Male Hypogonadism

- This is not a diagnosis in itself and requires definition of an underlying cause
- Should be assessed only in the presence of consistent symptoms and signs of hypogonadism

- Primary hypogonadism (low T, elevated LH and FSH) indicates primary testicular disease
- Secondary hypogonadism (low T without compensatory increase in LH and FSH) indicates pituitary or hypothalamic dysfunction

Information Required

- Presence of Red Flags
- Duration of symptoms
- Associated symptoms
- Co-morbidities
- Drug therapy including previous prescribed or non-prescribed androgens

Investigations Required

- Serum total testosterone measured at 0800-0900 on at least 2 separate days
- Serum LH, FSH and Prolactin
- CBP, EUC, LFT, PSA
- Consider sleep study if there are risk factors for obstructive sleep apnoea

Fax Referrals to

GP Plus Marion	7425 8687	GP Plus Noarlunga	8164 9199

Red Flags

- Disabling symptoms

Suggested GP Management

- Investigation should establish persistent biochemical testosterone deficiency (requires at least 2 serum testosterone levels at 0800-0900 on separate days) and then establish a cause of deficiency if present.
- If there is clear biochemical androgen deficiency, perform the recommended other preliminary biochemical tests.

Clinical Resources

- Testosterone Therapy in Adult Men with Androgen Deficiency Syndromes - An Endocrine Society Clinical Practice Guideline

General Information to assist with referrals and the and Referral templates for SALHN are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients and SAFKI Medicare Local website www.safkiml.com.au

Government of South Australia
SA Health

Identifier: CC1.2721

Version	Date from	Date to	Amendment
1.0	September 2014	September 2016	Original
2.0	Aug 2021	Aug 2023	Edited document