Male Hypogonadism

This is not a diagnosis in itself and requires definition of an underlying cause.

- Primary hypogonadism (low T, elevated LH and FSH) indicates primary testicular disease
- Secondary (low T without compensatory increase in LH and FSH) indicates pituitary or hypothalamic dysfunction.

Information Required
- Presence of Red Flags
- Duration of symptoms
- Associated symptoms
- Co – morbidities
- Drug therapy including previous prescribed or non –prescribed androgens

Investigations Required
- Serum total testosterone measured at 0800-0900 on at least 2 separate days
- Serum LH, FSH and Prolactin
- CBP, U and E, LFT, PSA

Fax Referrals to
- Flinders Medical Centre 8204 8960
- Repatriation General Hospital 8374 2591
- Noarlunga Hospital 8384 9711

Red Flags
- Disabling symptoms

Suggested GP Management

- Investigation should establish persistent biochemical testosterone deficiency (requires at least 2 serum testosterone levels at 0800-0900 on separate days) and then establish a cause of deficiency if present.
- If there is clear biochemical androgen deficiency, perform the recommended other preliminary biochemical tests. If there is a clear cause of established deficiency, no contra-indication (eg active prostate Ca) and a clear indication for replacement therapy, a trial of testosterone therapy can be undertaken while waiting for an appointment.

Clinical Resources

- Testosterone Therapy in Adult Men with Androgen Deficiency Syndromes- An Endocrine Society Clinical Practice Guideline

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

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