Androgens and Female Sexual Function and Dysfunction--Findings From the Fourth International Consultation of Sexual Medicine.

Davis SR¹, Worsley R², Miller KK³, Parish SJ⁴, Santoro N⁵.

Author information

- ¹The Women's Health Research Program, School of Public Health and Preventive Medicine, Monash University Melbourne, VIC, Australia. Electronic address: Susan.Davis@monash.edu.
- ²The Women's Health Research Program, School of Public Health and Preventive Medicine, Monash University Melbourne, VIC, Australia.
- ³Neuroendocrine Research Program in Women's Health and Neuroendocrine and Pituitary Clinical Center, Massachusetts General Hospital and Harvard Medical School, Boston, MA, USA.
- ⁴Weill Cornell Medical College, New York, NY, USA.
- ⁵University of Colorado School of Medicine, Aurora, CO, USA.

Abstract

INTRODUCTION:

Androgens have been implicated as important for female sexual function and dysfunction.

AIM:

To review the role of androgens in the physiology and pathophysiology of female sexual functioning and the evidence for efficacy of androgen therapy for female sexual dysfunction (FSD).

METHODS:

We searched the literature using online databases for studies pertaining to androgens and female sexual function. Major reviews were included and their findings were summarized to avoid replicating their content.

MAIN OUTCOME MEASURES:

Quality of data published in the literature and recommendations were based on the GRADES system.

RESULTS:

The literature supports an important role for androgens in female sexual function. There is no blood androgen level below which women can be classified as having androgen deficiency. Clinical trials have consistently demonstrated that transdermal testosterone (T) therapy improves sexual function and sexual satisfaction in women who have been assessed as having hypoactive sexual desire disorder. The use of T therapy is limited by the lack of approved formulations for women and long-term safety data. Most studies do not support the use of systemic dehydroepiandrosterone therapy for the treatment of FSD in women with normally functioning adrenals or adrenal insufficiency. Studies evaluating the efficacy and safety of vaginal testosterone and dehydroepiandrosterone for the treatment of vulvovaginal atrophy are ongoing.

CONCLUSION:

Available data support an important role of androgens in female sexual function and dysfunction and efficacy of transdermal T therapy for the treatment of some women with FSD. Approved T formulations for women are generally unavailable. In consequence, the prescribing of T mostly involves off-label use of T products formulated for men and individually compounded T formulations. Long-term studies to determine the safety of T therapy for women and possible benefits beyond that of sexual function are greatly needed. Copyright © 2016. Published by Elsevier Inc.