optimization, and interpretation of longitudinal data on men revealed symptoms emerging even earlier due to other diagnoses, such as varicocele, depression, or a positive family history of early cardiac disease. In the present study, the efficacy of hormonal optimization to improve sexual function and libido in adult men was investigated. **Methods:**

Inclusion criteria for this retrospective chart review were men aged ≥20 years who were active patients for ≥6 months and prescribed hormonal intervention. Clinical encounter notes were reviewed for reported improvement in sexual function and/or libido, which was noted as a binary variable. Exclusion criteria was met if sexual function and libido were never discussed during any encounter. Chi-square tests for independence were performed to assess correlation between improvements in sexual function and Libido. **Results:** 82 patients were eligible for inclusion in this study. Five were never prescribed hormonal intervention and therefore exclude, resulting in a final cohort of 77 patients ranging from 21-90 years (mean=54 years). Patient data was compiled into 6 age groups: 20-29 (8, 10.4%), 30-39 (3, 3.9%), 40-49 (14, 18.2%), 50-59 (29, 37.7%), 60-69 (13, 16.8%), and 70+ (10, 13.0%). Overall, 84% and 88% of patients reported improvement in sexual function and libido, respectively. Improvements in sexual function and libido were most reported in the 60-69 age group (92% and 93%) and least reported in the 30-39 age group (33% and 67%). Notably, the majority of 11 out of 12 age-outcome groups noted improvement. Improvements in sexual function and libido were significantly correlated, with 71% of all patients reporting improvement in both categories (p < .001). **Discussion:**

Overall, these findings reveal the efficacy of hormonal optimization to improve sexual function and libido in men across age groups. A limitation of this study is sample size, particularly in the 30-39 age group. Repeated analysis with a larger sample would provide deeper insight to this treatment modality. Nevertheless, these results emphasize the importance of the N-of-1 concept, as each patient’s baseline hormonal status and physiological response to intervention is unique. Age is just a single variable to consider before hormonal intervention, not the only variable. Importantly, sexual function and libido are among the many aspects that constitute an optimal quality of life. Further investigation is warranted to understand how hormonal optimization impacts other quality of life markers, such as sleep, energy, and cognition, in the adult male population.

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