Menopause-andropause

Menopause and Andropause: The Next Passage

Menopause / Andropause is the result of age related waning sex steroid levels.

Menopause causes so many symptoms

Think steroids. What’s the first thing that comes to mind? What’s the first image? Bulked up Olympic Athletes? Baseball players testifying before congress? Or something else? Sex hormones — it’s what keeps us youthful, vital and playful.

We live in a world loaded with images and mis-perceived words. Menopause has become so much more “acceptable” to talk about. You could go to a local bookstore and find maybe 5 or 6 books on this subject 25-30 years ago. Now you can find an entire section. But andropause was less well known or even accepted until more recently popularized by marketing mad men as the “low-T-syndrome.”

There is one recurring theme where the sexes change roles. Women take charge and solve problems when not feeling well. When “off” men just keep working harder trying to ignore the fact that something may be “not quite right.” So men tend to become overwhelmed and find themselves about 25 years behind women in this final “passage.”
It has been said that we should stop worrying so much about Menopausal symptoms. Just let it unfold. Live with it and it will all pass. Surely this is the way of nature. Grow old gracefully.

But the truth is that we are living in exceptional times.

At the dawn of the 20th century, as consistently difficult as it is to believe, life expectancy was 47 years. By 1936 it had increased to 65 years. Today life expectancy is about 78 years. A dramatic increase, as illustrated by the very fact that for most of human existence, most women never lived long enough to “suffer” the pangs of menopause.

Menopause begins at about 45-47, reaches a crescendo at about 49-51 and climaxes at an average age of 52-53. As many a family can attest, it is not just the women, but the entire family that is carried along for this “memorable” roller coaster ride.

Andropause — low T syndrome

Men experience andropause as a much more subtle ride. A slow, imperceptible, but inexorable slide in the early 50’s where the peak of andropausal symptoms are experienced at 54-56. Old workout routines seem to fail to give the same predictable results. Loss of motivation, drive, strategizing, vim and vigor. Loss of sexual libido and performance. It all declines.

Now we know there is tacit recognition of andropause in men with all the ads and soaring sales of Viagra, Levitra and Cialis. Certainly, there is a perceptible need. Even Hugh Hefner and Bob Dole a have been public about the use and advocacy of these little helpers.

The famous women’s health initiative (WHI) that generated too many negative
papers seemed to argue against the use of hormone replacement therapy (HRT) to mitigate the suffering experiences. But the aftermath worldwide has been — disastrous for millions of women.

These were Premarin/Provera studies, not Estrogen/Progesterone studies. Provera, a progestin, is not progesterone. It has a different course of action, metabolism and side effect profile. And we know where Premarin comes from — pregnant mares urine. The sad reality is that the really definitive study will probably never be conducted using bioidentical hormones. There is no incentive. But we can be sure of this. Gather a group of 68-70 year old women and there is a far greater likelihood the topic of discussion will turn to the daily aches and pains of “growing older.” Like out of a Rolling Stones lyric,” what a drag it is growing old.” But you know better than that. That’s hormones talking.

Estrogen helps revitalize your hair, skin, eye secretions, oral secretions, vaginal secretions, joint secretions. It mitigates so much of the dry eye syndrome, the muscle and joint aches that can be seen in the late 50’s and beyond. Estrogen is reputed to be responsible for over 400 notable functions in the human body.

Testosterone therapies

And men suffer quite similar problems. Joints and muscle aches, loss of muscle mass, sarcopenia and strength. We men are conditioned to tough it out, to keep quiet about our failings, so we seek advice only when there is intractable pain or something is about to fall off. That is why we find ourselves 25 years behind the curve in seeking the same therapies that women have enjoyed. Physiologic testosterone therapy improves what could be called”the dwindles” Just quietly fading away.

There is a common notion in the medical community that testosterone therapy
should be based on demonstrable pathology, that it causes prostate cancer or leads to tempestuous and anti-social maladaptive behavior. But these stereotypes are usually based on the zealous, uncontrolled and dangerous steroid use in young body builders. Responsible, carefully measured and monitored physiologic and diurnal (daily) dosing of testosterone restores confidence, motivation and “centering” — more able to cope with the daily stresses and demands of the workplace or financial demands. Men regain that spring in their step, a gleam in their eye and the joint pains and lack of purpose fade. Remember the famous scene out of Cocoon where Don Ameche and his friends are all jumping into the pool like 8 year olds?

We have a choice. We can listen to those who say this is but a natural evolution of living or getting old. Don’t tamper with nature. But we are living so much longer and deserve to live healthy, productive and ... happy lives. It has been called improving our HealthSpan — the number of years we live in optimal health.

Life, liberty and the pursuit of happiness.

Rejuvenation is the goal

This is at the essence of the newly emerging clinical practice of Anti-Aging medicine, rejuvenation medicine, or longevity medicine — the restoration of function, purpose and joy. The time for a paradigm shift in thinking and doing is upon us. So stay tuned for more on these life passages.

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