**Low libidio and testosterone therapy - transcript**

**Louise Browne, Host (00:00):**

Today we're speaking with Professor Susan Davis. She's a leading researcher in the field of endocrinology and women's health with a particular focus on the role of testosterone and oestrogen in cognition, mood, sexual function, the cardiovascular system and other tissues. So one of the main sexual issues affecting postmenopausal women.

**Professor Susan Davis (00:20):**

The main sexual concerns postmenopausal women experience are low libido with or without low arousal. Now, there are other sexual function problems women experience. It can be arousal in isolation that's not working for a woman or inability to have an orgasm. And of course we know many women will also describe sexual discomfort or even pain. But the most common thing is low desire. It becomes a problem for a woman or any of these things become a problem for a woman if it causes the individual woman personal distress. And by that I mean personal worry or concern.

**Louise Browne (01:00):**

So what are the management options for women experiencing low desire?

**Professor Susan Davis (01:05):**

If the low desire is not a bother to the individual, there's no need for any sort of management. But if a woman is experiencing low desire, that is troubling her personally, the options are firstly to work out what's going on. Is it because there is a fundamental problem with a relationship? So I'll say to my patients, I can give you hormones that might help you desire, but I can't make you like your partner.

So if the primary problems of the relationship, you've got to look at that. Then you've got to look at all the other things we know impact sexual function, depression, the use of antidepressants and other medications. Is there pain or discomfort, which can be due to vaginal dryness? Is there personal stress? Are there problems within the family work, et cetera? So working through all these things is incredibly important. If a woman works through all of these things with her healthcare provider and gets to the point that you've addressed all these issues, you've talked about all these things, and ultimately is clearly that women will say, it's like a light went out two or three years ago. I had great sexual relationship. Now I really want to, but ain't there someone pulled the switch? That's classic. And then what we have to offer is when indicated testosterone therapy, which can be very, very effective.

**Louise Browne (02:33):**

So we know that in 2019 there was some important papers released regarding the use of testosterone therapy in women. Could you tell us a little bit about those?

**Professor Susan Davis (02:42):**

What we found was that there was a clear benefit for postmenopausal women experiencing low desire that caused them personal distress. There was no evidence of benefit for premenopausal women, although the data was very scanty, but there was no evidence benefit. And critically, there was no benefit for the use of testosterone in women for the preventional treatment of any other health condition. There was no benefit for depression or bone health or muscle strength. We also found no evidence when used in an appropriate dose for a woman that testosterone caused harm.

**Louise Browne (03:23):**

So are there any side effects?

**Professor Susan Davis:**

Clearly testosterone is a masculinizing hormone. So any woman who uses too much will develop acne, oily skin, excess body hair. So it is incredibly important that the testosterone is a dose appropriate for a woman. And we strongly advocate against using any compounded therapy because it's usually a best guess. There's no evidence of what is the right dose when it's compounded up by pharmacy.

**Louise Browne (03:54):**

And so if a woman's troubled by her sexual wellbeing and function, who should she speak to? What's the first step for her?

**Professor Susan Davis (04:01):**

The first step is to speak to your GP if this is something that bothers you. Not every GP is comfortable with this conversation, and that's okay because not everybody is comfortable with this conversation. But then if you get the feeling, your GP doesn't want to have the conversation or deflect it a bit, you can say, look, this is important to me. I would like you to recommend somebody I can speak to. And alternatively, they can refer you to a gynaecologist or an endocrinologist. But what's changing the conversation now is the fact that we do have a product that's been approved for this specific indication. So basically every GP from now on should become familiar with this as an issue.

**Louise Browne (04:49):**

Thanks very much.

**End of transcript**

**Information about Jean Hailes for Women’s Health**

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