

# Talking testosterone

*The side effects of 'male menopause' are real. So is the need for employers to regard this condition as a legitimate health issue.*

**By Kathryn Dorrell**

DR. JERALD BAIN HAS LOTS OF EXPERIENCE TREATING grumpy male executives. He says these aging individuals become increasingly irritable and develop problems working with fellow employees. Those

symptoms—along with a gradual onset of depression, a decrease in bone density, muscle mass and brain functioning as well as a lagging libido and erectile dysfunction—are all part of a little-known condition called andropause.

Fortunately, Dr. Bain, a Toronto physician who is president of the Canadian Andropause Society, says in many cases, all that is required to remedy the condition is a shot of testosterone, so to speak.

Andropause—marked by a decrease in testosterone that comes with age—is something employers are going to hear a lot more about in the coming years. It is one part of the burgeoning field of male sexual health that has, up until now, garnered more snickers than sympathy or sincere interest. Specialists in the field, such as Dr. Bain, and the pharmaceutical industry are out to change that. As Elaine McKenzie, principal consultant with Applied Management in Toronto, says: “there is a huge selling job to do.”

Testosterone gradually decreases in men, unlike the more sudden drop in estrogen and progesterone that defines menopause in women. The sex hormone declines at an average rate of 1% a year from about age 40 onwards. About 40% of men ages 40 to 60 will experience symptoms of andropause. The rate doubles among men ages 60 and older.

There are several testosterone supplementation products (pills, injections, creams and patches) on the market for andropause. There is also the renowned blue pill specifically designed to treat erectile dysfunction. More products for both conditions are in clinical trials or waiting for approval by Health Canada. When they come onto the market, plan sponsors will have to decide whether to cover them.

Currently, a Canadian organization with 10,000

employees that has andropause products on its formulary pays out about \$85,000 for coverage, says McKenzie. Product costs range from \$1,600 a year per member for creams and gels to \$200 for injections. Within four years, McKenzie predicts usage of these drugs, and accordingly benefits costs, will be up by 20% due to a greater awareness of the condition and the increase in treatment options.

While Viagra has been dismissed by some employers as a lifestyle drug, it will not be easy to assign the same label to andropause treatments. “This is not about keeping men young but keeping them healthy,” says Dr. Bain. “In an aging population with individuals living longer [andropause] will be more of a problem.”

Dr. Christine Folia, senior consultant with Agro Health Associates Inc. in Burlington, Ont., goes so far as to say that testosterone supplementation can improve work performance and “likely have a [positive] impact on absenteeism.”

Even if plan sponsors don't buy this argument, the potential for allegations of discrimination could persuade them to cover andropause products. “It is an equity issue,” says Chris Bonnett, president of H3 Consulting in Toronto. He points out that many employers pay for female plan members' hormone replacement therapy and birth control pills.

Once again, employers can't count on the public system to help shoulder the cost burden of treatment. The Ontario government won't even pay for the \$45 blood tests that determine if individuals do indeed have a testosterone deficiency or andropause.

Just because our governments aren't interested in male sexual health doesn't mean employers should take this stance. Discrimination issues aside, all the medical evidence shows that andropause is a very real and potentially serious health threat for men. The cost of not treating it could come in the form of increased bone fractures, obesity, depression and even cardiovascular problems. It is time this issue received the recognition it deserves. **BC**

*Kathryn Dorrell is managing editor of BENEFITS CANADA. kdorrell@rmpublishing.com.*

