

Treating low testosterone in older men remains controversial

Treating hypogonadism in older men may reduce mortality, but long-term data are limited.

by Jay Lewis

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Previous research has proven that testosterone levels generally decrease as men age. Some doctors believe older men with low testosterone levels should be treated for hypogonadism while others believe this decrease should be considered a normal part of the aging process. The question of



whether or not to treat these men remains a controversial issue.

Adrian Dobs, MD, professor of endocrinology at the Johns Hopkins University School of Medicine, spoke about low testosterone at the 87th Annual Meeting of the Endocrine Society. Dobs said data from the Baltimore Longitudinal Study of Aging demonstrated that as many as 50% of men between the ages of 70 and 79

may have hypogonadism.

"There is an increased prevalence of hypogonadism as men get older," Dobs said. "But this is in comparison to testosterone levels in a young, healthy population. The question is: What is normal aging?"

Physicians regularly treat several other physiological changes that accompany aging. For example, hyperlipidemia in older patients is usually treated, as treatment can help reduce the risk of coronary artery disease. Also, older women are typically treated for reduced bone density to prevent fractures, Dobs said.

No clear consensus

Treating hypogonadism in older men is controversial because there is no clear consensus that treatment would benefit patients. Dobs said there are data to justify both sides of the issue.

Some doctors say reduced testosterone in older men is natural and that treating it may be dangerous. They warn that not enough research

has been done to examine the long-term effects of treatment.

"The justification to avoid treatment is that long-term safety data are

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—Adrian Dobs, MD

absent, and the Women's Health Initiative may have taught us a serious lesson," Dobs said, adding that there are insufficient data that treatment affects longevity or functional status and that the treatment threshold remains unknown.

Potential benefits of treatment

There are several indications that treatment may help older men. The recently published Massachusetts Male Aging Study, which examined the association between mortality rates and low testosterone levels among men in their 70s, found that mortality was

higher among men who had testosterone levels less than 200 ng/dL.

"This is a very important study," Dobs said. "It is important to emphasize there may be an increased mortality in men who have low testosterone levels. Adjusted for age, there was a statistically significant increased risk for total mortality in men whose levels were less than 200 ng/dL."

Dobs stressed that these findings need to be corroborated by other studies and that more information about other risk factors in the study population is needed. "These may also be the men who are sicker or have a higher BMI," she said. "The increased mortality may have nothing to do with the fact that their testosterone levels were low." Long-term data regarding treatment are essential, though this may take several years to complete.

Quality-of-life concerns also suggest there may be a need for treatment in older men. Sexual activity typically decreases in older men with hypogonadism, and treatment can help to improve and increase sexual activity.

"We can justify treatment by saying life expectancy has increased and the demand for an improved quality of life has expanded," Dobs said. **ET**

For more information:

Dobs A. Male androgens: Age and Impact. Presented at the 87th Annual Meeting of the Endocrine Society, June 4-7, 2005, San Diego.