UNIVERSITÀ DEGLI STUDI FIRENZE

CHARACTERISTICS OF COMPENSATED HYPOGONADISM IN PATIENTS WITH SEXUAL DYSFUNCTION

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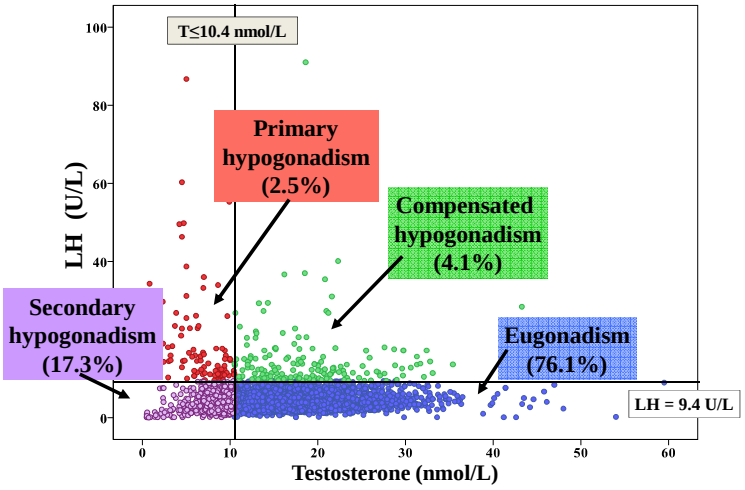
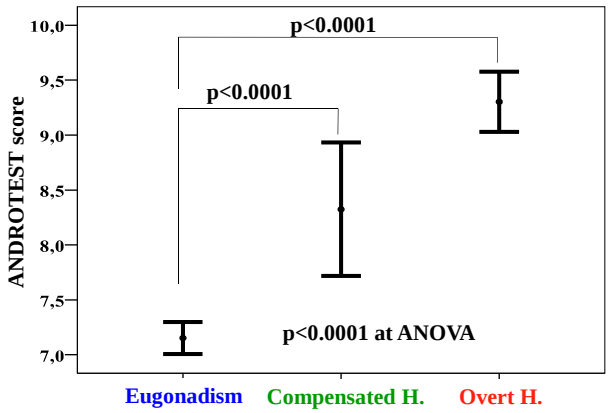
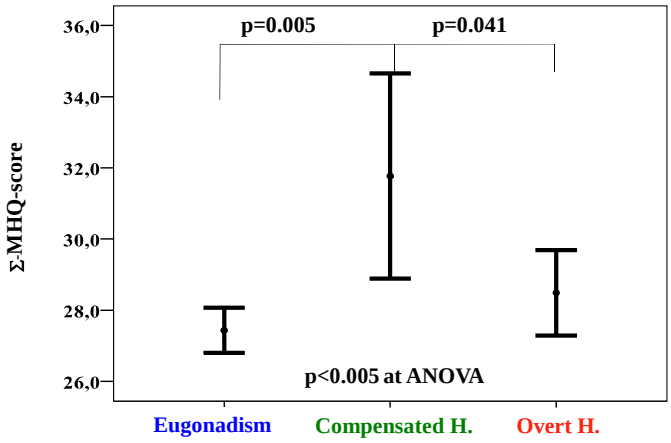
Introduction. In the last few years, a view that subclinical endocrine disorders represent milder forms of the clinically overt disease has emerged. Accordingly, it has been proposed that compensated hypogonadism (CI) represents a genuine clinical subset of late-onset hypogonadism. The **aim** of the present study is to investigate the associations of CI with particular clinical and psychological characteristics of male subjects complaining of sexual dysfunction (SD).

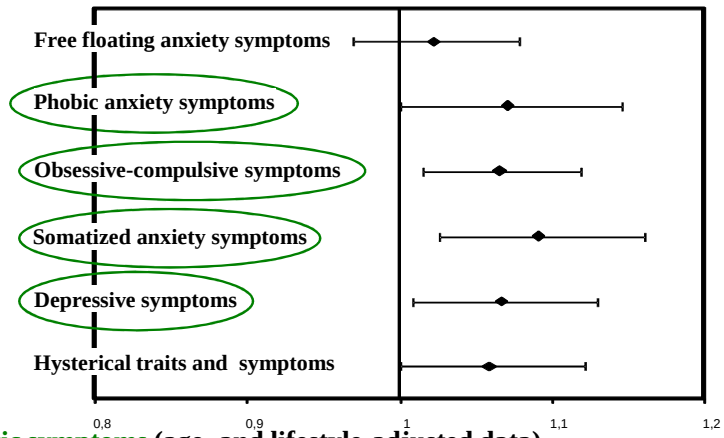
Methods. After excluding documented genetic causes of hypogonadism, an consecutive series of 4,173 patients consulting our unit for SD was studied. CI was identified according to the European Male Ageing study criteria: total testosterone ≥10.5 nmol/L and LH>9.4 U/L. Several hormonal, biochemical, and instrumental (penile Doppler ultrasound) parameters were studied, along with results of the Structured Interview on Erectile Dysfunction and ANDROTEST.



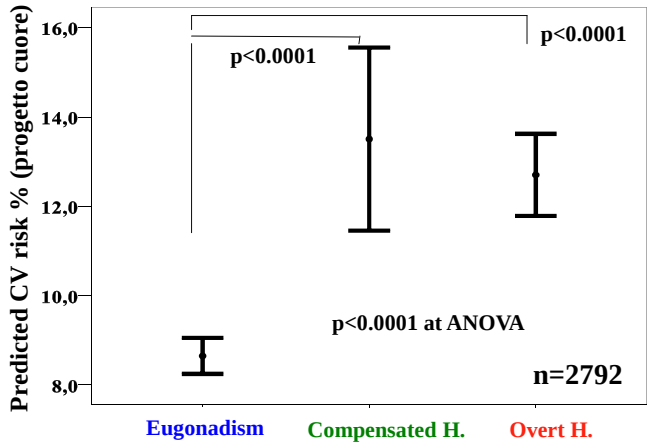


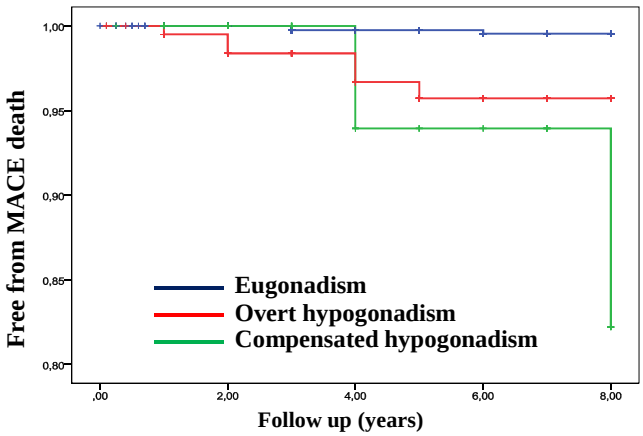
Compensated H. is associated with ↓ free T levels and ↑ hypogonadism-related symptoms, NOT with sexual symptoms





Subjects with CI more often reported psychiatric symptoms (age- and lifestyle-adjusted data)





Subjects with compensated or overt hypogonadism had an INCREASED RISK OF CARDIOVASCULAR EVENTS and an INCREASED RISK OF MORTALITY related to major adverse cardiovascular events (MACEs)

Conclusions. The present data **do not** support the concept that compensated (subclinical) hypogonadism represents a new clinical entity. The possibility that subclinical hypogonadism could be a normal response of the hypothalamus–pituitary–testis axis to somatic illness should be considered. Further studies are urgently needed to clarify this latter point.