Holy Hormones

The sanest way to testoserone up.

July 1, 2000 By Lark Lands, PhD

Testosterone is a potent hormone with many benefits and a few risks for HIVers. Here's how and when to use it best:

WHO NEEDS IT

Guys and gals who suffer from fatigue, depression, low sex drive or loss of muscle mass may be deficient in testosterone. But don't supplement the hormone without first running a test to determine your blood level. San Francisco AIDS doctor Jon Kaiser, MD, says, "The optimal level for peak health is usually the upper half of the so-called normal range" (below). And Kaiser cautions that "the low end of normal is often inadequate." He recommends follow-up tests after a month of therapy, followed by quarterly monitoring. Kaiser normally just checks total testosterone, rather than free testosterone (the latter test is pricey). However, if the total reading is acceptable but there are symptoms of deficiency, he then checks the free level.

HOW TO APPLY IT

The best application method is daily transdermal (through the skin) therapy, either with a gel or cream or, for men only, a patch. Long-term use of injections can backfire, causing harmful ups and downs in hormone levels that can shut down the body's own production and lead to impotence and loss of sex drive. Pills can get broken down in the liver before they work, and may increase bad cholesterol while decreasing the good type. Transdermal delivery offers a steady, natural-like supply that helps prevent such problems.

Patch: The Testoderm TTS patch—unlike earlier versions—can be applied anywhere on a man's upper torso, is superthin and rarely irritates the skin. If higher-than-usual doses are needed, two patches can be worn.

Compounded gels or creams: Both men and women can use a gel or cream, prepared by a compounding pharmacist to deliver an individualized dose. The generally recommended starting dose is 50 to 100 milligrams (mg) daily for men, 1 mg for women. (Preparations may be absorbed to very different degrees, so blood levels should be used to guide dosage adjustments.) Since compounded products aren't FDA-approved, reimbursement is iffy. But the good news is that they are very low in cost, averaging less than $20 for a month's supply. (One source is the Women's International Pharmacy, at 800.279.5708, which will also offer info to doctors on prescribing

compounded gels or creams.)

AndroGel: For men only, the FDA approval of Unimed's AndroGel may make reimbursement easier, although the cost is three or more times that of the compounded creams or gels, averaging $75 monthly for the recommended starting dose—5 grams of gel (to deliver 50 mg of testosterone). Apply once daily (preferably in the morning) to clean, dry, intact skin of the shoulders and upper arms and/or abdomen. Open the packet(s), squeeze out the entire contents into your palm and immediately rub-a-dub-dub. Let dry for a few minutes prior to dressing. After applying, wash hands with soap and water.

WARNING

Anyone considering testosterone therapy should note the following warnings. While they come from the product insert for AndroGel, they also apply to any other cream or gel:

- Testosterone therapy is not for those with breast or prostate cancer.
- Pregnant women can't use testosterone, and should avoid skin contact with cream or gel application sites in others, because the hormone may harm the fetus.
- To minimize the potential transfer of testosterone from a treated person to someone else (which can occur during vigorous skin-to-skin contact): Wash hands with soap and water immediately after applying. Cover the application site(s) with clothing after the gel has dried. If an unwashed or unclothed application site comes in direct contact with another person's skin, the general area should be washed with soap and water.
- After application, discard packets or jars securely in trash, particularly to protect kids and pets.
- In women using testosterone or partnering with a man who does,
- A change in body hair, deepening voice, swollen clitoris or other signs of masculinization should be reported to a physician.

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