

Not just grumpy old men, but menopausal males

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ARE you a male aged 65 or more and experiencing chronic fatigue, moodiness and loss of libido?

The symptoms may be written off by some as just an inevitable part of the ageing process, but you could be suffering from a diminished but treatable level of the male hormone testosterone in your body.

It's been claimed that one in five men aged 6

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5+ experience andropause, also known as the "male menopause", but many have not had their symptoms investigated. Doctors dispute the tag "male menopause", as not all men experience the condition and such symptoms are not necessarily linked to age in all men who have them. Low testosterone is linked to the development of Type 2 diabetes, obesity and cardiovascular disease.

Men's health organisations from around the world, including the International Association for the Study of the Ageing Male and the European Association of Urology, have jointly issued recommendations to update their advice to GPs.

They recommend that family doctors measure the testosterone levels of men with low sex drives or impotence problems, as well as measuring the hormone levels of those who have developed Type 2 diabetes and are experiencing symptoms such as tiredness, depression and dwindling sex drive.

The advice means many more men would qualify to be screened for decreased testosterone levels, thought possibly to affect as many as one in five men over the age of 65.

This means that many more men who go to the GP complaining of tiredness, irritability/depression and low libido would be given a testosterone test. They could then be offered testosterone replacement therapy, in the shape of gel, patches or injections.

The authors of the recommendations stress that only men who show symptoms of low testosterone should be offered treatment.

Eberhard Nieschlag, who worked on the guidelines at the University of Munster in Germany, told New Scientist magazine that testosterone replacement could be used to kick-start weight loss or alleviate the symptoms of diabetes, and doctors should be more aware of the effects low testosterone can have.

"There are many men with testosterone deficiency, medically known as hypogonadism, who have not gone to see their doctor and therefore have not been diagnosed," says Hugh Jones, professor of andrology at Sheffield University, who also works and carries out research at Barnsley District General Hospital.

Low testosterone has been linked with diabetes and obesity, and research, including a study by Prof Jones carried out in Barnsley, has shown that treating low testosterone in diabetic men increased their sensitivity to insulin, the chemical that controls the body's sugar levels.

These findings were confirmed in the larger-scale Times2 European study recently presented to the American Endocrine Society meeting in San Francisco.

Jones says men can potentially help to delay any possible future drop in testosterone levels by living healthily.

"There is some suggestion that men who stay fitter and healthier for longer, keeping their waist size down, are less likely to experience loss of testosterone. Having normal testosterone levels gives you 'get up and go,' making it easier to stay active."

For those men who are screened and offered hormone replacement therapy to top-up their testosterone levels, is there any truth in alleged links with increased risk of prostate cancer?

"There is no conclusive evidence that testosterone replacement leads to increased incidence of prostate cancer," says Prof Jones.

"The incidence of prostate cancer is the same as in men with normal testosterone levels. The guidelines state that all men on testosterone therapy over the age of 45 should be monitored for prostate safety."

<http://www.yorkshirepost.co.uk/highlights/Not-just-grumpy-old-men.4648984.jp>