Press release

For immediate release

New clinical guidelines for the management of testosterone deficiency and sexual disorders in men and women

The British Society for Sexual Medicine, along with several other organisations, have issued new guidelines for the management of testosterone deficiency and the treatment of sexual disorders in men and women. These guidelines are published in the journals *Maturitas* and *Human Fertility*. These are the first guidelines developed by UK organisations on the subject of the diagnosis and treatment of sexual disorders in women.

For several decades, sex has been recognised as beneficial for health, but there has been a lack of awareness and a reluctance, both from clinicians and patients, to discuss sexual symptoms. These guidelines result from a thorough review of the published research on the symptoms, diagnosis and treatments of testosterone deficiency and sexual disorders in men and women and present a number of recommendations summarised below.

Women

- Sexual problems in women are common. Average prevalence estimates are 44%[1], with lack of desire being the most common condition. However, longer-term problems lasting for a minimum of six months are less common, with estimates at approximately 16%[2]. Less than 30% of female patients with sexual problems are likely to discuss these with their GP.
- Women should be routinely asked if they have any sexual concerns at consultations at contraceptive and sexual health clinics and at cervical screening, postnatal and menopausal assessments. This especially applies to women at higher risk, such as those who have premature surgical menopause, vaginal dryness, depression or a history of sexual abuse.
- Assessment may be undertaken over several consultations and should cover sexual and medical history and may involve the use of validated questionnaires to assess female sexual function. Care should be taken to rule out pre-existing medical conditions such as diabetes, which may affect sexual function.
- Biochemistry assays to assess testosterone levels in women are of limited value and are not routinely recommended.
- Treatment should be based upon clinical symptoms and may be long term.
- Treatment of women with sexual desire and arousal problems should be individually tailored. All patients diagnosed should be offered the opportunity to attend psychosexual and/or couples counselling or sex therapy. Additionally, patients may be offered a number of pharmaceutical options, such as oestrogen, testosterone or tibolone, depending on their individual case history.

Men

- Problems of sexual function are relatively common in men, but persistent problems lasting for longer than six months are much rarer, with prevalence figures averaging approximately 6%[2].
- Men should be asked routinely at general health check appointments if they have any sexual concerns. This is especially true of those at high risk, such as men with diabetes, osteoporosis, chronic opiate therapy, cardiovascular disease, erectile dysfunction or depression.
- Assessment for hypogonadism (testosterone deficiency syndrome) may be undertaken over several consultations. The diagnosis of this condition should be based upon appropriate symptoms (poor morning erection, low sexual desire and erectile dysfunction), combined with reliable measurement of testosterone levels in the blood taken in the morning on more than one occasion. It should not be reliant on the use of questionnaires.
- Treatment should be based upon the presence of clinical symptoms and not on hormone levels alone. Frequently, diagnosis and the decision to treat for hypogonadism are not clear cut, so short-term therapeutic trials (of 3-6 months) and continuing assessment of response, along with review of diagnosis, should be undertaken.
- Men over 40 receiving testosterone replacement require regular medical review, including surveillance for prostate disease and polycythaemia (a condition where too many red blood cells are present in the blood).
- Treatment of men with sexual desire, arousal and/or ejaculatory problems should be tailored individually and may include psychosexual therapy, testosterone and erectogenic agents depending on their individual case history.

Prof Kevan Wylie from the British Society for Sexual Medicine and lead author of the guidelines said:

"These guidelines are the first of their kind in advising doctors in the UK on the correct protocols to follow in the diagnosis and treatment of women with sexual disorders. In addition, they contain an updated review of the literature on the diagnosis and treatment of male sexual disorders and testosterone deficiency.

"The importance of sex life and sexual function to general health and well-being is not often discussed or acknowledged in our society. During medical consultations, both patients and doctors shy away from discussing sexual symptoms and this leads to an incomplete assessment of patients' sex lives and a failure to legitimise their needs and requests for healthy sex lives. Patients, especially those at high-risk of developing a sexual disorder, should be routinely asked at general health check appointments if they have any concerns.

"Testosterone is an important hormone to the body in that it affects not only sexual function, but also general wellbeing. All treatments for sexual disorders should be individually tailored, depending on case history and clinical symptoms. The need for testosterone replacement

therapy in men and women needs to be carefully assessed and it should only be prescribed after a thorough assessment and diagnosis of the patient."

Background information

Sexual disorders in women span a range of conditions including sexual desire, sexual arousal, orgasmic and sexual pain disorders. These are the first UK guidelines providing recommendations on the diagnosis and treatment of these disorders.

The role of testosterone in maintaining well-being in men is well-established. Testosterone levels in men peak in the mid-20s and then slowly decline throughout life. The condition called late-onset hypogonadism is associated with advancing age and characterised by abnormally low testosterone levels.

These guidelines have been developed by the British Society for Sexual Medicine in collaboration with the British Fertility Society, the British Menopause Society, the British Association for Sexual Health and HIV, the British Association of Urological Surgeons, the Royal College of Physicians, the Royal College of Pathologists and the Society for Endocrinology.

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Notes to editors

These guidelines will be published in full in the journal *Maturitas*, 2010, DOI: 10.1016/j.maturitas.2010.07.011. http://www.maturitas.org/

They will also appear in the journal, *Human Fertility,* 13 (4). (http://informahealthcare.com/journal/huf).

For a PDF copy of the full guidelines, please email toby.stead@endocrinology.org

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References

[1] Shifren et al. (2008). *Obstetrics & Gynecology,* 112: 970-8.
[2] Mercer et al. (2003). *British Medical Journal*, 327: 426-7.

The **British Society for Sexual Medicine** promotes research and exchange of knowledge of sexual function and dysfunction, in both men and women, throughout the UK scientific community. http://www.bssm.org.uk/

The **Society for Endocrinology** is the UK's leading society representing clinicians, scientists and nurses who work with hormones. www.endocrinology.org

The **British Fertility Society** is a multidisciplinary organisation representing professionals practising in the field of reproductive medicine. http://www.fertility.org.uk/

The **Royal College of Physicians of London** provides a huge range of services to its 25,000 Members and Fellows and other medical professionals. These include delivering examinations, training courses, continuous professional development and conferences; undertaking clinical audits; publishing newsletters, guidelines and books through to maintaining the College's historical collections. The RCP also leads medical debate, and lobbies and advises government and other decision-makers on behalf of its members. http://www.rcplondon.ac.uk/

The **Royal College of Pathologists** covers all aspects of laboratory medicine; microbiology, immunology, haematology, clinical biochemistry, genetics and histopathology. It has 8785 members who are senior staff in hospital laboratories, universities and industry, worldwide. http://www.rcpath.org/

The **British Menopause Society** is directed at the medical profession with membership open to healthcare professionals and others specialising in post reproductive health. It is dedicated to advancing education in all matters relating to the menopause. http://www.thebms.org.uk/

The **British Association for Sexual Health and HIV** is the lead professional representative body for those managing STIs and HIV in the UK. It seeks to innovate and deliver excellent tailored education and training to healthcare professionals, trainers and trainees in the UK, and to determine, monitor and maintain standards of governance in the provision of sexual health and HIV care. http://www.bashh.org/

The **British Association of Urological Surgeons** (BAUS) exists to promote the highest standards of practice in urology, for the benefit of patients, by fostering education, research and clinical excellence. Its President is Adrian Joyce, consultant urologist at St James's University Hospital in Leeds. http://www.baus.org.uk/

ABSTRACT

Androgens, health and sexuality in women and men

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The importance of good sexual function for individuals is well recognised. Testosterone is contributory to a healthy sex life for both women and men. The British Society for Sexual Medicine (BSSM) has initiated and led the development of these guidelines for the assessment of testosterone deficiency in both women and men, for use within the UK and beyond. Clinical awareness of the possibility of testosterone deficiency and the impact this may have on an individual's sexual and somatic function and the need to make sufficient enquiry about the sex life of patients attending a broad spectrum of clinical services is emphasised. The management of testosterone deficiency is outlined in detail for both women and men.