To the Editor:

While I enjoyed the paper by Anderson and colleagues (1), I must respectfully disagree with their conclusion that health care professionals and the general public are knowledgeable about low testosterone in older men. Hypogonadism in older men is very common (2–4), and yet only a very small proportion of hypogonadal men in the United States are currently receiving treatment.

The type of hypogonadism found in older men is usually a result of aging (5) associated with sarcopenia (4,6,7), bone mineral density (8), memory disturbance (9), and functional decline (10). It also may be a major factor in the pathogenesis of anorexia (11). Treatment increases muscle mass (12), muscle strength (13), and cognition in some, but not all, studies (13,14). Testosterone decline also has been associated with accelerated arteriosclerosis in older men (15). Recently it has been shown that testosterone replacement tends to improve function in older men undergoing rehabilitation (16). All of these findings suggest that testosterone may play a major role in the pathogenesis of frailty in older men (17–21).

Thus, I believe that the appropriate conclusion of the article by Anderson and colleagues (1) should have been that there is a major need for nationwide education on the article by Anderson and colleagues (1) should have been to identify a large number of hypogonadal men (26). When symptoms are present, the diagnosis is confirmed by measuring bioavailable testosterone. A total testosterone will fail to identify a large number of hypogonadal men (26).

The Journal, in recent editorials (22,23) and in an in-depth review article (24), has strongly recommended that awareness of andropause be increased and, where appropriate, treated. It is important to recognize that the diagnosis should be made first by identifying the presence of symptoms utilizing a formal testing instrument such as Saint Louis University’s Androgen Deficiency in Aging Males (25).

Thus, I believe that the appropriate conclusion of the article by Anderson and colleagues (1) should have been that there is a major need for nationwide education on the existence of andropause and its appropriate diagnosis and treatment.

Syed H. Tariq, MD
Division of Geriatric Medicine
Saint Louis University and
Geriatric Research Education and Clinical Center
Veterans Affairs Medical Center
Saint Louis, Missouri
E-mail: tariqsh@slu.edu

REFERENCES


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