To a T

Promoting testosterone replacement therapy

February 3, 2011 By Tim Murphy

POZ talks with Nelson Vergel, 52, author of the new book, *Testosterone: A Man's Guide*. Vergel has lived with HIV since 1986 and used testosterone replacement therapy (TRT) since 1993.

How do you diagnose low testosterone when "normal" levels range from 300 to 1,100? Especially important, since many HIV-positive people are prone to low testosterone levels.
Your doctor [should] only test your blood for low testosterone if you have symptoms—lack of sexual appetite, fatigue and depression. Then test, not just for total testosterone but for free testosterone [found in the bloodstream]. That's the active hormone.

Do women living with HIV need TRT too?
TRT has the same benefits for women as men—sexual function, lean body mass, mental focus. Women, like men, need close screening and monitoring—some HIV-positive women have high testosterone, not low. My book has an appendix on how to find a great doc.

What's new in TRT?
Aveed [testosterone undecanoate], injected every few months, [may] be FDA-approved this year, and LibiGel in 2012 [for female TRT]. I use gel from a pharmacy that compounds it.

In your book, you downplay the idea that TRT can increase the risk of prostate cancer.
Lots of studies show TRT can increase cancer risk only if cancer's already present, so screen for that first, including prostate-specific antigen (PSA) testing and digital rectal exam.

Does TRT hike the risk of benign prostatic hyperplasia (BPH, enlarged prostate)?
It can in some older men. The first symptom is increased need to get up at night to urinate, or a feeling of incomplete urination. Anecdotal info shows that getting testosterone injections may help you avoid BPH better than using gels.

A significant study showed that hormone replacement therapy [HRT] is risky in aging women. Is there a reason we lose sex-related hormones as we age?

I wouldn’t extrapolate [from that one HRT study]. Nature is smart, it tries to slow us down. But consider this: Prostate cancer rates are highest among men in their 60s, who naturally have lower testosterone levels. I don’t think [TRT] is risky with the right doctor and monitoring—and if you take it only if you need it. [Hormone supplementation] affects the body’s entire hormone system.

You’re very buff. Do you take testosterone for your health or to look good?
I like feeling muscular [after my] history of wasting. If you have low testosterone, TRT is not going to make you a muscle freak. You might get 10 pounds of muscle from it.

For more, see *Testosterone: A Man’s Guide*, or visit testosteronewisdom.com.
