.

'I went back to my normal self in just a few weeks — apart from my libido.

'I'd hoped my interest in sex might also return to pre-menopausal levels, but that didn't happen.'

For both Frances, now 62, and her doctor husband, David, it was a disappointment: 'I never went off sex completely — but it was certainly less enjoyable and we both missed that.'

Two years ago, Frances made an appointment to see her gynaecologist and asked for another hormone to be added to her HRT mix.

'When I'd originally consulted her, my doctor had mentioned testosterone as a possible hormone that could usefully be replaced,' she recalls.

'But I was horrified at the idea. To me, testosterone means hairy men and rampant adolescent boys — neither of which, needless to say, I felt would add to my quality of life.

'But realising that my libido was not going to improve on its own, I decided to give it a try.'

Frances had a testosterone implant inserted just under the skin of her stomach — this releases very small doses of the male hormone into her bloodstream.

It did improve her sex life — though unlike celebrities such as Jane Fonda, who described a dramatic improvement in her libido with testosterone, the changes for Frances were subtle.

‘There was certainly no ramping up of sexual desire — if anything, it subtly changed the quality of sex rather than the quantity.’

What did improve dramatically, however, was her health.

In 2008, four years after starting combined HRT, Frances had a bone density test carried out routinely ‘because of my age’, and had been shocked to discover that she had osteopenia, a precursor to osteoporosis.

‘I immediately took up Pilates to boost bone strength and gave up coffee as I’d read it could weaken the bones. But it didn’t make any difference.’

Yet six months ago her latest bone density test — a year after the testosterone implant — revealed that her bones were back to normal levels.

‘My gynaecologist said she had no doubt it was testosterone that had made the difference.’

Women's production of testosterone falls by 50 per cent as a result of the menopause

Frances’s gynaecologist is not alone in her enthusiasm for testosterone in combination with HRT.

‘Any gynaecologist with a serious interest in menopause today advocates the inclusion of testosterone in HRT,’ says Charles Kingsland, a consultant gynaecologist at Liverpool Women’s Hospital and a spokesperson for the Royal College of Obstetricians and Gynaecologists.

‘This is not mainly about improving sexual desire — though it can have this effect,’ he says.

‘The main benefits, as shown by clinical evidence, is to boost the impact of oestrogen.

'Everything HRT is claimed to do, from ending hot flushes to boosting bone density, appears to be done better when a post-menopausal woman is also getting extra testosterone.’

It’s a little-known fact that at adolescence, young women produce testosterone in much the same quantities as young men.

‘There’s an essential difference between girls and boys: girls have an enzyme, aromatase, that converts this testosterone into oestrogen,’ explains Mr Kingsland.

While testosterone in men is a byword for masculinity, high libido and vitality, in women it’s largely a building block for oestrogen — although a residue of testosterone is present in varying levels in women throughout their adult life, creating the ‘joie de vivre, enjoyment of sex, energy and assertiveness that are part of the human personality in both sexes,’ adds Mr Kingsland.

Women’s production of testosterone falls by 50 per cent as a result of the menopause; it also drops dramatically if women go through the menopause before they are 50 as a result of a hysterectomy or

because of illness.

It’s long been recognised that this drop causes ‘a potentially distressing decrease in sexual desire for many women’, says Janice Rymer, professor of gynaecology at King’s College Hospital.

‘But we now know much more about the impact of this loss of testosterone production on physical health, including bone and muscle strength as well as drive and confidence,’ she says.

Both oestrogen and testosterone play a significant role (alongside exercise and nutrition) in building and maintaining bone density and muscle mass —‘though testosterone is better at it,’ explains Professor Rymer.

‘That’s why men’s muscles are larger and their bones denser and why men are far less likely to get osteoporosis.’

Which is why treating women with low levels of testosterone can have the kind of effect on bone health Frances Goodman has noticed.

Indeed an authoritative study, first published in 2006 and since then repeated several times, has shown that testosterone hormone replacement is an important treatment for maintaining bone and muscle and mass in women with testosterone deficiency.

But the effect is nothing like what happens to male body builders when taking supplements including testosterone to bulk up muscles.

‘Most of the testosterone given to women will be converted into oestrogen – and it’s this extra supply of oestrogen that promotes bone density,’ explains Mr Kingsland.

There are other claims for testosterone (although these are based on small, short-term trials, so are yet to be properly tested).

One recent study suggested treatment boosted women’s cognitive function.

The research, presented at the Endocrine Society’s 95th annual meeting in San Francisco in June, found that post-menopausal women who were given a testosterone gel showed significantly greater improvement in verbal learning and memory compared to those given a ‘sham’ gel.

It could also help reduce the risk of heart attacks and strokes.

In 2010, research published in The Journal of Clinical Endocrinology & Metabolism showed that post-menopausal women with low levels of testosterone had an increased risk of cardiovascular disease.

Another small study found that women with heart failure gained physical strength and the ‘ability to function properly’ when they started to take a testosterone supplement.

Meanwhile researchers at Wright State University in Ohio, say it even protects against breast cancer.

The researchers had tracked the incidence of breast cancer in women who had a testosterone implant.

Writing in September 2013 in Maturitas, the official journal of the European Menopause and Andropause Society, they said that unlike conventional combined HRT, which is known to raise the risk of breast cancer slightly, the addition of testosterone appears to cut that risk significantly.

Women's production of testosterone falls by 50 per cent as a result of the menopause

Lead researcher and general surgeon Dr Rebecca Glaser believes the study should be reassuring.

‘I am now very comfortable treating women with testosterone implants,’ she said.

However, these were interim findings – after tracking the women for five of an intended ten years — which is why the results must be regarded with caution.

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Some of the claims for testosterone are more far-fetched.

One U.S. specialist suggests its the best remedy for eliminating midlife bingo wings.

Another claims it increases scalp hair growth — though conveniently, not the hair on the back or arms.

It's this kind of research — as much as the testimonials from Fonda et al — that has led to an increase in testosterone use in the U.S., with two million prescriptions written for older women every year. It's far less widely prescribed by cautious doctors in the UK.

Indeed, it would be wrong to think there is no downside to the supplement.

Earlier this year, Dr Mary Gallenburg, a gynaecologist at the leading Mayo Clinic, warned that there is as yet no long-term safety data on the use of testosterone in women with a history of breast or uterine cancer or those who have a heart disorder or a history of liver disease.

Above all, women should be aware that the method of administration and dose is crucial — and must be carefully considered by a specialist.

Very high doses cause acne, facial and bodily hair and even clitoral hypertrophy, an abnormal enlargement of the clitoris.

But even if the decision is taken to give a woman the treatment, for those living in the UK there's been a further complication.

In December 2012, MSD, the only pharmaceutical company to manufacture the female testosterone patch and gel, suddenly withdrew both products on the grounds of cost, claiming that the expense of keeping the product on the market outweighed any profits.

British gynaecologists were incensed as the decision meant there was no product for women left on the market.

Denouncing the withdrawal as 'immoral, though sadly not illegal', Dr Nick Panay, a consultant gynaecologist at Chelsea and Westminster Hospital and chair of The British Menopause Society, expressed 'disappointment that the decision now leaves no licensed female testosterone replacement preparations available in the UK'.

There is also recognition that female testosterone treatment has failed to find widespread support among GPs. Specialists say it has been a victim of its association with hairy masculinity.

'There is a huge social stigma among women against using testosterone — and this view is shared by many, probably most GPs,' says Mr Kingsland.

'These are the doctors who advise the vast majority of these women about HRT — and unfortunately, most are reluctant to even discuss testosterone replacement. Most women never get to hear about it'

In the absence of a female testosterone supplement, the British Menopause Society now recommends that women be prescribed a testosterone gel normally offered to men, using it in small 'pea-sized'

doses to stretch out a sachet that a man takes every day over four to five days.

Patients such as journalist and blogger Angie MacDonald, 48, insist that even this somewhat unsatisfactory situation is worthwhile — and that any unwanted symptoms can be easily managed. In her 30s she suffered from ovarian failure, which is similar to early menopause.

As well as taking combined HRT she started applying a testosterone gel to her stomach once a day on the advice of a gynaecologist.

‘Blood tests showed that I had very low levels of testosterone, too.’

She says applying the gel ‘is obviously a hit-and-miss business, with no standard dose so you just have to guess the correct measurement. I was putting tiny spots of the gel on my stomach every day.

'I felt energised and alive, so much less a victim of my hormones. But I was horrified a couple of months into treatment when my belly was clearly becoming hairy.’

She made an urgent appointment with her gynaecologist and was relieved to discover she could reverse the symptom.

‘It turned out I was getting the dose right — but needed to alternate the location of the gel application. Once I put it on thighs and upper arms as well as my stomach, the hair disappeared.’

For many women, however, such hormonal experimentation might seem a tad reckless.

And with little sign that adequate funding for research into the safety of testosterone supplementation in women will be available from either the pharmaceutical industry or government, it’s difficult to predict when women themselves may feel fully reassured.

Meanwhile, the consensus among female hormone specialists is that the treatment should be available to women. Frances Goodman doesn’t need convincing.

She is seeing a private gynaecologist, and has been able to continue with her six-monthly testosterone implant.

‘Without it, my health would be affected — and I’d also be less of the real me.’

Angie MacDonald’s blog can be found at writehealth.co.uk

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