American Urological Association MediaRoom

AUA Releases New Clinical Guideline For Diagnosis And Treatment Of Testosterone Deficiency

BALTIMORE, April 10, 2018 /PRNewswire-USNewswire/ -- The American Urological Association (AUA), a leading global urology association, announced today it has released a new clinical guideline on the diagnosis and management of testosterone deficiency.

Testosterone, a vital hormone produced by the testicles, is essential for a variety of male physical, cognitive, sexual and metabolic functions. As men age, their natural ability to produce testosterone becomes less effective and testosterone levels begin to decline about 1-3 percent a year starting after the age of 40. This natural decline, however, does not imply a man is testosterone deficient or a candidate for testosterone therapy.

Testosterone deficiency is not simply defined as a state of low testosterone production, but rather a state of low testosterone production combined with low testosterone symptoms such as a lower sex drive, erectile dysfunction, loss of energy, reduced muscle mass or bone density and fatigue. Therefore, a man is considered testosterone deficient and a candidate for testosterone therapy only when he meets both criteria.

"Over the past decade, the use of testosterone therapy has increased dramatically in relatively healthy men without a clear indication of testosterone deficiency, while other men in need of testosterone therapy, fail to receive it due to clinician concerns regarding cardiovascular events or the development of prostate cancer," said John Mulhall, MD, who served as chair on the panel that developed the guideline. "Diagnosis and treatment of testosterone deficiency has significantly evolved over the last several years and this new guideline provides the best-available clinical direction for determining who is a candidate for testosterone therapy and the most effective treatment methods."

The new guideline makes a total of 31 recommendations including:

**Diagnosis**

- Clinicians should use a total testosterone level below 300 ng/dL as a reasonable cut-off in support of the diagnosis of low testosterone.
- The diagnosis of low testosterone should be made only after two total testosterone measurements are taken on separate occasions with both conducted in an early morning fashion.
- Clinicians should consider measuring total testosterone in patients with a history of unexplained anemia, bone density loss, diabetes, exposure to chemotherapy, exposure to testicular radiation, HIV/AIDS, chronic narcotic use, male infertility, pituitary dysfunction, and chronic corticosteroid use even in the absence of symptoms or signs associated with testosterone deficiency.

**Adjunctive Testing**

- In patients with low testosterone, clinicians should measure serum luteinizing hormone levels.
- Serum prolactin levels should be measured in patients with low testosterone levels combined with low or low/normal luteinizing hormone levels.
- Patients with persistently high prolactin levels of unknown etiology should undergo evaluation for endocrine disorders.
- Prior to offering testosterone therapy, clinicians should measure hemoglobin and hematocrit and inform patients regarding the increased risk of polycythemia.

**Counseling Regarding Treatment of Testosterone Deficiency**

- Clinicians should inform testosterone deficient patients that low testosterone is a risk factor for cardiovascular disease.
- The long-term impact of exogenous testosterone on spermatogenesis should be discussed with patients who are interested in future fertility.
- Clinicians should inform patients of the absence of evidence linking testosterone therapy to the development of prostate cancer.

**Treatment of Testosterone Deficiency**

- Exogenous testosterone therapy should not be prescribed to men who are currently trying to conceive.
- Clinicians should discuss the risk of transference with patients using testosterone gels/creams.

**Follow-up of Men on Testosterone Therapy**
- Testosterone levels should be measured every 6-12 months while on testosterone therapy.
- Clinicians should discuss the cessation of testosterone therapy three to six months after commencement of treatment in patients who experience normalization of total testosterone levels but fail to achieve symptom or sign improvement.

The full guideline is available online at: [http://www.AUAnet.org/TestosteroneGuideline](http://www.AUAnet.org/TestosteroneGuideline)

**About the American Urological Association**

Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

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