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Andropause and psychopathology: minor symptoms rather than pathological ones

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Abstract

This study examined the psychological symptomatology of men diagnosed with andropause and the association between calculated free testosterone (T) and depressed mood, anxiety and quality of life. Subjects were 153 men, aged 50–70 years, who participated in a screening of andropause. Total testosterone, FSH, LH and SHBG levels were measured. Depressed mood was assessed with the Carroll Rating Scale, anxiety with the “anxiety-insomnia” dimension of the General Health Questionnaire, and quality of life with the World Health Organisation Quality of Life questionnaire. The results showed that levels of free T decreased with age, whereas FSH and LH increased. Carroll Rating Scale scores were higher among hypogonadal subjects, but the mean score was low and not pathological. A negative correlation was observed between severity of depression as assessed by the Carroll Rating Scale and free T levels. However, subjects with a significant score on this scale did not exhibit different free T levels compared to subjects with a non-significant depressive score. Anxiety and quality of life did not differ between hypogonadal and eugonadal subjects. The present study therefore suggests that andropause is not characterised by specific psychological symptoms, but may be associated with “depressive symptoms” that are not considered as pathological.

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1. Introduction

Although the concept of andropause is far from clear in endocrinology, media widely use this term to refer to general psychoneuroendocrine modifications in ageing males. Even though gonadal function declines with age in both men and women, several lines of evidence suggest that andropause, as an equivalent to menopause, does not exist (Skolnick, 1992; Tenover, 1998; Vermeulen, 2000). Middle-aged men are however characterised by clinical symptoms such as insomnia, decreased libido, reduced sexual activity, decreased mineral bone density and a development of abdominal obesity, similar to the symptoms occurring during menopause, although less intense (Shimokata et al., 1989; Vermeulen et al., 1989, 1999a; Murphy et al., 1993; Meacham and Murray, 1994; Schiavi and Rehman, 1995; Schow et al., 1997). The clinical delimitation and diagnosis of andropause are matters of controversy because of the inter-individual variability of its expression and the lack of specific symptoms. Vermeulen (2000) stressed the fact that the etiology of these signs and symptoms is often multifactorial, and that few significant correlations have been found between symptoms and testosterone levels.

A reduced feeling of well being with unusual anxiety and irritability, nervousness, mood swings and a depressive state are often mentioned as the psychological symptoms of age-related hypogonadism (Burns-Cox and Gingell, 1997; Morley et al., 1997b; Show et al., 1997; Sternbach, 1998; Wu et al., 2000). Difficulty in concentrating, lack of motivation and lower psychological vitality are also reported in the ageing male (Metz and Miner, 1995). However, psychological aspects of andropause have not yet been specifically studied and most data on psychological symptoms come from researchers' clinical impressions rather than from systematic studies. Therefore, it seems premature to assign them to the age-associated decline in testosterone levels.

The implication of testosterone in psychological state has yielded mixed results, mostly due to the heterogeneity of samples like age, health state and different methodological aspects (i.e. androgen assays, subtypes of testosterone used, time and number of blood samples used). Among elderly men, lower testosterone levels were associated with depressive symptoms (Beck Depression Inventory scores, Barrett-Connor et al., 1999) or dysthymic disorder (Seidman et al., 2002). Moreover, lower testosterone levels were reported in men with depression independently of age (Vogel et al., 1978; Yesavage et al., 1985; Rupprecht et al., 1988; Unden et al., 1988; Steiger et al., 1991; Davies et al., 1992; Schweiger et al., 1999). In contrast, some studies did not observe any significant difference in testosterone levels between depressed men and controls (Sachar et al., 1973; Amsterdam et al., 1981; Levitt and Joffe, 1988; Mason et al., 1988; Rubin et al., 1989; Davies et al., 1992). Furthermore, several studies have suggested that testosterone replacement improved mood in hypogonadal men (Skakkebaeck et al., 1981; O'Carroll et al., 1985; Burris et al., 1992; Wang et al., 2000), but others did not (Wu et al., 1982; Morales et al., 1994), as in studies on eugonadal men (Anderson et al., 1992; Bhasin et al., 1998). Several researchers have also suggested the potential use of testosterone as an antidepressant

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