

Testosterone for Women

1-in-3 women (aged 40 - 64) experience low sexual desire with distress¹



Indication: The management of hypoactive sexual desire dysfunction (HSDD) in postmenopausal women.

Assessment

If you don't ask...

Recognising HSDD²

- Low self-esteem
- Sadness
- Worthlessness
- Inadequacy
- Frustration
- Disappointment
- Embarrassment
- Avoidance

...they won't tell

Screening

Decreased Sexual Desire Screener (DSDS)³

- 👍 In the past, level of sexual desire / interest has been good & satisfying
- 📉 Now, decreased sexual desire and interest
- 😞 Now, distressed by reduced desire and interest
- 📈 Would like an increase in sexual desire and interest

Manage modifiable factors

Treatment

Application site	Upper outer thigh or buttock
Starting dose	0.5mL (5mg) daily
Maximum dose	1mL (10mg)
Dose adjustment	Titrate up or down by 0.25mL increments depending upon symptom response.

Testing

Prior to initiating testosterone therapy measure baseline

Total Testosterone
&
Sex Hormone - Binding Globulin (SHBG)

If SHBG is high investigate

Monitoring & Follow-Up

The primary indicator of efficacy is symptom improvement in sexual function as reported by each woman.

Timeline	SHBG/Serum Testosterone	Efficacy/Safety review	Dose Modification (if required)
3-6 weeks	✓		✓
12 weeks	✓	✓	✓
6 months	✓	✓	

- Improvement in sexual function; onset 4-8 weeks; peaking at 12 weeks.
- Therapy beyond 24 months should be an informed decision by physician and patient.
- Measuring T: used to monitor for possible overuse, but not as the primary guide for management.

Affordable

100 days

50mL tube using 0.5mL once daily.
≈ \$30 a month

PBS Information: Non PBS listed. Available nationally as a private prescription.

For more detailed information:

Please review full AndroFeme® 1 Product Information before prescribing at www.lawleypharm.com.au/products

References: 1. Worsley R. J Sex Med 2017;14(5):675-686.
2. Fooladi E. Climacteric 2014;17:674-681
3. Clayton A. J Sex Marital Ther;39:132-143

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