

American Association of Clinical Endocrinologists and American College of Endocrinology Position Statement on the Association of Testosterone and Cardiovascular Risk

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for the AACE Reproductive Endocrinology Scientific Committee

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BACKGROUND

- Several recent publications have raised concern that testosterone replacement therapy (TRT) in men increases cardiovascular risk
- This resulted in the FDA holding a hearing and issuing the following statement on March 3, 2015: "... Health care professionals should make patients aware of the possible increased cardiovascular risk when deciding whether to start or continue a patient on testosterone therapy. .."

Conclusions of AACE Report

- There is no compelling evidence that testosterone therapy either increases or decreases cardiovascular risk. Large-scale prospective randomized controlled trials on testosterone therapy, focusing on cardiovascular benefits and risks, are clearly needed.

BACKGROUND

- The F.D.A also recommended that: “Testosterone is an F.D.A.-approved replacement therapy only for men with disorders of the testicles, pituitary gland or brain that cause hypogonadism” and that “it should not be used to relieve symptoms in men who have low testosterone for no reasons other than aging

Committee statement

- The decision to replace testosterone therapy should be guided by the signs/symptoms and testosterone concentrations rather than the underlying cause. We recommend that symptomatic men, who have unequivocally low total and/or free testosterone levels that are assayed on at least two samples drawn before 10AM, should be considered for testosterone replacement therapy.
- However, the committee agrees that the risk/benefit ratio of testosterone replacement therapy is not well established particularly in aging-associated hypogonadism. We advise the practicing clinician to be extra cautious in the symptomatic elderly with demonstrably low testosterone levels prior to embarking on replacement therapy and to avoid treatment of the frail elderly until better outcome data are available.