Not just for men

Post-40, low libido, feeling tired and apathetic? Testosterone could be the answer. Style reports on some astonishing results

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It’s the archetypal male hormone. The “macho” chemical responsible for bulging biceps and bristling chins. But now a ground-breaking health book is casting testosterone in an unexpected new light, as the saviour of female midlife vitality. In The Secret Female Hormone: How Testosterone Replacement Can Change Your Life (published by Hay House on March 3), Dr Kathy Maupin argues that this “male” hormone is the surprise answer to many a fortysomething woman’s woes.

“While it’s true that men should have much higher levels of testosterone in their blood than women, testosterone is just as important to women’s wellbeing,” she says. “The average healthy woman has three times more testosterone than oestrogen in her blood, and it is the main hormone responsible for orgasm, sex drive and energy.” It is also the first hormone that starts to decline from age 40, triggering a hormonal cascade that can tip us into premature old age and depression. “In their mid-forties, and sometimes as early as their late thirties, women will often start to see symptoms — from weight gain and thinning skin to flagging libido and apathy — all related to a drop in testosterone,” she says. Even more alarming, a significant drop will often progress to
problems such as heart disease, osteoporosis, chronic fatigue, strokes and memory loss. “Rather than being dismissed as ‘hormonal and old’, women deserve to be taken seriously,” says Maupin, who believes doctors frequently fail to treat women’s hormonal issues beyond their child-bearing years. She suggests a full check of all three female hormones if you are experiencing symptoms.

It’s not the first time we’ve heard about female testosterone recently. Only last month, Jane Fonda, 76, caused a media furore after admitting that her sex life had received some artificial help in the form of testosterone therapy, which she began, aged 70, to pep up her libido. Maupin, who co-wrote her book with the therapist Brett Newcomb, believes that many of us would do well to follow Fonda’s example, and could benefit even earlier. “Because testosterone loss is a slow process, it often sneaks up on women,” she says, speaking from her clinic in St Louis, Missouri. “Many older women who do not undergo HRT needlessly end up in wheelchairs due to loss of muscle mass or brittle bones.” What’s more, certain drugs, often prescribed in midlife, such as antidepressants and anticholesterol drugs, can also lead to a premature drop in the hormone.

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Maupin is a gynaecologist and obstetrician whose interest in “the secret hormone” was triggered by her own journey into hormonal hell.

In her early forties, and already suffering from painful endometriosis, she had started to feel flat, gained 20lb — much of it around her waist — and lost her libido.

Treatment with conventional HRT oestrogen patches and bio-identical progesterone, made from plant extracts, had little effect. Eventually, aged 47, after a complicated hysterectomy that resulted in a near-death experience, she met Dr Gino Tutera, a pioneering hormone specialist.

Tutera had been giving testosterone replacement therapy using bio-identical hormone pellets — made from plant extracts that respond in the same way as human hormones, but without the side effects — to his female patients for more than 20 years, with astonishing results.

The treatment was a revelation, not least to Maupin, who was herself known as the “hormone queen” and the go-to doctor for hormonal imbalances. “It was my field. But there had always been patients who, like me, never got better,” she recalls. The effects of the testosterone were dramatic and immediate. “Within hours of the pellets being inserted, I slept properly for the first time in a year. I quickly felt less depressed and had better recall of people’s names and medicines, which had become a problem.” The migraines she had suffered from since her late thirties disappeared and her libido returned. Over the next year she saw her body bounce back, lost 20lb and regained her waist and muscle tone.

Maupin went on to train with Tutera, and has since treated more than 2,500 women with testosterone replacement, as well as almost 900 men. After tracking her down to Missouri, Kim Miller, a UK resident, was first treated by Maupin 10 years ago, aged 47, when the perimenopause struck. “There was a whole list of symptoms, but the most important was a tremendous sense of apathy — nothing mattered any more,” she says. “Her weight had shot up
and her formerly vibrant libido was flatlining. “The erogenous zones just weren’t there. Orgasm was a lot more elusive, and when I did finally have one, it wasn’t that satisfying.” Blood tests showed Miller’s testosterone was through the floor and she was treated. “After a month, I felt more like myself. My sex drive returned and suddenly I could exercise and do the things I needed to do to lose weight.” She has shed 8st since 2006, and kept the weight off.

Testosterone replacement clearly works for women — Maupin claims a 95% success rate — so why has the mainstream medical establishment been slow on the uptake? Maupin blames gender politics. “Female treatments for sexual issues simply aren’t ushered through with the same urgency.” And money. “As long as medical organisations fail to recognise a condition, it doesn’t qualify for research or insurance. Historically, the US medical profession has refused to approve drugs for women that have testosterone in them, while approving them for men. It argues that facial-hair growth is a possible side effect, but that’s far from life-threatening and we can control it. It’s pretty unfair.”

Miller still travels to the States for treatment, but what are your chances of finding a sympathetic GP here? “The situation in the UK is not brilliant,” says Dr Daniel Sister, who has just consulted on a book, Your Hormone Doctor, published by Michael Joseph on May 8. “The NHS doesn’t have the funding to do all the tests, so just ignores it. But that’s not just testosterone, that’s any hormonal issue.” If you want a blood test to check your testosterone on the NHS, you’ll need to insist, Sister says, but you’re unlikely to be offered Maupin’s preferred therapy. “Bio-identical hormones on the NHS? Forget it,” says Sister, who has a private practice at Beauty Works West, in London. The best you can hope for is Livial, a testosterone derivative, but only after you hit the menopause. Before that, your GP could prescribe male testosterone in a lower dose. Some GPs will prescribe Testogel, a bio-identical testosterone gel, though it’s usually available only for men on the NHS.

Sister advises women to stand their ground. “Life expectancy is about 80 these days. It’s not fair to leave women without a sex life, or muscle mass, for 30 years.” If you don’t succeed with your GP, there are a number of private clinics in Britain offering bio-identical testosterone replacement. “We use testosterone all the time. People think of it as a male hormone, but it’s vitally important for women, too,” says Dr Jan Toledano, a specialist in sexual health medicine practising at the Marion Gluck Clinic, in central London. She says that 90% of its female clients are on it, though it is important to use it in the context of a full hormone analysis, not at the expense of a woman’s natural testosterone production. (Toledano charges £50 for a testosterone check and about £2 a day for the cream — “the price of a cappuccino”.)

Either way, it’s worth persisting, says Maupin, who sees her book as a starting point for women struggling with symptoms. “Testosterone can change their life. It changed mine. I’m just trying to give women the confidence to take action when they perceive something is wrong.”