

MEN'S HORMONAL HEALTH

Understanding Andropause

Low Testosterone & TRT Guide

A concise guide to symptoms, evaluation, treatment choices, and safe monitoring.



IMPORTANT NOTE

This handbook is for educational purposes only. It does not replace an individualized evaluation or medical advice from a qualified clinician.

What is Andropause?

Andropause describes age-related changes in testosterone production. Unlike menopause, the change is usually gradual and variable.

The typical pattern

Testosterone may begin declining around age 30 to 35, often by about 1% per year. Symptoms matter, but diagnosis requires both symptoms and consistently low morning blood levels.

Common symptoms

- Decreased libido
- Erectile dysfunction
- Fatigue and low energy
- Depressed mood
- Loss of muscle mass
- Increased body fat

Contributing factors

- Normal aging
- Chronic stress
- Poor nutrition
- Limited exercise
- Sleep problems
- Overweight or obesity

Laboratory Evaluation

Testing should confirm low levels, identify the underlying pattern, and establish a safe baseline before treatment.

Timing matters

Total testosterone is usually checked in the morning and repeated on a separate day when the result is low or borderline.

Total testosterone

First-line measure of circulating testosterone.
Confirm with repeat morning testing.

Free testosterone

Estimates the biologically available fraction
when total testosterone is borderline.

SHBG

Helps interpret why free and total
testosterone may not match.

LH and FSH

Distinguish testicular causes from signaling
problems in the brain or pituitary.

Testosterone ratio

A clinician may use calculated ratios with
binding proteins to clarify interpretation.

Complete metabolic panel

Reviews liver, kidney, glucose, and electrolyte
status before treatment.

Why Testosterone Matters

Testosterone influences multiple systems. Healthy levels support function, resilience, and quality of life.

A whole-body hormone

The goal is not “more” testosterone. The goal is an appropriate level for the individual, with benefits balanced against risks.

Muscle and bone

Supports muscle strength, lean mass, and bone density.

Blood and energy

Contributes to red blood cell production and perceived vitality.

Mood and cognition

May support mood regulation, motivation, and cognitive function.

Cardiovascular health

Cardiovascular effects are complex and require individualized risk assessment.

TRT Options and Comparison

Prescription therapy aims to restore physiologic levels, not to produce performance-enhancing doses.

Injections
Cypionate or enanthate, often every 1 to 2 weeks.

Gels
Applied daily to intact skin.
Avoid transfer to others.

Patches
Worn for approximately 16 to 24 hours as prescribed.

Consideration	Therapeutic TRT	Anabolic steroid cycles
Dose	Physiologic replacement	Supraphysiologic by design
Purpose	Treat confirmed deficiency	Performance or appearance
Oversight	Prescriber-led care	Often self-directed
Monitoring	Labs, symptoms, PSA, hematocrit	May be limited or absent
Legal status	Prescription use when indicated	Nonmedical use may be illegal
Expected outcome	Symptom and function support	Rapid gains with greater risk

Monitoring and Safety Protocols

TRT is an ongoing care plan. Follow-up helps confirm benefit, adjust dosing, and identify preventable risks.



Suggested follow-up rhythm

3 months

Review symptoms, adherence, side effects, testosterone level, hematocrit, and other baseline measures.

6 to 12 months

Continue routine monitoring at least every 6 to 12 months, or more often when clinically indicated.

Blood work

Testosterone, hematocrit, liver and kidney markers as appropriate.

PSA and prostate

Use age-appropriate screening and investigate concerning changes.

Frequently Asked Questions

Use these answers as a starting point for a shared decision with your clinician.

Can testosterone increase naturally?

Lifestyle changes can help modestly. Prioritize regular resistance exercise, healthy weight management, adequate sleep, balanced nutrition, and treatment of sleep apnea or other conditions.

Will TRT affect fertility?

TRT may suppress natural testosterone and sperm production. If future fertility matters, discuss alternatives and reproductive options before starting treatment.

Is TRT safe long-term?

For appropriately selected patients, TRT can be managed safely under medical supervision. Long-term safety depends on diagnosis, dosing, monitoring, and reassessment of benefit and risk.

A useful next step

Bring a symptom timeline, medication list, sleep history, and fertility goals to your appointment.

References and Resources

Trusted sources can help you prepare questions and understand shared decisions.

Clinical guidance

- Endocrine Society. Clinical Practice Guideline on Testosterone Therapy in Men with Hypogonadism.
- American Urological Association. Testosterone Deficiency Guideline.
- European Association of Urology. Guidelines on Male Hypogonadism.
- National Institutes of Health. MedlinePlus information on testosterone and related conditions.

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Educational purposes only

This guide is not medical advice, diagnosis, or a substitute for professional care. Treatment decisions should be based on your symptoms, laboratory results, medical history, and a conversation with a qualified healthcare professional.