

Testosterone Guidance for Primary Care

For a new testosterone referral:

Before referring, please consider the following:

- If on oral oestrogen, consider changing to transdermal (this reduces the SHBG therefore increasing available testosterone in the body)
- Ask about and ensure any vulvo-vaginal symptoms (pain, itching, dryness) have been addressed
- Consider/ discuss the need for relationship counselling or psychosexual input

Bloods:

Please send the following blood results with your referral:

- **Total testosterone**
- **SHBG**
- Can use these to calculate the free androgen index (FAI) **FAI = total testosterone (nmol/ L)) x 100 /sex hormone-binding globulin (SHBG) (nmol/ L))**
- **Consider serum Oestrogen levels**
 - Ensure adequately oestrogenised- either by symptoms or if in doubt i.e., any other symptoms other than low libido (lethargy, low mood, cognitive symptoms), and if on **transdermal** oestrogen consider serum oestradiol levels to check absorption (aiming for >250)

Ongoing monitoring:

Once initiated we will review the patient at 3-6 months and repeat bloods at this time. If bloods are within range and the patient is getting symptomatic improvement, we will discharge and ask that you continue to prescribe as initiated by ourselves.

The patient should then have an annual review and bloods (total testosterone, SBHG and FAI)

Ask about: any side effects, symptoms control, specifically sexual function, perceived benefits

Note (and discuss with patient), currently no long-term safety data over 2-5 years of use

Bloods:

Aim for an **FAI** of between 2-5.

And/or **Serum testosterone** levels between 0.5-2.6nmol/L

SHBG is also within the normal range between 27.8 and 146nmol/L.

For more information about prescribing, counselling, and different preparations see the BMS statement on testosterone by clicking [here](#).