EVALUATION AND MANAGEMENT OF TESTOSTERONE DEFICIENCY: TREATMENT ALGORITHM

PATIENT MEETS CRITERIA FOR TESTOSTERONE DEFICIENCY AND IS A CANDIDATE FOR TESTOSTERONE THERAPY

CVD RISK ASSESSMENT: PATIENTS AT HIGH RISK FOR CV EVENTS SHOULD BE REFERRED FOR FURTHER EVALUATION

DISCUSS THERAPEUTIC MODALITIES INCLUDING LIFESTYLE CHANGES

EXOGENOUS TESTOSTERONE
Gels/creams  IM
Patch  SQ Pellets
Buccal  Nasal spray

ALTERNATIVE STRATEGIES
SERM
hCG
AI

MEASURE ON-TREATMENT TESTOSTERONE LEVELS*

Lab testing every 6-12 months

Consider testosterone cessation 3 to 6 months after commencement of therapy

Dose adjustment or change modalities; if using alternative strategies consider changing to exogenous testosterone

Therapeutic levels with symptom and sign improvement

Therapeutic levels without symptom and sign improvement

Non-therapeutic levels

*Testosterone levels should be driven to the normal physiological range of 450-600 ng/dL (approximately equivalent to the middle tertile of the normal range).

AI = Aromatase Inhibitor  
CVD = Cardiovascular Disease  
hCG = Human Chorionic Gonadotropin  
IM = Intramuscular Testosterone Injection  
SERM = Selective Estrogen Receptor Modulator  
SQ = Subcutaneous