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Men's Health: Testosterone Deficiency and Erectile Dysfunction

Practice Based Small Group Learning Program

INTRODUCTION

With an increase in public awareness and availability of effective treatment options, more men are seeking help for sexual health conditions like erectile dysfunction. Others may present with non-specific symptoms or those typically associated with normal ageing and wonder if testosterone testing and treatment is a viable solution for them.

OBJECTIVES

This module will enable clinicians to:

- Counsel men about the normal age-related decline in testosterone.
- Identify and manage testosterone deficiency in men.
- Assess and manage erectile dysfunction.

CASES

Case 1: Andrew, age 65

Andrew attends your clinic today after being encouraged to do so by his wife, although he has no specific concerns. He is a retired engineer, does not smoke, takes no medication, drinks 1 to 2 beers at the weekends and does not use recreational drugs. He does not exercise regularly, although he does like to golf and hill walk occasionally. His father had a stroke at the age of 74 and had high blood pressure. Andrew has no other remarkable personal or family history. He is mildly overweight (BMI 28). While you are checking his blood pressure, he admits that his "stamina" is no longer what it used to be and wonders if he might benefit from being prescribed testosterone like his friend, Robert. His blood pressure is 135/85 and the rest of the physical examination is unremarkable.

What further information would you like to gather during this consultation?

Part Two

Andrew feels less energetic since he retired 18 months ago. He sleeps eight hours a night with occasional insomnia. He does not snore, and his wife is not aware of any pauses in his breathing. He finds his energy levels have decreased, impairing some of his activities (hill walking and golf), but denies any shortness of breath, chest discomfort or presyncope. He denies any symptoms of