

CATCH UP & A CUPPA WITH...

Dr Louise Newson

Dr Louise Newson is a GP and menopause specialist. Passionate about improving perimenopause and menopause education, Louise created the website [My Menopause Doctor](#) and has also developed the free menopause app, [Balance](#).



Louise is the founder of [The Menopause Charity](#) and she also runs the [Newson Health](#) menopause and wellbeing centre in Stratford-upon-Avon. Louise is author of the Haynes Menopause manual, one of our recommended must reads.

Join us as we ask Dr Louise Newson all about Testosterone.

Firstly, it'd be great if you could please explain the role of testosterone in the female body?

Testosterone is an important hormone for many women and in fact testosterone levels are higher than oestrogen levels when women are young. Many people incorrectly think testosterone is only important for men and this is not true. Testosterone is mainly produced by the ovaries and levels of testosterone naturally decline with age.

What is the most important function of testosterone?

There are cells in our bodies, including our brains, which respond to testosterone. Testosterone works to improve mood, energy, stamina and motivation. It is also important for our muscles and bones to function as well as our hearts.

What are the possible low testosterone symptoms to look out for?

Symptoms related to low testosterone include reduced energy, fatigue, low stamina, brain fog, memory problems, anxiety, poor sleep, muscle and joint pains and also reduced libido. These symptoms often come on gradually during the perimenopause and many women blame other reasons for their symptoms as so many women and also healthcare professionals are not familiar with the important role testosterone has on our bodies.

How quickly do testosterone levels decline in surgical menopause?

When ovaries are removed surgically, the levels of testosterone plummet very quickly. This often results in symptoms related to a surgical menopause being far harsher than a natural menopause where symptoms may occur more gradually compared to symptoms starting abruptly after surgery. In addition, when women are young (under 40) and have their ovaries removed then they often miss testosterone more than older women.

Is it true that if a woman is taking testosterone, it can get converted to oestrogen by the body if oestrogen levels are low?

Testosterone can be converted to oestrogen if oestrogen levels are low. It is therefore very important that women have adequate oestrogen levels before starting to take testosterone. This means that usually oestrogen is given first and then if a woman still has symptoms suggestive of low testosterone then testosterone is started a few months later.

What are the benefits of taking testosterone in Surgical Menopause?

Testosterone can often work really well to improve mood, concentration, energy and stamina. It also can improve libido and also symptoms related to vaginal dryness. There is some evidence that women who take testosterone also have a lower risk of osteoporosis and heart disease. It may also reduce the risk of dementia.

Which testosterone products do we have available in the UK?

Frustratingly, testosterone for women is not licensed in the UK. This does not mean it is not safe it just means that there is not a company who has a product licence for it. It is possible for women to obtain testosterone by being prescribed the male testosterone in lower doses or there is a female testosterone cream, called AndroFeme, which is available privately from some healthcare professionals. This costs around 80p a day.

How do you take testosterone?

Testosterone is given as a gel or cream and rubbed onto the thigh. Women who use testosterone should have a testosterone blood test around 3-6 months after starting testosterone and then have this blood test annually to ensure levels are within the normal range.

Are there any side effects?

Side effects are really uncommon. The commonest side effect of testosterone in women is some hair growth on the thigh. Hair growth on the face or voice changes are extremely uncommon if the testosterone is given in the recommended way.

If a reader is having difficulty obtaining testosterone from their GP, what advice would you give?

It is important to read information about testosterone – such as [here](#) and also on the Balance app. Some GPs will prescribe testosterone for women but many GPs have not received adequate menopause education. If this is the case then women should ask to be referred to a menopause clinic who should be able to help and prescribe it.



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