Exploring the Treatment, Symptoms and Management of Male Andropause: The Analysis of Guidance and Counselling Imperative as Sub-Normality in Men

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ABSTRACT

Menopause and the man equivalent, andropause, are normal process of aging, however, the symptoms associated with either are often frustrating, confusing and often depressing. This study examine the meaning of andropause, cause, symptom, treatment, Implications, recommendation as well as other therapies associated with andropause. The implications for counselling were discussed. The focus was on the key strategies the counsellor should adopt in helping men to cope with andropause develop positive attitude towards it. Andropause is also called "Male menopause". Andropause is a typical problem that affect men as they approach middle age. It's the point of your life when your reproductive system is slowing down and testosterone level drop, some men may not seem to notice the difference when their testosterone begins to decrease, it can be an extreme change for others. When this happens, our andropause treatment for men can give your body the hormones it needs in order to relieves your symptoms.

Keywords: Andropause, Testosterone and hormone, Counselling, Treatment, Symptoms, Management.

INTRODUCTION

Andropause has been perhaps best described by Morales and Lunenfeld as a "biochemical syndrome associated with advancing age and characterized by a deficiency in serum androgen level with or without a decreased genomic sensitivity to androgen. It may result in significant alterations in the quality of life and adversely affect the function of multiple organ - system (Morales, 2001).

Andropause, also known as the male menopause or testosterone deficiency syndrome (TDS), consist of a reduction in the level of testosterone in men aged between 40 and 55 year. This phenomenon may be accompanied by changes that occur gradually over time: including diminished sexual ability, changes in attitude and mood; fatigue; loss of energy, of sexual desire and physical agility. Counselling is a service that is both preventive and corrective, especially with mental sub-normality and treatment strategies for mental disorders (Effiom, Arop, Ngwu, Florence, Godwin,2022). Counselling professions historically have had limited contact with this population for a variety of reasons, some counsellor lack confident and training to serve these group. A society that embrace and integrate an inclusive education will naturally introduce the same culture of inclusion in it concepts of civic participation, employ ability and community relationships (Effiom et al 2022).

DEFINITION OF ANDROPAUSE

"Andas" in greek means Human male and "Pause" in Greek a cessation; so Literally Andropause is the change in the body that occurs when a man's testosterone levels drop significantly, typically this occurs in your fifties. While testosterone level begins

to reduce in your thirties at approximately 1% a year, andropause occurs when the levels drop to point that it affects your health, mood, and sex drive.

HOW IS ANDROPAUSE DIAGNOSED?

The age of 35 year, it's certainly possible you may be going through andropause. Upon your arrival at Cosmetic Gyn Center, Our Dallas, TX practice, we will bring you into one of our private treatment rooms to discuss your concerns before moving forward with an official examination.

A typical diagnosis of andropause usually includes:

- A conversation about your medical history
- Physical Exam
- Blood work to test your hormones
- Urinalysis
- Diagnostic Imaging, in some cases

SIGNS AND SYMPTOMS OF ANROPAUSE

As your hormone levels have been gradually reducing for years, it may feel like andropause has snuck up on you. It's hard to accept, especially if you have always been a physical man who prides himself on his vitality.

If you are struggling with the following symptoms, then you may be struggling with andropause:

- Lack of energy
- Lowered sex drive
- Erectile dysfunction
- Depression
- Irritability
- Lack of self -confidence
- Poor concentration
- Sleep disturbance
- Weakness or loss of muscle mass
- Weight gain, especially around the midsection

OTHER FACTORS CONTRIBUTING TO SYMPTOMS OF ANDROPAUSE

Factors such as smoking, Obesity, alcohol use, lifestyle patterns, and various disease states accentuate the testosterone decline. Symptoms and signs of andropause may be due to some extent to these associated conditions. The actual relationship, however, is not completely known at present. Smoking increase total serum testosterone levels. Obese men have reduced total testosterone and SHBG levels (63% lower in very obese and 25% lower in mildly obese). decline in the free testosterone level is less prominent. Alcohol result in a 19 - 27% reduction in testosterone levels. Further, older men have less circadian variation in testosterone than younger men. Thus, a fall in the morning levels is more prominent. Note that poor health and chronic disease do not affect the rate of reduction in free testosterone.

CLINICAL FEATURES

Andropause includes such symptoms and signs as reduced libido and erectile function, reduced muscle mass and strength, changes in skin and hair distribution, reduced bone mineral density leading to osteoporosis, changes in body fat distribution and Vasomotor symptoms (eg, "hot Flashes"). these symptoms appear at various times and are variable in thier relative intensity of manifestation. Some of these symptoms may not manifest at all. True andropause is encountered in men after surgical or medical castration for advanced prostate cancer.

Treatment of Andropause

when treating andropause, we also recommenced a careful look at your diet. We urge you to give up alcohol as the endorphins you feel as you drink a beer can actually hinder testosterone production. For the perfect andropause diet, it is important that you reduce carbohydrate consumption and focus on eating good fat (healthy fat such as grass fed-butter, coconut oil, grass-fed red meat, Olive Oil, avocado).

Also, make sure you are getting your nutrients- Zinc, Vitamins C and E, and Calcium are all vital andropause natural treatments. Exercise can also boost your testosterone levels. A major contributor to andropause is sleep apnea. If you snore and wake up feeling refreshed you may be experiencing sleep apnea and home (or in hospital) sleep study should be performed. Treatment with testosterone replacement therapy (TRT) is reserved for men with symptoms of andropause (as discussed earlier) and low serum testosterone levels in the absence of contraindications, such as men with carcinoma of the breast, known/ suspected Carcinoma of the prostate, severe benign pro-static hypertrophy (BPH)- related bladder outlet obstruction, and liver dysfunction. The administration of exogenous testosterone is not a means of reversing the aging process in men with normal (eugonadal) serum testosterone levels, but it may offer considerable benefit for men suffering from symptoms of andropause with documented low serum hormone levels.

Testosterone secretion in healthy young men typically exhibit a circadian variation with maximum concentrations achieved at approximately 8:00am and minimum concentration achieved at approximately 10:00pm, with a range of 10.4-36.4 nmol/L (350-1050 ng/dl). these concentrations decrease with age and are associated with loss of circadian rhythm.

Subnormal serum testosterone concentration occur as a consequence of testicular disease (Primary Hypogonadism), hypothalamic-pituitary disease (Secondary hypogonadism), or as a reslut of aging (andropause). low serum testosterone levels in aging men result in symptoms of andropause, including physical, sexual, and emotional symptoms, decreased libido, and loss of muscle and bone mass. Testosterone replacement should approximate natural, endogenous production of the hormone. The clinical rationale for treatment of testosterone deficiency include stabilization/ increase of bone density, enhancement of body composition by increasing muscle strength and reducing adipose tissue, improvement of energy and mood and maintenance / restoration of libido and erectile function.

Effects of TRT on Adropause

TRT result in an increase in skeletal muscle strength, a reduction in bone resorption, and an increase in hematocrit. It also has an effect on the serum lipid profile; testosterone supplementation is associated with reduction in serum triglycerides and high- density lipoprotein(HDL) cholesterol (by 2-9 mg/dL). Reduction in total and low- density lipoprotein (LDL) cholesterol has been reported. Careful monitoring of serum lipid profile levels is essential during this therapy, especially in those with significant risk factors for cardiovascular disease. The long-term implication of TRT need further studies. The methylated oral forms of therapy are toxic to the liver and should be avoided. Testosterone replacement therapy also increase hematocirt and sleep apnea, as well as libido and sexual arousal. There is, however, no improvement in erectile function. Finally, TRT is associated with improved cognition (mainly spatial).

MANAGEMENT OF AGE ANDROPAUSE

Your doctor can take a sample of your blood to test your testosterone levels.

Unless male andropause is causing you severe hardship or disrupting your life, you will probably manage your symptoms without treatment. The biggest hurdle in treating male andropause may be talking to your doctor about your symptoms. Many men are too intimidated or shy to discuss sexual topic with their doctors.

The most common type of treatment for symptoms of male menopause is making healthier lifestyle choices. For examples, your doctor might advise you to:

- Eat a healthy diet
- Get regular exercise
- Get enough sleep
- Reduce your stress

These lifestyle habits can benefit all men. After adopting these habits, men who are experiencing symptoms of male menopause may see a dramatic change in their overall health, morales (2007). if you're experiencing depression, your doctor may prescribe antidepressants, therapy, and lifestyle changes.

Hormone replacement therapy is another age management option. However, it is very controversial. Like performance enhancing steroids, synthetic testosterone can have damaging side effect. For example, if you have prostate cancer, it may cause your cancer cell to grow. If your doctor suggests hormones replacement therapy, weigh all of the positive and negative before making your decision.

GUIDANCE AND COUNSELLING IMPARATIVE

The use of metaphor is also advocated as a valuable tool to help women create a more positive attitude toward aging and menopause. Clark & schwiebert (2001) proposed the use of penelope's loom, a Greek myth. The loom helps the client see that each life is unique with myriad threads may coming together to form a life tapestry , these threads may threads include menopause, intimate relationships and multiple roles and expectations . the counsellor can help a woman unravel and re-weave her tapestry in midlife.

Similarly, counsellor should facilitate the process of helping men and women to learn to value themselves for who the are and their inner selves. values clarification is another process which can help men and women realize that in-congruence of values with behaviour and circumstance can cause conflicting emotions about their ideas of

who they really are. The seed of inclusion need to be planted in the young male so that they will learn the value, skill and knowledge to include others who are different from them.

He / She should therefore be assisted in developing internalized values that will support him or her through the aging process .in fact , Howell (2001) opined that when women's values were congruent with their behaviors and circumstances, they reported feeling happy,satisfied and comfortable; whereas in congruence in these areas resulted in feelings of guilt, sadness, sadness, anger, anxiety, fear and loneliness.nevertheless , the positives aspect of the negative feelings is that this should be seen as an impetus for a woman to begin the process of assessing changes in her environment .

Finally, assertiveness training and cognitive restructuring will be very effective in planing a man and woman to develop resistance to external influences the influence his / her perception of themselves as a valued member of society. This is predicated on the finding whereby more than half of the respondents (57%)indicate that after menopause women do not consider themselves "real women. Secondly, about 79% think of menopause as the beginning of the end.

CONCLUSION

Andropause is a syndrome of physical, sexual, and psychological symptoms in aging men due to a gradual decline in serum testosterone levels. Its symptoms are more prominent in the presence of concomitant medical disorder.

Testosterone replacement therapy relieves these symptoms along with improvement in bone and muscle mass, sexual function, and quality of life. The beneficial effects of TRT on anxiety-associated depressed are not completely known at present. The administration exogenous testosterone is not a means of reversing the aging process in men with normal testosterone levels, but it may offer considerable benefit for men suffering from symptoms of andropause. several option for TRT are available. The ultimate goal is to safely normalize physiology, with comfort to the patient at the lowest possible cost.parental testosterone esters-testosterone enanthate or cypionate-are effective, safe, and relatively inexpensive androgen preparations, but produce early supraphysiologic concentration of testosterone and may be more prone to cause gynecomastia and polycythemias than transdermal testosterone systems.

RECOMMENDATIONS

No matter the treatment method, we always recommend being conscious of living a healthy lifestyle in order to maximize your results. A proper diet and exercise plan can drastically increase the benefits of HRT by increasing your body natural health and function. Additionally, they can help to quickly reduce some of the symptoms of andropause including fatigue and depression.

References

- Clark, S.H. & Schwiebert, V.L.(2001) Penelope's Loom: A metaphor of Women's development at midlife. Journal of Humanistic Counselling, Education and Development, 40, 161-169.
- Effiom, B.E; Lucy,O.A; Maria,E.N; Florence,B.O;& Godwin, M.U(2022). Exploiting Genetic Counselling as a tool for the Analysis of Dissociative Behavior and Sub-normality from Conception to Birth among Maladjusted Blind, Deaf and Dumb Infants, Annual Research & Review in Biology; 37(6): 1-14.
- Effiom,B.E; Cyril,B.A; Brenda Akpan; (2020). Counselling the Stigamatized for social integration in Calabar South, Cross River State, Nigeria, vol.8(3): 118-127.
- Effiom, B.E; Maria, E.N; Elizabeth, G.A (2022). Influence of Societal Factors on Examination Malpractice Among Senior Secondary School Students In Calabar Municipality Local Government Area of Cross River State, Nigeria. Vol. 10(3) 438-444.
- Howell, L.C.(2001). Implications of personal values in Women's midlife development. Counselling & Values, 46, 54-65.
- Morales A, Heaton JPW. Hormonal erectile dysfunction: evaluation and management. Urol Clin North Am. 2001; 28:279-288. [PubMed] [Google Scholar].
- Morales A, Spevack M, Emerson L, Kuzmarov I, Casey R, Black A, et al. Adding to the controversy: pitfalls in the diagnoses of testosterone deficiency syndrome with questionnaires and biochemistry. Aging Male. 2007;10:57-65.
- Odo-simon Kelechi; Effiom, B.E; Lucy, O.A; Sarah,I.U(2022). Special Needs and Inclusive Education in Nigeria; vol.5(5), 128-131.