

Androgens (Male Sex Hormones) Help Some Women with Low Libido

By Michael Castleman

Over the past decade, evidence has accumulated that the male sex hormones, testosterone and DHEA (dehydroepiandrosterone)—collectively known as androgens—help restore sexual interest and function in women with low or no libido.

Women Produce Male Sex Hormones

Both sexes produce these hormones, though men's testicles produce much more than women's ovaries and adrenal glands. In both sexes, male sex hormones play key roles in sexual desire, blood flow into the genitals, and the ability to experience orgasm.

From age 20 to 40, women's blood levels of androgens decline by about 50 percent. As women become menopausal, levels decline even more. This is usually no cause for alarm. Most women continue to produce enough androgens to maintain sexual interest and enjoy pleasurable orgasms. But for some women, androgen levels fall to the point where libido fades and orgasm is no longer possible.

When Levels Fall Abnormally Low

Much of what we know about the effects of androgens on women's sexuality comes from studies of women whose levels suddenly plummeted because their ovaries were surgically removed. These women generally report a sharp drop in sexual interest, fewer sex fantasies, less genital sensitivity to touch, and an inability to have orgasms no matter how intense or prolonged the stimulation. Nonsexual symptoms also develop: dry skin and hair, thinning of pubic hair, loss of muscle tone, and reduced feelings of mental sharpness and general well-being.

Other studies show that both pre- and post-menopausal women who complain of reduced or lost libido enjoy renewed sexual interest and satisfaction when they take supplemental androgens, either testosterone or DHEA.

Supplemental Androgens Can Help

In one study, Australian researchers worked with 31 premenopausal women, average age 40, who complained of low libido and showed abnormally low androgen levels. They were given either a placebo cream or a cream containing 1 percent testosterone, which they rubbed into their inner thighs daily for 12 weeks, all the while maintaining diaries of their sexual interest and activity. Then all the women had no treatment for four weeks, after which the groups were switched so that those who initially used the placebo cream began using the testosterone and visa versa. During testosterone treatment, sexual interest and function increased significantly. So did the women's feelings of overall well-being.

In the U.S., no drug company offers testosterone cream, but it's available from compounding pharmacists, special pharmacists who make their own medicines. Ask your doctor for a prescription and a referral to a compounding pharmacist in your area.

The second recent study was conducted by researchers at George Washington University in Washington, D.C. They gave experimental testosterone patches to 562 women, average age 49, who'd had their ovaries removed. They stopped producing their own androgens, and as a result, suffered libido loss. Once the women affixed the adhesive patches to their skin, a measured amount of testosterone (300 micrograms/day) passed through their skin into their bloodstreams. Using the patch for six months, the women reported a 56 percent increase in sexual desire and a 74 percent increase in sexual satisfaction. (The testosterone patch is still experimental and currently not available outside of research studies.)

Side Effects?

Early studies of androgen supplementation in women produced troubling side effects: increased risk of heart disease and liver abnormalities, and masculinization: growth of facial hair, hair loss atop the head, and acne. Most clinicians continue to discourage women with heart or liver disease from taking androgen supplements. However, recent studies of androgen supplementation have used much lower doses, and these side effects, while still possible, have become considerably less common.

Breast cancer survivors are often warned to avoid androgen replacement because the body converts testosterone into estrogen, which may stimulate tumor recurrence.

If you're a woman who is not in any of the risk groups just mentioned, and you feel troubled by low libido or a lack of sexual enjoyment, it's prudent to get your testosterone and DHEA levels tested. If yours are below the normal range, or in the bottom quarter of the normal range, show this article to your doctor, and discuss the advisability of taking DHEA or a topical androgen cream.

Or consult a sex therapist. To find one near you, visit aasect.org, the American Association of Sex Educators, Counselors, and Therapists, or sstarnet.org, the Society for Sex Therapy and Research.

References:

Goldstat, R et al. "Transdermal Testosterone Therapy Improves Well-Being, Mood, and Sexual Function in Premenopausal Women," *Menopause* (2003) 10:390.

Shifren, JL et al. "Transdermal Testosterone Treatment in Women with Impaired Sexual Function After Oophorectomy," *New England Journal of Medicine* (2000) 343:682.

Simon, JA. "Study Of The Testosterone Patch In Women," presented to the 2004 annual meeting of the American College of Obstetrics and Gynecology.