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Warning Signs of Male Menopause
Or Should We Call it Erectopause or Testosteropause?
Hormonal, Physiological and Chemical Changes Men Are Going Through

New York, NY July 9, 2002 - The medical profession has long debated the existence of male menopause. Does it really exist? If so, at what age does it affect men? What are the symptoms? Are they reversible with treatment? What precautions can a man take to prevent and/or postpone its arrival? How is it similar to or different from female menopause? Or, on the other hand, is it a non-existent entity? Is it just another ploy on the part of male-bashing feminists to emasculate men further? Are senile eighty-year old men who are seen dating young women really as capable as they appear to be or are they merely fooling both their partners and themselves? **Urologist and male reproductive expert Dr. Philip Werthman gives us the real score.**

As Dr. Werthman explains, "male menopause is a distinct physiological phenomenon that is in many ways similar to, yet in some ways quite different from the female menopause. Menopause is a condition most often associated with women. It occurs in a woman when she ceases to menstruate and can no longer become pregnant (usually). Men experience a different type of 'menopause' or life change. It usually occurs between the ages of 40 and 60 - but sometimes as early as age 30. Unlike women, men can continue to father children, but the production of the male sex hormone (testosterone) diminishes gradually after age 40." Testosterone is the hormone that stimulates sexual development in the male infant, bone and muscle growth in adult males, and is responsible for sexual drive. It has been found that even in healthy men, by the age of 55, the amount of testosterone secreted into the bloodstream is significantly lower than it is just ten years earlier. In fact, by age 80, male hormone levels may decrease to pre-puberty levels. It was only after HRT (Hormone Replacement Therapy) with estrogens produced tangible symptomatic improvement and 'aging reversal' in post-menopausal women that men sat up and, not wanting to get left behind began to take notice.

Dr. Werthman notes that, "many symptoms of male menopause are similar to the ones women experience and can sometimes be as overwhelming. However, the male menopause does not affect all men, at least not with the same intensity. A number of men between 40 and 60 will experience some degree of lethargy, depression, increased irritability, mood swings, hot flashes, insomnia, decreased libido, weakness, loss of both lean body mass and bone mass (making them susceptible to hip fractures) and difficulty in attaining and sustaining erections (impotence)."

What are some telltale symptoms of male menopause?

- Decrease in sex drive.
- Lack of energy
- Decrease in strength and/or endurance
- Height decrease
- Decreased "enjoyment of life"
- Sad and/or grumpy
- Erections less strong
- Deterioration in sports ability
- Falling asleep after dinner
- Decreased work performance
- Low sperm count/Infertility

Men experiencing problems 1, 7, or a combination of any four or more might be candidates for replacement therapy. This symptom score, however, is only a rough set of guidelines and is not absolute. Dr. Werthman explains that, “although all the causes of male menopause have not been fully researched, some factors that are known to contribute to this condition are hypothalamic sluggishness, hormone deficiencies, excessive alcohol consumption, obesity, smoking, hypertension, prescription and non-prescription medications, poor diet, lack of exercise, poor circulation, and psychological problems, notably mid-life depression.”

Tips for Coping

- Find new ways to relieve stress
- Eat a nutritious, low-fat, high-fiber diet
- Get plenty of sleep
- Exercise regularly
- Find a supportive friend or group and talk to them about what you're going through
- Limit your consumption of alcohol and caffeine
- Drink a lot of water

Treatment

Dr. Werthman states that, “Testosterone Replacement Therapy (TRT) must always be administered only by very responsible physicians and under strict case selection criteria and supervision. Testosterone must not be used as a tonic for vague complaints. The risk of prostate cancer with TRT has been much hyped. Recent evidence suggests that the fear of TRT causing prostate cancer is perhaps exaggerated. However, it is true that testosterone administered to a patient who already has prostate cancer can cause a flare up and aggravation of the disease.” Patients with significant ‘menopausal’ complaints should be taken up for investigation. Serum total and free (bioavailable) is measured in an early morning blood sample and, if low, testosterone therapy can be considered. Before starting testosterone, a complete general check up is necessary. Blood test must be monitored at 6-12 month intervals for as long as treatment is continued.

The fact is, male menopause does exist. It is not exactly synonymous with the mid-life crisis though the two can co-exist and compound one another. Symptoms are gradual and usually not as pronounced as in the female. Early diagnosis and hormone replacement therapy can improve symptoms. If your doctor takes the macho route of ‘hey guy this is life, grin and bear it,’ find a new physician who recognizes this as a legitimate condition.

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