

## For some men, it's 'T' time—test or no test

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Prescriptions for testosterone therapy have increased significantly during the last 10 years, according to a study in the current issue of *JAMA Internal Medicine* conducted by researchers at the University of Texas Medical Branch.

About 50 percent of the men in the study who had received testosterone therapy had been diagnosed as having hypogonadism, a condition where a man is unable to produce the normal levels of testosterone.

But the study also found that, among new users of a prescription androgen product, about 25 percent did not have their [testosterone levels](#) tested before starting the treatment. In addition, it's unclear what proportion of the 75 percent who were tested had a low level of testosterone.

Dr. Jacques Baillargeon, lead author of the study and an associate professor in [preventive medicine](#) and [community health](#) at UTMB, said that he believes this is the first national population-based study of testosterone-prescribing patterns.

See video of Dr. Baillargeon explaining main findings of the study:

Using data from one of the nation's largest commercial health insurance populations, the researchers looked at more than 10 million men age 40 and over. They found that testosterone therapy increased more than threefold, from 0.81 percent in 2001 to 2.91 percent in 2011 in men over 40. By 2011, 2.29 percent of men in their 40s and 3.75 percent of

men in their 60s were taking some form of testosterone therapy.

"This trend has been driven, in large part, by direct-to-consumer [marketing campaigns](#) that have targeted middle-aged men and the expansion of clinics specializing in the treatment of low testosterone—or 'low-T centers,'" said Baillargeon. He noted that the development of [new drugs](#) and improved delivery mechanisms, particularly topical gels, likely have contributed to the increases. Of the four delivery methods, topical gels showed the highest increase of use.

The study is significant, he said, because there is conflicting data on the short and long-term risks of testosterone therapy.

Provided by University of Texas Medical Branch at Galveston

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