What Is Andropause?

Men suffer from a condition called 'male pause' or andropause. The only difference between menopause and andropause is that there is no cut off age for reaching it, in men like menopause in women. There is also no objective evidence that andropause in men is like the cessation of menstruation in women.

As men go through andropause features like putting on weight/fat in the female pattern start developing (breast, lower abdomen, thighs) libido goes down, sexual dysfunction in the form of erectile dysfunction/insufficient ejaculate develop. Exercise endurance decreases, muscle tone decreases, mood swings develop and inappropriate responses to stress becomes a tendency.

Difficulty In Diagnosis

The diagnosis of andropause is often ignored because all symptoms and signs of androgen deficiency are nonspecific and readily accounted for by co-morbidities. A spouse does not often understand the agony that a man can go through because of andropause mainly due to lack of awareness. This becomes the reason for recurrent arguments and fights between them and invariably becomes the reason for separation.

It Is Now Developing Early

Testosterone and DHEA are not just sex hormones, these are the 'hormones of desire' and should be seen as total body hormones affecting every aspect of a man's life. The changes seen in aging men such as increased fat mass, loss of lean body mass, decline in energy, strength and stamina, unexplained depression and decrease in sexual desire and performance are all directly related to testosterone and/or DHEA deficiency.

Other diseases like heart ailment, stroke, diabetes/insulin resistance, metabolic syndrome, atherosclerosis, arthritis, osteoporosis, easy bone fractures and hypertension are all directly or indirectly related to testosterone (androgens) deficiency in men. Andropause is no more considered as issue restricted to old age. In the current fast-paced stressful world, andropause is developing earlier than we think and is more prevalent than expected.

Causes

- Aging
- Chronic Stress (emotional, physical, financial, social etc.)
- Diseases of hypothalamus, pituitary, testes.
- Sleep disorders
- High Prolactin levels
- Chronic alcoholism
- Medicines
- Obesity
- Very heavy exercise
- Trauma
- Very tight clothing
- Low calories, high fibre diets
- Long term abstinence from sexual activity

A consistent finding in scientific literature is that supervised androgens (testosterone/DHEA) replacement therapy in men leads to a well-balanced endocrine system and produces an increased sense of wellbeing and better quality of life. However, androgen replacement therapy should be instituted only if the symptoms, clinical features and laboratory parameters are consistent with androgens deficiency.

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