Blood Sciences Clinical Information Sheet

Ref: 19/5

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East Lancashire Hospitals NHS Trust

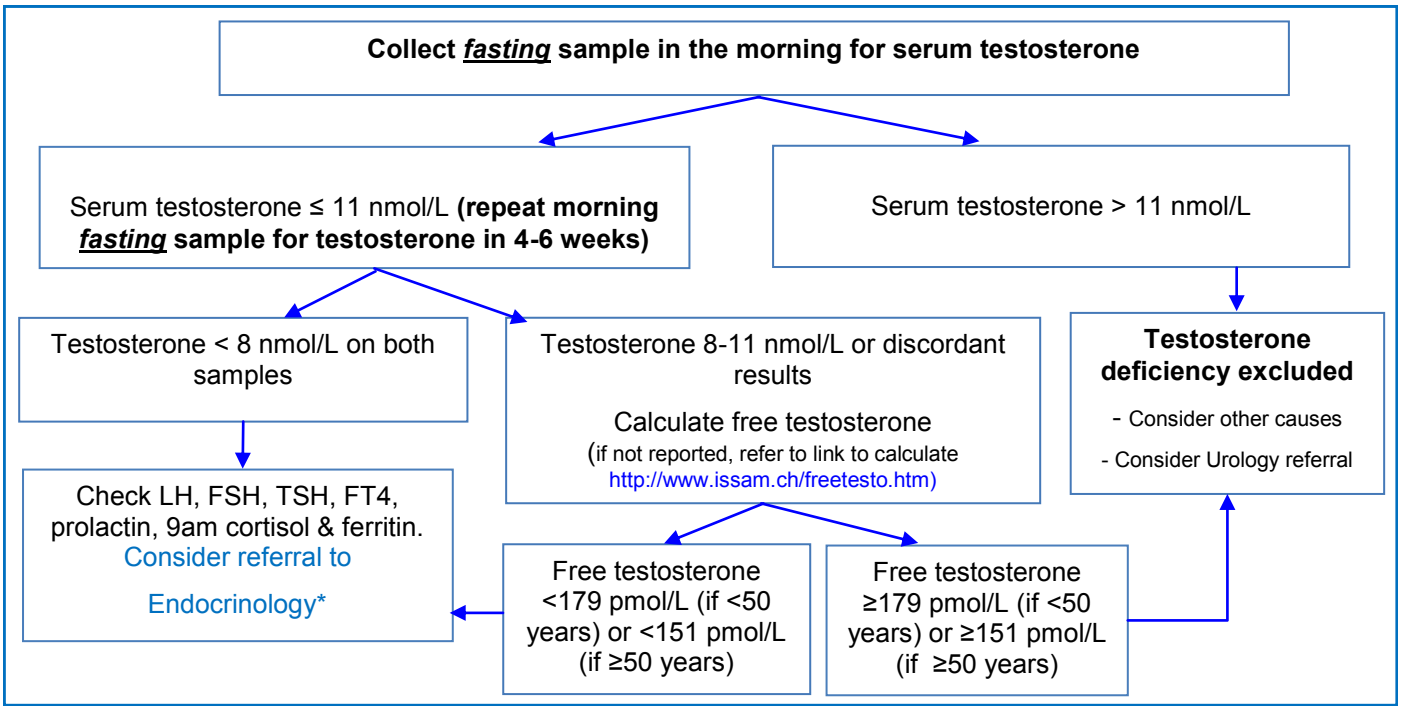
Diabetes & Endocrinology Department with Blood Sciences

Adult Male Testosterone Guidance for Primary Care

Whom to test: Consider testosterone deficiency in men ≤40 years with one of more of the following symptoms or in men >40 years with at least 3 signs/symptoms (not during an acute illness):

Height loss, low trauma fracture or confirmed low bone mineral density	Low or zero sperm count (refer if seeking fertility)
Hot flushes/sweats	Decreased spontaneous erections
Reduced libido	Loss of body hair or reduced shaving
Gynaecomastia	<5 mL or shrinking testes

Testosterone results should be interpreted according to the flow chart below. Cascade tests (e.g. calculated free testosterone and pituitary tests) will be added on by the laboratory where appropriate and are also available to request on ICE.



* Suggest referral if testosterone is very low (<6 nmol/L), there are other abnormal pituitary results (low FSH/LH, low cortisol, low FT4 with normal TSH or hyperprolactinaemia), there are visual field defects OR the patient has symptoms of galactorrhoea.

Prior to considering referral for testosterone replacement:

- If the patient is overweight, consider an initial trial of weight loss.
- Do not refer men >65 years for testosterone replacement as risks are likely to outweigh benefits.
- Contraindications for testosterone therapy: breast or prostate cancer, high PSA, severe obstructive sleep apnoea, cardiac failure, severe lower urinary tract symptoms, severe hepatic/renal failure, haematocrit >54% or hypercalcaemia.

References

1. European Association of Urology Guidelines on Male Hypogonadism (2015)
2. Bhasin S *et al.* Testosterone therapy in men with hypogonadism: An Endocrine Society Clinical Practice Guideline *J Clin Endo Metab.* 2018; 103: 1715-1744.

For further information or if you have any queries, please contact the Consultant Endocrinologists or Consultant Biochemists.