

# Testosterone and fenofibrate yields strongest effect on cardio risks

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fibrinogen. The combination of testosterone plus fenofibrate did not unfavorably affect HDL cholesterol and homocysteine.

"Our study shows that fenofibrate produces a stronger effect on cardiometabolic risk factors in men with late-onset hypogonadism and atherogenic dyslipidemia than oral testosterone undecanoate," the authors write.

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—A combination of testosterone and fenofibrate may offer men with high cholesterol and late-onset hypogonadism the most cardiometabolic benefit, according to a study published online May 29 in *Cardiovascular Therapeutics*.

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Robert Krysiak, M.D., Ph.D., from the Medical University of Silesia in Katowice, Poland, and colleagues evaluated three age-, weight-, and lipid-matched groups of older men with atherogenic dyslipidemia and late-onset hypogonadism. The groups were treated with oral testosterone undecanoate (120 mg daily; 15 patients), micronized fenofibrate (200 mg daily; 15 patients) or testosterone plus fenofibrate (18 patients). Plasma markers were assessed before and after 16 weeks of therapy.

The researchers found that testosterone undecanoate tended to decrease high-sensitivity C-reactive protein (hsCRP) and improve [insulin sensitivity](#), as well as increase plasma testosterone and reduce high-density lipoprotein (HDL) cholesterol. Fenofibrate alone increased HDL cholesterol and plasma levels of homocysteine, while reducing triglycerides, insulin resistance, circulating levels of [uric acid](#), hsCRP, and fibrinogen. Fenofibrate administered together with testosterone yielded the strongest effect on testosterone, homeostatic model assessment 1 of insulin resistance ratio, uric acid, hsCRP, and

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