

ADULT MALE HYPOGONADISM SHOULD BE CONFIRMED BY CLINICAL FEATURES AND BIOCHEMICAL TESTS^{1,2}

CLINICAL FEATURES^{1,2} • Conduct a full physical examination for signs of hypogonadism. Exclude systemic illnesses, signs of malnutrition and malabsorption, and ongoing acute disease.

BIOCHEMICAL TESTS^{1,2} • Measure total testosterone on at least two occasions with a reliable method*

Testosterone Symptoms				
TREATMENT GUIDELINES^{1,2}	Low (<8 nmol/L) [†]	Yes	→	Treat based on clinical judgement
	Lower normal (8-12 nmol/L) [†]	Yes	(+ Measure free testosterone <0.225 nmol/L [†]) →	Consider a trial of testosterone therapy for a minimum of 6 months based on symptoms
	Normal (>12.1 nmol/L) [†]	—	→	Treatment not required

Men with confirmed hypogonadism can benefit from treatment of comorbidities, lifestyle modifications and TRT^{1,2}



*In most cases two morning (7:00 am to 11:00 am) samples (during fasting state) are sufficient, but should trigger further evaluation if the difference is >20%.

[†]Testosterone unit conversion: 1.0 nmol/L=28.84 ng/dL. TRT, testosterone replacement therapy.

References 1. Dohle G et al. EAU Guidelines on Male Hypogonadism 2018. Available at: <http://uroweb.org/guideline/male-hypogonadism/>.

2. Trinick TR et al. Aging Male 2011;14(1):10–15.