

ABOUT ANDROPAUSE

SOURCE: MEN'S HEALTH WEBSITE

What is andropause?

By the time men are between the ages of 40 and 55, they can experience a phenomenon similar to the female menopause, called andropause. Unlike women, men do not have a clear-cut signpost such as the cessation of menstruation to mark this transition. Both, however, are distinguished by a drop in hormone levels: estrogen in the female and testosterone in the male. The bodily changes occur very gradually in men and may be accompanied by changes in attitudes and moods, fatigue, a loss of energy, sex drive, and physical agility.

What's more, studies show that this decline in testosterone can actually put one at risk for other health problems like heart disease and weak bones. Since all this happens at a time of life when many men begin to question their values, accomplishments, and direction in life, it's often difficult to realize that the changes occurring are related to more than just external conditions.

A gradual hormonal decline

Unlike menopause, which generally occurs in women during their mid-forties to mid fifties, men's 'transition' may be much more gradual and expand over many decades. Attitude, psychological stress, alcohol, injuries or surgery, medications, obesity, and infections can contribute to its onset.

Although with age a decline in testosterone levels will occur in virtually all men, there is no way of predicting who will

experience andropause symptoms of sufficient severity to seek medical help. Neither is it predicable as what age symptoms will occur in a particular individual. Each man's symptoms may also be different.

Is this a new phenomenon?

Yes and no. In fact, andropause was first described in medical literature in the 1940's. So, it's not really new. But our ability to diagnose it properly is. Sensitive tests for bioavailable testosterone weren't available until recently, so andropause has gone through a long period where it was underdiagnosed and undertreated. Now that men are living longer, there is heightened interest in andropause, and this will help to advance our approach to this important life stage that was identified so long ago.

Increased diagnostic capability

Another reason why andropause has been underdiagnosed over the years is that symptoms can be vague and can vary a lot among individuals. Some men find it difficult to even admit there is a problem. And often physicians didn't always think of low testosterone levels as a possible culprit. So, these factors often led doctors to conclude that symptoms were related to other medical conditions (i.e., depression) or were simply related to ageing and often encouraged their patients to accept that 'they were no longer spring chickens'.

This situation is changing. New blood testing methods are available and there is an



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increased interest in men's ageing among medical researchers. So much attention is being focused on andropause that major efforts are underway to quickly share emerging scientific information with the international medical community.

Causes

Starting at about age 30, testosterone levels drop by about 10 percent every decade. At the same time, another factor in the body called Sex Binding Hormone Globulin, or SHBG, is increasing. SHBG traps much of the testosterone that is still circulating and makes it unavailable to exert its effect in the body's tissues. What's left over does the beneficial work and is known as 'bioavailable' testosterone.

Andropause is associated with low (bioavailable) testosterone levels. Every man experiences a decline of bioavailable testosterone, but some men's levels dip lower than others. And when this happens, these men can experience andropause symptoms.

These symptoms can impact their quality of life and may expose them to other, longer term risks of low testosterone. It is estimated that 30 percent of men in their 50's will have testosterone levels low enough to be causing symptoms or putting them at risk.

Importance of testosterone

Testosterone is a hormone that has a unique effect on a man's total body. Testosterone is produced in the testes and in the adrenal glands. It is to males what estrogen is to females.

Testosterone helps to build protein and is essential for normal sexual behavior and producing erections. It also affects many metabolic activities such as production of blood cells in the bone marrow, bone formation, lipid metabolism, carbohydrate metabolism, liver function, and prostate gland growth.

Impact of low testosterone

When there is less testosterone available to do its work, the testosterone target - organ response decreases, bringing about many changes.

There is great variability in testosterone levels among healthy men so not all will experience the same changes to the same extent. But typical responses to low bioavailable testosterone levels include:

- ✓ Low sex drive
- ✓ Emotional, psychological, and behavioral changes
- ✓ Decreased muscle mass
- ✓ Loss of muscle strength
- ✓ Increased upper and central body fat
- ✓ Osteoporosis or weak bones and back pain
- ✓ Cardiovascular risk

Why should andropause be taken seriously?

Apart from the impact that andropause may have on your quality of life, there are other longer-term and silent effects of andropause that are harder to track: increased cardiovascular risk and osteoporosis.





Osteoporosis

In a healthy individual, bone tissue is constantly being broken down and rebuilt. In an individual with osteoporosis, more bone tissue is lost than is regenerated. We've all heard of women suffering from weaker bones, or osteoporosis, after menopause. In men, testosterone is thought to play a role in helping to maintain this balance. Between the ages of 40 and 70 years, male bone density falls by up to 15 percent.

Unfortunately, with advancing age and declining testosterone levels, men, like women, seem to demonstrate a similar pattern of risk for osteoporosis. What's more, approximately one in eight men over age 50 have osteoporosis.

The incidence of hip fractures rises exponentially in ageing men, as it does in women, starting about 5 to 10 years later. In Canada, 20 to 30 percent of osteoporotic fractures occur in men. The incidence of fractures has been increasing in men, whereas it seems to be stabilizing in women - likely due to their lifestyle changes, calcium supplements, and hormone replacement therapies (HRT).

Low bone density puts one at risk of frequent fractures, associated pain, and in many cases, loss of independence. Wrists, hips, spine, and ribs are most commonly affected.

Two important consequences of osteoporosis are often seen as a slow but progressive rounding of the shoulders as well as a loss of height and back pain. Particularly devastating seem to be hip fractures; up to

one third of patients never seem to regain full mobility.

Cardiovascular risk*

It is now well accepted that women's risk of atherosclerosis (hardening of the arteries) increases after menopause. Estrogen replacement therapy seems to reverse this trend.

New evidence suggests that a similar phenomenon occurs in men as their testosterone levels diminish with age. While research is not as complete as for women, the clinical findings point to an association between low-testosterone levels and an increase in cardiovascular risk factors in men.

* A cause-and-effect relationship has not yet been established in large clinical trials. Further clinical research is needed into this important area of study.

Do I have andropause?

Take this test and find out if you are experiencing any symptoms of andropause. If you are, discuss your findings and any concerns you may have with your family doctor.

1. Do you have a decrease in strength and / or endurance? Yes No
2. Do you have a lack of energy? Yes No
3. Do you have a decrease in your sex drive (libido)? Yes No
4. Are you sadder and/ or grumpy than usual? Yes No
5. Have you lost height? Yes No





- 6. Have you noticed a decreased enjoyment in life? Yes No
- 7. Have you noticed a recent deterioration in your ability to play sports? Yes No
- 8. Has there been a recent deterioration in your work performance? Yes No
- 9. Are you falling asleep after dinner? Yes No
- 10. Are your erections less strong? Yes No

"There is hope and there is help."

