## Do Men Go Into Menopause, Too?

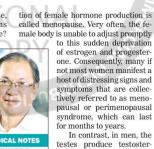
Do men really go into menopause, too? If they do, what are the signs and symptoms of male menopause? What is the treatment for this condition?

this condition? —Mencio B., San Fernando City

do City The male version of menopause is andropause, which is akin to, but in many ways different, from monality between meno-pause and andropause is that they both result from the decrease in produc-tion of our sex hormones that occurs as we grow older. The fe-male sex hormones are estrogen and progesterone, which are produced by the ovaries. The male sex hormone is testosterone, produced by the testes. The sex hormones regulate the repro-

The sex hormones regulate the repro ductive process and exert profe nd effects on many bodily functions. They are also responsible for the striking physical differences between men and women. As we grow older, in both sexes, there are significant changes in the amount and pattern of production

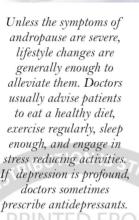
In women, production of the fe-male hormones stops completely and abruptly at ages 48 to 52. This cessand



EDUARDO GONZALES, MD

tively referred to as meno-pausal or perimenopausal syndrome, which can last for months to years. In contrast, in men, the testes produce testoster-one (as well as sperm cells) until old age, although the amount produced starts to decline by one to two percent every year starting at age 30. The total de-cline could be as much as 80 percent at old age. This drop of testosterone blood levels that occurs in middle-aged and elderly males, although generally and elderly males, although generally called andropause or male menopause has lately acquired a more appropriate name, androgen deficiency of the aging male (ADAM).

Signs and Symptoms of Andropause In most males, the drop in testos-terone level, although progressive, comes very gradually. Consequently, relatively few men manifest andro-pausal symptoms although quite a



D

number manifests depression, which

number manifests depression, which some experts do not even attribute to testosterone deficiency but simply to the normal male aging process. Occasionally, however, the de-crease in testosterone production by the testes is precipitous. In these in-stances, the male usually exhibits an-dropausal syndrome—a group of signs and symptoms, many of which are very menopause-like. The signs and symp-toms, which can seriously interfere with the man's quality of life,include loss of sex drive, erectile dysfunction loss of sex drive, erectile dysfunction (i.e., inability to achieve an erection), fatigue, loss of a sense of wellbeing, stress reducing activities. f depression is profound, doctors sometimes brescribe antidepressants. **PRESSREADER** fatigue, loss of a sense of wellbeing, loss of physical agility, joint pains and stiffness, hot flashes, night sweating, palpitations, sleep disturbances, de-pression, irritability, changes in mood, decrease in mental capacity (memory and cognition), decrease in muscle miss, increase in body fat, decrease in body hair, changes in skin quality, and de-crease in bone mass (osteoporosis) that give rise to brittle bones.

Diagnosis and Treat-

ment of Andropause A blood exam to test for testosterone levels is usually suf-ficient to determine how deficient a male's testosterone

how deficient a male's testosterone production is. Unless the symptoms of andropause are severe, lifestyle changes are gener-ally enough to alleviate them. Doctors usually advise patients to eat a healthy diet, exercise regularly, sleep enough, and engage in stress reducing activi-ties. If depression is profound, doctors sometimes prescribe antidepressants. Testosterone replacement therapy

Testosterone replacement therapy is another treatment option but this should be reserved only for men with abnormally low levels of testosterone because although it can alleviate many of the signs and symptoms of andro-pause, it is not exactly innocuous.

branse, it is not exactly innocuous. Testosterone replacement therapy can have distressful side effects such as frequent or persistent erections, nausea, vomiting, jaundice, fluid reten-tion, ankle swelling, musculinization of sexual partner, or disturbance in sleep pattern, including sleep apnea. It can also adversely affect many organs and organ systems such as the liver, cardiovascular system, breast obreast enlargement), and, most notably, the prostate. Testosterone replacement therapy can worsen prostate disease. It can fuel the development of prostate It can fuel the development of prostate cancer and aggravate benign prostatic hyperplasia (BPH).

hyperplasia (BPH). Email inquiries on health matters to: medical\_notes@yahoo.com.