Male menopause

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Between the age of 45 and 55, many men suffer a characteristic pattern of symptoms inclulding loss of drive, energy, libido and potency, depression not responding to conventional medication, night sweats and pain and stiffness in the hands and feet.

About half of men may be affected, and the incidence of problems such as impotence increases with age. This is the male menopause, also known as the male climacteric or andropause.

The age of onset can be earlier than 45, partciularly in the presence of pre-disposing factors such as stress, excess alcohol consumption, vasectomy and infections that damage the testis including adult mumps, glandular fever and non-specific urethritis.

The cause is a fall in the level of free active testosterone, rather than of total testosterone.

In more than 80 per cent cases of andropausal symptoms, the diagnosis can be made by measuring the free androgen index - the total testosterone level divided by the level of the carrier protein, sex hromone-binding globulin, expressed as a percentage.

Where this figure is less than 50 percent, treatment is defintely indicated.

In most cases, treatment with oral testosterone undecanoate is effective. The usual starting dose is 40 mg three times daily after food, increasing in monthly increments to 80mg or 120 mg twice daily--

Methyl testosterone should be avoided because of its hepatotoxic and cardiotoxic effects.

. For effective long-term treatment, testosterone pellets are sometimes implanted into the buttock. Six to 10 pellets of 200 mg provide safe control of symptoms for six months.

Testosterone treatment produces a measurable increase in total testosterone.

Some treatments, especially oral testosterone undecanoate, also directly suppress hepatic production of sex hormone-binding globulin, producing a double effect on the free androgen index.

This is reflected in the reproducible and sustained remission of symptoms, with increased mental and physical energy levels, lifting of depression, and restoration of libido and potency.

Because of the many factors that contribute to the onset of the andropause, opportunity should be taken to do a general health review.

The essential elements are the total testosterone and sex hormone-binding globulin levels, from which the free androgen level can be calculated.

Raised follicle-stimulating hormone and luteinising hormone may also help confirm the diagnosis, and the initial screen should include a prolactin measurement to exclude prolactinoma.

Pre-existing prostate cancer is the one contra-indication to testosterone treatment, and this can usually be excluded by a digital rectal examination and prostate-specific antigen (PSA) measurement.

If the PSA is borderline, or the patient is older than 50 or has a family history of prostate cancer, a transrectal ultrasound of the prostate is needed.

Patients also need continuing advice on lifestyle changes such as reducing stress, alcohol consumption and weight.

Treatment is less successful in men over 70 years old.

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Every Nation has the Government that it deserves.

- Joseph Marie de Maistre (1753-1821)