

Do Men Go Into Menopause, Too?

Do men really go into menopause, too? If they do, what are the signs and symptoms of male menopause? What is the treatment for this condition?

—Mencio B., San Fernando City



MEDICAL NOTES
EDUARDO GONZALES, MD

The male version of menopause is andropause, which is akin to, but in many ways different, from menopause. The big commonality between menopause and andropause is that they both result from the decrease in production of our sex hormones that occurs as we grow older. The female sex hormones are estrogen and progesterone, which are produced by the ovaries. The male sex hormone is testosterone, produced by the testes. The sex hormones regulate the reproductive process and exert profound effects on many bodily functions. They are also responsible for the striking physical differences between men and women. As we grow older, in both sexes, there are significant changes in the amount and pattern of production of our sex hormones.

In women, production of the female hormones stops completely and abruptly at ages 48 to 52. This cessa-

tion of female hormone production is called menopause. Very often, the female body is unable to adjust promptly to this sudden deprivation of estrogen and progesterone. Consequently, many if not most women manifest a host of distressing signs and symptoms that are collectively referred to as menopausal or perimenopausal syndrome, which can last for months to years.

In contrast, in men, the testes produce testosterone (as well as sperm cells) until old age, although the amount produced starts to decline by one to two percent every year starting at age 30. The total decline could be as much as 80 percent at old age. This drop of testosterone blood levels that occurs in middle-aged and elderly males, although generally called andropause or male menopause has lately acquired a more appropriate name, androgen deficiency of the aging male (ADAM).

Signs and Symptoms of Andropause

In most males, the drop in testosterone level, although progressive, comes very gradually. Consequently, relatively few men manifest andropausal symptoms although quite a

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number manifests depression, which some experts do not even attribute to testosterone deficiency but simply to the normal male aging process.

Occasionally, however, the decrease in testosterone production by the testes is precipitous. In these instances, the male usually exhibits andropausal syndrome—a group of signs and symptoms, many of which are very menopause-like. The signs and symptoms, which can seriously interfere with the man's quality of life, include loss of sex drive, erectile dysfunction (i.e., inability to achieve an erection), fatigue, loss of a sense of wellbeing, loss of physical agility, joint pains and stiffness, hot flashes, night sweating, palpitations, sleep disturbances, depression, irritability, changes in mood, decrease in mental capacity (memory and cognition), decrease in muscle mass, increase in body fat, decrease in body hair, changes in skin quality, and decrease in bone mass (osteoporosis) that give rise to brittle bones.

Diagnosis and Treatment of Andropause

A blood exam to test for testosterone levels is usually sufficient to determine

how deficient a male's testosterone production is.

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Testosterone replacement therapy is another treatment option but this should be reserved only for men with abnormally low levels of testosterone because although it can alleviate many of the signs and symptoms of andropause, it is not exactly innocuous.

Testosterone replacement therapy can have distressful side effects such as frequent or persistent erections, nausea, vomiting, jaundice, fluid retention, ankle swelling, masculinization of sexual partner, or disturbance in sleep pattern, including sleep apnea. It can also adversely affect many organs and organ systems such as the liver, cardiovascular system, breast (breast enlargement), and, most notably, the prostate. Testosterone replacement therapy can worsen prostate disease. It can fuel the development of prostate cancer and aggravate benign prostatic hyperplasia (BPH).

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