"Testosterone for Life provides the science and common sense behind the safe and effective use of testosterone therapy in men with low levels of testosterone. Dr. Morgentaler is an internationally recognized expert in sexual medicine and andrology (male hormones). In this book he shares his secrets for a healthy life in a way the lay reader can both understand and appreciate. This is a 'must-read' book for men of all ages and the women who care about them."

—Irwin Goldstein, M.D.
Director of Sexual Medicine, Alvarado Hospital, San Diego
Editor-in-Chief, Journal of Sexual Medicine

"Testosterone for Life is yet another great contribution to men's health literature by Dr. Morgentaler. An intriguing combination of maverick and Harvard physician/scientist, he flips conventional medical thought on its head by debunking many of the long-standing myths about testosterone, including the controversial link between testosterone therapy and prostate cancer. Dr. Morgentaler has written an authoritative book that is easy to read and that will serve as an invaluable resource to both men and their physicians."

—Philip Kantoff, M.D.
Director of Lank Center for Genitourinary Oncology, Dana Farber Cancer Institute

"A highly valuable resource that finally debunks many of the myths about testosterone's safety, which has been an impediment to its appropriate usage for far too long."

—David E. Greenberg, M.D.
President, Canadian Society for the Study of the Aging Male

"With Testosterone for Life, Dr. Morgentaler provides women the tools and clear information they need to determine if their male partners' low libido is a result of normal aging, relationship woes, or a real and treatable medical condition. Dr. Morgentaler has been a powerful and outspoken advocate for improved sexual intimacy and healthy living, and, in this book, he shows how treatment of low testosterone can restore vitality in men and potentially rejuvenate floundering relationships."

—Laura Berman, LCSW, Ph.D.
Author of Real Sex for Real Women
Testosterone for Life

Recharge Your Vitality, Sex Drive, Muscle Mass & Overall Health!

ABRAHAM MORGENTALER, M.D.
Associate Clinical Professor, Harvard Medical School
of them has been advised of the possibility of such damages. This limitation of liability shall apply to any claim or cause whatsoever whether such claim or cause arises in contract, tort or otherwise.
This book is dedicated to my teachers: to Bahadur Bhatla, my high school science teacher who nourished the science spark in me; to Dr. David Crews, for introducing me to the world of testosterone and investigative thought; to Reuben Gittes, M.D., for inspiring me to question everything; and to William DeWolf, M.D., my mentor and intellectual sounding board, for his unfailing support and encouragement.
Contents

Acknowledgments

Introduction

Chapter 1
Recognizing the Symptoms

Chapter 2
Testosterone and Your Health: Understanding Testosterone

Chapter 3
Could You Have Low Testosterone?

Chapter 4
What You Should Know About Being Evaluated for Low Testosterone

Chapter 5
Benefits of Testosterone Therapy

Chapter 6
Treatment for Low Testosterone Levels

Chapter 7
Testosterone and Prostate Cancer

Chapter 8
Risks, Side Effects, and Medical Monitoring

Chapter 9
Treating Men Who Have a History of Prostate Cancer

Chapter 10
The Future of Testosterone

References

Index
Acknowledgments

This book represents my best effort to provide a much-needed book on testosterone for the millions of men with low T who are without a solid source of reliable information. It has also been an opportunity for me to present the evolution of my own thoughts and perspectives on this topic, which have developed over much of my adult life. I am grateful to many individuals both for their contributions to the publication of this book and for their contributions to me.

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Introduction

Are you tired? Have you lost your edge, your sense of vitality, your "mojo"? Does sex feel like work, or maybe it doesn't work out anymore? Is your mood blah? Have you put on a gut even though you don't seem to be eating any more than you ever did? Maybe it's age. Or maybe, just maybe, you have a medical condition called low testosterone, or, as I prefer to call it, low T. If you do, you should know that treatment of low T has an excellent chance of helping you feel better. Not only do many men experience improvement in their sexual function and return of their old desire for sex, but they also say they feel like their battery has been recharged. They say they feel younger, more vigorous, or "the best I've felt in years!"

What's more, low T is incredibly common. Testosterone levels decline as we age, beginning around thirty-five years of age. By the time a man is seventy years old, there is a 50 percent chance that his T levels will be lower than the lowest values seen for men in their twenties. In men who have diabetes, obesity, hypertension, or lung disease, the risk of having low T approaches one in three for men over the age of forty.

Yet here's the crazy thing. For the longest time, despite recognizing the symptoms of low T for centuries, very few doctors offered treatment. The diagnosis and treatment have been part of all standard medical textbooks for several decades, yet there has been a great deal of confusion and a lack of clear guidelines about how to diagnose and how to treat low T. For the average man in reasonable health who feels his internal battery has worn down, this has meant that no one, including his own physician, has likely gone to the trouble of determining whether he might have low T.

Every week, I see men in my office who come in with classic symptoms and test results for low T, but whose physicians have either dismissed their complaints ("Joe, you just need to accept you're getting older.") or misinterpreted the test results ("That's strange—you have all the symptoms of low T, but this report says your testosterone levels are normal. I guess that's not it."). In other cases, the doctor has made the right diagnosis but just didn't feel comfortable prescribing testosterone therapy.

It doesn't have to be that way. As a urologist at Harvard Medical School, I've been treating men with low T for the last twenty years. When I include my undergraduate research at Harvard College on the effects of testosterone and other hormones on the brain, then I've been at this work for thirty years. It's what I do. And I've written this book to provide clear and helpful information so that men can be empowered to determine for themselves whether they have low T and, if so, whether they are interested in a trial of treatment.

Even after all these years of working with men with low T, I continue to be amazed at the ways in which T therapy can absolutely change a man's life. Not long ago, I saw Justin (all patient names have been changed for privacy reasons) in the office one year after he began testosterone treatment. As a fifty-two-year-old man, his original symptoms had been limited to reduced sexual desire. Otherwise, he told me during his initial visit, he felt perfectly fine.

"How have you been, Justin?" I asked as we sat down at his follow-up visit.
"Doctor," he began, "as you predicted, my sex drive came back quickly. What I hadn't expected, though, was how much better I would feel in other ways. In retrospect, I'd lost my zest for life, but I didn't realize it at the time because it had happened so gradually. Within a couple of months of treatment, I felt better than I'd felt in years. I'd always been creative in business, but I had let everything slip. In the last six months, I've started two new businesses, and I'm helping a colleague with the creation of a nonprofit educational company. I'm now excited to wake up every single day."

I hear stories like Justin's all the time. As a rule, guys don't like to go to the doctor; when they do, it's usually to treat some specific problem that won't go away. Most men I see come in for a specific issue, such as problems with erections or reduced sex drive. Testosterone therapy can be extremely helpful for these symptoms, yet in many ways the most important benefits of T therapy is the feeling of being "recharged" again—feeling more focused, more vigorous, more masculine, more alive.

It's really no wonder that many physicians are uncertain about their obligation to treat something like this. After all, no one dies from feeling run down or from having less sex drive. But it's a lousy way to go through life. And if symptoms can be relieved safely and effectively, then why not get treatment?

Augustino's story provides a slightly different perspective on the benefits of T therapy. Augustino is a distinguished professor of political science at one of the prestigious universities in the Boston area, who was unsure why he had been referred to me. "I'm not certain my problem is in the field of urology," he said, "but my regular doctor referred me to you because he thought I might have low testosterone. The thing that disturbs me most is that my brain doesn't seem as sharp as it should be. And for the last year or so, I feel like I'm just pushing time, going through my daily routine without any excitement. Since my whole life is dependent on being curious and mentally sharp, I'd be grateful if there was something you could do to help me."

The professor's blood tests revealed low T, and I started him on therapy. At three months he came back for his follow-up visit. He jumped up when I entered the room, with a big smile on his face, and clasped my hand in both of his own. "Doctor, thank you so much. I feel like myself again. I've started writing a new book. And my students seem pleased that I remember their names again!"

To be sure, not everyone who responds to T therapy has the same kind of dramatic response as Justin and Augustino. In fact, many men who begin treatment with testosterone never notice any benefits at all. This shouldn't be a surprise, because there is no treatment in the world that works for everyone and there can be any number of reasons why a man may feel drained or lacking in sexual interest. But the majority of men with low T do respond to treatment, often in ways that make their lives better.

One of the great hurdles in addressing the topic of low T is that we are talking about a loaded subject—testosterone. Everyone thinks they know something about testosterone, and most of that information has a negative taint. A research colleague laughed when I described the difficulties in having T therapy accepted on a wider basis. "The reason no one wants to take testosterone," he joked, "is because everyone considers it evil. Athletes like Barry Bonds use testosterone to cheat.
And I bet my wife and her girlfriends would say they'd be happy if all testosterone were removed from the universe, based on the way they think it makes men behave."

Within medicine, there is also a bias against testosterone. Commonly heard criticisms are that the benefits are unproven, the diagnosis is complex, and the treatment increases the risk of prostate cancer. In my view, none of this is true—but it is perceived to be true, which may be an even greater hurdle for physicians.

Another argument is that the decline in testosterone is a normal part of aging and thus should not be treated. This idea that we should not meddle with Mother Nature is hogwash. We meddle with nature every day when it comes to our health. "Normal, natural aging" is associated with bad eyes, bad hearing, bad teeth, bad joints, bad blood vessels, bad hearts, and cancer. We treat all of these to improve the quality of life or to increase longevity. Should we withhold offering prescription glasses to older men and women because poor vision is common with advancing years and thus "normal"? It's a ridiculous notion. Low T is no different. Just because low T becomes more common as men age is no reason to deny treatment.

Not everyone agrees with my attitudes about testosterone. Indeed, some colleagues disagree quite strongly. As an example, an authoritative committee of the Endocrine Society issued a statement that comes down quite differently on several issues than I do. Yet when they published their views, many other experts protested vigorously. And on several issues I discuss in this book—such as the best blood test for testosterone or the best treatment for testosterone deficiency—expert committees have often deadlocked, unable to reach consensus.

In presenting my views, I want to make it clear that I am speaking for myself alone. In this book, I will do my best to describe differing opinions held by others and why I think that the evidence supports my position, not theirs. I will say up front that I believe the benefits of treating low T outweigh the risks for most men. I believe treatment can help men regain their ability to lead full, loving, satisfying lives. I believe that many doctors have not kept up with the latest research about both the benefits and the risks of T therapy and are therefore doing some patients [End of Sample]