

Testosterone Use in Menopause: Risks and Benefits

Testosterone therapy may be prescribed for some menopausal women to improve sexual desire, energy, and well-being. It is generally considered for women with hypoactive sexual desire disorder (HSDD) after other causes are ruled out.

Potential Benefits

- Improved sexual desire, arousal, and satisfaction (especially in women with HSDD).
- May increase energy levels and mood in some individuals.
- Possible improvement in muscle mass and bone density (though data are limited).
- Enhanced sense of well-being for some women.

Potential Risks and Side Effects

- Acne and oily skin.
- Unwanted hair growth (especially on face or body).
- Scalp hair thinning (androgenic alopecia).
- Voice deepening (can be permanent).
- Clitoral enlargement (can be permanent).
- Mood changes or irritability.
- Adverse effects on cholesterol profile (possible lowering of HDL).
- Unknown long-term cardiovascular and breast safety in women.

Monitoring and Recommendations

- Use only formulations made for women (e.g., low-dose transdermal preparations). Avoid high-dose products made for men.
- Monitor testosterone levels periodically to stay within the premenopausal range.
- Check for side effects such as acne, hair changes, and voice changes.
- Reassess benefit and risk every 6–12 months.
- Stop therapy if no meaningful benefit is seen after 6 months.

Discuss testosterone therapy thoroughly with your healthcare provider to determine if it is appropriate for you. Treatment should always be individualized and closely monitored.