



TESTOSTERONE, DHEA, PROGESTERONE: HOW TO HANDLE MALE AGING ?

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Wellaging medicine should consider the androgen deficiency in the ageing male which is associated with the loss of libido, erectile dysfunction, decreased cognitive ability, depression, lethargy, osteoporosis, and sarcopenia. This constellation of symptoms is known as andropause, PADAM (partial androgen deficiency of the ageing male) or ADAM (androgen deficiency of the ageing male).

Bioidentical Androgen treatment with testosterone, DHEA or progesterone replacement therapy can safely alleviate the detrimental effects of decreasing androgen levels in ageing men. Hormonal blood profiles including testosterone, progesterone, leptin, estradiol, cortisol, prolactin, thyroxine, growth hormone and dehydroepiandrosterone should be performed before any treatment.

Let's discuss the potential risks by replacing lowered androgen levels with exogenous androgens such as oral, intramuscular injections, patches, and testosterone gels. How to choose an agent for a particular patient and how to measure effectiveness? Should we add estrogens, anti-estrogens or progesterone to the treatment ? Bioidentical steroid hormone supplementation in hypogonadal men is well tolerated, lowers blood pressure, and may affect vascular reactivity in a manner that is potentially beneficial, through several mechanisms, including enhancement of basal NO release and attenuation of vasoconstrictor responses to angiotensin II and norepinephrine. Efficacy of treatment is typically measured by increases in serum testosterone, estradiol, DHEA and progesterone levels and physicians need to keep vigilant and watch for rather rare complications such as worsening sleep apnoea, a worsening cardiovascular risk profile or gynecomastia.

The major issue surrounding androgen replacement therapy is its potential role in prostate carcinogenesis. There is no evidence that androgen supplementation increases the risk of cancer. Contrary to what one might think hypogonadal men seems to have more aggressive forms of prostate cancer. However, androgen replacement therapy could promote the growth of already existing carcinomas, necessitating that patients undergo screening for malignancy prior to treatment and careful monitoring while undergoing treatment. With these measures in place, androgen supplementation is a safe treatment for hormonal deficiency in ageing men.

As the elderly population increases, so, too, will the incidence of androgen deficiency, and the opportunities for doctors to improve patients quality of life through androgen replacement therapy.

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