TESTOSTERONE EVALUATION

**Symptoms** (circle): low energy  fatigue  weakness  depression  decreased muscle mass
low sexual desire  sexual problems (eg. erectile dysfunction despite medication)

**History** (circle): liver problems  loss of peripheral vision  breast discharge

**Medical problems associated with low testosterone** (circle): low red blood count (anemia)
low bone density (osteopenia/osteoporosis)  type 2 diabetes  high blood pressure
high cholesterol  emphysema (COPD)  overweight  prostate problems

**Symptoms of hyperthyroidism** (Because increased SHBG decreases bioavailable testosterone) (circle):
appetite changes  difficulty sleeping  diarrhea  heat intolerance  dizziness
increased sweating  palpitations  tremors  itching  nervousness

**Contraindications/precautions to testosterone therapy** (circle): prostate cancer  breast cancer
high red blood cell count  untreated sleep apnea  unstable heart failure  severe urinary symptoms
attempting pregnancy

**Medications that interfere with testosterone** (circle): thiazide diuretics (hydrochlorothiazide (HCTZ)
opiates/narcotic pain medicine  Tagamet (cimetidine)  mental health (psychotropic) medicine
steroids (Prednisone)  spironolactone (aldactone)  amiodarone  ketoconazole  estrogen

GnRH agonists: Lupron (leuprolide), Zoladex (goserelín), buserelin, nafarelin, histrelin, deslorelin
Nonsteroidal antiandrogen: Eulexin (flutamide)
GnRH antagonists: cetrorelix, canirelix, degarelix, abarelix

(Provider use) -----------------------------------------------------------------------------------------------------

**Initial screening**: Morning total testosterone
- If low: Confirm with morning total testosterone. Include free testosterone if there are conditions that alter SHBG level (low protein diet in elderly, cirrhosis, hyperthyroidism, anticonvulsants, estrogen, HIV).
- If suspect secondary hypogonadism: gonadotropins (LH, FSH), thyroid function (TSH, T3, T4), prolactin

Check IPSS: If >19, caution with testosterone replacement

**Monitoring**: Total testosterone 2-3 months after initiation then as needed. Goal is mid to high normal total testosterone.
PCP monitoring of Hb or hct at baseline, at 3 months then annually. LFTs, lipids according to medication packet insert.
PSA and digital rectal exam may be performed every 3-6 months for the first year then annually.
Consider prostate biopsy if PSA increases by >0.5 ng/ml in first 6 months or abnormal rectal exam.

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