

## **Bayer Pre-congress Luncheon Symposium**

Plenary Hall 3, Queen Sirikit National Convention Center, Bangkok  
Saturday, November 28, 2009  
12:00-13.30 hr.

### **New horizon in Androgen therapy**

Chairperson: Prof. Chaicharn Deerochanawong (Thailand)

#### **➤ Metabolic syndrome, testosterone deficiency and erectile dysfunction never come**

Speaker: Prof. Louis Gooren (Netherlands)

Until a decade ago the ailments of elderly men, such as atherosclerosis, hypertension, diabetes mellitus, lower urinary tract symptoms and erectile dysfunction, were regarded as distinct diagnostic / therapeutic entities but there is a growing that these entities are not disparate and, to improve the health of the aging male, require an integral approach. There is an interdependence between the metabolic syndrome, erectile dysfunction and patterns of testosterone in aging men. The main features of the metabolic syndrome are abdominal obesity, insulin resistance, hypertension and dyslipidemia, significant factors in the etiology of erectile function. The metabolic syndrome is associated with lower-than-normal testosterone levels. A new concept of the role of testosterone in male Testosterone plays also a significant role in the development and maintenance of bone and muscle mass and is a determinant of glucose homeostasis and lipid metabolism. Testosterone is not only a factor in libido but exerts also essential effects on the anatomical and physiological substrate of penile erection. With these recent insights, the health problems of elderly men must be placed in a context that allows an integral approach. Treatment of testosterone deficiency is to become part and parcel of this approach.

#### **➤ Testosterone in relationship to mortality and prostate health**

Speaker: Asst. Prof. Michael S. Irwig (USA.)

Testosterone (T) and the more potent androgen dihydrotestosterone (DHT) are present in the prostate tissue. Endocrinologists are interested in the safety of testosterone in relation to prostate health. In addition, several important studies have looked at the relationship between serum testosterone levels and mortality. The results of these studies have been mixed.

The following topics will be reviewed:

- Serum hormone levels do not represent prostate tissue hormone levels.
- Serum hormone levels of testosterone and dihydrotestosterone are not related to the development of prostate cancer
- Testosterone replacement therapy is generally contraindicated in patients with hormonal cancers, but may be used in selected cases where cancers have been cured.
- IM testosterone replacement did not produce any significant changes in prostatic levels of testosterone, DHT, cell proliferation biomarkers, or androgen related gene expression as seen on prostate biopsies.
- Some prospective and retrospective studies have found an association between low testosterone levels are mortality. The studies will be reviewed in depth.