Andropause – Male 'Menopause'

Andropause, also known as male androgen deficiency syndrome, is the male equivalent of female menopause. It results from diminished levels of testosterone in the body, and exhibits a similar symptom complex to female menopause

Testosterone is a hormone secreted by the ovaries, adrenal glands and testes. It is the primary male sex hormone, responsible for male sexual development and critical in maintaining erectile function, libido, normal energy levels, and mood. Testosterone also controls a whole range of physiological functions throughout the body.

Testosterone levels decline with age, beginning when a man is in his thirties. By the age of 80 it is only 1/5 of what it was in youth. In addition to aging, stress can also play a role in declining testosterone levels. While the total testosterone does not drop drastically the free testosterone, which is the biologically active form, does decline significantly with age. Increased estrogen levels (due to obesity, a high-fat diet, alcohol consumption, and low levels of serum zinc) and insulin resistance in men can further reduce free testosterone levels.

The number of men in the U.S., between the ages of 45 and 70 years, is expected to increase from 46 million in 1990 to 81 million by 2020. Currently more than 5 million men in the United States suffer from the effects of hypogonadism or low testosterone levels.

Because the drop in testosterone is more gradual the symptoms of andropause, male 'menopause,' appear over a longer period of time compared to the female menopause. Symptoms present slowly, with a loss of overall energy, thinning bones and muscles, increased body fat, depression, and impaired sexual function. Testosterone deficiency has also been linked to hypertension, obesity and increased risk of heart disease. Men with heart attacks often have lower levels of testosterone and higher levels of estrogen. Low free testosterone is an independent predictor of the degree of coronary artery

disease in men. Low testosterone is also a common characteristic in men suffering from heart failure. Testosterone replacement has been shown to increase cardiac output in some men with congestive heart failure.

One way to help maintain (if not actually increase) testosterone levels is by reducing excess body fat. Weight-training is another way to raise testosterone levels in both males and females. Additional lifestyle changes include avoiding excess alcohol and high-fat diets, increasing intake of soy products, taking caution with drugs which impair liver function, and managing stress. Avoid over-the-counter agents promising to improve testosterone levels, such as androstenedione. Testosterone replacement therapy, prescribed by a physician, can dramatically augment the benefits of these lifestyle changes.

In general, when natural testosterone is replenished for andropausal men it has the potential to prolong the quality-of-life by decreasing the diseases of aging. Testosterone protects against cardiovascular disease; it can raise HDL cholesterol, and lower LDL cholesterol levels. It may decrease blood pressure, excess body fat, and symptoms of arthritis. Testosterone replacement stimulates the cardiovascular system, the neurologic system, muscles, and bones. It may protect against Alzheimer's dementia, type II diabetes, osteoporosis, muscle wasting, loss of libido and erectile function, inflammatory-related diseases and a range of cardiovascular diseases.

To find out if you are experiencing andropause and learn what you can do about it seek out a qualified preventive-aging physician to diagnose and treat this common condition.