



## Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit

*A unit funded by the FFPRHC and supported by the University of Aberdeen to provide guidance on evidence-based practice*

### MEMBERS' ENQUIRY RESPONSE

**Enquiry Reference: 1881**

**Sent: 20 March 2007  
Prepared: 20 March 2007**

#### **A: Question**

For a women with very low libido what hormone replacement therapy (HRT) is advised is terms of best balance?

#### **B: Response**

Concerning women who have low libido's The British Menopause Society states that symptoms such as vaginal dryness, soreness, superficial dyspareunia, and urinary frequency and urgency respond well to estrogens, which may be given either topically or systemically. Improvement may take several months. Long term treatment is often required as symptoms can recur on cessation of therapy. Sexuality may be improved with estrogen alone but may also need testosterone addition, especially in young oophorectomised women.

Prodigy Guidance on Managing the Menopause states that loss of libido can be attributed to androgen deficiency. However, non-hormonal factors such as conflict between partners, insomnia, inadequate stimulation, life stresses, or depression are also important contributors, and should not be overlooked.

For women who have no contraindications to sue of HRT Prodigy provide extensive guidance which can be viewed at <http://www.prodigy.nhs.uk/menopause>. Specifically concerning HRT treatment and reduced libido, the guidance states that androgen (testosterone) implants may be used to improve libido, but are not always successful as other factors may account for the low sex drive. They have mainly been shown to be of benefit in women with surgical menopause. Specialist advice should be sought as a wide range of doses potentially serious adverse effects are quoted in the literature. Tibolone is an alternative to HRT for relieving vaginal dryness. It may also be useful for managing loss of libido.

The CEU could find no further evidence concerning HRT and women with low libido.

#### **C: Evidence-Based Medicine Question** *(which guided our literature search strategy)*

*Population:* Women with low libido

*Intervention:* Hormone replacement therapy

*Outcome:* Advice/ best balance

**Keywords:** Hormone replacement therapy; low libido; advice; best balance; 1881

## D: Information Sources

The CEU searched the following sources in developing this Member's Enquiry Response

Source Searched	Information Identified
Existing FFPRHC and RCOG guidance	No relevant information
The National Guidelines Clearing House	No relevant information
The WHO <i>Improving Access To Quality Care In Family Planning. Medical Eligibility Criteria For Contraceptive Use 2004</i> and <i>Selected Practice Recommendations For Contraceptive Use, 2004</i>	No relevant information
The Cochrane Library	No relevant information
MEDLINE and EMBASE from 1996 to 2007	No relevant information

## E: Evidence Reviewed

The Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit has not to date published Guidance on hormone replacement therapy (HRT).

Concerning women who have low libido's The British Menopause Society states that symptoms such as vaginal dryness, soreness, superficial dyspareunia, and urinary frequency and urgency respond well to estrogens, which may be given either topically or systemically. Improvement may take several months. Long term treatment is often required as symptoms can recur on cessation of therapy. Sexuality may be improved with estrogen alone but may also need testosterone addition, especially in young oophorectomised women.<sup>1</sup>

Prodigy Guidance on Managing the Menopause<sup>2</sup> states that loss of libido can be attributed to androgen deficiency. However, non-hormonal factors such as conflict between partners, insomnia, inadequate stimulation, life stresses, or depression are also important contributors, and should not be overlooked.

In addition the guidance states that for sexual dysfunction and loss of libido:

- Dyspareunia as a result of vaginal dryness can be relieved by HRT. While this will improve sexual functioning for many women, HRT has no proven direct effect on sexuality or libido. Generally, the quality of the relationship, and the health and interest of the male partner are more important in achieving a good sex life.
- Loss of libido can be improved by testosterone supplementation, particularly after surgical menopause. Specialist advice should be sought as a wide range of doses, with potentially serious adverse effects, are quoted in the literature. The partial androgenic effects of tibolone may be useful for some women.
- Tibolone is an alternative to HRT for relieving vaginal dryness. It may also be useful for managing loss of libido.

For women who have no contraindications to use of HRT Prodigy provide extensive guidance which can be viewed at <http://www.prodigy.nhs.uk/menopause>. Specifically concerning HRT treatment and reduced libido, the guidance states that androgen (testosterone) implants may be used to improve libido, but are not always successful as other factors may account for the low sex drive. They have mainly been shown to be of benefit in women with surgical menopause. Specialist advice should be sought as a wide range of doses potentially serious adverse effects are quoted in the literature.

A multi-centre study<sup>3</sup> with postmenopausal women (n = 185) with no contraindication to hormones were recruited for treatment with Tibolone (2.4mg daily). The results of the study suggested that there was a significant improvement in sexual functioning after four months of treatment compared to baseline scores. Women reported that there was an improvement in their ability to orgasm, improved reduction in vaginal

dryness, an increase in sexual desire and increased sexual desire ( $p < 0.05$ ). However, despite improvements in vaginal relaxation and strong sexual desire these did not reach statistical significance.

Another study conducted in Taiwan<sup>4</sup> with 289 perimenopausal women ( $n = 289$ ) found that libido increased from 15.9% at baseline to 61.6% following treatment with Tibolone (2.5mg) for six months. Only the abstract was available for this paper.

The CEU could find no further evidence concerning HRT and women with low libido.

## F: References

1. Managing the Menopause. The British Menopause Society. <http://www.the-bms.org/consensus1.htm>. 2007.
2. PRODIGY. Menopause. *Prodigy Guidance* 2005;1-72.
3. Egarter C, Topcuoglu AM, Vogl S, Sator M. Hormone replacement therapy with tibolone: effects on sexual functioning in postmenopausal women. *Acta Obstet Gynecol Scand* 2002;**81**:649-53.
4. Chao KC, Wang PH, Yen MS, Chang CY, Juang CM, Twu NF *et al*. New selective tissue estrogenic activity regulator (STEAR) in menopausal therapy in Taiwan. *Taiwanese Journal of Obstetrics and Gynecology* 2005;**44**:327-31.

The advice given in this Member's Enquiry Response has been prepared by the FFPRHC Clinical Effectiveness Unit team. It is based on a structured search and review of published evidence available at the date of preparation. The advice given here should be considered as guidance only. Adherence to it will not ensure a successful outcome in every case and it may not include all acceptable methods of care aimed at the same results. This response has been prepared as a service to FFPRHC members, but is not an official Faculty guidance product; Faculty guidance is produced by a different and more lengthy process. It is not intended to be construed or to serve as a standard of medical care. Such standards are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge advances. Members are welcome to reproduce this Response by photocopying or other means, in order to share the information with colleagues.

Enquiry response by LA