MALE MENOPAUSE?

Q Does male menopause exist? When will men start to experience it? Is there also a connection to loss of libido in men?

The production of testosterone declines naturally with age in men starting around the age of 40. However, unlike the sudden, drastic fall in oestrogen levels in women at the time of menopause, testosterone levels in men make a slower, more progressive dip through midlife and beyond. Technically, this process is called 'late onset hypogonadism' (LOH). It is also referred to commonly as 'andropause' or 'male menopause.'

Such a reduction in testosterone levels in men can cause lack of desire or loss of libido and a decreased frequency of sexual activity in relationships. In males, testosterone is also known to influence mood regulation, cognitive function, and the ability to fall asleep, manage stress, maintain muscle tone, provide a sense of well-being and protect several metabolic activities. Therefore, when there is an age-related decrease in testosterone levels, all the above mentioned functions may be affected, resulting in negative impacts on quality of life.

Additionally, studies have established that there is a strong association between metabolic syndrome (which includes obesity, diabetes, hypertension and dyslipidemia) and low testosterone levels, loss of libido and other sexual functions in men.

Common sexual complaints in men with LOH may include reduced erectile capacity and diminished nocturnal (night-time) sleep erections, reduced ejaculation strength and volume and compromised quality of orgasm. Other symptoms of low testosterone such as insomnia, mood swings, irritability and tiredness may also overlap on the sexual quality of life, affecting physical and emotional intimacy with the partner.

Now with the global shift in trend to a rapidly ageing population, testosterone deficiency has come to be accepted as an inevitable concern for the ageing man. Applying the observations of over a quarter of the century that the replacement of hormones can effectively reverse the signs and symptoms of menopause in women, the consideration of hormone therapy for ageing males has also been conceptualised. Over the last decade, there has been a huge amount of literature produced on the relative merits of testosterone replacement therapy for andropause in the ageing male. Scientific evidence points to increase in bone density and muscle strength, improvement of mood and energy levels and restoration of libido and other sexual functions with such treatment.

When indicated, candidates for testosterone replacement therapy will undergo thorough clinical and hormonal screenings. The testosterone treatment will be carefully tailored on the basis of pros and cons or benefit versus risk.

Some important concerns of testosterone replacement are effects on prostate and polycythaemia. There have been more treatment options in recent times with the emergence of several types of testosterone preparations including oral, injectable and transdermal preparations; replacement therapy appears to be safe for the vast majority of hypogonadal men. Testosterone is notably contraindicated in men with carcinoma of prostate or breast and cardiovascular concerns.

As it stands, the administration of testosterone is not a means of reversing the ageing process in men, but it offers considerable benefits to men suffering from symptoms of late onset hypogonadism. PRIME

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Through his exhaustive scientific pursuit in the area of sexual medicine, Prof Adaikan established the Male and Female Sexual Dysfunction Clinic as part of the Andrology Unit in the OBGYN department, National University Hospital in 1986. He has professionally led this clinic for three decades and also guided and trained doctors and trainees in sexual medicine. He has vast experience in treating couples and individuals suffering from sexual dysfunctions and other sexual issues related to fertility at the National University Hospital.

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