



Who needs testosterone?

Current UK NHS guidelines only recommend testosterone if you have severely reduced libido or 'Hypoactive Sexual Desire Disorder' (see p.3 for further detail), but there is good evidence to show that the benefits of testosterone could help many more women in their perimenopause and menopause for the reasons listed above. Menopause specialists, and increasingly GPs, are realising the widespread benefits of testosterone replacement for most women.

Testosterone can be considered soon after the onset of peri/

menopausal symptoms, when you go to seek help for your symptoms. You do not usually need to have a blood test before treatment is started; your symptoms

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Hypoactive sexual desire disorder

You may have come across the medical abbreviation HSDD, which stands for Hypoactive Sexual Desire Disorder. It's normal to go through phases of less interest in sex but HSDD might be identified if you have a total lack of interest, lasting for more than 6 months that has consequences on your relationship and/or self-esteem.

Other signs of HSDD include no interest in any type of sexual activity, no sexual thoughts or fantasies, no interest in initiating sex, and difficulty getting pleasure from

it, including masturbation.

Here are some of the questions that are asked when a diagnosis of HSDD is considered:

1. In the past, was your level of sexual desire or interest good and satisfying to you?
2. Has there been a decrease in your level of sexual desire or interest?
3. Are you bothered by your decreased level of sexual desire or interest?

4. Would you like your level of sexual desire or interest to increase?

5. What are the factors that you feel contribute to your current decrease in sexual desire or interest:

a. An operation, depression, injuries, or other medical condition

b. Medications, drugs, or alcohol you are currently taking

c. Pregnancy, recent childbirth, or if on hormonal therapy
if on hormonal therapy, specify: _____

