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EDITORIAL

The Gynaecologist and The Andropause

Aging is a normal physiological process, associated with a series of morphological and functional modifications within all organs and tissues characterised by a general tendency toward reduced physiological efficiency and atrophy of various organs and systems (De Nicola 1989*)

Menopause signifies the aging decline of sex hormone production of the ovary. Cessation of menstruation occurs at a well defined age-range accompanying by several somatic and psychic symptoms. On the contary the decline of androgen production of the testes in aging males occurs gradually from the midlife period with wide individual variations. This phenomenon may be called Partial Androgen Deficiency in Aging Male (PADAM) or Androgen Deficiency in Aging Male (ADAM) or Andropause.

At Andropause there are many important biomedical, hormonal and clinical manifestations which cannot be exclusively blamed to a reaction of androgen deficiency. Recently it is recognised that this is due to a broader problem with a number of inter-linked hormonal systems, including growth hormone, IGF-I and melatonin (Heaton, 2001**). There is a shifting of hormones in the aging male. Besides testosterones, there are decrease of dehydroepiandrosterone, melatonin, prolactin, growth hormone and insulin like growth factor. At the same time there are increases of luteinizing hormone, follicle-stimulating hormone and sex hormone binding globulin. While estradiol, estrone, dihydrotestosterone and cortisol remain constant.

Major clinical alterations at Andropause are lean body mass, visceral fat, bone density, hematopoiesis, hair and skin alterations, intellectual capacity, mood, sleep pattern, prostate and sexual functions. Testosterone replacement therapy should be given with careful considerations when there are definite indications and no contraindications. Regular follow up during the therapy is essential. The objective of the treatment is to improve clinical signs and symptoms and to ensure biochemical androgen normalization. In the future alternative hormonal replacement regimen for Andropause may be recognised such as growth hormone, DHEA and melatonin therapy. However the Thai FDA has not yet approved these preparations for general therapeutic use.

Menopause clinics are in service throughout the country for several years. But Andropause clinic has only recently been introduced into the Department of Obstetrics and Gynaecology Ramathibodi Hospital for the first time. In fact most of Andropause clinics at the present are running by the Gynaecologists. Care of the Andropause should be a multidisciplinary and holistic approach envolved many specialists i.e. urologist, cardiologist orthopedist, internist, endocrinologist, psychiatrist and more. Therefore a good co-operation and referral system between departments are necessary and crucial for the success. The Andropause should be assessed as a couple, if possible, particularly on sexual domain.

At this initial stage there are many obsticles for establishing Andropause clinics in the Government hospitals due to lack of knowledge and trained personnel, co-operation between departments, specific space, laboratory for hormonal assay, adequate referral system, educational documents and sufficient Government fund. In addition

* Geriatrics: a textbook, Schwer, Stuttgart.

** 8th Asia-Pacific Society for Impotence Research, 2001

there is currently no general agreement on the Andropause age-range and the Gynaecologist' s duty at the clinic. In practice there is some overlapping with other specialists. Controversies in the Andropause service require urgent clarification.

The Ministry of Health aims to take care of elderly male population between the age of 40 to 59 years old with the objectives to prevent physical disorders and promote quality of health. The Thai Andropause normally is the head of the family therefore he should enjoy useful, independent, dignified and healthy life.

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