

GYNAECOLOGY & OBSTETRICS UPDATE

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Reference

1. **The Update:**
Issue 18
2. **Intrinsa:**
Summary of
product
characteristics
www.intrinsa.com

Androgen Therapy after Hysterectomy And Removal of both Ovaries

The androgen replacement therapy for women was discussed in detail in the "Update" issue 18. The following two questions were answered:

1- Does an androgen-deficiency state exist in postmenopausal women?

No: The menopausal ovarian stroma continues to produce testosterone in response to increased pituitary gonadotropin stimulation. Furthermore the serum sex hormone binding globulin fell significantly during menopause so that there is a significant increase in free (bioavailable) testosterone. However, with advancing age adrenal androgen production gradually declines.

2- Does an androgen-deficiency state exist after the removal of both ovaries ?

Removal of both ovaries in any age leads to approximately 50% reduction of testosterone levels.

Transdermal Testosterone patches are now available for women complaining of symptoms of hypoactive sexual desire disorder. It releases 300 micrograms of testosterone per 24 hours aiming to achieve testosterone concentrations compatible with female premenopausal levels.

These patches are **restrictedly licensed** to be used by

women up to the age of 60 years who:

- * have a low sexual desire which is causing distress or concern, **and**
- * have had both of their ovaries removed, **and**
- * have had hysterectomy, **and**
- * receiving concomitant estrogen therapy (**not** including conjugated equine estrogen). The appropriate use and restrictions associated with estrogen therapy should be considered before testosterone therapy is initiated and during routine re-evaluation of treatment. Continued use of testosterone is only recommended while concomitant use of estrogen is considered appropriate (i.e. the lowest effective dose for the shortest possible duration).

As the efficacy and safety of the patches have not been evaluated in studies of longer duration than one year, it is recommended that an appraisal of the treatment is undertaken every 6 months. Treatment response should be evaluated within 3-6 months of initiation, to determine if continued therapy is appropriate. Patients who do not experience a meaningful benefit should be re-evaluated and discontinuation of therapy be considered.

Undesirable effects of testosterone therapy: see references