

Preface

Since the days of the nineteenth century, we have come a long way in our understanding of the importance of the male hormonal milieu and how the hypothalamic-pituitary-gonadal axis functions, self-regulates, and the best treatments when it is not optimized. In 1889, before the Societe de Biologie in Paris, the neurologist/physiologist Charles-Edouard Brown-Sequard first claimed to have improved his own physical strength and intellectual capacity by self-injecting “liquid testiculaire.” This was a formulation prepared from animal testicles, primarily canine and guinea pig. Although we have certainly refined our treatments since then and the field has significantly advanced, especially over the last two decades largely due to the work of many of the contributors to this text, there are still unanswered questions and gaps in our knowledge.

We are advancing our understanding for the sake of our patients, and the largest step forward was recognizing the importance of the hormonal axis for men’s health. Low testosterone is the major focus, but this text will also discuss other hormonal interactions in the realm of urologic endocrinology, which spans in its relevance to multiple types of health care providers, in essence any providing care for men.

Drs. Butenandt and Ruzicka won the Nobel Prize in 1939 for isolating testosterone and the clinical impact of this hormone on our patients has carried no lesser importance since that time. With 481,000 new cases of low testosterone in American men between the ages of 40 and 69 each year and an estimation that less than 5 % of hypogonadal men in the United States are being treated, the task falls upon health care providers to educate our patients and the public on the importance of this hormonal deficiency and the benefits of appropriate treatment. This means that providers caring for hypogonadal men must be well versed in the process, the evaluation, the treatment options, and the risks; which is the aim of this text. It is crucial to overcome the current barriers to treatment of men with low testosterone including the current lack of consensus in the definition of low testosterone, the lack of confidence in diagnostic testing, the non-specificity of the generalized and vague signs and symptoms of low testosterone, the perception that low testosterone is a difficult and time consuming health issue for providers to manage, and the powerful fear that treating low testosterone may induce prostate cancer, which continues to be disproved with multiple studies.

As a urologist treating hypogonadal men in clinical practice, I have the privilege of seeing the impact of this cholesterol derived hormone on my patients every day. What was once thought of as purely the “male sex hormone” is now known to be so much more. With the typical improvements in energy levels, libido, erections, mood, motivation, sleep, cognitive concentration, and body composition, it is evident what a positive impact this hormone can have on a man’s quality of life. There are also the health benefits to consider for our patients. Although the studies are ongoing to help solidify our understanding of the impact of this hormone on lipid profiles, glucose metabolism, bone mineral density, obesity, cardiovascular fitness, and metabolic syndrome; there is accumulating data moving in a positive direction. Clinical judgment is still needed to select the appropriate candidates for treatment and this text will help the health care provider in making such decisions, as well as the most appropriate modality of treatment for each individual man.



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Kavoussi, P.; Costabile, R.A.; Salonia, A. (Eds.)

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