

Low Testosterone

"Low T" in Men

What are the symptoms of "Low T"?

There are many specific and nonspecific symptoms that can be associated with Low T. These may include:

FEELING TIRED, ESPECIALLY AT THE END OF THE DAY, DECREASED ENERGY & MOTIVATION, HAVING LITTLE OR NO INTEREST IN SEX ("LOW LIBIDO"), DECREASED SPONTANEOUS ERECTIONS, FEELING SAD, DOWN & DEPRESSED LOSS OF MUSCLE MASS, THINNING BONES, DECREASED BODY HAIR

What causes "Low T" in men?

It is important to talk with your healthcare provider about the different possible causes and screen for these as needed. Some causes may include:

Normal aging: As men age, the natural production of testosterone decreases. This leads to controversy in the need to screen for Low T and replacing it.

Chronic illness: (Such as liver and kidney disease, diabetes, sleep apnea, AIDS.) Certain treatments for cancer of the prostate Obesity Chronic opiate use High dose glucocorticoids

Should I get my Testosterone checked?

It is generally recommend not to routinely check testosterone in males. If you have symptoms of Low T you should discuss this with your healthcare provider.

How do I check for "Low T"?

This is done through blood testing. Generally besides checking testosterone levels other hormones and labs will be checked.

Testosterone levels are at the highest first thing in the morning and then drop throughout the day. Testing should be done first thing in the morning and when fasting. If your testosterone level is low it should be rechecked several times to confirm it is low.

How is testosterone replaced?

Testosterone comes in an injectable form, with shots administered either weekly or bi-weekly. It also comes in several topical forms (creams, lotions, gels) which are applied daily. Women should not handle or come in contact with topical testosterone.

How often do I need to follow up after starting testosterone replacement?

Our office recommends you should be seen 3 months after starting treatment and then every 6 months. It is important to monitor labs for any possible adverse effects and make sure the medication is helping. Testosterone is also a Schedule 3 controlled substance which requires more frequent monitoring.

WHAT ARE THE RISKS OF REPLACING TESTOSTERONE?

Replacing testosterone in a man who is low is generally safe, however there are potential adverse effects with any medication. The following are things to consider:

- **PROSTATE:** There is no clear data to suggest increase risk of adverse prostate conditions, although some studies did show that the prostate enlarged.
- SLEEP APNEA: May be worsened with replacement. It is a good idea to make sure you don't have sleep apnea prior to testosterone replacement to avoid it worsening, but also because it is a common cause of low testosterone.
- ELEVATED RED BLOOD CELLS (ERYTHROCYTOSIS): This can place you at an increased risk for blood clots, stroke and cardio-vascular effects.
- CARDIOVASCULAR RISKS: Evidence is conflicting, but some studies have shown increase risk in death, heart attack and Stroke.
- SUPPRESSION OF SPERM PRODUCTION: If you still desire fertility you should discuss this with your healthcare provider.
- SUPPRESSION OF NORMAL TESTOSTERONE: If testosterone is replaced, the body may stop producing it. Therefore, it can be difficult to stop testosterone and as a result it is not recommended to do a "trial" of testosterone replacement.
- ACNE, BREAST ENLARGEMENT, AGGRESSIVE BEHAVIOR: These are all possible but rare.

Because testosterone is usually replaced long term, the overall cost (or lifetime cost) of treatment is very expensive.