



Testosterone

It has been proposed that androgens or testosterone play a role in sexual behavior. A woman's libido is dependent upon many factors, including hormonal balance and psychological factors; a balance of estrogen and testosterone also may be necessary for normal sexual desire and responsiveness. Some women with testosterone deficiency as a result of aging, menopause, surgical removal of the ovaries often complain of loss of libido, even though they are given estrogen replacement therapy. The results of studies on the role of testosterone in sexuality in normal premenopausal women are inconclusive at this time.

The rate of testosterone production falls in postmenopausal women, mostly because of a decline in the peripheral production of testosterone from sites other than the ovaries. The production rate of testosterone fall by 50% after menopause. The decline in ovarian testosterone production in postmenopausal women is much less than the decline in estrogen production; as a result, the ovaries become primarily testosterone producing glands.

For some women, when testosterone levels decrease, so does libido and sexual response. Add to that the women who are on medications that reduce testosterone levels - such as certain antidepressants, birth-control pills and some drugs that lower blood pressure--and it's no surprise that about a third of women experience loss of libido during perimenopause. That number reaches 40% in menopause. The loss of testosterone as women approach menopause is usually gradual.

Side Effects: Small doses of testosterone (those meant to mimic the body's natural production) shouldn't have masculinizing effects. In a study in which acne and excess hair growth (hirsutism) on the face, abdomen, breasts and back were noted, the women had been given 10 times the amount of testosterone they would naturally make. The same goes for another possible side effect, enlargement of the clitoris. There are some concerns that oral testosterone may change cholesterol levels by lowering the good cholesterol (HDL). Testosterone should never be used if there is a possibility of pregnancy occurring. Women with a history of liver disease, polycystic ovarian disease, acne, and male pattern baldness should not use testosterone since it may aggravate these disorders. Breast cancer patients should not use testosterone since it can be converted to estrogen by the body.

Pills, Patches, Creams or Shots: How Do We Take Testosterone?

There is no one testosterone. This appellation really applies generically to the hormone that's circulating in our bodies. So when it comes to supplementing testosterone, we have to make choices. The first natural or synthetic? When natural testosterone is given in pill form, most of it is broken down and absorbed quickly in our digestive tract. Some drug companies have ensured a slower, steadier absorption by developing a synthetic methyltestosterone. Once natural testosterone gets into our bodies, what isn't broken down will be converted to estrogens. This doesn't happen with methyltestosterone, so we get a bigger testosterone bang per pill. So we have choices. To add confusion, testosterone either can be administered through capsules, tablets, ointments, gels, or patches. These preparations are made at compounding pharmacies. If you are considering testosterone replacement please discuss this issue with your doctor.