

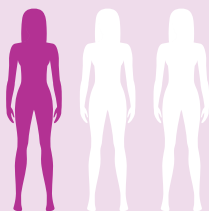
Testosterone in Women: Sexual Function & AndroFeme®¹

Hypoactive Sexual Desire Dysfunction (HSDD)



Adapted and modified
from AMS fact sheet 2018¹

Sexual difficulties and concerns are common across a woman's lifespan, increasing at midlife and beyond menopause.



1 in 3 women

between the ages 40 - 64 will experience HSDD which can severely impair relationships, mental health, social functioning and overall quality of life.^{2,3,4}



Testosterone in Women is...

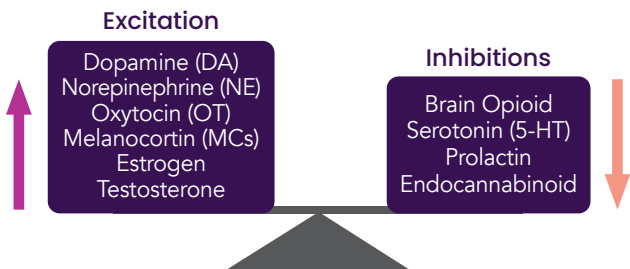
not just a male hormone and is produced by the ovaries (25%), adrenal glands (25%) and peripheral tissues (50%). A sudden fall in testosterone blood levels occurs when women have both of their ovaries removed.⁵

5-10% the serum concentration found in men and gradually declines throughout a woman's life until the 8th decade when circulating testosterone levels appear to increase slightly.⁶

highest during a women's mid-20s and gradually decline with age. At menopause, levels are less than 50% of what they were at their peak.⁷

a key neuromodulator of sexual desire, influencing libido, arousal, and orgasm by acting upon the CNS dopamine levels. This promotes sexual thoughts, desire, arousal and attentiveness to erotic cues.⁸

Balancing Neurotransmitters and Hormones in Female Sexual Desire^{8,9,10}



Sexual Function & what is HSDD?

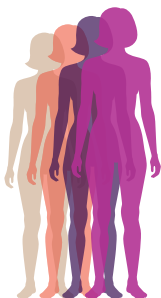
Healthy Effects of Sex

Traditionally, sex has been thought of as a function predominantly exercised for reproductive purposes. As such, the health benefits of sex, particularly in midlife+ adults, has been largely ignored as an integral part of preventative medicine. Increased sexual activity has been proven to be an important factor for the maintenance of general good health.

Populations with higher frequency of arousal and orgasms showed¹¹:

Reduced rates of

- Breast Cancer
- Obesity
- Heart Disease
- Irregular or heavy uterine bleeding + infections



Increased rates of

- Vaginal lubrication and healthy tissue elasticity
- Pain-free sex
- Control over bladder function during physical activity
- Regulated bowel movements



What is HSDD?

At midlife and beyond menopause, changes may occur in sexual motivation. HSDD is diagnosed when a woman experiences lack of motivation and/or loss of desire to initiate or participate in sexual activity for at least 6 months which causes personal distress. HSDD can result in feelings of frustration, grief, guilt, incompetence, loss, sadness, sorrow, or worry.⁷

No motivation for sexual activity

- loss/reduction in sexual thoughts and fantasies
- foreplay does not arouse sexual feelings
- difficult to maintain desire/interest during sex.

It's difficult to start or participate in sex

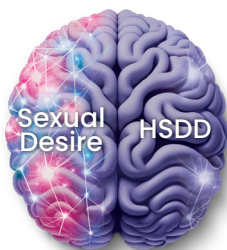
- avoid situations which may lead to sex.
- not related to painful sex

How it impacts me⁶

- Impaired body image
- loss of self confidence
- reduced self-worth
- feel less connected to partner
- Impaired quality of life

AndroFeme®1 Treatment for HSDD

AndroFeme®1 is the only testosterone formulation licenced to treat HSDD for postmenopausal women. Clinical trials have shown that testosterone can help reduce sexual concerns and distress in postmenopausal women, by improving sexual desire, arousal, pleasure, orgasm and responsiveness.⁹



Testosterone therapy in women is recognised as safe, with side effects being rare. However, underdosing testosterone is a common issue, leading to insufficient symptom control. To counter this, it's crucial to tailor the dosage based on the therapeutic response and ensure ongoing consultations with your doctor for the best treatment results.

AndroFeme®1 Cream

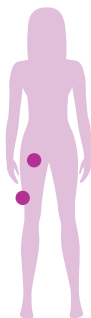
AndroFeme®1 is a cream that delivers 10mg per mL of testosterone, which is identical to the type your body naturally produces. It's an easy and effective method to introduce testosterone into your system. The cream is applied to the skin, allowing the testosterone to absorb directly into your bloodstream, helping to bring your levels back to what they would be in a premenopausal woman.



How to use AndroFeme®1

The recommended starting dose for AndroFeme®1 is 0.5mL (5mg) of cream, which can be safely increased to 1mL (10mg) daily. Use the provided applicator, marked in 0.25 mL increments, for precise dosing. A 6-month trial is advised to determine the correct dose and assess symptom improvement.

Apply the cream to clean, dry skin on the upper thigh or buttock, massaging until absorbed, which typically takes about 30 seconds. Wash hands and cover the area with clothing after application to prevent skin-to-skin transfer to others.



Monitoring AndroFeme®1 use

Before initiating AndroFeme®1, your doctor will assess your baseline testosterone and SHBG levels. It's recommended to use the same lab for all tests. Follow-up tests at 3-6 weeks, 12 weeks, and 6 months will help fine-tune the dosage and monitor for side effects. During the 6-month trial, your doctor will observe your sexual health response, ensuring the treatment is effective and not under-dosed, which is common.

Frequently asked Questions

What if I miss my dose at the usual time?

If you miss your dose at the usual time, apply your dose as soon as you remember and continue to apply it as you would normally.

If it is almost time for your next dose, skip the dose you missed and apply your next dose when you are meant to. Do not apply a double dose to make up for the dose you missed.

When can I go swimming or have a shower after application?

Avoid swimming or showering until at least four hours after application of AndroFeme®1 cream.

What should I do if an adult or child comes in contact with my testosterone therapy?

If an adult or child comes into contact with AndroFeme®1, thoroughly wash the area of skin exposed to the cream with soap and water immediately. Refer to full CMI for further guidance on close contact.

Can I use my regular moisturiser?

Avoid application of perfume, deodorant or moisturising cream/gels on the area of application because this may interfere with absorption of AndroFeme®1.

Is AndroFeme®1 available on the PBS?

No, AndroFeme®1 is only available on a private prescription.

How long will 1 tube of AndroFeme®1 last?

A 50mL tube will provide 100 days of therapy using the recommended 0.5mL of daily starting dose.

How do I use the syringe?

Your doctor or pharmacist can show you how to use the syringe or you can watch a demonstration video on how to use the applicator on www.lawleypharm.com.au/products.php

Are there any side effects?

AndroFeme®1 may have side effects which mostly relate to dose. Excessive therapy can result in undesirable effects such as headache, hair growth and acne, although this is not common when treatment is aimed at achieving testosterone levels in the female range.¹²

A full list of potential side effects is included in the current Consumer Medicine Information sheet in the AndroFeme®1 box.

More information can be found in the AndroFeme®1 Consumer Medicine Information (CMI) at <https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-CMI-01221-1&d=20220523172310101>.

Maximising Benefits:

How to Get the Best Results from AndroFeme®1

Treatment Timeline & Follow-Up:

3-6 & 12-Week Check:

Safely optimise treatment with regular blood tests and doctor consultations. Adjust low doses as needed. Schedule a 12-week review. If there's no improvement, a 1mL dose might be necessary. Patience is key; early disappointment is common but can be addressed with proper dosing and safety checks.

12-Week Review:

Progress: Discuss sexual desire, arousal, and orgasm changes.

Side Effects: Report any.

Dosage: Increase to 1mL if needed.

Patience: Correct dosing may take up to 6 months for noticeable changes.

Consider Changes in Sexual Desire:

How often have you had more **frequent thoughts or fantasies** about sexual activity?

5

Very often

4

Often

3

Sometimes

2

Rarely

1

Not at all

How would you rate your **interest in initiating or participating** in sexual activities?

5

Extremely interested

4

Very interested

3

Moderately interested

2

Slightly interested

1

Not interested at all

How would you rate your **responsiveness to sexual stimuli or advances** from your partner?

5

Extremely responsive

4

Very responsive

3

Moderately responsive

2

Slightly responsive

1

Not responsive at all

Consider Emotional and Psychological Factors:

How would you rate your overall **self-esteem and body confidence**?

5

Great

4

Somewhat good

3

Neutral

2

Somewhat not good

1

Not good at all

How would you rate your current **levels of anxiety or stress**?

5

Very low

4

Low

3

Moderate

2

High

1

Very high

How much **distress** has your current level of sexual desire caused you?

5

No distress

4

A little distress

3

Moderate distress

2

Quite a bit of distress

1

A lot of distress

Consider Physical Symptoms of Sexual Function:

Arousal:

Increased Lubrication:

Notice if natural vaginal lubrication increases.

Genital Sensitivity:

Pay attention to changes in sensitivity and responsiveness.

Quickening of Arousal: Track if you reach arousal more quickly and with less stimulation.

Orgasm:

Frequency & Ease of Reaching Orgasm: Observe if orgasms are easier to achieve, alone or with a partner.

Intensity of Orgasms: Note any increase in the intensity and satisfaction of orgasms.

Pain:

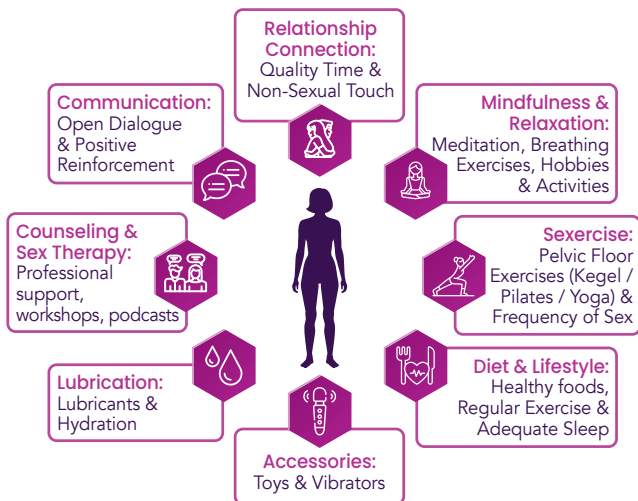
Frequency & Severity of Pain: Track if or how often you may experience pain during sexual activities and its severity.

Impact on Sexual Activity: Note if and how pain may affect your ability to engage in or enjoy sexual activities.

Regular Monitoring and Feedback:

- **Journaling:** Track changes in your sexual thoughts, desires, satisfaction and activities.
- **Partner Feedback:** Openly discuss observed shifts in sexual interest and desire with your partner for improved understanding.
- **Doctor Visits:** Regular reviews to check bloods and establish correct dose.

Increase Satisfaction:



How is Your Sex Life Working for You?

For more detailed information, please refer to our Sexual Health Brochure through QR code.



Prescribing Information for Healthcare Professionals

AndroFeme®1 (AUST R: 324274) is included in the Australian Register of Therapeutic Goods (ARTG) as a Prescription Only Item for treatment of hypoactive sexual desire dysfunction (HSDD) in postmenopausal women. It has been included in your prescription prescribing software since Nov 2020. The AndroFeme®1 Production Information can be viewed at https://search.tga.gov.au/s/search.html?collection=tga&artg&profile=record&meta_i=324274

Diagnosis is aided by following the International Society for the Study of Women's Sexual Health (ISSWSH); Process of Care for the management of Hypoactive Sexual Desire Dysfunction.

[https://www.mayoclinicproceedings.org/article/S0025-6196\(17\)30799-1/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(17)30799-1/fulltext)

To assist, the use of the DSDS is recommended.

References: 1. AMS fact sheet 2018: Will menopause affect my sex life? 2. Worsley R. J Sex Med 2017;14(5):675-686. 3. Fooladi E. Climacteric 2014;17:674-681 4. Simon JA. Climacteric 2018;5:415-427 5. Balachandran S, Medicine Today Oct 2021; 22(10): 50-53. 6. Davis SR. JCEM; 2019; 104(10):4660-4666. 7. Skiba M. 2019 JCEM; 104(11):5382-5392. 8. Simon J. OBG Management Suppl. April 2019. S15-S19. 9. Goldstein I, Mayo Clin Proc 2017;92(1):114-128. 10. Parish Sharon J; Supplement to OBG Management. 2019; S8-S14. 11. A Dominguez-Bali. J Sex Med 2023; Volume 20, Issue Supplement_1, May. 12. Davis S. Menopause 2006;13(3):387-96.

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