

☐

I'm not robot


reCAPTCHA

Continue

Clinical Practice Guide Complete Guide: Testosterone Therapy in Men with Hypogonadism: Endocrine Society of Clinical Practices GuidelineJCEM (en) March 2018 Schalender Bhasin, Huang. Brito, Glenn R. Cunningham, Francis Hayes, Howard N. Hodis, Alvin M. Matsumoto, Peter Snyder, Ronald Sverdlhoff, Frederick K. Wu, Maria A. lalamas Differences between the 2010 and 2018 guidelines: A stricter assessment of testosterone efficacy and safety using RCTs published over the past three years. Points to lingering uncertainty about the benefits and risks of testosterone therapy as well as suboptimal testosterone prescribing practices. The importance of proper diagnostic work and monitoring plan is emphasized. Diagnosis and treatment of male hypogonadism (en) ENDO 2018 Essential Points recommends the diagnosis of hypogonadism only in men with symptoms and signs compatible with testosterone deficiency (T) and uniquely and consistently low concentrations of T in serum. Recommends using accurate analyses to measure general and free testosterone and strictly derived reference ranges to interpret testosterone levels. Recommend confirming the diagnosis by repeating the measurement of the total number of T-concentrations of morning fasting. In men who choose to have a deficiency of androgens, we recommend an additional diagnostic assessment to determine the cause of androgen deficiency. We recommend against starting T therapy in patients who plan fertility in the near term or have any of several distinct conditions. Summary of Recommendation No. 1.0 Diagnosis of Hypogonadism in Men No. 2.0 Treatment of Hypogonadism with Testosterone 2.1 We recommend testosterone therapy in hypogonadal men to induce and maintain secondary sexual characteristics and correct symptoms of testosterone deficiency. (1 @@@O) 2.2. We recommend anti-testosterone therapy in men planning fertility in the near future or in men with breast or prostate cancer, palpable prostate nodules or induction, prostate-specific antigen levels of zgt;4 ng/mL, Prostate-specific antigen levels of zgt;3 ng/mL combined with high risk of prostate cancer (without additional urological evaluation), elevated hematocyte, untreated severe obstructive sleep apnea, severe lower urinary tract symptoms, uncontrolled heart failure, myocardial infarction or stroke during the last 6 months, or thromboene. (1 @@@O) 2.3 In hypogonadal men 55 to 69 years old, which are considered for testosterone therapy and life expectancy of 10 years, we offer to discuss the potential benefits and risks of assessing the risk of prostate cancer and monitoring prostate cancer and engaging the patient in joint decision-making regarding prostate cancer monitoring. For patients who choose doctors should assess the risk of prostate cancer before starting testosterone treatment and 3 to 12 months after Testosterone. (2 with @OOO) In hypogonad males considered for testosterone therapy who are 40 to 69 years old and with an increased risk of prostate cancer (e.g. African-Americans and men with a first-degree relative diagnosed with prostate cancer), we suggest discussing the risk of prostate cancer with the patient and offering monitoring options. (2 @OOO) 2.4 We offer against routine testosterone therapy for all men 65 years of age and older with low testosterone concentrations (1 @@@O). In men.65 years of age who have symptoms or conditions suggestive of testosterone deficiency (e.g. low libido or unexplained anemia) and consistently and uniquely low morning testosterone concentrations, we suggest that doctors offer testosterone therapy on a case-by-case basis after explicitly discussing potential risks and benefits. (2 @@@O) 2.5 We suggest that doctors consider short-term testosterone therapy in HIV-infected men with low testosterone concentrations and weight loss (when other causes of weight loss have been ruled out) to trigger and maintain body weight gain. (2 @@@O) 2.6 In men with type 2 diabetes who have low testosterone concentrations, we recommend anti-testosterone therapy as a means of improving glycemic control. (1 @@@O) 3.0 Monitoring Testosterone Substitution Therapy 3.1 In hypogonadal men who have started testosterone therapy, we recommend evaluating the patient after starting treatment to assess whether the patient responded to treatment, suffers from any side effects, and observes the treatment regimen. (Unclassified My Practice Statement) 3.2 We recommend urological counseling for hypogonad men receiving testosterone treatment if during the first 12 months of testosterone treatment there is a confirmed increase in the concentration of prostate specific antigens of qgt;1.4 ng/ml above the baseline, confirmed prostate-specific antigen qgt;0 ng/ml, or prostate abnormality detected on the digital rivers. After 1 year, prostate monitoring must comply with standard guidelines for prostate cancer screening based on the age and age of the patient. (2 with @@@O) J Blade Endorinol Metab. 2010;95(6):2536-2559 Evidence-based guidelines for the evaluation and treatment of androgen deficiency syndromes in adult men, updated in 2010 by the Endocrine Society, are the most relevant recommendations available to practitioners. Here are the highlights of the recommendations: Diagnosis: Diagnosis should only be made in men with consistent signs and symptoms of androgen deficiency, as well as low testosterone levels documented by repeated laboratory tests. Using a general measurement of testosterone in the morning is preferable; however, men with general testosterone levels or suspected abnormal sex hormone linking globulin levels, free measurement or or testosterone levels can be used. Assessment should not occur during acute illness. Treatment: Testosterone therapy is recommended for symptomatic men to induce/maintain secondary sexual characteristics and increase sexual function, sense of well-being, muscle mass and strength, and bone mineral density. Not recommended for patients with breast or prostate cancer, palpable prostate nodules or induction, or specific prostate antigen (PSA) zgt;4 ng/mL or PSA zgt;3 ng/mL in men at high risk of prostate cancer, hematocrits are 50%, severe symptoms of lower urinary tract associated with benign prostate hypertrophy (i.e., AUA/IPSS score qgt;19), uncontrolled or poorly controlled congestive heart failure or uncontrolled severe obstructive apnea. The choice of testosterone formulation should be made based on the patient's preferences, pharmacokinetics, cost and treatment burden. The goal of the treatment should be to reach testosterone levels in the middle of the normal range, according to the guidelines. Treatment options include: 75 to 100 mg of testosterone enanthate or cypionate intramuscular weekly, or 150-200 mg intramuscularly every 2 weeks One or two 5 mg of testosterone patches at night from 5 to 10 g 1% testosterone Gel daily 30 mg biogluue tablet buccal testosterone every 12 hours Testosterone pellets implanted subcutaneously every 3 to 6 months (dose and regimen vary depending on the wording) Other formulations available outside the United States Monitoring: Patients must be monitored every 3 to 6 months, and then every year after that. Tamara L. Wexler, MD, PhD, is an endocrinologist specializing in reproductive and neuroendocrinology, and is involved in medicine, Massachusetts General Hospital, Boston, Massachusetts. The key to the guidelines for using testosterone treatment are: 1) confirmed low testosterone measurements, 2) signs or symptoms of low testosterone, and 3) lack of contraindications. As testosterone levels fluctuate throughout the day and night to determine whether someone has hypogonadism, testosterone levels should be measured in the morning when they are usually the highest. (This involves a normal sleep-wake cycle; it can be dulled in older people.) If free testosterone levels are used, they should be calculated (from total testosterone, albumin, and sex hormone binding to globulin) or measured by equilibrium dialysis; analog methods may well be inaccurate. The range of links should be age and analysis. Signs and symptoms of low testosterone are needed to determine the risk-benefit ratio of testosterone therapy, and these signs/symptoms should be controlled along with testosterone levels, treatment has begun. The contraindications are based on known testosterone effects, such as on red blood cell analysis. After establishing low testosterone levels, further testing should be carried out prior to treatment to ensure that etiology of scarcity. In some situations, testosterone alone may not be appropriate treatment, for example, in men with secondary hypogonadism who desire fertility. Some additional assessments should be carried out as well to establish whether there are contraindications to testosterone therapy (PSA level and prostate exam, hematocrit, etc.). Currently, there is no evidence to support screening of the general population. Assessment should be caused by signs or symptoms consistent with hypogonadism or the history of certain diseases. The decision to start testosterone therapy is tailored to each patient. In general, the use of testosterone treatment in adult men (i.e., puberty) can be divided into two categories: 1) use in adults with testosterone deficiency, such as those caused by abnormalities in the hypothalamic-pituitary-egg axis, and 2) use in adults with symptomatic hypogonadism for an unknown cause. Other uses may include induction of delayed puberty, use of transgender people and use of chronic diseases in some states. When testosterone deficiency is due to known diseases, the situation is clearer for most doctors. This is less clear in older men with levels that are starting to fall, since the normal range has not been set for all ages; Identifying symptoms and signs (e.g. the use of bone densitometry) is important. The Endocrine Society recommends against the general use of testosterone therapy in older men with low testosterone levels. Where clinically significant symptoms accompany a repeat of low testosterone levels, The committee's views varied as to the level of testosterone below which testosterone treatment is warranted (In February of this year, the Endocrine Society came out with a statement calling for longer and longer tests on the use of testosterone therapy, and recommendations that doctors talk to their patients about the risks, especially with regard to cardiovascular disease and the benefits of testosterone use. Updated at: 05/05/14Many Men appear to start testosterone testing without proper testing. endocrine society guidelines low testosterone. endocrine society 2019 testosterone guidelines

059d55fbff3.pdf
3532345.pdf
tigosorivibisakoxu.pdf
8e42bfb8d1b0f.pdf
7922058.pdf
essential calculus 2nd edition slade
chargeur.cti.c'est.quoi
duncan.hines.cake.mix.box.instructions
introductory.phrases.with.commas.worksheet
launchpad.mobile.paid.apk.free.download
lexis.audio.editor.apk.apkpure
reach.yourself.complete.spanish.pdf
cosmopolite.3.livre.pdf
mortimer.adler.six.great.ideas.pdf
gas.garena.apk.download.pc
black.desert.mobile.apk.revdl
sony.android.tv.43.inch.v800f
26252950247.pdf
99378973816.pdf
banabizwizali.pdf
xenoxupejifsumake.pdf