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with **Leah McClellan** Your Guide to One of Over 700 Sites

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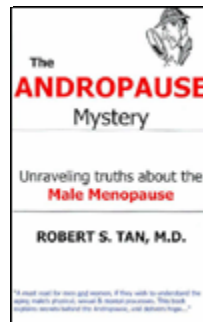
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The Andropause Mystery: An Interview

With **Robert S. Tan, M.D.**

Part 1: What Is The Andropause?



Dr. Robert Tan, a physician who specializes in geriatric medicine at the University of Texas in Houston, has recently published *The Andropause Mystery: Unraveling Truths About Male Menopause*. This book, while it is based on clinical research in the field of "Aging Andrology," is easy to read and includes many interesting case studies and explanations for technical terms. It is highly recommended as an aid in understanding the hormonal changes that many men experience as they age.

Dr. Tan, after training in general medicine, decided to specialize in geriatric medicine (a comprehensive medical specialty specializing in seniors). He has been practicing medicine as well as teaching for almost two decades now. As a physician, researcher, and educator, it has been his desire to help both men and women understand the similarities and differences between the female menopause and the male version of hormonal decline: the andropause. Dr. Tan's main goal is to help men improve and maintain their quality of life as they age.

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Leah McClellan: How did you first become interested in the andropause, and why?

Dr. Tan: I have always been taught to recognize and treat transitions in women, namely menopause, but always wondered if a similar event occurred in men. In the past few years, as many older males came to my practice, I began asking more questions, especially if certain endocrine changes with aging affect not only women but also men. I have learned a lot over the years by just listening to my patients. One landmark point was when I started recognizing clinical hypogonadism (low testosterone) in older men and started treating it. I saw improvements in the quality of life of my patients. I also started researching the andropause and began writing for medical journals and teaching other doctors about this entity.

Over the past few years, I have been studying men's perceptions of the andropause. I have also been looking into why the andropause doesn't affect everyone uniformly, and why certain men are at higher risk for developing hypogonadism, which is in part the basis of andropause. I wrote the book *The Andropause Mystery* because I believe that if I can impart information to men as well as their partners they would look after themselves better. Too often, doctors are busy trying to fix things, but prevention and knowledge is the key to good health. There are many simple strategies described in my book that, if followed, would lead to graceful and fuller later lives. This is what I call the post-andropausal stage.

Leah McClellan: What is the andropause, exactly?

Dr. Tan: The andropause is the time in a man's life when the hormones naturally decline. A medical dictionary defines the andropause as "a change of life for males that may be expressed in terms of a career change, divorce, or reordering of life. It is associated with a decline in androgen levels that occurs in men during their late forties or early fifties." I prefer to use the term andropause rather than "Male Menopause," as men cannot have periods and thus not a menopause. "Meno" in Greek means "month" which implies the monthly periods. Doctors have suggested other terms including A.D.A.M. (Androgen Decline in Aging Males) for this physiological state.

There is an undeniable hormonal decline as one ages, and this in turn aggravates the aging process. Nevertheless, some men are still able to father children in their eighties. This may prove a point that the andropause is not universal, occurring in some but not all men. The changes come about because of a decrease of hormone production including testosterone.

Leah McClellan: Can you explain a little about the function of hormones?

Dr. Tan: Basically, hormones are chemicals that are

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produced in the body by organs called endocrine glands, and they regulate the function of other organs. Although mainly natural, hormones can be artificially synthesized today. Some examples of hormones include insulin; which regulates blood sugar; thyroxine, which regulates overall metabolism; and estrogens, which regulate female functions including reproduction. Hormones themselves are regulated by a "feedback system." It is a system of control with the hypothalamus and pituitary glands acting as control centers. Regulatory or "trophic" hormones in turn control the function of individual hormones.

Leah McClellan: Specifically, what are androgens and what is their function? What about testosterone? What role does it play?

Dr. Tan: Androgens are male hormones that are synthesized from cholesterol. Yes, that infamous rogue cholesterol is the precursor of testosterone! Perhaps this is the reason that seafood such as oysters, shrimp and lobsters, all of which are high in cholesterol, are thought to be aphrodisiacs. Not that I am suggesting that you sacrifice your health for the sake of love by consuming shrimp excessively!

Dehydroepiandrosterone (DHEA) is the principal androgenic steroid produced by the adrenal cortex (the outer portion of the adrenal gland) and is a precursor of testosterone. Adrenal androgens have little intrinsic biologic activity and are primarily active only after conversion to testosterone. Most effects of androgens are mediated through an "androgen receptor." It is unclear if aging affects this process, although it is known for a fact that aging is associated with a decline in the production of DHEA. Currently, DHEA is available commercially as a non-prescription "health food" in most pharmacies and health food stores.

Testosterone is an androgen, and it has many functions including maintaining muscle function, libido, bone strength, blood manufacture, and immunity as well as modulating mood and cognitive function.

Leah McClellan: Your research and experience shows that the andropause is a real issue for many men, and it is treatable. Why, then, is there so much controversy about its existence? Why so little research?

Dr. Tan: One often-overlooked fact is that older men suffer from osteoporosis just like older women do. However, men rarely go on calcium or bone supplements called biphosphonates, let alone hormonal replacement. But supplements that counteract the effects of aging for women and female hormone replacement therapy are common.

Part of the reason that the andropause is not widely recognized by doctors is that they were never taught its existence. There is no curriculum in medical school or residency to address this deficiency. The scientific

literature in this area is also lacking. For example, a quick check with Pub Med (the most reputable Internet medical literature search engine developed by the U.S. National Institutes of Health) reveals very little peer-reviewed research in this area. The reason for little research on the andropause is the tragic lack of funding. I am personally unaware of any grants currently directed towards research of the andropause. This contrasts greatly with what is available in terms of funding for the menopause. The lack of knowledge amongst doctors themselves is contributing to the lack of recognition of this entity. As a result, the male patient suffers quietly. Men themselves may fail to recognize that the andropause is indeed a phenomenon.

Another factor is the psyche of males. Men are, by and large, less likely to report symptoms than women. This has been substantiated in many studies. There is great denial of the andropause among some men. This seems to be related to educational levels and exposure to clinical information. Carefully treated, men can benefit from an improved quality of life in their andropause years and beyond.

Next page > [Signs And Symptoms](#) > Page [2](#), [3](#)

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