

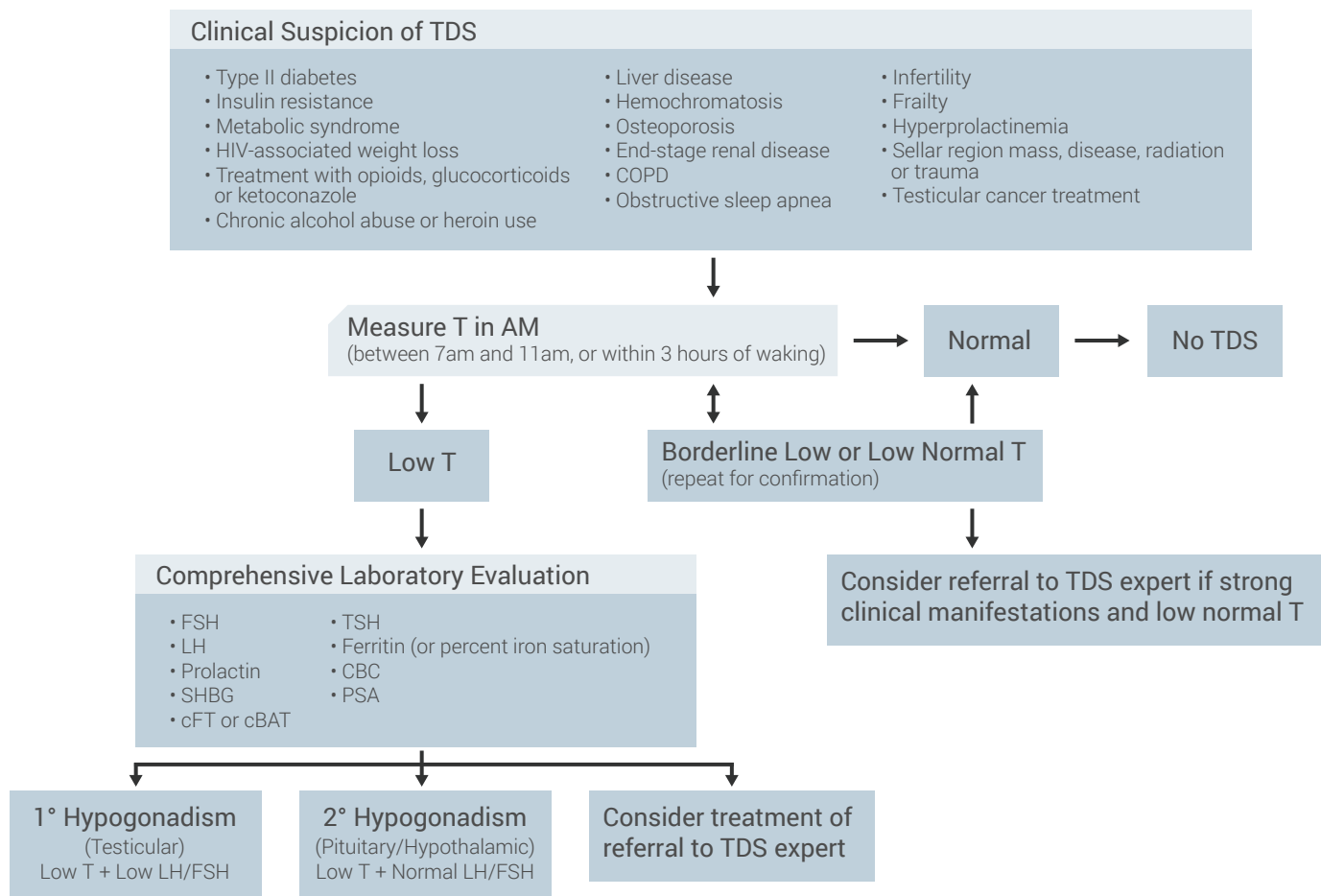
Testosterone Deficiency Syndrome

This guideline is intended to address clinical questions surrounding the diagnosis of testosterone deficiency syndrome (TDS) and the appropriate use of testosterone therapy in the management of these patients. The document places a high priority on the identification and treatment of symptomatic men, and the improvement of patient outcomes.

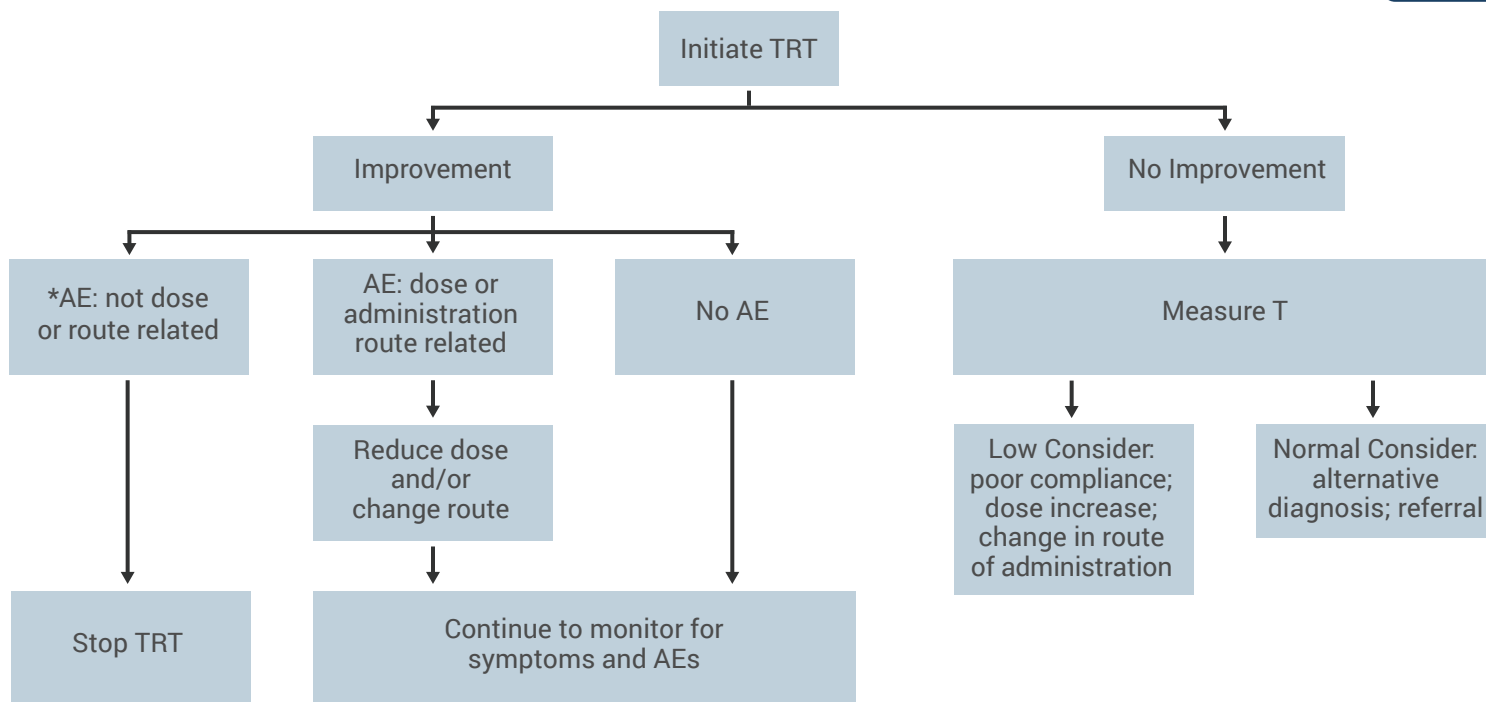
Signs and Symptoms Associated with TDS

Sexual	Decreased libido; erectile dysfunction; decreased frequency of morning erections; decreased performance
Somatic	Increased visceral body fat/obesity; decreased lean muscle mass; decreased strength; fatigue/loss of energy; decreased physical activity/vitality; anemia; flushes; loss of facial, axillary and pubic hair/slow beard growth; decline in general feeling of well-being
Psychological	Depression/depressed mood; mood changes; irritability; inability to concentrate; insomnia/sleep disturbances

Diagnostic Algorithm



Therapeutic Algorithm



* Report adverse events to: MedEffect Canada <http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/index-eng.php#a2>

Recommendations for Monitoring

Parameter	Baseline	3 Months	6 Months	Annually for the duration of TRT
CBC (hemocrit)	X	X	X	X
Testosterone	X	* X	X	X
PSA	X	X	X	X
DRE	X		X	X

* Or sooner, to ensure physiological replacement and to allow dose titration (depending on the formulation of testosterone used).

Key Points

- Diagnosis of testosterone deficiency syndrome requires the presence of the clinical manifestations of testosterone deficiency, together with documented serum testosterone levels below the local laboratory ranges.
- Treatment is recommended for men with testosterone deficiency syndrome; the choice of treatment is made based on product availability, safety, efficacy, tolerability, cost and the absence of contraindications.
- Testosterone therapy is appropriate in men with testosterone deficiency syndrome and with stable cardiovascular disease or at risk of cardiovascular disease.
- Hypogonadal men with a history of prostate cancer may be candidates for testosterone therapy; these patients require referral to a specialist, as treatment involves close monitoring by a physician with expertise in the risks and benefits of therapy.
- Regular monitoring for clinical and biochemical response, and for adverse effects to testosterone therapy is mandatory, particularly during the first year of treatment.