



## *The Medical* **Bulletin**

# In Endocrinology

### ANDROPAUSE

Andropause, or ADAM (androgen deficiency in ageing male), is actually a misnomer, the right term being 'late onset hypogonadism in men'. All men experience a gradual age-related decline in testosterone. In some men, however, this decline may be swifter or steeper than in others, and may lead to distressful symptoms. Symptoms are the key to diagnosing andropause which is defined as a "clinical and biochemical" syndrome of testosterone deficiency.

Andropause may present with physical and psychological symptoms. Sexual symptoms such as loss of libido are just one part of the spectrum of andropause. The ADAM questionnaire can be used to screen for the condition. It must be noted that a diagnosis of andropause begins with clinical suspicion, based on appreciation of symptoms, and/or elicitation of signs. Confirmation of diagnosis, through a testosterone assay, is the second step. This is in sharp contradistinction to other endocrine diseases, such as diabetes, hypothyroidism and osteoporosis, where biochemical/ image-based screening is mandated in asymptomatic persons.

Treatment is gratifying. Testosterone replacement therapy improves well being and patient satisfaction markedly. Capsules, gels and injectable preparations are available in India. For clinicians who wish to begin practicing andrology, begin using oral testosterone undecanoate 40mg 3-4 caps, testosterone gel 5ml/day, or aqueous injection 1-2 ml every 7-14 days, before prescribing longer acting preparations. Be mindful of contraindications (carcinoma prostate, unstable heart failure) and follow milestones for monitoring (hematocrit, PSA, prostate imaging) as per standard of care.

Rational management of andropause helps achieve better quality of health, provided it is practiced with caution and care.

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