TESTOSTERONE FOR WOMEN

A GUIDE FOR PERIMENOPAUSE & MENOPAUSE

What it does, what the research shows, and how we approach it at Larrea

A note from Dr. Kam

So many women come to me feeling like a dimmer version of themselves: less spark, less drive, less desire, and a body that doesn't respond the way it used to. Too often they've been told it's "just aging." I don't believe that, and I don't want you to settle for it.

Testosterone is one of the most overlooked hormones in women's health. It isn't the whole answer, and it isn't right for everyone. But for the right woman, carefully dosed and thoughtfully monitored, it can be a meaningful part of feeling like yourself again. This handout shares what I want every patient to know: the real benefits, the honest limits of the research, and how we do it safely.

TESTOSTERONE ISN'T JUST A "MALE" HORMONE

Women make testosterone too, in the ovaries and the adrenal glands. In fact, measured in the blood, women naturally carry **more testosterone than estrogen**. It has receptors throughout the body, including the brain, muscle, bone, and pelvic tissues.

Desire & Sexual Response

Supports libido, arousal, and the ability to reach orgasm. This is where testosterone's role in women is best understood.

Drive & Vitality

Many women associate healthy levels with motivation, confidence, and a sense of "get up and go."

Muscle & Bone

Testosterone has receptors in muscle and bone tissue and plays a part in maintaining their strength.

It doesn't drop overnight. Unlike estrogen's steep fall at menopause, testosterone declines gradually, starting in our 20s and 30s. Women who have had their ovaries removed (surgical menopause) can experience a much sharper drop.

SIGNS YOUR TESTOSTERONE MAY BE LOW

Most common

- Low or absent sexual desire that bothers you
- Reduced arousal or difficulty with orgasm
- Less pleasure or satisfaction with intimacy

Also often reported

- Low energy or motivation
- Feeling flat or less confident
- Harder time building or keeping muscle

These symptoms overlap with many other things: thyroid imbalance, low iron, poor sleep, chronic stress, depression, relationship strain, and certain medications. **That's why we never treat a symptom in isolation.** We look at the whole picture first.

HOW MUCH DOES IT HELP? WHAT THE RESEARCH SHOWS

I believe you deserve honest information, so here is what the research shows and where it is still catching up.

Strong Evidence SEXUAL HEALTH

For postmenopausal women with low sexual desire that causes distress, testosterone is supported by an international consensus of medical societies. In clinical trials it improved:

- Desire and arousal
- Orgasm and pleasure
- Sexual satisfaction, with less distress around intimacy

On average, women in these studies gained about one additional satisfying sexual experience per month compared to placebo. For many women, that change in connection and confidence matters a great deal.

Still Being Studied ENERGY, MOOD, BODY

Many women tell us they also feel more energy, motivation, mental sharpness, and strength on testosterone.

These experiences are real and worth paying attention to, but the research hasn't confirmed them yet. Studies so far have not shown clear benefits for:

- Overall mood or wellbeing
- Memory and cognition
- Bone density or muscle mass on its own

So we treat these as possible bonuses, not promises, and we track how you actually feel.

PERIMENOPAUSE VS. MENOPAUSE

Perimenopause

Hormones fluctuate rather than steadily decline, and symptoms can change month to month.

Most testosterone research has focused on postmenopausal women, so in perimenopause I'm especially individualized. We often start by supporting the foundations and balancing progesterone and estrogen. Testosterone is considered when low desire or other symptoms persist.

Menopause

This is where the research is strongest, particularly for low sexual desire.

Testosterone often works best as part of a balanced plan alongside estrogen and progesterone, not as a stand-alone fix. Every woman's formula is different.

MY APPROACH: LOW, SLOW & MONITORED

1. **Listen & assess**
   We talk through your symptoms, history, sleep, stress, nutrition, relationships, pelvic health, and medications. Some medications, like certain antidepressants and birth control, can affect desire and testosterone.
2. **Test, don't guess**
   We run baseline labs, including total testosterone, before starting.
3. **Start low**
   The goal is to restore levels to the natural range of a healthy premenopausal woman, never above it.
4. **Recheck**
   We retest levels about 3–6 weeks after starting, then about every 6 months.
5. **Reassess honestly**
   If you haven't noticed meaningful benefit by around 6 months, we stop. You deserve treatments that are actually working for you.

FORMS OF TESTOSTERONE

Transdermal PREFERRED

Cream or gel applied to the skin daily. Easy to adjust in small steps, and the most studied form for women.

Pellets DISCUSS WITH ME

Placed under the skin and released over months. Convenient, but they can't be adjusted or removed once placed, and levels can run higher than the natural female range.

Oral NOT RECOMMENDED

Testosterone taken by mouth can negatively affect cholesterol (lowering HDL and raising LDL).

Good to know: There is currently no FDA-approved testosterone product designed for women in the U.S. (one is approved in Australia, for example). It is prescribed off-label and carefully dosed for women. The FDA held a public workshop on testosterone for menopausal women in September 2026, a sign that this may be changing.

SAFETY & SIDE EFFECTS

Possible side effects

At natural female levels, side effects are usually mild:

- Acne or oily skin
- Extra hair growth on the face or body

More serious changes, like voice deepening or scalp hair thinning, are linked to excessive doses. That's exactly why we keep you in the natural range and monitor your labs.

Talk to me first if you:

- Are pregnant, trying to conceive, or breastfeeding
- Have a history of breast cancer or another hormone-sensitive cancer
- Have heart disease, blood clots, or significant cardiovascular or metabolic risk
- Have PCOS or already have high androgen levels

Long-term safety data beyond about two years is still limited, which is one more reason we monitor closely.

SUPPORTING YOUR HORMONES NATURALLY

Hormone therapy works best on a healthy foundation. These habits support your body's own hormone balance, whether or not you use testosterone:

Strength Training

Lifting or resistance work 2–3 times a week supports muscle, bone, metabolism, and confidence.

Sleep

Your hormones repair and rebalance overnight. Aim for 7–9 hours.

Stress Care

Chronic stress and high cortisol take a toll on desire and energy. Build in daily calm.

Protein & Whole Foods

Adequate protein and healthy fats provide the building blocks hormones need.

Limit Alcohol

Alcohol can dampen desire and disrupt sleep and hormone balance.

Connection

Desire is whole-person: emotional closeness, communication, and pelvic health all matter.

You deserve to feel vibrant at every stage. Perimenopause and menopause are a transition, not a decline. If you're curious whether testosterone could be part of your plan, let's talk about it at your next visit.

— Dr. Kam Tecaya, NMD

This handout is for educational purposes and is not a substitute for individualized medical advice. Your hormone plan, including whether testosterone is appropriate, should always be decided together based on your history, labs, and goals.

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