

Man-O-Pause: Is There Male Menopause?

By Michael Castleman

Summary

Like estrogen in women, testosterone in men slowly declines after age 40. Some experts say this causes a condition similar to menopause, called man-o-pause, male menopause, or andropause. They suggest treating it with testosterone replacement, which restores youthful (and sexual) vitality. Critics counter that middle-age changes in men are not analogous to menopause, and warn that testosterone replacement accelerates the growth of prostate cancer.

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Two men over 40 are having lunch. One says: “I’ve been feeling out of sorts lately. Unsatisfied. Women in their thirties are looking real good to me. And the other day I found myself pricing sports cars. You think this is male menopause?”

“I don’t know,” his friend replies, “but if that’s male menopause, I’ve had it since I was 12.”

Controversy rages over the issue of middle-age menopause-like changes in men—and the use of testosterone replacement to treat them. Everyone agrees that men do not experience anything as dramatic as menopause in women. They don’t experience hot flashes, and never lose the ability to father children. But men experience some changes in middle age that some physicians call man-o-pause, andropause, or male menopause. Many of these physicians advocate treating the condition with testosterone.

The Case For Male Menopause

Supporters of man-o-pause contend that male menopause was first recognized by the ancient Romans and Chinese. They cite research showing that starting in middle age, men's testosterone level declines rather like women's estrogen level. However, testosterone level declines slowly, only about 10 percent per decade after age 40, much more slowly than estrogen level declines in women. As a result, male menopause produces less dramatic changes and has been less of a medical issue. An estimated 5 percent of 40-year-old men and 70 percent of those over 70 have bioavailable testosterone levels below the level typical in young men. Supporters of man-o-pause cite this as proof that men experience changes similar to menopause.

Just as hormone replacement therapy in women can alleviate symptoms of menopause, supporters of man-o-pause argue the same goes for testosterone replacement in men. Testosterone replacement has some clear benefits: It increases appetite, and reverses the weight loss that occurs in many elderly men. It improves mental functioning, and increases muscle mass and strength (including the strength of the heart). Finally, for men who suffer libido loss and sexual impairment because of abnormally low testosterone, hormone replacement returns them to sexual functioning.

However, testosterone replacement accelerates the growth of prostate cancer.

The Case Against

Opponents of man-o-pause concede that testosterone levels gradually decline in men starting around age 40, and that some men experience a loss of sexual function due to testosterone deficiency. While agreeing that some 5 percent of 40-year-old men and 70 percent of those over 70 have bioavailable testosterone levels below the normal level in young men, they contend that in most men, even naturally lower levels are still high enough to fuel normal sex drive and sexual functioning.

Critics say that men do not experience the symptoms women develop during menopause: hot flashes, night sweats, loss of feelings of well-being, and anything analogous to vaginal dryness. They are also very wary of testosterone replacement for the vast majority of men who do not have clearly abnormally low levels. They say the risk of prostate cancer outweighs any benefits testosterone replacement might provide.

Testosterone Replacement: No Panacea, Has Risks

The controversy over male menopause is likely to continue because the gradual decline in testosterone level men is similar enough to estrogen loss in women to invite comparisons. But men should not look to testosterone replacement as a panacea for the health and sex problems that begin to develop in middle age. Most are caused by heart disease, diabetes, high blood pressure, obesity, lack of exercise, and a diet deficient in fruits and vegetables. Testosterone does nothing to change them. What helps is age-old health wisdom: don't smoke, get regular exercise, don't drink to excess, and eat a low-fat, moderate-calorie diet.

If you're concerned about having an abnormally low testosterone level, ask your doctor to check it—or consult an endocrinologist. Even though testosterone declines as men age, few men wind up with levels below the normal range. Testosterone should not be supplemented in men with levels in the normal range, even low normal. You get no sexual benefit from this. You may get some increase in lean muscle mass, but the price is increased risk for prostate cancer. Is it worth it?

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