

Initiating a Discussion About Hypogonadism With Your Patient

Hypogonadism

An open and comfortable dialogue between the patient and the clinician is integral to the successful diagnosis of any medical condition.¹ Because many patients are unaware of the signs and symptoms of hypogonadism and do not report them to their healthcare providers, it is essential for the clinician to proactively initiate a conversation with the patient to uncover symptoms that may lead to a diagnosis of hypogonadism.²

Patients commonly present with vague complaints, such as loss of motivation, lack of energy, low mood, and inability to concentrate, and sexual symptoms, such as low libido and erectile dysfunction.³⁻⁵ Furthermore, patients who are embarrassed by a topic may be vague and indirect while discussing it; clinicians must be precise and tactful to overcome ambiguity.⁶ When the clinician initiates a dialogue, communication is encouraged that helps the patient overcome feelings of embarrassment or discomfort when discussing his health concerns.^{6,7}

Clinicians should be aware of the subtle and nonspecific signs and symptoms of hypogonadism and its comorbidities to appropriately diagnose this and associated conditions.² Growing evidence suggests that low testosterone may portend metabolic syndrome, diabetes, and cardiovascular disease^{8,9} and may be associated with higher mortality rates. Therefore, it is critically important that clinicians delineate the relationship between testosterone and overall health and explain to patients the benefits and importance of treating hypogonadism.^{3,10-12}

Physicians may benefit from useful tools to facilitate screening for sexual health concerns across the lifespan.¹³ Symptoms may be elicited using screening questionnaires, such as the Androgen Deficiency in Aging Males (ADAM) questionnaire, the Aging Male Survey (AMS), and the New England Research Institutes (NERI) screening questionnaire.¹⁴⁻¹⁷

Tips for the clinician to initiate a conversation about hypogonadism with a patient are offered here.

Taking a sexual history is imbued with even greater importance, because it may reveal hypogonadism.² In the clinical setting, sexual history taking is not necessarily time-consuming and may be the critical component in educating, counseling, and supporting the patient.¹⁸ For instance, communicating with the patient in a nonjudgmental, nonconfrontational way about his medication-taking behavior is a simple way to disclose poor adherence.¹⁰

Reassuring patients that privacy and confidentiality are a priority in your clinical practice is important.^{1,18} Making patients feel

comfortable and relaxed requires that the physician ask open-ended, nonjudgmental questions about sexual health with sensitivity and in privacy.^{6,13}

By informing a patient at the outset of the conversation that you are about to ask very personal and potentially embarrassing questions, the patient's discomfort is sometimes forestalled.¹⁸ A more comfortable environment, where information can be exchanged more readily, results when the patient understands that taking a sexual history is a routine component of an overall health evaluation.¹³

A standard sexual history technique emphasizes¹⁸:

- Ensuring privacy and confidentiality
- Conveying a professional attitude
- Communicating in an open-minded and nonjudgmental manner
- Recognizing nonverbal cues
- Asking appropriate questions tactfully
- Explaining procedures and treatments thoroughly
- Reinforcing risk reduction and sexual health

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Linking the patient's medical and sexual histories may be effective for addressing sexual dysfunction, even in a brief office visit. For example, the clinician may consider this phrasing: "Often people with X condition (eg, diabetes or other comorbidity) notice a change in their sexual function. Have you noticed any change?"¹⁹

Comorbidities^{2,9,11,20}

- Anemia
- Cardiovascular disease
- Obesity
- Metabolic syndrome, type 2 diabetes
- Osteoporosis, low bone mineral density
- Dyslipidemia
- Hypertension
- Human immunodeficiency virus-associated weight loss
- End-stage renal disease and maintenance hemodialysis
- Moderate to severe chronic obstructive pulmonary disease

It is critical for physicians to discuss with their patients the available testosterone therapies, carefully weighing the potential benefits and risks of each formulation while also considering new diagnostic tools and therapies.^{3,5} Successful testosterone therapy depends on matching the patient's needs and lifestyle with an appropriate method of medication delivery.^{10,21} The Checklist of Hypogonadism Symptoms and Comorbidities, the Hypogonadism Treatment Chart, and the Patient Information and Education Flyer, provided in the Educational Toolkit, may further facilitate discussion about hypogonadism with your patients.

References

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