HOME

Popular Women's Libido Treatment Linked to Higher Heart Attack and Stroke Risk—New Study Raises Serious Safety Concerns

By bestfolkmedicine · 05/11/2026 · 10 min read



For many women, menopause brings unexpected changes that can affect their energy, mood, sleep, confidence, and intimate relationships.

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One of the most frustrating changes is a decline in sexual desire.

As hormone levels shift, some women begin exploring treatments that promise to restore libido and improve their quality of life.

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Among these options, testosterone therapy has attracted growing attention.

But new research is raising an important question about its long-term safety.

A study involving more than 6,300 postmenopausal women found that those receiving testosterone therapy experienced substantially higher rates of cardiovascular problems than women who did not use the hormone.

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Cardiovascular events occurred in 3.8% of testosterone users compared with just 0.5% of nonusers.

The reported events included heart attacks, ischemic strokes, coronary artery disease, and heart failure.

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The findings, presented at the October 2026 annual meeting of The Menopause Society in San Diego, have renewed concerns about the cardiovascular safety of testosterone treatment in older women.

However, researchers emphasize an important distinction: the study identified an association, not proof that testosterone directly caused these complications.

For women considering hormone treatment, understanding what the research actually means is essential.

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Why More Women Are Turning to Testosterone Therapy

Testosterone is often described as a male hormone, but women naturally produce it too.

In women, testosterone is produced primarily by the ovaries and adrenal glands.

Although circulating levels are much lower than in men, the hormone plays a role in sexual function and contributes to several physiological processes.

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During midlife, many women experience changes in sexual desire, which can be influenced by hormonal shifts, relationship factors, sleep difficulties, stress, and physical health.

Some women develop a condition known as hypoactive sexual desire disorder, or HSDD.

This involves a persistent or recurring loss of sexual desire that causes significant personal distress and cannot be better explained by another medical condition, medication, or relationship problem.

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For appropriately selected postmenopausal women with HSDD, testosterone therapy may provide a moderate improvement in sexual desire and satisfaction.

However, testosterone is not an established general treatment for menopause-related fatigue, memory difficulties, weight gain, or loss of bone density.

This distinction is especially important as hormone treatments become increasingly popular in wellness and anti-aging settings.

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New Study Finds Higher Rates of Cardiovascular Problems

The new research used electronic health record data from the TriNetX U.S. Collaborative Network.

Investigators compared postmenopausal women aged 45 and older who started testosterone therapy with similar women who had not received the treatment.

The analysis included more than 6,300 women after statistical matching.

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Women with previously diagnosed cardiovascular disease were excluded, allowing researchers to focus on newly occurring cardiovascular problems.

Participants were followed for an average of nearly three years.

The researchers evaluated several cardiovascular outcomes, including coronary artery disease, heart attack, ischemic stroke, arterial occlusive disease, and heart failure.

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The differences between the groups were notable.

Testosterone users

3.8%

Experienced a cardiovascular event

Nonusers

0.5%

Experienced a cardiovascular event

Reported event rates during follow-up in the 2026 observational study. These were combined cardiovascular outcomes, not heart attacks or strokes alone.

In practical terms, this represents approximately 38 cardiovascular events per 1,000 women receiving testosterone compared with five per 1,000 women who were not receiving it.

Researchers also reported a hazard ratio of approximately 8.08, indicating a substantially higher observed rate of cardiovascular events over time in the treated group.

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But these figures require careful interpretation.

Because the study was observational, other differences between participants could have influenced the results.

The researchers used statistical matching to account for several known cardiovascular risk factors, but it is impossible to eliminate every potential source of bias.

The findings therefore raise a meaningful safety concern without establishing that testosterone therapy caused the events.

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Why Testosterone May Affect Cardiovascular Health

Hormones influence many physiological systems, including metabolism, blood vessels, and cholesterol regulation.

Testosterone is no exception.

Researchers have long investigated whether testosterone therapy influences cardiovascular risk differently depending on dosage, delivery method, age, and underlying medical conditions.

One concern involves blood lipid levels.

Oral testosterone preparations can adversely affect cholesterol profiles, including HDL and LDL cholesterol.

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Higher LDL cholesterol is an established contributor to atherosclerosis, the process in which cholesterol-rich plaque accumulates within artery walls.

However, studies involving non-oral testosterone at doses that maintain normal female physiological levels have generally shown less pronounced short-term effects on cholesterol.

This means the form and dose of treatment may matter.

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The newer observational findings do not establish which biological mechanism, if any, explains the higher cardiovascular event rates.

Researchers still need to determine whether the association reflects a direct effect of testosterone, differences in patient characteristics, treatment practices, or a combination of factors.

Heart Attack and Stroke Risks May Be Especially Important After Menopause

Cardiovascular disease remains a major cause of illness and death among women.

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After menopause, changes in estrogen levels often coincide with shifts in cholesterol, body fat distribution, vascular function, and metabolic health.

Blood pressure and insulin resistance may also become more important concerns during midlife.

These changes do not mean menopause itself automatically causes heart disease.

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Rather, hormonal changes interact with aging, genetics, lifestyle, and existing medical conditions.

Women entering menopause may already have several cardiovascular risk factors without experiencing obvious symptoms.

Adding hormone treatment to this picture requires careful consideration of the individual's overall health.

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Doctors may assess blood pressure, cholesterol, diabetes status, smoking history, family history, and existing medications before recommending testosterone.

7 Important Things Women Should Know Before Starting Testosterone Therapy

1. Testosterone Is Not a Universal Menopause Treatment

Although testosterone may help selected women with distressing low sexual desire, there is insufficient evidence to recommend it broadly for all menopause symptoms.

Claims that it reliably restores youthful energy, prevents aging, improves memory, or produces substantial weight loss are not supported by strong clinical evidence.

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2. The Correct Dose Matters

Women naturally have much lower testosterone concentrations than men.

Using doses that produce excessively high testosterone levels can increase the likelihood of adverse effects.

Possible problems include acne, increased facial hair, scalp hair thinning, and deepening of the voice.

Some androgen-related changes may be difficult to reverse.

Treatment should aim to keep testosterone concentrations within the normal physiological range for premenopausal women.

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3. Not All Testosterone Products Are Equivalent

Testosterone can be delivered through different formulations, including gels, creams, injections, and oral preparations.

Their absorption patterns and potential risks differ.

Clinical guidelines generally favor carefully dosed transdermal therapy when testosterone is indicated for women.

Some compounded formulations and hormone pellets present additional concerns involving dosing consistency, monitoring, and prolonged exposure.

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4. Long-Term Cardiovascular Safety Remains Uncertain

Earlier clinical trials did not consistently identify serious cardiovascular harms from short-term, appropriately dosed testosterone treatment.

However, these trials often excluded women at higher cardiovascular risk and were not designed to establish long-term safety.

The new 2026 findings underscore why larger prospective studies are needed.

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5. Blood Testing and Monitoring Are Important

Women prescribed testosterone should receive appropriate baseline assessment and follow-up.

Clinicians may evaluate testosterone concentrations, lipid levels, liver function, and signs of androgen excess.

Monitoring helps identify excessive hormone exposure and assess treatment response.

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A testosterone blood level alone, however, cannot diagnose HSDD.

6. Low Sexual Desire Has Many Possible Causes

Hormones are only one piece of the picture.

Sleep difficulties, emotional stress, relationship concerns, certain medications, vaginal dryness, painful intercourse, depression, and chronic medical conditions can all influence libido.

Treating these contributing factors may improve sexual well-being without requiring testosterone.

7. Women Already Using Testosterone Should Not Panic

The new study does not prove that testosterone causes heart attacks or strokes in every woman who receives it.

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Women who are already using prescribed testosterone should not abruptly change treatment based on a headline.

Instead, they should discuss the findings with their healthcare professional and review whether the treatment remains appropriate for their individual health profile.

Are There Safer Ways to Support Sexual Desire During Menopause?

Women experiencing changes in libido do not necessarily need to begin with hormone therapy.

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Sexual desire is influenced by a combination of physical, psychological, emotional, and relationship factors.

For some women, addressing these underlying issues may produce meaningful improvements.

Improve Sleep Quality

Poor sleep can contribute to fatigue, irritability, and reduced interest in intimacy.

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Night sweats and hot flashes may further disrupt sleep during menopause.

Establishing regular sleep schedules, maintaining a comfortable bedroom temperature, and seeking treatment for persistent sleep disturbances may help improve overall well-being.

Stay Physically Active

Regular exercise supports cardiovascular health, mood, circulation, and energy levels.

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Strength training and aerobic activity can also help preserve muscle mass and improve metabolic health during midlife.

Although exercise is not a guaranteed treatment for low libido, improved physical and emotional well-being can positively influence sexual satisfaction.

Support Hormonal and Metabolic Health Through Nutrition

A balanced diet rich in vegetables, fruits, legumes, whole grains, nuts, and healthy fats supports overall cardiovascular and metabolic health.

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Adequate protein intake also helps maintain muscle mass during aging.

However, no specific food has been proven to reliably increase testosterone levels or treat HSDD.

Address Vaginal Dryness and Discomfort

Declining estrogen levels can contribute to vaginal dryness, irritation, and painful intercourse.

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These symptoms may reduce sexual interest because intimacy becomes uncomfortable.

Vaginal moisturizers, lubricants, and appropriate medical treatments can improve comfort.

For some women, low-dose vaginal estrogen or other prescribed treatments may be beneficial.

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Importantly, these treatments have different indications and safety considerations from systemic testosterone therapy.

Consider Psychological and Relationship Factors

Stress, anxiety, communication difficulties, and changing relationship dynamics can affect sexual desire.

Counseling, sex therapy, and open communication with a partner may help address contributing factors.

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A comprehensive approach is often more useful than assuming every change in libido is caused by a hormone deficiency.

Does the New Research Mean Testosterone Therapy Should Be Avoided Completely?

Not necessarily.

Current expert guidance recognizes testosterone therapy as an evidence-based option for appropriately selected women with postmenopausal HSDD.

The potential improvement in sexual desire may be meaningful for women experiencing persistent distress.

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But treatment decisions should include a clear discussion of benefits, uncertainties, and possible adverse effects.

The new findings strengthen the case for individualized prescribing rather than routine testosterone use for general wellness or anti-aging purposes.

Importantly, the study examined a combined cardiovascular outcome. It did not establish that each individual outcome, such as heart attack or stroke, increased by the same proportion.

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Nor did it prove that appropriately dosed testosterone treatment causes cardiovascular disease.

Future randomized studies with longer follow-up will be necessary to clarify these questions.

What Women Should Discuss With Their Doctor

Before beginning or continuing testosterone therapy, women may benefit from discussing several important issues with their healthcare professional:

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- Whether their symptoms meet the criteria for HSDD.
- Whether other medical or psychological factors may be contributing to reduced sexual desire.
- Their individual cardiovascular risk, including cholesterol, blood pressure, and family history.
- The proposed testosterone formulation, dose, and monitoring schedule.
- Potential side effects and when treatment should be reassessed.
- Alternative approaches that may address their symptoms.

In the United States, there are currently no FDA-approved testosterone products specifically indicated for women, so prescribing for female HSDD generally involves off-label use.

Off-label prescribing can be medically appropriate, but it requires careful clinical judgment and informed consent.

Final Thoughts: Women's Hormonal Health Deserves Careful Attention

The growing popularity of testosterone therapy reflects a genuine need for better treatment options for women experiencing sexual difficulties during menopause.

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Low libido can affect emotional well-being, relationships, and quality of life, and these concerns deserve serious medical attention.

However, the latest research provides an important reminder that hormone treatments can have effects beyond the symptoms they are intended to improve.

The reported difference between 3.8% and 0.5% in cardiovascular events is substantial enough to warrant further investigation, even though the study cannot establish causation.

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For women considering testosterone therapy, the most important message is not fear but informed decision-making.

Treatment should be individualized, carefully monitored, and based on evidence rather than promises of hormonal rejuvenation.

Improving sexual well-being matters—but protecting long-term cardiovascular health matters just as much.

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Have you noticed more women discussing testosterone therapy for menopause, energy, or low libido? Do you think its possible cardiovascular risks are being explained clearly enough? Share your thoughts in the comments.

Medical Disclaimer: This article is intended for educational purposes only and does not replace professional medical advice, diagnosis, or treatment. Never start, stop, or change prescribed hormone therapy without consulting a qualified healthcare professional.

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