

The Male Menopause: Fact or Fiction?

Rachel Leaver MSc, BSc(Hons), PgCE, RN,
Senior Fellow (HEA)
Lecturer Practitioner – Urological Nursing
University College London Hospitals and
London South Bank University

Does it exist?



Or is it simply the normal male aging process?

Or is it simply.....



So What is a Mid-Life Crisis?

- Emotional not Hormonal
- **Not Sex Biased**
- Occurs early 30's (35 to 45 but may occur earlier)
- **Not always distinguishable from clinical depression**
- May be seen as a crisis, transition or life review



Signs of Mid-Life Crisis?



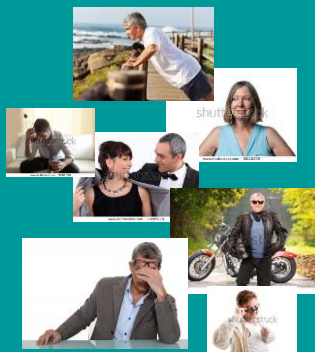
Signs of Mid-Life Crisis



Mid-Life Crisis

Sufferer may show distress by:

- Denial (Overcompensation, escape)
- Decompensation (anxiety, depression, regression)
- May become disorientated at work, resort to alcohol or change behaviour



Mid-Life Crisis

- Precipitated by lack of motivation (goals achieved or realisation that not attainable)
- Regrets – opportunities not grasped
- Stress – children leaving, friends dying
- A sense of one's own mortality
- Lack of purpose in life



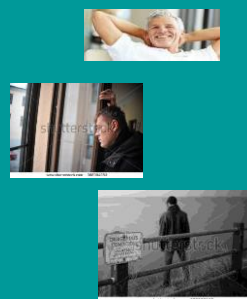
Mid-life Crisis

Treatment:

- Antidepressants ? May help
- Individual needs to find a purpose in life or one which makes life worth living. This is different for everyone : grandchildren, a new job, a new wife or partner, revisiting an old interest or a new one.



Mid-Life Crisis



- If successful – individual can move onto a potentially productive or creative phase in life.
- If unsuccessful – may continue to be depressed or unhappy indefinitely.
- Some may decide to end it all.

Andropause

- Occurs later – 45 to 55
- Hormonal
- A man can suffer from both a mid-life crisis and the andropause at the same time



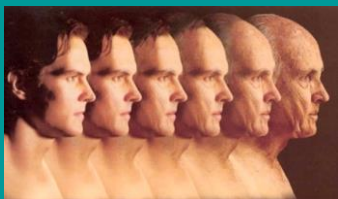
Andropause

- Defined as a condition where men exhibit several of the symptoms and/or clinical features of reduced testosterone availability to various systems or organ functions.

Tremblay, R.R. & Morales, A. J. (1998) Canadian practice recommendations for screening, monitoring and treating men affected by andropause or partial androgen deficiency. *The Aging Male*; 1:213 - 8.

Andropause

- Still not always recognised or treated
- Recognised as far back as 1944
- Slow decline in testosterone means that symptoms not always recognised
- Image factors (treat to masculinity, end of life as potent males, leaders, lovers – men do not discuss unless desperate)



Andropause: Signs and Symptoms



Andropause: Signs and Symptoms



Andropause

Associated factors:

- Psychological stress
- Alcohol
- Injuries or operations (esp. vasectomy)
- Medication
- Smoking
- Obesity
- Infections (orchitis, prostatitis, glandular fever)
- Decreased testosterone production by testis



Andropause

- Testosterone level may not be low in all individuals
- Free Androgen index (FAH)
- Rising levels of Sex Hormone Binding Globulin means less free biologically active testosterone getting into the cells
- Low FAH is a sign of Andropause



Andropause

Treatment:

- Hormone Replacement Therapy
- May also need treatments to restore potency (e.g. Viagra)



Andropause

Before each treatment need to assess:

- Blood fat
- Liver
- Kidney function
- Haematology profile
- Prostate function (Prostate cancer is a contraindication for TRT)



Andropause

Heart and Circulatory benefit of Testosterone

- There is evidence that Testosterone prevents blocking of arteries which causes angina
- There is evidence to show that people who have heart disease are found to have low testosterone levels when compared to control subjects of the same age.
- There are studies showing that testosterone and related compounds have benefits in treating circulatory problems from feet ulcers to strokes.



Andropause



The Andropause Society
www.andropause.org.uk

**The European Menopause
 and Andropause Society**
www.emas-online.org

THANK YOU