

Thames Valley Priorities Committees (Buckinghamshire/Milton Keynes PCTs)

Policy Statement 59: **Testosterone Patch (Intrinsa®) for Female Hypoactive Sexual Desire Disorder (HSDD)**
ref TV116

Date of Issue: **December 2007**

The Thames Valley Priorities Committees' recommend that testosterone patch (Intrinsa®) for Female Hypoactive Sexual Desire Disorder (HSDD) be considered a LOW PRIORITY.

HSDD has been defined as the persistent or recurrent deficiency (or absence) of sexual fantasies/thoughts, and/or desire for or receptivity to sexual activity, which causes personal distress or interpersonal difficulty. What is more accepted is that the lack of desire that causes distress to the woman or problems in the relationship with her partner is clinically important

Summary

In clinical trials of 24 weeks duration, Intrinsa® produced a statistically significant improvement in sexual desire, an increase in satisfying sexual activity and decreased personal distress associated with HSDD, compared with placebo. However, the clinical relevance of these results has been questioned, as the effect was small.

There was a large placebo response in these trials; 46% of patients on testosterone versus 35% on placebo were responders i.e. had an increase from baseline of >1 satisfying sexual episode per 4-weeks. 54% of patients on testosterone were non-responders. Efficacy was not demonstrated for patients on oral conjugated equine oestrogens or women over 60 years of age.

Testosterone patches have not been compared with implants or any other current treatments.

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in light of new evidence or guidance from NICE.*
3. *Buckinghamshire/Milton Keynes Priorities Committee policy statements can be viewed at <http://www.mkpct.org.uk/content.asp?ContentID=548>*