

The Road To Healthy Aging

“Is Testosterone the Key to Male Vitality?”

Tom is a 58 year old executive, CEO of a large company, who wanted testosterone replacement due to low libido and mild erectile dysfunction. He had noticed over the past several years that he was not as mentally sharp, had increasing irritability, difficulty putting in long hours and was more fatigued than he used to be. In addition, he was developing a midline bulge. He had heard that testosterone might be the answer. In Tom’s medical assessment, he indicated that his father had heart disease at a young age which concerned him as well. Tom had seen two physicians with these complaints but was told that this is a normal part of aging, and that he was to take more vitamins to improve his quality of life. Imagine his frustration.

Before I talk about what happened to Tom, the question remains: What is the truth about testosterone and can this hormone truly be the key to male vitality? Here are some interesting facts. There is a “male menopause” called Andropause, caused by a slow decline in testosterone from the age of 30. Symptoms are usually unrecognized until men are in their 50’s. While decreased libido and erectile dysfunction are most frequently associated with falling testosterone levels, they are actually some of the later symptoms. Earlier symptoms can include fatigue, decreasing stamina, memory loss, bone loss, increased abdominal girth and a decline in muscle mass.

Fatigue is frequently overlooked and attributed to stress or “not being as young as you used to be.” A decline in muscle mass and strength is a more subtle finding. If you have a lean body mass, this often implies a higher testosterone level. This in turn is associated with an improved gait, and as a result, less frequent falls and fracture risk. In the same line of thought, low testosterone is associated with osteoporosis. One usually associates osteoporosis with women; however, men comprise 30% of osteoporosis cases over the age of 60. Most concerning is that the mortality rate of men with osteoporosis is three times that

of women. So, more men should be getting DEXA scans (bone density scans) to diagnose this condition.

The heart is the organ with the highest concentration of testosterone receptors. Low testosterone has been linked to a higher risk of coronary artery disease and hypertension, and higher levels are associated with improving cardiac function in patients with pre-existing heart disease. Men in the upper third of testosterone levels were at one-fifth the atherosclerotic risk for that of men in the lower one-third. So it is important to be aggressive in those individuals with family histories of heart disease and with those already diagnosed.

What is very disturbing to most people as they age is loss of recall, concentration and memory. Studies show that a declining testosterone is strongly associated with cognitive decline and visual/spatial memory. The brain is second to the heart in terms of numbers of testosterone receptors and testosterone concentration. Testosterone features prominently in neurologic literature as maintaining good cognitive skills and improving dementia. There is even some literature showing low free testosterone levels associated with increased incidence of Alzheimer's dementia.

What about prostate cancer? It has been thought for many years that testosterone replacement increases the risk of prostate cancer. Just the opposite. In fact, men with the highest testosterone levels have been shown to have the lowest risk of developing prostate cancer. At this time there is no compelling evidence to support those concerns.

So why isn't everyone tested for testosterone levels? Many physicians are uncomfortable or not familiar with treating people with this condition. There is also a lack of awareness of how testosterone can significantly impact one's quality of life. Even when testosterone levels are checked, many test results that are considered "normal", may in fact be sub-optimal and necessitate treatment.

Testosterone replacement comes in various forms. It can be applied as a topical gel or cream, or can be given as a sublingual troche (under the tongue), pellets or injection. This should be a customized approach to treatment to include balancing

all your hormones, not just testosterone. Nutrition, exercise, and addressing other cardiovascular risk factors and bone loss should all be part of the treatment plan.

In the end, what happened to Tom? In addition to having critically low levels of testosterone, he also was found to have thyroid and adrenal deficiencies, an elevated cholesterol, low Vitamin D, Vitamin B12, as well as osteopenia (mild bone loss). Weekly testosterone injections gave Tom maximum benefit. Adrenal hormones and thyroid replacement provided additional energy. Treating his cholesterol and other cardiovascular risk factors with high grade nutritional supplements were very effective. He was placed on an exercise routine of weight lifting 2-3 times per week, and walking 30 minutes a day 3-4 times per week, in addition to Vitamin D supplementation to help improve bone health. After 6 months, Tom's energy, and libido made marked improvements from where he stated so that he felt like he was 30 years old again. His wife appreciated this as well. He felt like he could compete again in the workplace. Other benefits included diminishing waist line, a calmer mood and thinking more clearly. A repeat DEXA scan showed improvement in bone loss.

So, optimizing testosterone and hormone replacement can not only restore energy, drive and sexual health, it can also extend your life. You can get back to the top of your game.

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