

The Men's Health Clinic Audit

- Anabolic Steroids & Hypogonadism

Hypothesis

Over 80% of men accessing The Men's Health Clinic are over 30 years old. Over 60% of men identified as having Testosterone Deficiency Syndrome (TDS) have a past history of Androgenic Anabolic Steroid (AAS) use.

Introduction

The Men's Health Clinic is a CQC registered private men's health clinic that specialises in diagnosing and treating TDS with Testosterone Replacement Therapy (TRT).

Testosterone Deficiency tends to affect men over 30 as levels decline with age. This can produce symptoms such as low libido, lack of energy, low mood, 'mental fog' and loss of drive and determination. Physical symptoms include erectile dysfunction, loss of lean muscle mass, increased visceral fat, increased insulin resistance, inflammation, lipid dysregulation and loss of bone mineral density. TDS is also associated with increased risk of mortality and reduced survival.

Despite the primary focus being men over the age of 30, the clinic was aimed at ALL men with symptoms and signs of TDS. Its primary focus is increasing awareness, understanding and acceptance of the topic of low testosterone. Diagnoses is made by looking at both qualitative and quantitative markers, and a thorough history, physical examination and investigations as appropriate. The purpose of this is to not only diagnose whether the man has a primary or secondary hypogonadism, but to also exclude any other potential diagnoses.

The philosophy behind the clinic is one of prevention, not only management. Testosterone Replacement Therapy should be viewed as a life-long commitment, it is not something not to be entered into lightly. The decision to go onto TRT should therefore be a fully informed one.

The Men's Health Clinic is one of the first clinics of its kind, making access to effective treatment, support and care accessible to those in need. The National Health Service is an incredible organisation, however, when it comes to preventative care and managing men with hypogonadism, in my opinion, it falls short of the mark.

The purpose of this audit was to identify the current demographic of males accessing support from The Men's Health Clinic, and to identify if a past use of Androgenic Anabolic Steroids was the primary reason they were experiencing signs and symptoms of male hypogonadism.

Methods

Dr Stevens identified the subjects by systematically going through each patient's computer records since the clinic opened in January 2016. Subjects were included if they had a diagnosis of TDS based on both qualitative symptoms and quantitative markers. Subjects were excluded if these parameters were not met, or they

accessed support from the clinic for an alternative reason. 110 subjects were identified as suitable candidates.

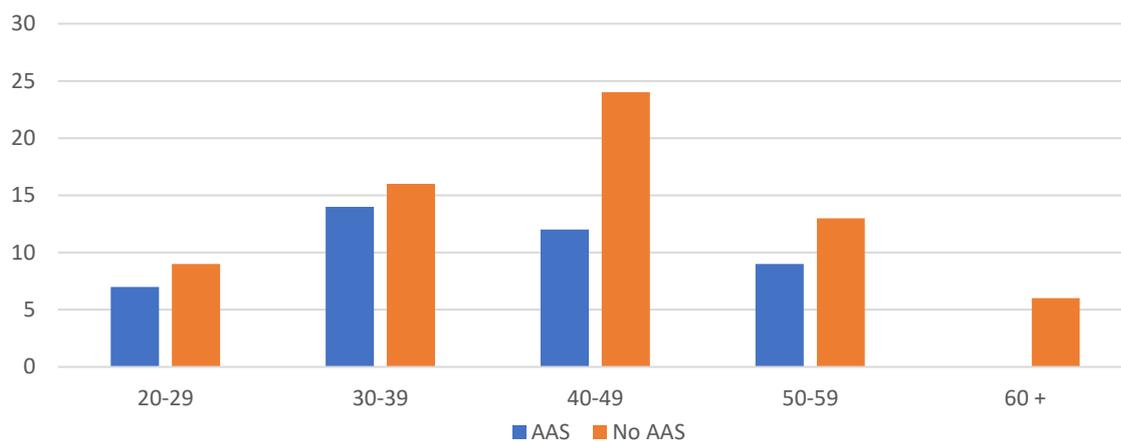
Subject’s medical notes were reviewed for any mention of past AAS use, this is a routine question asked by Dr Stevens during the New Patient TRT Consultation. It is common practice these days for men to commence Post Cycle Therapy (PCT) in an attempt to restart the Hypo-Pituitary Gonadal axis. So, as a matter of interest, this question is routinely screened as well. The results were then translated into a data collection table and a graph, allowing for a visual representation of the results and subsequent discussion.

Results

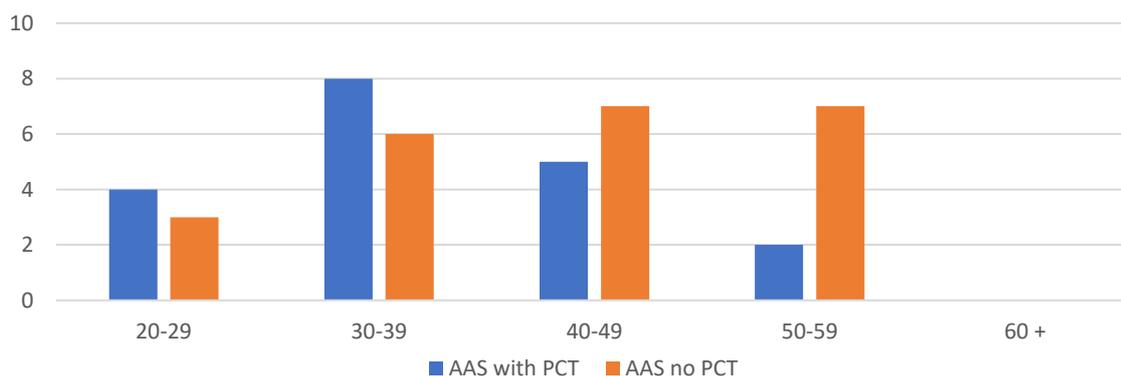
Subjects:- All patients with a confirmed diagnosis of Hypogonadism. Diagnosis based on both quantitative and qualitative markers.

Sample Size:- 110

	20-29	30-39	40-49	50-59	60 +	Total
AAS	7	14	12	9	0	42
No AAS	9	16	24	13	6	68
Total	16	30	36	22	6	110



	20-29	30-39	40-49	50-59	60 +	Total
AAS with PCT	4	8	5	2	0	19
AAS no PCT	3	6	7	7	0	23
Total	7	14	12	9	0	42



Discussion

85.5 % of men seen at The Men's Health Clinic from January 2016 to the present day, and identified as having TDS, were over the age of 30 years old. This supports the above hypothesis.

It is apparent that AAS use is becoming more and more prevalent in the general male population. This rise does not appear to be exclusive to the bodybuilding community and that of professional athletes. 44% of the men under 30 admitted to past AAS use. Interestingly, this percentage is less than that of the 30-39 age range, which was 47%. This highlights that the use of AAS amongst young men has potentially been an issue for a number of years.

The prevalence of AAS use, compared to those who did not have a history of AAS use, subsequently decreased with age. No one over the age of 60 admitted to past use of AAS. Perhaps increased use of AAS coincided with the golden era of bodybuilding in the 70's and the meteoric rise of action heroes such as Arnold Schwarzenegger and Sylvester Stallone, with men wanting to be like their idols?

It was demonstrated that only 42% of subjects with a diagnosis of TDS / male hypogonadism had a history of AAS use (45% of those men also used PCT). This does not support the above hypothesis. I think this reveals that TDS is more common than previously anticipated, and is a real issue amongst the general male population.

Analysing the data supports the increased use of PCT amongst AAS users, however it certainly does not support its effectiveness in restoring the HPG axis. There is a real risk of permanent hypogonadism, irrespective of PCT use.

I think it's quite clear that the prevalence of TDS is significantly higher in the general population than previously recognised. Whilst the use of AAS is a significant risk factor in the development of male hypogonadism in young men, it is clearly not the only cause, accounting for less than 50% of diagnoses in the under 30's. Whilst TDS is a recognised medical condition, it is inadequately screened for and surely this must be redressed.

Action

Repeat the audit in one year to see if the demographic changes, and to potentially identify any trends that may, or may not, reflect the increased use of AAS within the male population.

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