

Testosterone – Not Just For Men Anymore

Most people associate testosterone with masculinity. Although it is classified as one of the androgens, it is actually a vital hormone for both men and women. Both produce and use testosterone, and both men's and women's testosterone levels peak during youth and decline with age. Much of the research on testosterone focuses on men, but interest in replacement therapy for men and women is currently undergoing a long overdue renaissance.

Testosterone is a hormone secreted by the ovaries, adrenal glands and testes. It serves many purposes, ranging from sexual functions to findings that it can help control blood sugar and may also have an anticoagulant effect. Testosterone's role in building muscle mass and bone density is important for women facing aging-related disorders such as osteoporosis and cardiovascular disease.

Testosterone's most apparent purpose for both men and women is sexual. Many post-menopausal women lose interest in sexual activity, primarily due to diminished testosterone levels. Researchers report that women who receive testosterone replacement therapy after menopause experience an increase in sexual drive and response, frequency of sexual intercourse, number of sexual fantasies, and level of sexual arousal.

Accumulating medical evidence suggests testosterone plays an important role in cardiovascular health, especially in protecting against atherosclerosis and heart disease. Natural testosterone has been shown to lower blood pressure and it may increase the good HDL cholesterol while reducing total cholesterol. It improves circulation and slows tissue breakdown typically associated with aging.

Recent research suggests that testosterone may increase the bone's ability to retain calcium. Women who experience very rapid bone loss are typically deficient in both estrogen and testosterone. It appears that both testosterone and estrogen independently improve bone density.

Testosterone contributes to our overall muscle tone. Prior to menopause many women experience the embarrassment of a leaky bladder. This problem may be related to diminished testosterone levels, because the pelvic muscles are particularly dependent on testosterone. Many women find that testosterone replacement, combined with Kegel exercises, strengthens and tones those muscles.

Most women begin to experience symptoms of testosterone deficiency after menopause, when their testosterone levels generally decline by about 50%. However, a variety of conditions can cause a decline long before menopause. Some of these conditions include childbirth, endometriosis, birth control pills, ovariectomy, depression, and abuse of alcohol and narcotics. Additionally, some medications may interfere with the bioavailability of testosterone, such as Provera, Prozac and Zoloft or other antidepressants, and some antipsychotic medications.

Typical symptoms experienced by women with low testosterone levels include decreased libido and other sexual complaints. Further signs of deficiency include a general lack of energy, loss of muscle tone and diminished overall vitality. Orgasms may be absent or significantly decreased. Sexual fantasy may be significantly decreased or absent.

It is important to understand that symptoms of testosterone deficiency may arise even when a laboratory test indicates a "normal" level. The reason is that most lab tests do not address the amount of "free" testosterone available to deliver the desired benefits. "Free" testosterone refers to the amount of circulating testosterone that is most biologically available. In addition, the presence of other hormones can influence the levels of free testosterone.

Most of the research on testosterone replacement has focused on men. Many physicians still hesitate to prescribe testosterone replacement for women because of the potential virilizing side effects. While excessive doses of testosterone can lead to “masculine” characteristics, a typical woman’s dose would be so small that these effects are rare. Additionally, many of the reported side effects from testosterone are those associated with synthetic testosterone-like drugs, not natural bio-identical testosterone. While side effects are uncommon, they can include acne and hair growth.

Natural, or bio-identical, hormones have a molecular structure identical to the hormones that the body produces. Even though they may be synthesized in a laboratory they cannot be distinguished from those the body produces, and the body treats them as such. Synthetic drugs, on the other hand, are similar in molecular structure but are not exactly the same as the natural molecule. Because synthetic drug molecules differ from natural molecules, the body treats them differently, which can lead to side effects.

Today several options for testosterone replacement therapy exist. Many physicians believe that natural testosterone replacements are generally safer than and just as effective as synthetic testosterone. Natural testosterone replacement is available as custom compounded creams, gels, capsules, tablets, lozenges, suppositories, injections, and implanted pellets.

One way to help maintain, and possibly increase, testosterone levels is by reducing excess body fat. Weight-training can stimulate increases in the body’s testosterone levels in both males and females. Avoid excessive alcohol consumption.

No matter what form of replacement is administered, it is important for you and your healthcare practitioner to tailor the treatment to your specific needs. In women, this can be a complicated task because testosterone replacement frequently involves other hormones as well. To find out if you are experiencing symptoms of low testosterone seek out a physician who has been trained to diagnose and treat inadequate testosterone levels.