Testosterone Therapy for Women: *Premenopause, Perimenopause, and Beyond*

Women's Wellness Center | Columbia Hormone Health

Is Testosterone for Men Only?

The misguided assumption that *testosterone = male* has resulted in widespread dismissal of testosterone as an essential hormone in female physiology. Believe it or not, throughout life, healthy female bodies produce many times more testosterone than the "female hormone" estrogen, and nearly all female body tissues have androgen receptors for binding testosterone to elicit vital physiologic effects. Diminishment in testosterone activity typically precedes the menopause by at least a decade, during the phase known as **perimenopause.**

We emphasize testosterone as a timely supplement for many women to initiate in the perimenopausal period, typically in the late 30's to 40's, to curb an array of symptoms leading up to menopause and beyond, including:

Irritable mood · Anxiety · Depression · Fatigue · Brain fog · Reduced libido/orgasm · Vaginal dryness · Weakness Muscle/Joint pain · Bladder control problems · Poor focus/work performance · A general lack of well-being – Sometimes described as not feeling like yourself.

Beyond Symptom Relief: The Broader Health Benefits of Testosterone

Published data reveal testosterone supplementation offers significant potential to improve long term health and quality of life for women. Below is a partial list of what has been observed in scientific literature and also in our clinical experience. We've observed highest levels of efficacy with the pellet method, not with topical creams/lozenges.

- ***Relief from PMS, anxiety, severe depression – when other treatments failed***
- ***Improvement in mood, energy, and focus***
- ***Restored sexual health – comfort, libido, and orgasm quality***
- ***Improved lean body mass, muscle development with workouts***
- ***Improvement of bladder control issues – urinary leaks and urgency/frequency***
- ***Stronger bones – Reversal of osteoporosis, evidenced by improved DEXA scan scores***
- ***Less pain from degenerative arthritis and fibromyalgia***
- ***Anti-inflammatory effects: Reduced autoimmune symptoms (multiple sclerosis, Crohn's, lupus, rheumatoid arthritis)***

Additionally, the testosterone implant has potential **to relieve most menopausal symptoms,** providing an alternative for those who prefer not to include estrogen in their hormone supplement regimen.

Clinical Research on Testosterone for Women

Medical research demonstrates both the safety and benefits of testosterone therapy for women. Studies report a protective effect on breast tissue, with the 15-year *Dayton Study* showing a 47% reduction in breast cancer incidence among women treated with testosterone implants—attributed to testosterone's anti-proliferative action via activation of androgen receptors in breast tissue.

Clinical evidence has clarified effective dosing and monitoring strategies for women. As natural testosterone and other androgen levels fall in midlife, it leads to a profound reduction in androgen receptor activation. Consequently, many women experience better symptom relief with therapeutic (pharmacologic) dosing rather than restricting to "physiologic" dosing (to meet lab report norms).

Another consideration is androgen receptor resistance due to age, genetic variance and/or environmental hormone disruptors—such as those found in plastics and pesticides—which bind and block receptor activity. Higher dosing is often required to restore optimal hormonal signaling and achieve full benefit.

How Testosterone Therapy is Dosed and Monitored

Starting doses are based on symptoms, lab values, and body weight. Key principles guide monitoring and follow-up:

- Symptom response is the most reliable indicator of hormone effectiveness, since steroid hormones act inside cells and cannot be fully assessed by blood levels alone.
- Laboratory "normal ranges" are not designed for hormone therapy. Many women feel their best with testosterone levels 4–10 times higher than typical lab norms—and these levels are not cause for concern.
- Serum testing is used to follow individual trends, but no universal target range applies.

There have been claims that female testosterone levels should never be outside of "normal physiologic range" as defined by lab report norms. These claims are completely **unsupported by evidence**. No study has shown harm from pharmacologic testosterone replacement in women. Even long-term use of higher doses (as in gender transition) has shown **no increased risk** of cancer, cardiovascular, or other medical conditions over more than 30 years of follow up.

At Women's Wellness Center, our management is designed to achieve vitality, well-being, and symptom relief, with careful follow-up to ensure optimal benefit and minimal side effects.

Side Effects if Any – Minimal, Manageable, and "Worth it"

Women using testosterone implants describe extreme satisfaction, most with no significant adverse effects. Some report facial hair or transient acne, particularly if problematic in the past. There are numerous simple, effective ways to manage these, and most prefer to do so rather than stop receiving all the beneficial effects of their therapy. Very uncommon is mild voice change – usually not considered significant – and reversible with dose adjustment.
A few find enhanced blood flow to vulvar tissues seems like prominence of the clitoris, noted upon initiation of therapy. This is typically viewed as a positive change, not reaching a pathologic level, and after a while not as noticeable.

With the proper monitoring and guidance, testosterone therapy safely helps women reclaim energy, confidence, and well-being at every stage of life.

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