

Hypogonadism: Indications and Management in Males

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Editorial Note

Male hypogonadism is a condition where the body produces insufficient amounts of the hormone testosterone, which is important for male growth and development during puberty. There is a definite need to raise hypogonadism awareness within the medical establishment, particularly among primary care physicians, who are often the patient's initial point of contact. Hypogonadism can have a considerable negative impact on one's quality of life, resulting in the loss of a job and the splitting of couples, which can lead to divorce. Doctors must also understand that testosterone is more than just a sex hormone.

Hypogonadism is a medical word denoting the gonads' low functional activity. Hormones (testosterone, estradiol, progesterone, inhibin B) and gametes are produced by the gonads (ovaries or testes) (eggs or sperm). Male hypogonadism is characterised by a lack of testosterone, which is essential for hormonal, psychological, and physical development. Low testosterone levels can result in a lack of secondary sex characteristics, sterility, muscular atrophy, and other issues. Testicular, hypothalamus, and pituitary disorders can all cause low testosterone levels.

Testosterone is important for male sexual, cognitive, and physical growth throughout their lives. Testosterone aids in the determination of sex throughout foetal development. Rising testosterone levels have the most evident impacts in the prepubertal stage. Body odour appears, skin and hair oiliness increases, acne appears, faster growth spurts occur, and pubic, early facial, and axillary hair grows during this time. Enlargement of the sebaceous glands, penis enlargement, increased libido, increased frequency of erections, increased muscular mass, deepening of voice, increased height, bone maturation, loss of scalp hair, and growth of face, chest, leg, and axillary hair are some of the pubertal effects in males. The effects of testosterone can be seen in adults in the form of libido, penile erections, aggression, and mental and physical vigour.

Testosterone substitution treatment is the essential treatment alternative for hypogonadism. In a perfect world, the treatment ought to give physiological testosterone levels, commonly in the scope of 300 to 800 ng/dL. As per the rules from the American Association of Clinical Endocrinologists, given in 2002, the objectives of treatment are to:

- Re-establish sexual capacity, drive, prosperity, and conduct
- Create and keep up with virilization

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- Streamline bone thickness and forestall osteoporosis
- In old men, perhaps standardize development chemical levels
- Conceivably influence the danger of cardiovascular illness
- In instances of hypogonadotropic hypogonadism, re-establish fertility

To accomplish these objectives, a few testosterone conveyance frameworks are right now accessible on the lookout. Clinical rules distributed in 2006, by the Endocrine Society, suggest holding treatment for those patients with clinical manifestations, instead of for those with simply low testosterone levels.

Hypogonadism is generally defined by serum testosterone levels of less than 300 ng/dL, as well as at least one clinical sign or symptom. Lack or regression of secondary sexual characteristics, anaemia, muscular wasting, lower bone mass or bone mineral quality, oligospermia, and abdominal obesity are all signs of hypogonadism. Sexual dysfunction (erectile dysfunction, decreased libido, diminished penile sensation, difficulty attaining orgasm, and reduced ejaculate), decreased strength and energy, depressive symptoms, brute force attack, concentration problems, changes in cholesterol levels, anaemia, osteoporosis, and hot flushes are all symptoms of postpubescent hypogonadism. Men of all ages are affected by hypogonadism, which can be hereditary or acquired. Treatment is necessary for people who have clinical symptoms linked to low testosterone levels in order to avoid sexual, cognitive, and physical alterations. Patients can choose from a variety of treatment alternatives that use varying dosage formulations and provide them with the therapy options that best suit their needs. As a result, there is a clear need to raise hypogonadism knowledge within the medical community, particularly among primary care physicians, who are often with the patient's at initial point of contact.