

By Carlos Warter M.D.

Bipolar disorder

ANDROPAUSE

Virtually everyone knows about menopause but few people know about Andropause, the equivalent endocrine "change" in men. Beginning at age 40 to 50 men almost inevitably produce less testosterone than they did from age 18 to 40. Obviously a wide variety of factors influence the production of testosterone, including weight, exercise, stress, alcohol, and a wide variety of drugs, etc. Decreasing levels of testosterone lead to mood swings, depression, fatigue, loss of energy, difficulty concentrating, increased body fat, gynecomastia, hair loss, hot flashes, night sweats, insomnia, loss of sex drive, erectile dysfunction, decreased muscle strength, and decreased physical agility. Osteoporosis is also common. Since there is no obvious physical change, such as loss of menstruation, andropause is often overlooked. Erectile dysfunction may be due not only to decreased testosterone levels but also to increased levels of estrogen or prolactin, both of which are also related to gynecomastia.

What Is ANDROPAUSE?

(Horm Res, 1985, 22:196-203). A significant majority of men with erectile dysfunction have low levels of testosterone (J Urol, 2006, 176: 2589-2593). Interestingly, tadalafil administration lowers estrogen levels in men with ED, but does not increase testosterone. (J Sex Med, 2006, 3: 716-722). There is also a strong correlation between hypothyroidism, even "subclinical" hypothyroidism, and low levels of testosterone. Low or deficient levels of DHEA are also found.

Erectile dysfunction, ED, is remarkably common in men treated with antidepressants and at least some of these antidepressants increase prolactin levels! (J Clin Psychiatry, 2006, 67: 952-957). Almost all anti-hypertensive drugs cause ED.

The "normal" range of total testosterone in men is 300 - 1200 ng/dl of serum. This is a broad range and I suspect that healthy men have a level more like 600 to 1200 ng/dl at their peak, around age 18 to 25. Many men will have significant symptoms at total testosterone levels below 450 ng/dl. Actually it is the "free" unbound testosterone that is really crucial! Free testosterone levels generally are approximately 1-5% of the total.

Testosterone is responsible for muscle mass and strength, mental alertness, energy, bone mass and strength, erectile function and libido. Many diseases of aging are at least partially related to low levels of testosterone, including Alzheimer's disease. There is considerable disagreement among physicians about the effect of testosterone on benign prostate hypertrophy (BPH) and prostate cancer. However, some authors state that there is no harmful effect upon the prostate and no adverse effect upon blood lipids. (Treat Endocrinol, 2003, 2: 1-9). In men with refractory depression, transdermal testosterone led to significant reduction in depression. (Am J Psychiatry, 2003, 160: 105-111)

Low dose transdermal testosterone has been shown to reduce anginal pain and threshold and improve activity in men with stable angina. As with many hormonal studies, rats have been the most studied. In aged rats testosterone "completely reversed in weight of penile muscles and in size and dendritic length of their related motoneurons."



DIAGNOSIS AND TREATMENT

The diagnosis is made primarily with serum testosterone and free testosterone levels. It is wise to check also TSH for thyroid function, PSA, estrogen and prolactin. Invariably DHEA will be low or deficient. All this needs to be correlated and a treatment plan devised.

Minimize coffee and alcohol. Increase physical exercise to one hour daily

I recommend starting with: Tribulus Terrestris, 2000 to 4000 mg daily

If there is no effect within several weeks, add Tongkat ali, 1200 mg daily and start stimulation of Magnesium Lotion , Youth Formula and VigEros, 2 to 3 daily

If no effect within another 3 weeks, add ProArgi9Plus, 2 scoops at bedtime and one in the

morning

If no effect within another 3 weeks, use ADAM'S PROSTATE CARE, a unique herbal cream with progesterone and a number of prostate healthy herbs

Before going to testosterone, I would use the SheLi TENS on the Ring of Fire for at least a month. And I would recommend trying 5% homeopathic testosterone first- you will find it on the internet. If you still have not achieved good libido, and if your PSA is 2 or below, consider asking your physician for a prescription for 10% bio-identical testosterone cream or gel, 2 oz. You will need to obtain it from a compounding pharmacy. Apply 1 ml daily.

Late News:

Overweight men and those with lower levels of testosterone often have increased levels of estradiol. A recent study reports that men with the highest levels of estradiol have over double the risk of strokes and thromboembolic problems. Both obesity and andropause are associated with higher levels of estradiol. It pays to treat andropause with respect-and to get rid of that excess fat in your body!

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