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**The
Menopause
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Leading the Conversation

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Testosterone Therapy May Increase Risk of Cardiovascular Disease in Postmenopausal Women

New study tracks increased risk for composite cardiovascular disease outcomes, including angina, myocardial infarction, ischemic heart disease, ischemic stroke, and heart failure

CLEVELAND, Ohio (October 20, 2026)—Testosterone therapy is not routinely recommended for postmenopausal women, in part because long-term safety data remain limited. It is, however, prescribed off label to help women suffering from low libido. A new study links testosterone therapy in postmenopausal women with a higher risk of incident cardiovascular disease. Results of the study will be presented at the 2026 Annual Meeting of The Menopause Society in San Diego, October 20-24, 2026.

To date, there is insufficient evidence suggesting that testosterone therapy is effective in managing many menopause symptoms such as fatigue, memory loss, weight gain, or loss of bone density. However, it has proven effective in treating hypoactive sexual desire disorder, which has been estimated to affect about 10% to 15% of postmenopausal women, and which is described as a persistent, distressing loss of an interest in sex.

Currently there are no FDA-approved testosterone products for women in the United States, so healthcare professionals who prescribe testosterone for women do so off-label in very low doses of male formulations—usually in a cream or gel form. Higher doses of testosterone have been shown to cause such problems as acne, increased facial hair, scalp hair thinning, and a deepening of the voice. However, the cardiovascular safety of testosterone therapy in postmenopausal women remains poorly characterized.

A new study used data from the TriNetX US Collaborative Network and included more than 6,300 propensity-matched menopausal women. It evaluated the association between testosterone therapy and incident cardiovascular disease in postmenopausal women. In the study, postmenopausal women aged 45 years and older who initiated testosterone therapy were compared with women without testosterone exposure. A 12-month washout period was applied such that women with any testosterone exposure during the 12 months preceding the index date were excluded. Patients with prior cardiovascular disease were also excluded. The mean follow-up duration was nearly 3 years.

Based on the results, researchers concluded that testosterone therapy was associated with a significantly increased hazard of incident composite cardiovascular disease compared with no testosterone exposure (3.8% vs 0.5%; hazard ratio, 8.08; 95% confidence interval, 4.72-13.82). The findings were consistent in sensitivity analyses comparing women receiving testosterone plus hormone therapy with women receiving hormone therapy alone. Although absolute event rates were low, the observed association was consistent across multiple cohort definitions.

“Our findings identify a potentially important cardiovascular safety signal associated with testosterone therapy in postmenopausal women. Although absolute event rates were low, the consistency of the

association across multiple analyses warrants further prospective investigation,” says lead author Dr. Xuezhi Daniel Jiang, professor of obstetrics and gynecology at Drexel University College of Medicine.

A composite cardiovascular outcome was defined as coronary artery disease (angina, myocardial infarction, acute or chronic ischemic heart disease), cerebrovascular disease (ischemic stroke or arterial occlusive disease), or heart failure, occurring 30 days to 5 years after the index date. One-to-one propensity score-matching balanced demographics, smoking status, obesity, hysterectomy status, surgical menopause, baseline menopause hormone therapy use, vaginal estrogen use, vasomotor symptoms, premature ovarian insufficiency, and other comorbidities associated with cardiovascular disease risk, including diabetes mellitus, essential hypertension, and dyslipidemia.

Details of the study will be discussed as part of the presentation, “Testosterone therapy and cardiovascular risk in postmenopausal women: a retrospective propensity-matched cohort study.”

“Cardiovascular disease remains the number one killer of women, and studies like this are important as long-term safety data on testosterone use in women are lacking. The findings are a reminder for healthcare professionals to carefully balance individualized risks and benefits when prescribing testosterone,” says Dr. Stephanie Faubion, medical director for The Menopause Society.

For more information about menopause and healthy aging, visit www.menopause.org.

The Menopause Society is dedicated to empowering healthcare professionals and providing them with the tools and resources to improve the health of women during the menopause transition and beyond. As the leading authority on menopause since 1989, the nonprofit, multidisciplinary organization serves as the independent, evidence-based resource for healthcare professionals, researchers, the media, and the public and leads the conversation about improving women’s health and healthcare experiences. To learn more, visit menopause.org.