
All About Andropause

What is andropause?

All men, at about the age of 30, begin to experience a slow, steady decline in levels of testosterone (a hormone that maintains muscle strength and sexual function and that has other important effects on the heart, bones, kidneys and other parts of the body). This natural decline is usually not a problem. However, in some men, these levels are even lower than expected, and may cause symptoms such as low energy, decreased interest in sex, depression and poor sleep. This condition is known as andropause or male menopause.

How do I know if I have andropause?

Your doctor may ask you questions about the symptoms you're experiencing. If those symptoms suggest that you may have lower-than-normal testosterone levels, your doctor may then order a blood test. It is important that your testosterone levels are measured at least twice in the morning.

What is the treatment for andropause?

Andropause is treated with testosterone. You can take it in a variety of ways, including injections, pills, or skin patches or gels (transdermal route). You may want to try a few different forms until you find one best suited to your lifestyle.

Before and frequently during treatment, your doctor will do certain tests (e.g., blood tests and digital rectal examinations) to check on your prostate, liver and cardiovascular system.

How will I benefit from testosterone treatment?

There haven't been enough studies to be sure if testosterone treatment can benefit you. However, it *appears* to improve mood and energy, reduce body fat, increase muscle strength and bone mineral density (*potentially* reducing the risk of osteoporosis), and protect the heart.

Generally, testosterone treatment is not successful in treating loss of erections (unless you also have low testosterone levels). Your doctor can talk to you about treatments that are more effective for erectile problems.

What are the side effects of testosterone treatment?

On the whole, testosterone treatment is safe for most men. However, this treatment *may*:

- promote the growth of prostate cancer and breast cancer in men who already have these diseases
- worsen sleep apnea (a condition in which a person stops breathing for prolonged periods during sleep)
- increase hemoglobin (a substance that carries oxygen in the blood) to dangerous levels
- create liver problems—usually limited to one type of testosterone (alkylated or methylated steroids) that is taken by mouth.

Testosterone treatment can *not* be taken by men with known prostate or breast cancer, sleep apnea, or obstructive benign prostatic hypertrophy (BPH, a severe enlargement of the prostate). And it should be used with caution in men with mild BPH or with chronic pulmonary disease who are overweight.



PLEASE FEEL FREE TO COPY THIS SHEET

