

Q&A: Male menopause – myth or reality?

1 July 2021, by Cynthia Weiss



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DEAR MAYO CLINIC: My wife is 52 and just beginning menopause. We were talking about the changes she's been experiencing, and I was wondering if there is such a thing as male menopause. I am 58.

ANSWER: Hormone changes are a natural part of aging. Unlike the more dramatic reproductive hormone plunge that occurs in women during menopause, however, sex [hormone changes](#) in men occur gradually.

The term "male menopause" has been used to describe decreasing [testosterone levels](#) related to aging. But aging-related hormone changes in women and men are different.

In women, ovulation ends and hormone production plummets during a relatively short period of time. This is known as menopause. In men, production of testosterone and other hormones declines over a period of many years, and the consequences aren't necessarily clear. This gradual decline of testosterone levels is called late-onset hypogonadism, or age-related low testosterone.

A man's testosterone levels decline on average

about 1% a year after age 40. But most older men still have testosterone levels within the normal range, with only an estimated 10% to 25% having levels considered to be low.

Low testosterone levels in older men often go unnoticed as many men who have [low testosterone levels](#) experience no symptoms. In addition, the signs and symptoms associated with low testosterone aren't specific to low testosterone. They also can be caused by a person's age; medication use; or other conditions, such as having a body mass index of 30 or higher.

Testosterone levels can be checked by a [blood test](#), but tests aren't routinely done. That said, if you are experiencing certain signs and symptoms suggestive of low testosterone, it may be worthwhile to ask your health care provider to check your levels.

Some signs and symptoms suggestive of low testosterone include:

- Reduced sexual desire and activity.
- Decreased spontaneous erections or erectile dysfunction.
- Breast discomfort or swelling.
- Infertility.
- Height loss, low trauma fracture or low bone mineral density.
- Hot flushes or sweats.

Other possible symptoms include decreased energy, motivation and confidence; depressed mood; and poor concentration. It's also possible to experience increased sleepiness, sleep disturbances, mild unexplained anemia, reduced muscle bulk and strength, and increased body fat.

Experts recommend only testing older men for low testosterone if they have signs or symptoms. If an initial test shows low testosterone, the test should be repeated to confirm the results. If low testosterone is confirmed, further testing of the pituitary gland is recommended to determine the

cause and rule out other hormone deficiencies. The pros and cons of treatment. The pituitary is a gland the size of a kidney bean situated at the base of your brain. It is part of your body's endocrine system, which consists of all the glands that produce and regulate hormones.

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Treatment recommendations for men with age-related low testosterone vary. In 2020, the American College of Physicians recommended that [health care providers](#) consider starting testosterone treatment after explaining the risks and benefits in men with sexual dysfunction who want to improve their sexual function. In 2018, the Endocrine Society recommended testosterone therapy for men with age-related low testosterone who have signs and symptoms associated with low testosterone. Some experts also recommend offering testosterone treatment to men with age-related low testosterone without the presence of signs or symptoms.

If you choose to start testosterone therapy, your health care provider will explain the ways to administer testosterone, as well as target levels and follow-up testing.

For some men, testosterone therapy relieves bothersome signs and symptoms of testosterone deficiency. For others, the benefits aren't clear, and risks are possible.

Though further research is needed, testosterone therapy might stimulate growth of metastatic prostate and breast cancer. Testosterone therapy also can increase the risk of heart attack and stroke, and contribute to the formation of blood clots in the veins.

Your health care provider likely will recommend against starting [testosterone therapy](#) if your fertility is important in the near future or if you have conditions such as breast or prostate cancer, untreated severe obstructive sleep apnea, uncontrolled heart failure or thrombophilia, or if you've recently had a heart attack or stroke.

If you think you might have low [testosterone](#), talk to your health care provider about your signs and symptoms, testing and possible treatment options. Your health care provider can help you weigh the

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