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To prospectively investigate the effect of testosterone therapy on lower urinary tract symptoms (LUTS)/bladder and sexual functions in men with symptomatic late-onset hypogonadism (SLOH).

The study included 25 men (age range 38 to 73 years) presented with sexual dysfunction, having SLOH, at a single university hospital. All men received testosterone replacement therapy with transdermal testosterone 50-100 mg gel per day for one year. Urodynamic studies with pressure-flow analysis, measurement of prostate volume, prostate specific antigen (PSA) and free PSA level, International Prostate Symptom Score (IPSS), Aging Male Symptom (AMS) scale and International Index of Erectile Function (IIEF-5) score were recorded in all men before and after one year of the treatment.

The mean AMS score significantly decreased from 40.4 +/- 7.3 to 28.8 +/- 5.31 ($p = 0.001$), and mean IIEF-5 score significantly increased from 8.84 +/- 3.76 to 14.36 +/- 3.62 ($p = 0.001$). The mean maximal bladder capacity and compliance significantly increased ($p = 0.007$ and $p = 0.032$, respectively), and mean detrusor pressure at Qmax significantly decreased from pre-treatment to post-treatment ($p = 0.017$).

This study suggests that in addition to improvement in sexual functions, testosterone therapy may also improve LUTS/bladder functions by increasing bladder capacity and compliance and decreasing detrusor pressure at maximal flow in men with SLOH.

Written by:

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Reference:

Aging Male. 2008 Sep;11(3):146-9.
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PubMed Abstract

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