

Patients I think I might have...

Male Menopause

Quick Links

- What should I do if I have male menopause symptoms?
- What are the facts about the male menopause?
- What should I expect when I visit my GP?
- What could have caused my menopausal symptoms?
- What treatments are available for this condition?



Pages in this section contain graphic images (including genitalia) that some may find upsetting.

What should I do if I have male menopause symptoms?

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If you have any combination of the symptoms below, you should seek further advice from your GP

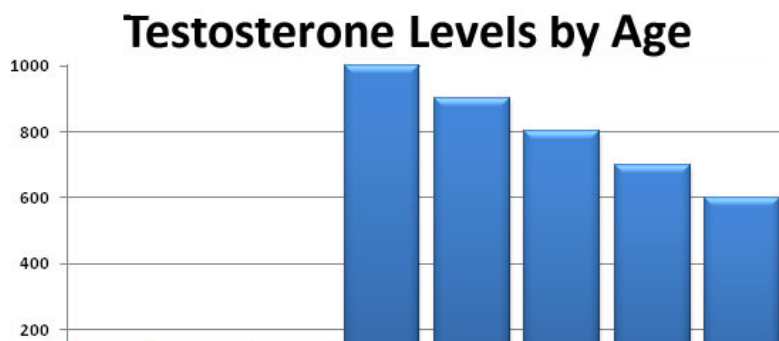
What are the facts about the male menopause?

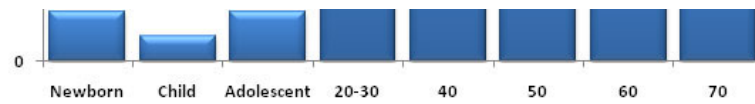
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The preferred term for the male menopause (*sometimes called the andropause*) is **Androgen Deficiency in the Ageing Male (ADAM)**. The symptoms of ADAM are non-specific and may include:

- **alterations in the circulatory & nervous systems** (hot flushes, sweating, insomnia & nervousness);
- **changes in mood and mental function** (anxiety, irritability, poor sleep, constant tiredness, poor short-term memory & low self-esteem);
- **changes in virility** (decreased physical energy, decreased muscle strength & inability to participate in sporting activities);
- **diminished sexual function** (reduced sex drive, poor erections & impaired ejaculation);
- **changes in physical appearance** (abdominal weight gain, loss of body hair, diminished muscle mass & loss of height); and
- **changes in body metabolism & chemistry** (increased LDL cholesterol, increased total body fat, osteoporosis & reduction in the red blood cells in the blood).

The common factor which lies behind these symptoms is a reduction in the levels of active testosterone (male hormone) in the blood with increasing age:





At the same time, there is an increased risk of heart disease, obesity, high blood pressure and diabetes. All of these can contribute to health problems. The overall picture associated with ADAM is, therefore, very complex.

What should I expect when I visit my GP?

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Your GP should work through a recommended scheme of assessment for men with symptoms of the male menopause. This will normally include one or all of the following:

1. A full history

2. A physical examination

3. Additional tests

What could have caused my menopausal symptoms?

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ADAM is caused by a reduction in active (free) testosterone levels but why this causes such diverse symptoms is not clear

Testosterone is made predominantly by the testicles. They are stimulated to produce it by other circulating hormones which originate from the pituitary gland at the base of the brain. Testosterone deficiency is probably due to an imbalance in the hypothalamic-pituitary-testicular axis.

It is not known why testosterone levels fall with increasing age or why active testosterone deficiency results in such a wide variety of symptoms. Low levels of active (free) testosterone may occur if SHBG levels are raised. This can happen in heavy drinkers, in men who smoke more than 10 cigarettes a day and in men with an underactive thyroid gland.

What treatments are available for this condition?

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If you have significant symptoms and reduced blood levels of active testosterone, testosterone replacement therapy (TRT) should be considered

General advice

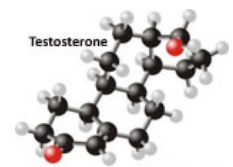
Your GP will advise you about modification of your lifestyle by finding new ways to relieve stress, eating a healthy diet, getting plenty of sleep, exercising regularly, limiting your intake of alcohol and stopping smoking. If your symptoms are particularly troublesome, and not helped by general measures, your GP may then consider hormone replacement.

Testosterone-replacement therapy (TRT)

TRT may be given by tablets, injections, gel or patches. Most men find the last two more convenient. Blood levels should be monitored regularly to ensure that they are maintained within the normal range.

Side-effects

Although TRT is unlikely to cause prostate cancer, it may encourage existing cancers to grow more quickly. It can cause enlargement of benign prostate glands which may result in troublesome symptoms. You should, therefore, have regular PSA (prostate-specific antigen) tests and rectal examinations to monitor your prostate gland.



Cholesterol and red blood cells levels may also be affected by TRT and should be closely monitored. You may notice headaches, weight gain, acne and increased baldness whilst taking TRT. It is important to note that, whilst troublesome symptoms may improve, the long-term benefits of TRT treatment are not known.

TRT should not be prescribed if you have certain medical problems so please inform your GP if you suffer from any of the following conditions:

- known breast or prostate cancer;
- a PSA level of greater than 3 ng/ml or a known nodule in the prostate gland;

- thick blood or "sticky" red blood cells (hyperviscosity syndromes);
- high red blood cell count (packed cell volume greater than 50%);
- untreated obstructive sleep apnoea;
- severe prostatic symptoms; or
- class III or IV heart failure.

Viagra®, Cialis® or Vardenafil®

TRT alone may improve your [erections](#) but this is not guaranteed. If erectile function remains a problem during TRT treatment, ask your GP to consider prescribing Viagra (Sildenafil), Cialis (Tadalafil) or Levitra (Vardenafil) as well.

 [Download a leaflet about Viagra, Cialis or Levitra](#)

More resources on Male Menopause

Some/all of these resources are links to external sites, the content on which BAUS accepts no responsibility for.

Net Doctor 

Detailed information from an expert in sexual medicine about the male menopause and androgen deficiency in the male (ADAM)