
Andropause:

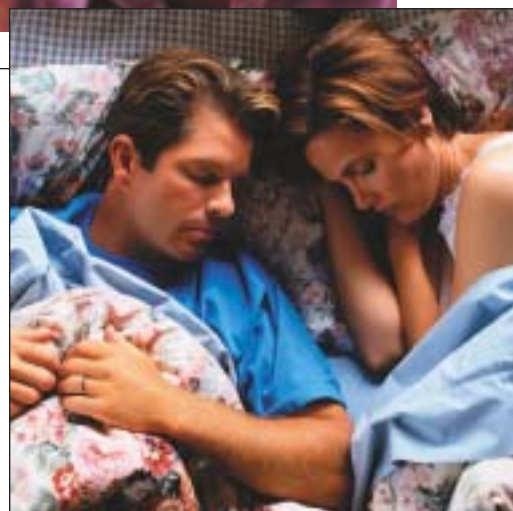
A Man's Menopause



By Shafiq Qadri, MD

A 34-year-old male patient had a puzzling constellation of symptoms, which became a lesson in not attributing things to somatization. His symptoms included constantly feeling tired, hot flashes, irritability, loss of sexual desire, mild headache and vague joint pains. His hair was quite short, yet he had not cut it in two years. He denied being depressed and was, in fact, a successful businessman who enjoyed his work and marriage.

What struck me most about the patient's symptoms was that he seemed to have all the problems of a woman going through menopause.



Initial history and examination reveal little

The physical exam was entirely unremarkable. His preliminary bloodwork was also normal, except for a mild iron deficiency anemia — hemoglobin 138 units (140 to 180 reference range). In particular, his thyroid indices were normal, as were his renal function, rheumatoid status and a drug screen.

The number of diffuse symptoms made me consider a psychosomatic problem. I had the patient complete depression and anxiety questionnaires, but these were all negative.

Dr. Qadri is a family physician, CME lecturer and medical contributor to *The Globe and Mail*, Toronto, Ontario.

His many symptoms, and the earnestness with which he wanted help, continued to trouble me.

Corridor consultation with a neurologist

As I was about to attribute this diffuse constellation of problems to somatization, I happened to speak to a neurology colleague. He advised I get a full hormonal screen: prolactin, follicle-stimulating hormone, luteinizing hormone and free testosterone levels. The neurologist was also struck by the menopausal quality of the symptoms and advised me to read about andropause — the male version of menopause.

The results revealed the patient had hyperprolactinemia, which was depressing his free testosterone and LH levels:

- Prolactin 46.6 units (4.1 ug/L to 18.4 ug /L)
- Free testosterone 28.1 units (31.0 to 94.0 pmol/L)

Summary

- Andropause is the clinical manifestation of declining androgen levels in the aging male. Androgen deficiency in the aging male (ADAM) is one of the diagnostic terms.
- There is a wide age range in which men may experience symptoms, usually ranging from the 40s to 70s. Symptoms include physical, psychological and sexual difficulties.
- Testosterone declines in all men, but thresholds vary for symptoms. Starting at approximately age 30, levels decline by 1% per year.
- Free (bioavailable) testosterone measurements are only a guide; the diagnosis is based on a subjective global impression.
- Some men are offered testosterone replacement therapy, though prostate cancer potential must be monitored closely.
- Though less common, some patients experience a chemical andropause secondary to an endocrinopathy, such as the prolactin-secreting tumour discussed in this case history.

Diagnosis

The patient was experiencing a chemical andropause, which opposed the androgens, leading to the menopausal quality of the symptoms.

A subsequent magnetic resonance imaging (MRI) revealed a 7 mm density in the sella turcica, a pituitary microadenoma according to radiology. On the advice of the neurology consultant, I started the patient on bromocriptine 1.25 mg tid, and his microadenoma and symptoms are resolving steadily.

Conclusion

This case highlights a few things; the importance of a detailed history, that consultation and direction from colleagues is welcome, and that we should not ascribe what we're not entirely familiar with to that black box — somatization or "stress."

References

1. Qaadri S: When men go through The Change, The Globe and Mail, Ed. Joan Ramsay, January 22, 2002.
2. Casey Richard (Ed.): Journal of Sexual & Reproductive Medicine, Autumn 2001.