

# Menopause: It's not just for women

<http://www.cnn.com/HEALTH/men/9905/07/male.menopause/index.html>

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(WebMD) -- Have you ever heard, "Don't mind Steven, he's just going through the change of life?" That's right -- "he," not "she." According to some researchers, the idea may not be so far-fetched.

## **Male menopause research**

The concept of a male menopause and the need for hormone replacement therapy as a treatment is still highly controversial, but you wouldn't know that from Dr. Jerald Bain's attempt to recruit men for his study. He set out to find 100 subjects but 900 volunteered for the chance to get a male hormone pill for what ailed them.

In the end Dr. Bain, who is an endocrinologist at Toronto's Mount Sinai Hospital and the director of the Health Institute for Men at the King's Health Centre in Toronto, was only able to use 30 subjects. His data has now been collected and he is about to begin the analysis. He contends that "there is no basis for the assumption that the male hormone, testosterone, is dangerous."

Drs. Andrew Dott and Anthony Karpas of the Institute of Endocrinology and Reproductive Medicine in Atlanta, contend that about 40 percent of men in their 40s experience these symptoms to some degree:

lethargy

depression

increased irritability

mood swings

decreased libido

difficulty in attaining and sustaining erections

They say that these **symptoms of "male menopause" (also known as andropause or viropause)** can result from a decreased level of the male hormone testosterone and/or some of these risk factors:

excessive alcohol consumption

smoking

hypertension

prescription

non-prescription drug use

poor diet

lack of exercise

poor circulation

psychological problems

### **Not "just aging" anymore**

According to Bain, until recently, most doctors have considered these symptoms just part of aging and have ignored them. He added that "we're beginning to realize we don't have to accept them all. We can accept the loss of strength but to have to lie in bed at age 60 because of weakness and fatigue is not something we should accept."

It is known that testosterone levels in about 40 percent of men decline with increasing age but despite 150 years of attempts to rejuvenate men with hormone replacements, the concept is still widely ignored. Dr. Malcolm Carruthers, a British specialist in men's health with a practice in London, suspects that one reason is historical.

### **A questionable past**

The first successful use of hormone replacement was carried out 150 years ago by a German professor called Berthold who transplanted a rooster's testes into another castrated rooster. This successfully prevented atrophy of the comb. That study was followed by numerous other experiments using testicular transplants and extracts and resulted in the practice acquiring the negative image of "monkey gland" testosterone treatment.

Testosterone was only isolated and synthesized 60 years ago. However, the oral form can be toxic to the liver and heart and that, Carruthers claims, has "colored the thinking of two generations of physicians."

Another problem associated with the diagnosis of male menopause is that only about 13 percent of men with symptoms have a low total testosterone level. Carruthers and others, however, evaluate the level of **Free Active Testosterone (FAT)** rather than total testosterone levels. FAT is obtained by dividing the total plasma testosterone level by that of the Sex Hormone Binding Globulin (SHBG). This turns out to be low in 74 percent of the men with menopausal symptoms. **SHBG increases with age and "zaps" the free testosterone** before it can get into the cells to do its job.

### **Skeptics abound**

Skeptics of andropause still abound. In a recent article in the American Journal of Psychiatry, UCLA psychiatrist Dr. H Sternbach concluded that "testosterone decline/deficiency is not a state strictly analogous to female menopause and may exhibit considerable overlap with primary and other secondary psychiatric disorders."

Two British urologists, Drs. N. Burns-Cox and C. Gingell, concluded in another medical journal that "the symptoms of the andropause fatigue can readily be explained by stress and there is no scientifically valid placebo-controlled study that shows any benefit for testosterone supplements in this uncommon group of patients."

### **More research**

Dr. Carruthers, however, has been following a number of men on supplements for up to five years and has concluded that there have been no negative effects on their hearts, livers or prostates. Drs. Dott and Karpas point out that when it comes to diagnosis, not only should testosterone levels be evaluated but that "good medical care dictates that a comprehensive

medical and psychological assessment along with a thorough laboratory assessment are necessary."

Possibly this debate will be solved once Dr. Bain analyzes his data comparing men with menopausal symptoms on hormone replacement with men receiving placebos. If so, will men rush out to get hormone replacement therapy? Stay tuned!

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