

Comorbidities in Men with “Late Onset Hypogonadism” Treated in two Urological Centres of Competence

Saad, Haider, Yassin, Gooren

Introduction: It is now widely accepted that serum testosterone (T) declines with aging. At the same time it has become clear that this is not primarily determined by calendar age *per se* but rather by factors impairing the health of aging men, such as obesity, metabolic syndrome, diabetes mellitus and other diseases. We determined concurrent diseases in two cohorts of mainly elderly men with “late onset hypogonadism” (“LOH”).

Methods: Two cohorts of men with LOH from two urological clinics were analyzed for concurrent diseases. Cohort A consisted of 230 and cohort B of 130 men.

Results: The following concurrent diseases were encountered: Cardiology: Hypertension: A: 37%, B: 58%; postmyocardial infarction: A: 13%, B: post-stroke 2%; coronary artery disease: A: 18%, B: 21%. Internal Medicine: A: type 2 diabetes: A: 27%, B: 36%. Gastroenterology: inflammatory bowel disease: A: 16%, B: 5%. Urology: chronic prostatitis: A: 30%. Dermatology: psoriasis: A: 1%, B: 2%. Nephrology: post-kidney transplant: A: 1%, B: 2%. Endocrinology: Klinefelter syndrome: A: 9%, B: 2%. Orthopedics: osteoporosis: A: 13%, B: 3%.

Conclusions: 1) men with “LOH” should be diagnosed for concurrent diseases which should be adequately treated. T administration treatment may be a significant element in their treatment. 2) With progression of their age elderly men will suffer increasingly from ailments and “LOH” may be an element, so far not often diagnosed. Testosterone therapy may contribute to a better quality treatment. There is already evidence that this is the case for conditions like cardiovascular disease, diabetes mellitus, osteoporosis and Klinefelter syndrome. It can be argued for a more widespread measurement of T in elderly men not primarily seeking help for the classical conditions associated with hypogonadism, such as erectile dysfunction.