



TESTOSTERONE THERAPY IN WOMEN: MYTHS AND MISCONCEPTIONS

EXCEPTS FROM A SCIENTIFIC PAPER AND LITERATURE REVIEW IN THE PUBLICATION MATURITAS BY REBECCA GLASER, M.D. AND CONSTANTINE DIMITRAKAKIS, M.D., DECEMBER 2012

INTRODUCTION: Testosterone (T) therapy is being increasingly used to treat symptoms of hormone deficiency in pre and postmenopausal women. Recently, additional research has been, and is currently being conducted on the safety and efficacy of T therapy. However, particularly in the United States, there still exist many misconceptions about T and T therapy in women.

MYTH #1: Testosterone is a “male” hormone

FACT: Testosterone is the most abundant biologically active hormone in women.

MYTH #2: Testosterone’s only role in women is sex drive and libido

FACT: Testosterone is essential for women’s physical and mental health and wellbeing.

MYTH #3: Testosterone masculinizes females

FACT: Outside of supra-pharmacologic doses of synthetic androgens, testosterone does not have a masculinizing effect on females.

MYTH #4: Testosterone causes hoarseness and voice changes

Fact: There is no conclusive evidence that testosterone therapy causes hoarseness or irreversible vocal cord changes in women.

MYTH #5: Testosterone causes hair loss

FACT: Testosterone therapy increases scalp hair growth in women.

MYTH #6: Testosterone has adverse effects on the heart

FACT: There is substantial evidence that testosterone is cardiac protective and that adequate levels decrease the risk of cardiovascular disease.

MYTH #7: Testosterone causes liver damage

FACT: Non-oral testosterone does not adversely affect the liver or increase clotting factors.

MYTH #8: Testosterone causes aggression

FACT: Testosterone therapy decreases anxiety, irritability and aggression.

MYTH #9: Testosterone may increase the risk of breast cancer

FACT: Testosterone is breast protective and does not increase the risk of breast cancer.

MYTH #10: The safety of testosterone use in women has not been established

FACT: The study of non-oral testosterone therapy in women is well established, including long-term follow up.

CONCLUSION: Adequate T is essential for physical, mental and emotional health in both sexes. Abandoning myths, misconceptions and unfounded concerns about T and T therapy in women will enable physicians to provide evidence based recommendations and appropriate therapy.

The entirety of this article can be found at:
www.elsevier.com/locate/maturitas