Understanding Male Menopause (Andropause)

Myths and Management

AKS WELLBEING
EMPLOYEE HEALTH MATTERS

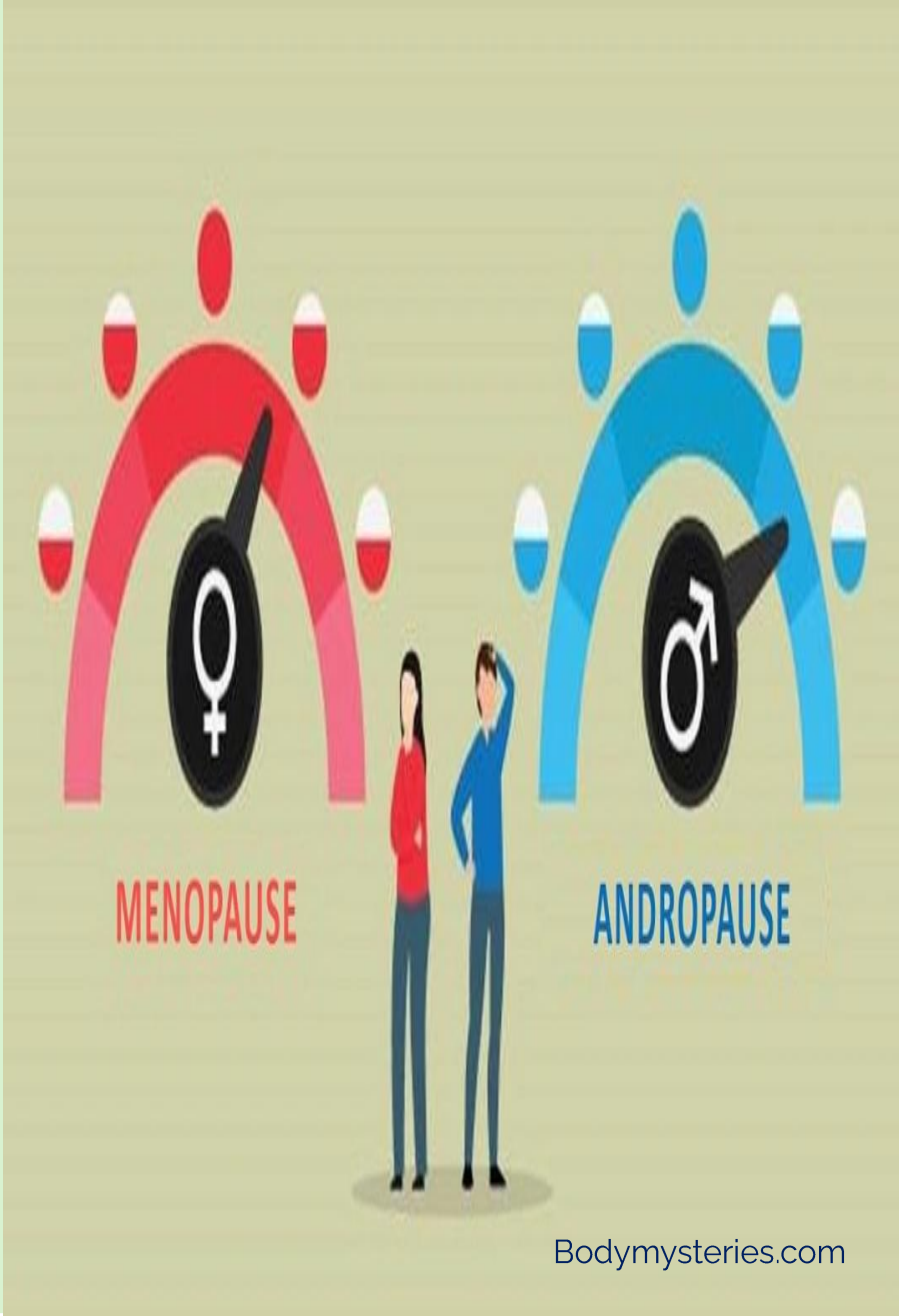
Support and solutions
for you and your employees

AKS WELLBEING
EMPLOYEE HEALTH MATTERS

Aims and Objectives

- Define male menopause (andropause) and differentiate it from female menopause.
- Recognise the signs and symptoms of testosterone deficiency.
- Understand the biological, psychological, and social impacts of male hormonal changes.
- Transgender and non-binary considerations.
- Identify evidence-based approaches for diagnosis and management.
- Challenge common myths and provide sensitive, informed support to men experiencing symptoms.

Define male menopause (andropause) and differentiate it from female menopause

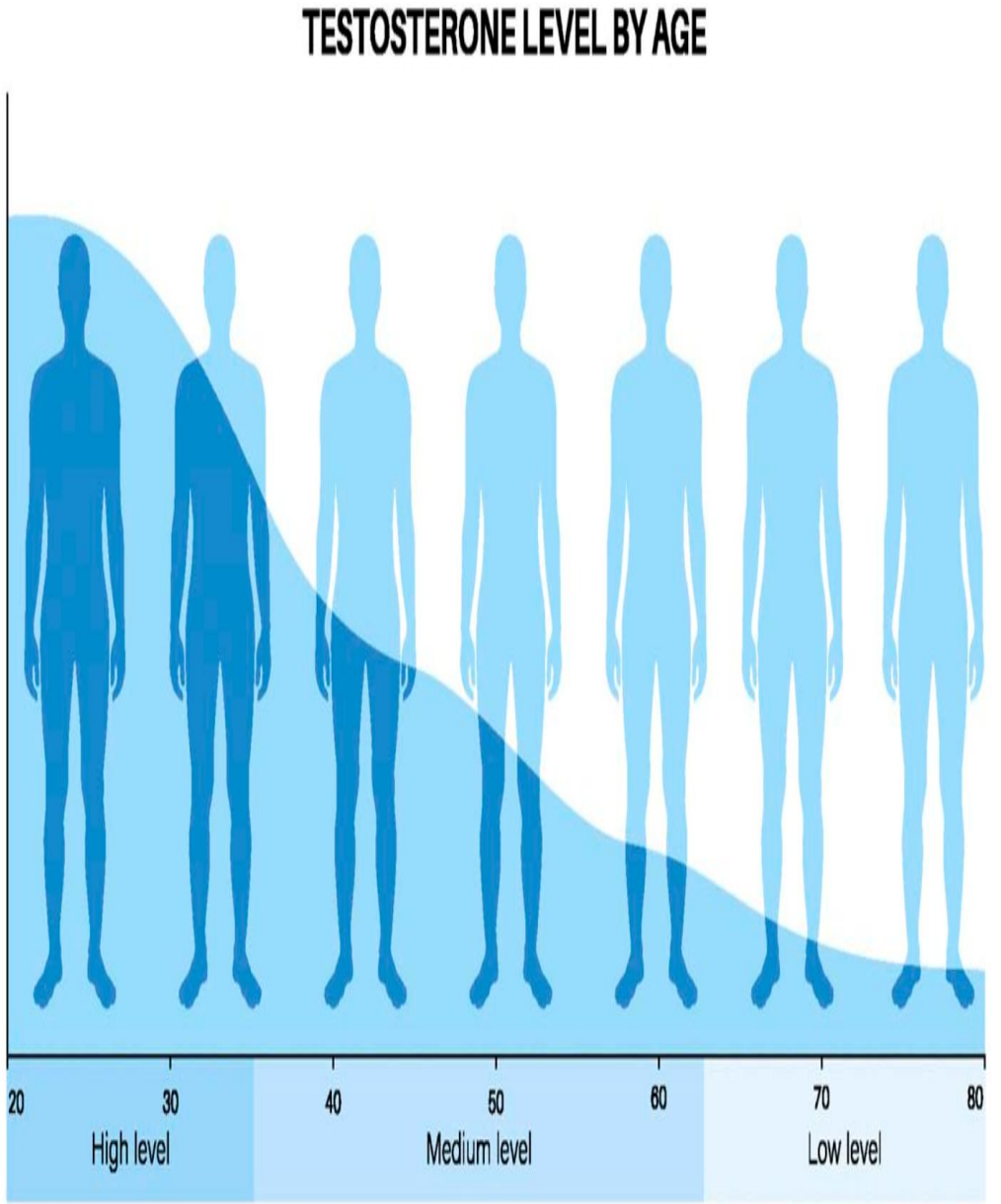


What is Andropause?

Andropause refers to age-related decline in testosterone production in men.

It develops **gradually** (unlike menopause with women) and varies between individuals.

Not all men experience clinically significant symptoms. Diagnosis requires symptoms and low testosterone.



Healthlinkssc.com

Support and solutions for you and your employees

AKS WELLBEING
EMPLOYEE HEALTH MATTERS

Male vs Female Reproductive Ageing

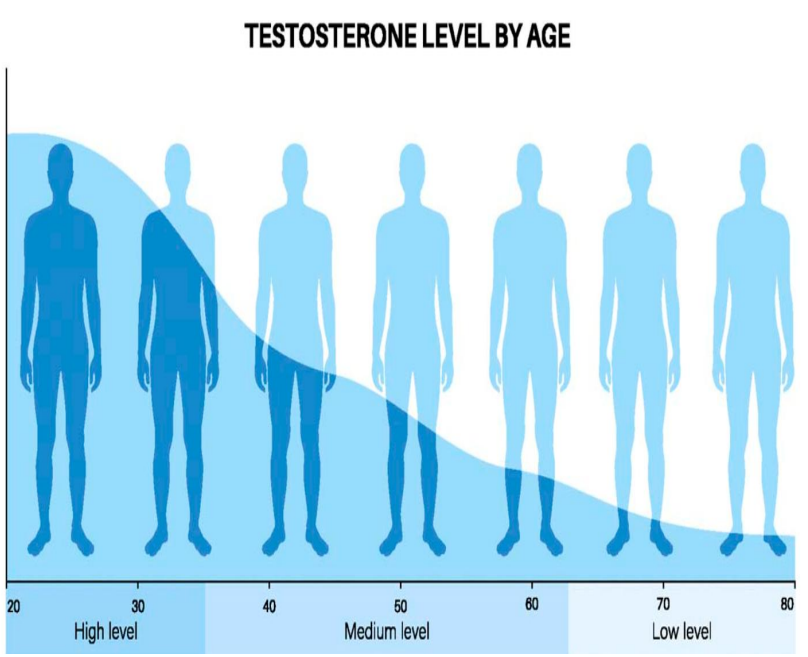
Menopause is **universal** and **abrupt.**

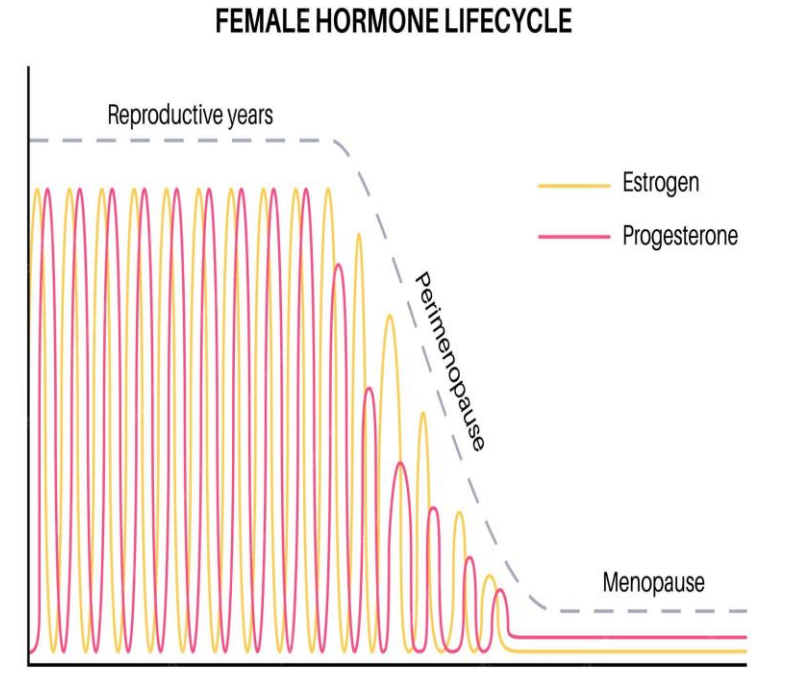
Andropause is **gradua**l and **not universal**.

Male fertility may decline but not necessarily cease.

Female menopause = rapid drop in oestrogen

Male ageing = slow decline in testosterone also referred to as **late-onset hypogonadism**.





Support and solutions for you and your employees

Nomenclature (scientific naming) Debate: Andropause vs. LOH

The term “andropause” is often debated within the medical community. While it draws a parallel to menopause, many experts prefer “**Late-Onset Hypogonadism”** or “**Age-Related Androgen Deficiency**” because:

- It’s not a complete “pause” of testicular function.
- The decline is gradual, not abrupt.
- Not all men experience symptoms or require treatment.

However, “andropause” remains a commonly used term in popular discourse to describe this male midlife transition.

Fatigue and decreased energy levels

Mood changes

Reduced muscle mass and strength

Sexual health changes

Sleep disturbances

Weight gain and body composition changes

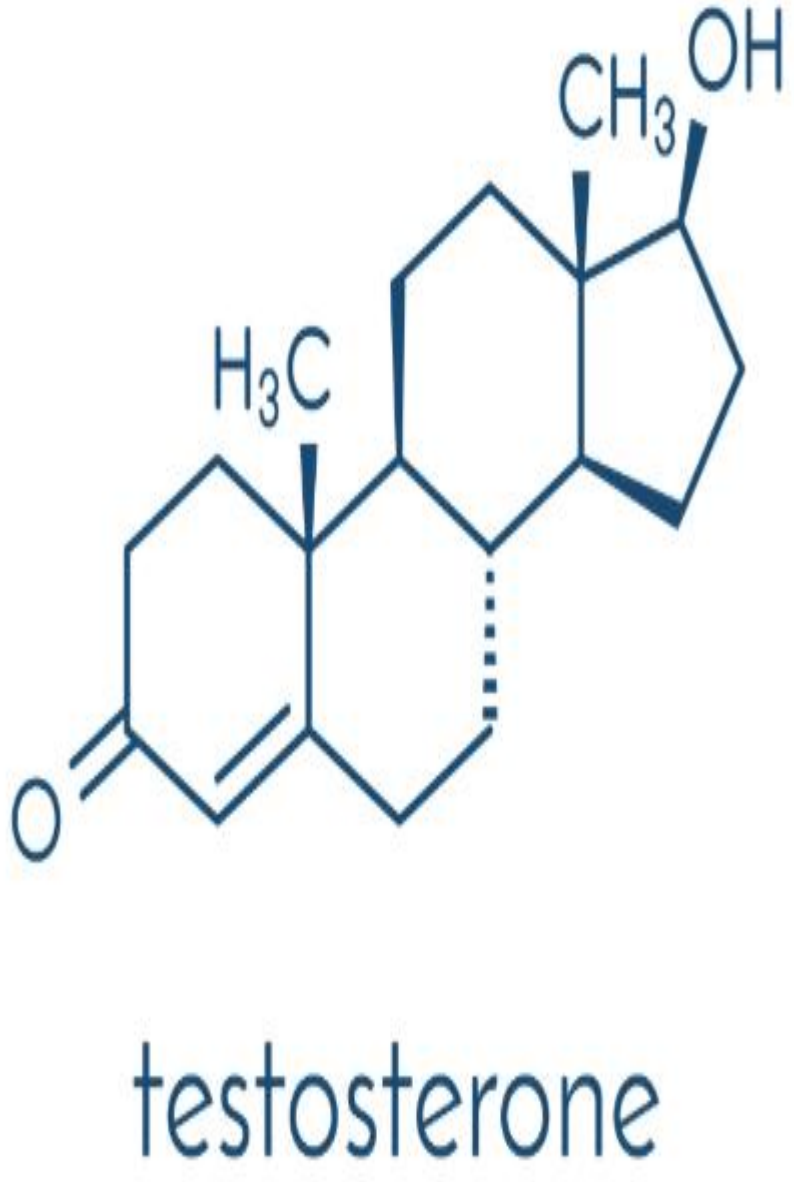
Hot Flashes (less common and intense than women's)

Support and solutions
for you and your employees

AKS WELLBEING
EMPLOYEE HEALTH MATTERS

Physiological Mechanisms	Hormones Involved	Universality and Predictability	Reproductive Capacity	Onset and Pace of Change	Symptom Presentation and Intensity	Diagnosis	Treatment Goals
Menopause Complete cessation of ovarian function **Andropause** Gradual decline in testicular function and testosterone, reproduction decline not cease	**Menopause** Primarily deficiency of oestrogen and progesterone (testosterone impacted too) **Andropause** Primarily a deficiency of testosterone.	**Menopause** Universal experience for all women who live past a certain age (typically around 51) **Andropause** Not all men develop symptomatic low testosterone or require treatment	**Menopause** Marks the definitive end of a woman's fertility and menstrual periods. **Andropause** Fertility may decrease, men generally maintain the ability to produce sperm and father children , with potentially reduced effectiveness	**Menopause** Distinct and often abrupt transition, particularly during perimenopause, significant hormonal fluctuations, symptoms can be intense and sudden. **Andropause** Gradual and subtle decline in hormone levels, symptoms often developing slowly	**Menopause** Symptoms can be profound, acute and intense **Andropause** Symptoms tend to be more subtle, chronic, and less intensely disruptive,	**Menopause** Primarily diagnosed based on clinical symptoms (e.g., 12 months without a period) **Andropause** Requires objective blood tests to confirm persistently low testosterone levels, as symptoms alone are non-specific.	**Menopause** Alleviate symptoms, improve quality of life, and address long-term health risks associated with estrogen deficiency (e.g., osteoporosis, cardiovascular health). **Andropause** Restore testosterone, improve energy, libido, mood and physical parameters monitoring risks

Recognise the signs and symptoms of testosterone deficiency.



Testosterone and Male Health

Testosterone plays a key role in:

- Sexual function and libido
- Muscle and bone strength
- Fat distribution
- Mood and cognition
- Energy levels
- Testosterone levels drop around 1% per year after age 30-40

Contributing factors can include;

- Obesity
- Sleep apnea
- Type 2 diabetes
- Chronic disease
- Alcohol, smoking & medications (e.g. opioids)
- Stress and poor sleep

Symptoms vary and overlap with normal ageing.

They can be split into 3 areas;

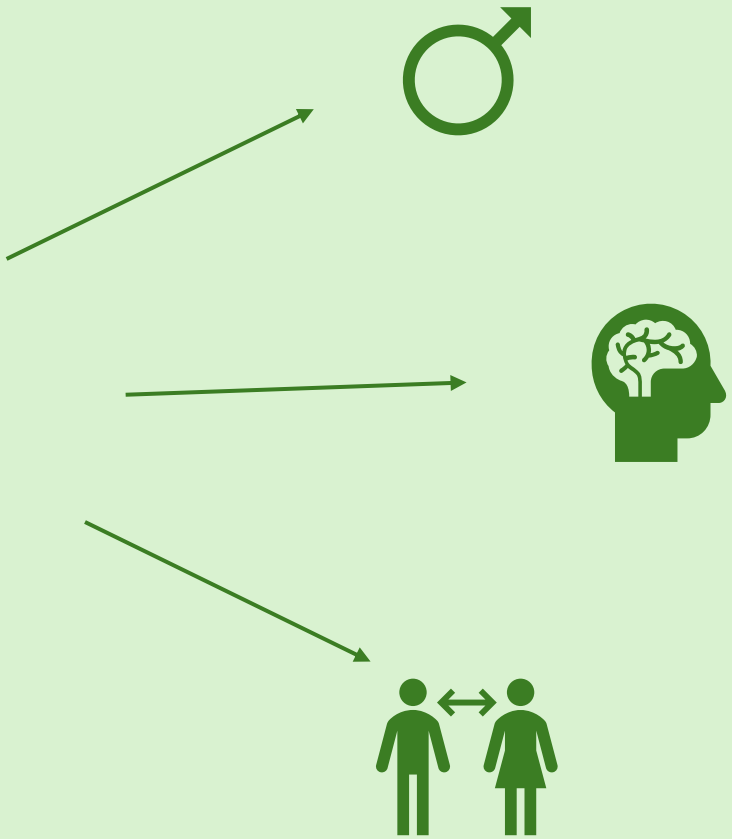
Sexual Symptoms	Psychological Symptoms	Physical Symptoms
Reduced Libido	Low Mood and Irritability	Fatigue and Loss of Strength
Erectile Dysfunction / Reduced Morning Erections	Reduced concentration	Increased Abdominal Fat (central adiposity)
Reduced Sexual Satisfaction	Anxiety; low motivation	Reduced bone density can lead to fractures
Fertility Concerns (variable)	Sleep disturbance	Hot Flushes (less common)

HOW

TESTOSTERONE

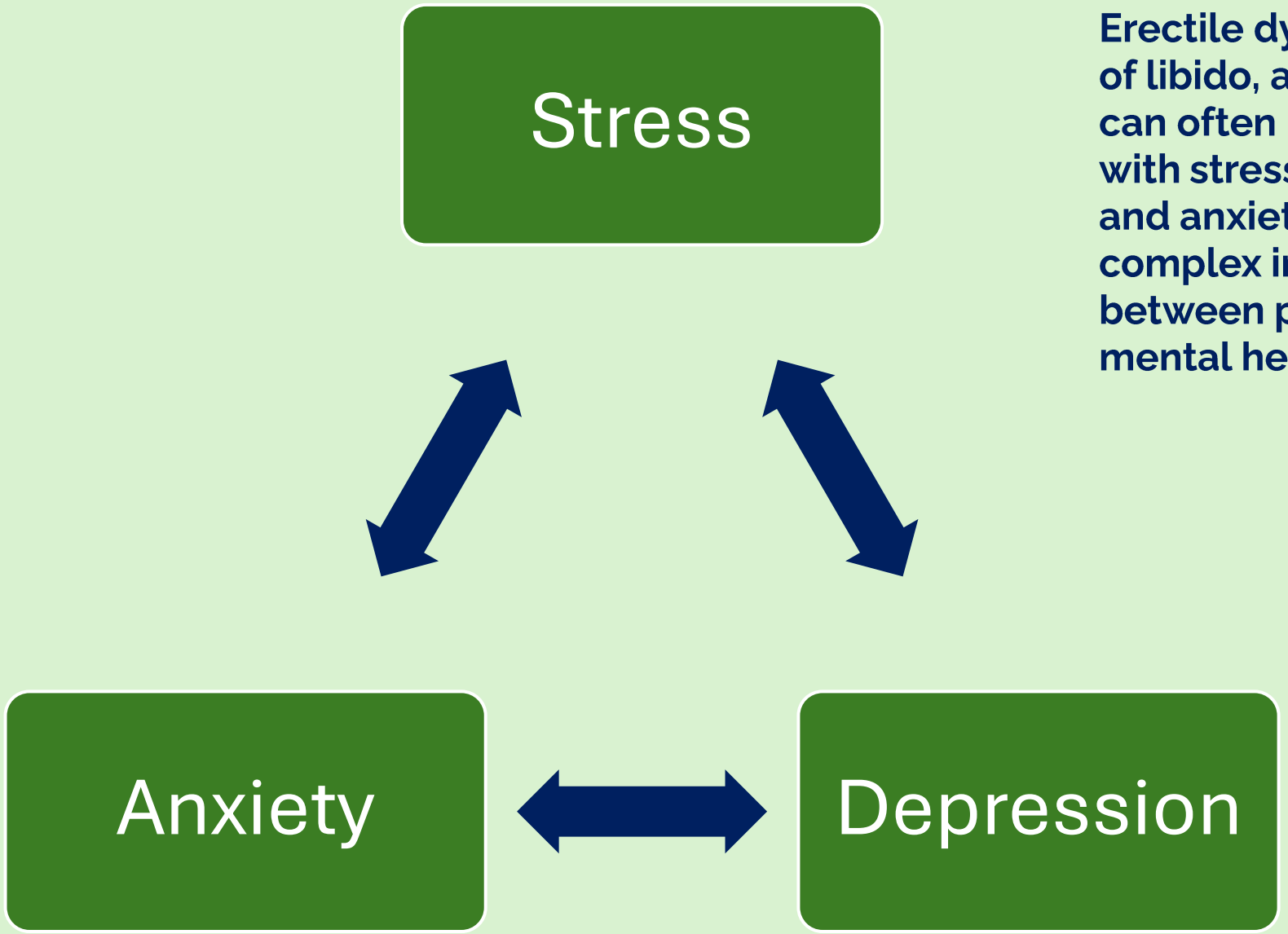
CHANGES OVER TIME

Understand the **Biological, Psychological,** and **Social** impacts of male hormonal changes.



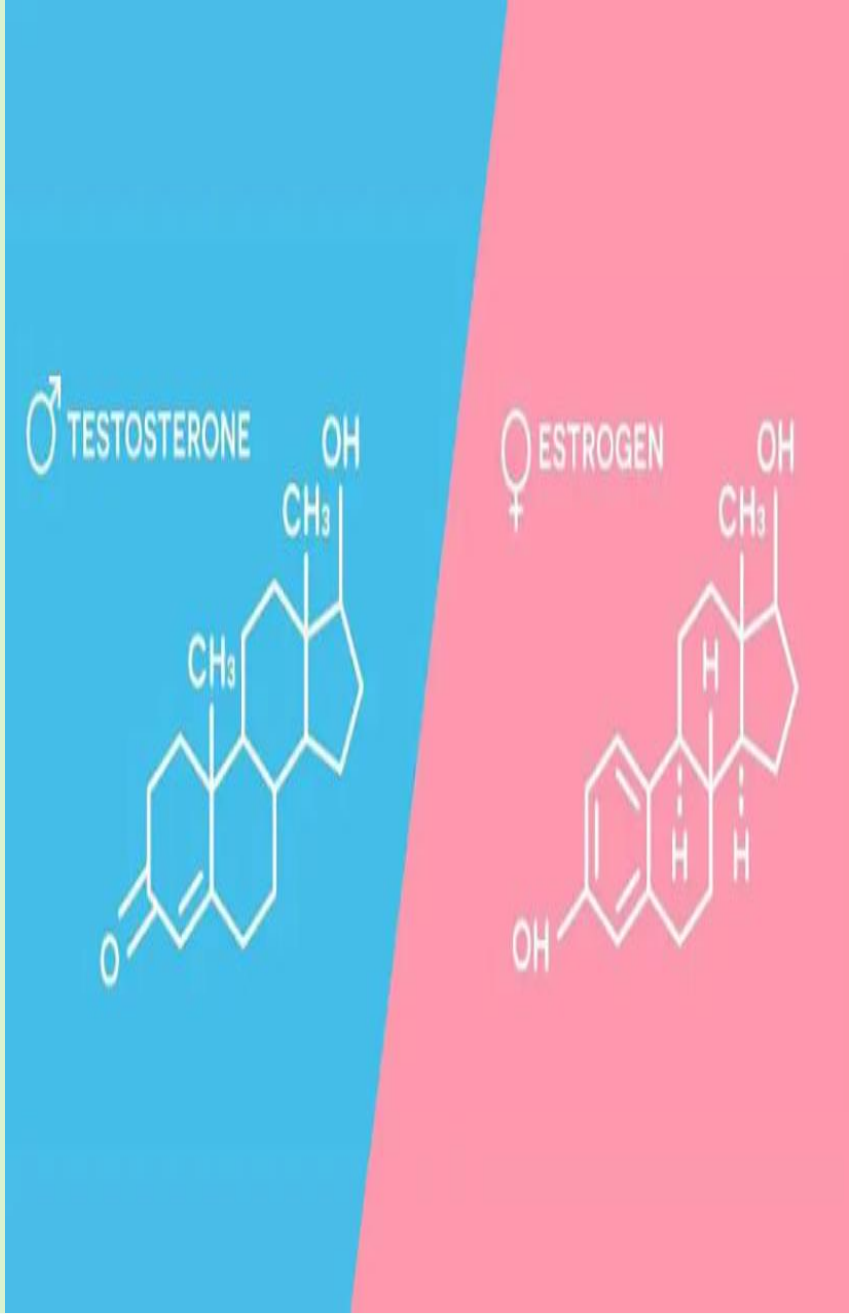
Support and solutions
for you and your employees

AKS WELLBEING
EMPLOYEE HEALTH MATTERS



Erectile dysfunction, loss of libido, and mood swings can often intertwine with stress, depression, and anxiety, creating a complex interplay between physical and mental health.

Transgender and non-binary considerations.



- **In people with testicles**, testosterone is the sex hormone in highest concentration in the blood. It's released in a similar amount each day but with slight variations in production throughout the day. The testicles, adrenal gland, and other tissues such as fat and liver cells also release small amounts of oestrogen and progesterone.

- **In people with ovaries**, oestrogen and progesterone are the sex hormones in highest concentration in the blood. Levels of oestrogen and progesterone production changes over the month. The ovaries and adrenal gland also produce small amounts of testosterone

- Given the wide range of hormones and the **physiological, biological** and **psychological** impacts, for transgender and non- binary people, individualised person-centered approaches are vital for both medical and workplace support.

Identify evidence-based approaches for diagnosis and management.

Assessment Considerations and Process

- Symptoms across more than 2 domains affecting daily life (see table from earlier)
- Risk factors are present (for example obesity, obstructive sleep apnoea (OSA), type 2 diabetes)
- Consider differential diagnoses (thyroid, depression, OSA)
- Conduct blood tests, and morning testosterone test (when levels are at their highest)
- Detailed history, medications, sexual health, lifestyle
- Physical examination (BMI, waist, BP)
- Possible tests for other potential health conditions including cardiac and prostate issues

Interpreting Results and Potential Management

- Treat the patient, not just the number
- Low T + symptoms → consider management
- Borderline values → repeat, optimise lifestyle, reassess

- Lifestyle optimisation first-line
- Address reversible causes (alcohol, meds, sleep apnea)
- Consider TRT only when benefits outweigh risks

Management of Andropause

Testosterone Replacement Therapy (TRT): For men with confirmed low testosterone levels and bothersome symptoms, TRT can be **prescribed***. It comes in various forms, including injections, patches, gels, and oral medications. TRT can help improve energy, libido, mood, muscle mass, and bone density. However, it's not without risks and requires careful monitoring, especially concerning prostate health and cardiovascular implications.

Lifestyle Modifications: Like women, men can significantly benefit from healthy lifestyle choices:

- **Regular Exercise:** Strength training can help build and maintain muscle mass, and overall physical activity can improve mood and energy.
- **Balanced Diet:** A nutritious diet supports overall health and can help manage weight.
- **Weight Management:** Obesity can contribute to lower testosterone levels.
- **Stress Reduction:** Chronic stress can negatively impact hormone production.
- **Adequate Sleep:** Good sleep hygiene is essential for hormonal balance.

*** TRT should only be prescribed by a GP or specialist healthcare professional**

- **Resistance training** 2–3×/week;
- Regular **aerobic activity**
- **Weight loss** of 5–10% improves hormones and symptoms
- **Sleep**: aim for 7–9 hours;
- Screen for **Obstructive Sleep Apnea**
- Reduce **alcohol;**
- Stop **smoking;**
- Manage **stress**

Challenge common myths and provide sensitive, informed support to men experiencing symptoms


Dr. Meir Daller
Urologist

Myths and Misconceptions

Myth: **All men get 'male menopause'** → Reality: **not universal**

Myth: **TRT is a quick fix** → Reality: **careful selection & monitoring**

Myth: **Symptoms are 'just ageing'** → Reality: **some men benefit from care**

MANDROPAUSE

Be Part of the Change

The Adam Questionnaire

1. Do you have a decrease in libido (sex drive)?
2. Do you have a lack of energy?
3. Do you have a decrease in strength and/or endurance?
4. Have you lost height?
5. Have you noticed a decreased enjoyment of life?
6. Are you sad and/or grumpy?
7. Are your erections less strong?
8. Have you noted a recent deterioration in your ability to play sports?
9. Are you falling asleep after dinner?
10. Has there been a recent deterioration in your work performance?

What the ADAM Test Can and Cannot Reveal

Strengths = symptom triaging, early intervention and accessible conversation starter for men to take to GP and can answer the questions themselves – privacy.

Limitations – false positives (subjective questions), non-diagnostic, circadian blindness and comorbidity confounders.

Clinical integration – screen with ADAM for men with non-specific symptoms, interpret, confirm and do morning (7am to 10am) total testosterone test and monitor.

Normal ADAM and symptoms – test testosterone / Positive ADAM and normal T test – investigate for things like depression, diabetes or cardiovascular issues.

ADAM is the doorway to diagnosis not the destination.

Resources and Further Information

- **NHS**- The 'male menopause' The 'male menopause' – NHS
- **Harvard Health** – Is male menopause real? Is male menopause real? - Harvard Health
- **Mayo Clinic** (2024) Male Menopause – Myth or Reality. Male menopause: Myth or reality? - Mayo Clinic
- Male menopause can have severe consequences. https://www.drfrances.co.nz/images/pdfs/Male-Menopause.pdf
- **Centre for Men's Health** – Male menopause or andropause. Male Menopause Diagnosis - Self-Test Questionnaire – Andropause Signs & Symptoms– Centre for Men's Health Specialist Clinic (cost implications for testing two clinics London and Manchester)
- **Andropause.org.uk** -Andropause

Thank you

www.akswellbeing.com

Support and solutions
for you and your employees

AKS WELLBEING
EMPLOYEE HEALTH MATTERS

References

Andropause [online] Youtu.be. (2025). Available at: https://youtu.be/sq47wbNRRz0 [Accessed 29 Oct. 2025].

Arver, S. et al. (2015) Andropause – review of selected aspects. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4440190/ (Accessed 25 October 2025).

Balance My Hormones. (2021). ADAM Questionnaire For Low Testosterone - Balance My Hormones. [online] Available at: https://balancemyhormones.co.uk/adam-questionnaire-for-low-testosterone/ [Accessed 26 Oct. 2025].

Bhasin, S. et al. (2018) Testosterone therapy in men with hypogonadism: an Endocrine Society clinical practice guideline. Journal of Clinical Endocrinology & Metabolism, 103(5), pp.1715–1744. Available at:

Body Mysteries (2023). Aging And Hormones: Menopause & Andropause, And Their Hidden Similarities. [online] Beauty & Health Blog - Beauty & Health Blog. Available at: https://bodymysteries.com/aging-and-hormones-menopause-andropause-and-their-hidden-similarities/ [Accessed 25 Oct. 2025].

Dandona, P. and Rosenberg, M.T. (2010) A practical guide to male hypogonadism in the primary care setting. International Journal of Clinical Practice, 64(6), pp.682–696.

Dr Natalya Nopushin www.youtube.com. (n.d.). What is Testosterone & How Does it Affect a Man's Overall Health? [online] Available at: https://youtu.be/pBAvBslLiEo.

EMAS (2020) Position statement on testosterone deficiency in ageing men. Maturitas.

González, M. and Morgentaler, A. (2017) Testosterone and prostate cancer: an historical perspective on a modern myth. European Urology, 72(5), pp.722–725.

Harvard Health Publishing (2023) Is male menopause real? Harvard Medical School. Available at: https://www.health.harvard.edu/mens-health/is-male-menopause-real (Accessed 25 October 2025).

References

Health matters; testosterone replacement[online] Youtu.be. (2025). Available at: https://youtu.be/ogS8UaiEQJ0 [Accessed 29 Oct. 2025].
How testosterone changes over time[online] Youtu.be. (2025). Available at: https://youtu.be/CunFlJehFFY [Accessed 29 Oct. 2025].
male menopause and grumpy old men [online] Youtu.be. (2025). Available at: https://youtu.be/LwHfEhY-tJs [Accessed 29 Oct. 2025].
MALE MENOPAUSE CAN HAVE SEVERE CONSEQUENCES. (n.d.). Available at: https://www.drfrances.co.nz/images/pdfs/Male-Menopause.pdf [Accessed 27 Oct. 2025].
Mayo Clinic (2024) Male menopause. Available at: https://www.mayoclinic.org/healthy-lifestyle/mens-health/in-depth/male-menopause/art-20048056 (Accessed 25 October 2025).
Medimob Screenings (2025). Low Testosterone Screening Questionnaire - The Adam Test. [online] Medimob Screenings. Available at: https://screenings.medimob.co.uk/blog/low-testosterone-screening-questionnaire-the-adam-test/ [Accessed 26 Oct. 2025].
Menopause Mastery. (2025). What is the Main Difference Between Menopause and Andropause? A Definitive Guide by Dr. Jennifer Davis - Menopause Mastery. [online] Available at: https://mlrb.net/what-is-the-main-difference-between-menopause-and-andropause/ [Accessed 25 Oct. 2025].
NHS (2024) The ‘male menopause’. Available at: https://www.nhs.uk/conditions/male-menopause/ (Accessed 25 October 2025).

References

Pye, S.R. et al. (2014) Late-onset hypogonadism. Nature Reviews Disease Primers. (General background).
Sherif El Wakil (2024). Unveiling andropause: Understanding men's midlife hormonal changes. [online] @topdoctors_uk. Available at: https://www.topdoctors.co.uk/medical-articles/unveiling-andropause-understanding-men-s-midlife-hormonal-changes/ [Accessed 27 Oct. 2025].
Testosterone level by age [online] Healthlinkssc.com. (2023). Available at: https://healthlinkssc.com/wp-content/uploads/2023/05/CCMS.jpg [Accessed 25 Oct. 2025].
Ward, S. and McLean, J. (2024). Do Testosterone Levels Change Throughout The Day? [online] Trted.org. Available at: https://www.trted.org/articles/do-testosterone-levels-change-throughout-the-day.