

Many men with low testosterone levels do not receive treatment

26 May 2008

The majority of men with androgen deficiency may not be receiving treatment despite having sufficient access to care, according to a report in the May 26 issue of *Archives of Internal Medicine*, one of the JAMA/Archives journals. socioeconomic status, to have no health insurance and to receive primary care in an emergency department or hospital outpatient clinic," the authors write. However, all men with treated and untreated androgen deficiency were more likely to

Androgen deficiency in men means the body has lower than normal amounts of male hormones, including testosterone, according to background information in the article. Although prescriptions for testosterone therapy for aging men have increased in recent years, treatment patterns for androgen deficiency are not clearly understood in communitydwelling U.S. males. Condition and reported visiting their doctor more often throughout the year (with averages of 15.1 visits for those with untreated androgen deficiency 6.7 visits for those with treated androgen deficiency). "Under our assumptions, a large majority (87.8 percent) of 97 men in our groups with androgen

Susan A. Hall, Ph.D., of New England Research Institutes, Watertown, Mass., and colleagues examined data collected from 1,486 Boston-area men (average age 46.4) from April 2002 to June 2005 to estimate the number of men receiving treatment for androgen deficiency, to explain how treated and untreated men varied in seeking care and to understand potential barriers to health care. Specific symptoms of androgen deficiency include low libido, erectile dysfunction and osteoporosis and less-specific symptoms include sleep disturbance, depressed mood and tiredness.

A total of 97 men met the criteria for having androgen deficiency. Eighty-six men were symptomatic and untreated, and 11 were prescribed testosterone treatment. "Men were using the following: testosterone gel (n=1), testosterone patch (n=3), testosterone cream (n=1), testosterone cypionate [an injectable form of testosterone] (n=1) or unspecified formulations of testosterone (n=5)," the authors write. "All of the unspecified forms of testosterone used were selfreported as administered in intervals defined in weeks, which suggests that these were injectable formulations."

"Men with untreated androgen deficiency were the most likely of the three groups to have low socioeconomic status, to have no health insurance and to receive primary care in an emergency department or hospital outpatient clinic," the authors write. However, all men with treated and untreated androgen deficiency were more likely to report receiving regular care than those without the condition and reported visiting their doctor more often throughout the year (with averages of 15.1 visits for those with untreated androgen deficiency, 6.7 visits for those without the condition and 12 visits for those with treated androgen deficiency).

"Under our assumptions, a large majority (87.8 percent) of 97 men in our groups with androgen deficiency were not receiving treatment despite adequate access to care," the authors conclude. "The reasons for this are unknown but could be due to unrecognized androgen deficiency or unwillingness to prescribe testosterone therapy."

Source: JAMA and Archives Journals



APA citation: Many men with low testosterone levels do not receive treatment (2008, May 26) retrieved 16 June 2022 from <u>https://medicalxpress.com/news/2008-05-men-testosterone-treatment.html</u>

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