Vitruvian Man

Private Testosterone Services

Testosterone Replacement Therapy

Hypogonadism. Not a pretty word, is it? Although it's not to be confused with small genitals. Other more accurate descriptions are low testosterone or androgen deficiency, which may negatively affect multiple organ function and quality of life. Concerned that your testosterone may be low?

Signs and symptoms include inadequate erections, loss of sex drive and poor sexual performance. Of equal concern to athletes are increased body fat, gynecomastia (bitch tits), a decline in muscle mass and strength and mood changes. If that's not grim enough, decreased beard growth, concentration, energy, bone density and testicular mass round things off nicely. Sorry.

If you're you having difficulty in accessing medical assistance, you're not alone. And you may be eligible for testosterone replacement therapy (TRT). Effective diagnosis gets the ball rolling.

Check out the ADAM (Androgen Deficiency in the Aging Male) questionnaire to check your clinical symptoms. The Vitruvian Man website has a free downloadable version.

Essentially there are two types of hypogonadism;

Primary – where the testes are the primary cause of failure to produce testosterone.

Secondary – where hormones from the pituitary-hypothalamic axis are low, due to a defect, resulting in significantly reduced testosterone output by the testes. Anabolic/androgenic steroid use is a real bugger for contributing to this category.

The beginning is a very good place to start. Initially, a morning Total Testosterone test is required. This is important. Due to normal biological variations, Total Testosterone peaks around 0900hrs. This assay will need repeating as testosterone is released in a pulsatile manner and a single result may be misleading. Low results (<12 nmol/L) will require further investigation.

The following tests are crucial to aiding an effective diagnosis and determining the type of hypogonadism;

Luteinising Hormone (LH)
Follicle Stimulating Hormone (FSH)
Sex Hormone Binding Globulin (SHBG)
Prolactin
Free testosterone

LH and FSH are very informative. They're signaling hormones which instruct the testes to do their job. Basically if they're low then the cause of testosterone deficiency is secondary. The traffic lights are out. There's no green light stimulating the flow and nothings moving. When LH and FSH are high the problem is primary and therefore testicular in origin. The lights are glowing bright and stuck on green but your bollock-mobile has stalled. Two different causes, same end result.

SHBG is essential to determine cool factors such as Free Testosterone, Free Androgen Index and Bioavailable Testosterone. It's a powerhouse of a test as approximately half of your total

testosterone is bound to this protein (most of the remainder to Albumin, a liver protein) and released as required. Like waves of coordinated landing craft assaulting a beachhead loaded with heavily armed marines. Some AAS drugs (such as Stanazolol) do their thing by inhibiting SHBG so more testosterone is bioavailable (or free) by being "unbound".

Prolactin levels are ideally low. Low testosterone and high prolactin indicate a pituitary problem, possibly a tumour.

A TRT specialist prescriber will require follow up tests and ongoing monitoring to ensure your safety including: a pituitary MRI scan - if prolactin is elevated, Lipid Profile, Full Blood Count (specifically haematocrit to check for overproduction of red blood cells and resultant "sticky blood") and PSA (Prostate Specific Antigen, which is raised in prostate cancer). A Digital Rectal Examination (DRE) will likely be performed, too. To be candid, this a finger up your arse to actually feel the prostate. Enjoy…

Many men, however, choose to take matters into their own hands and self-administer TRT. Not strictly advisable, but it happens. Nebido (Testosterone Undecanoate) is rapidly becoming the prescription TRT of choice. Its dosing regimen is a convenient 10 – 12 weekly interval between injections. UGL versions of this product do exist and are increasingly (mis)used for this purpose. Top tip – it is a long acting 4ml depot injection to be administered by *slow* deep intramuscular injection. Slow means two minutes. Trying it faster will bring the term *post injection pain (*and "a pain in the arse") into stark relief.

Its efficacy is monitored by trough total testosterone levels immediately prior to injections. The upper end of the lower third of the healthy range (8.4 – 28.7) is desirable, though 20 nmol/L is a good goal. Ongoing monitoring of both your hormones and other health markers, as previous described, are very important.

Utilising Vitruvian Man's hypogonadism diagnostic blood tests may enable you to be fast tracked for specialist help. They are performed in an NHS lab, after all. One final piece of advice, Vitruvian Man does not perform DRE. Quite frankly, you couldn't pay me enough.

Please note; these hypogonadism diagnostic tests are inappropriate for those currently using (or have recently used) any AAS drugs.

Vitruvian Man – Squaring the circle of men's health