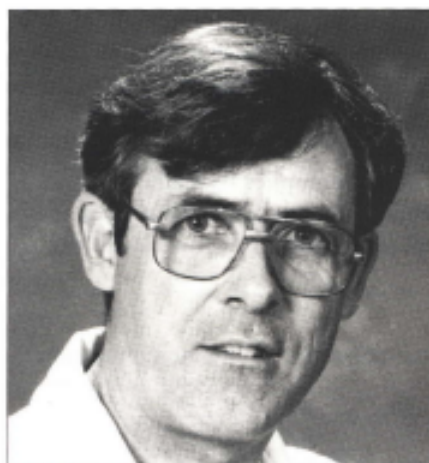


The Male Menopause – LA Hiemstra



Prof LA Hiemstra

Department of Family Practice
University of the Orange Free State
P O Box 339 (M35)
Bloemfontein
9300

Curriculum vitae

Dr Louis Hiemstra was born in Pretoria in 1943 and was educated at Afrikaans Hoër Seunskool. He graduated MBChB from Pretoria University in 1968 and did his internship at 1 Military Hospital, Voortrekkerhoogte. He practiced in Virginia from 1972 - 1982 and obtained the M Prax Med (UP) in 1978. Since February 1983, Dr Hiemstra has been Senior Lecturer at the University of the Orange Free State, in the Department of Family Medicine, and since January 1992 he has been Associate Professor.

Summary

Male menopause has been ignored by patients as well as their doctors. A new approach by society is needed. The complex clinical condition is described, especially on how it presents itself: the somatic, sexual and psychological aspects. Acceptable and successful management is available and is evaluated: a better quality of life for the middle aged male is the main aim.

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KEYWORDS:

Menopause; Men; Physicians, family

For many years a lot has been written about the female menopause - both in the medical field as well as in the lay press. Virtually every popular women's magazine occasionally features articles on this topic. We therefore know plenty about it. Various treatment options exist for the symptoms of the female menopause and are often utilised.

Similarly very little is known about the male version thereof. Most professionals choose to ignore it, and the average layman knows very little or nothing about it.

Very few, if any, clinical files exist at GP practices defining the primary

diagnosis of certain of their male patients as "Menopause".

Many men are menopausal both by definition, as well as clinically, but do not realise this fact, or choose to ignore it.

Men still have to cope with the symptoms of menopause in a helpless and bungling way which often lead to personal, marriage, occupational and family crises.

These crises are predictable because one can anticipate the menopause!

The reasons for this ineptitude and ignorance are most probably:

- * lack of proper knowledge of the male menopause by both professionals and the public,
- * a less pronounced clinical picture in the male, which therefore makes it a more unlikely diagnosis,
- * and the humour attached to male menopause, making a joke thereof rather than an entity to treat.

In a limited research project during 1992 involving men between the ages 33 - 66, an analysis of the questionnaires returned, proved that this is indeed the case. The various ways in which the menopause clinically presents itself are often attributed to reasons other than the menopause.

The male menopause, just as the female counterpart, has definite: clinical symptoms and signs,

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diagnostic criteria,
with effective and acceptable
management available.

Replacement therapy is for some
obscure reason still seldom prescribed
for men.

"Men are troubled by their
hormones;
Women are altogether
hormones"

Every patient, male or female, will at
this stage of life, perceive symptoms
to a certain extent with which they
are unacquainted, and will experience
a sense of disaster, loss of self esteem,
and significant anxiety for the future.
Definite body changes do occur
because of increasing age.

Many women will spend one third of
their lives on oestrogen substitution.
Not only will this usually alleviate
most of the clinical problems, but it
will also help to handle most of the
psychological problems associated
with the menopause¹⁰.

If this is the case, and replacement
therapy can have beneficial effects,
why not change our attitude and
treat our male patients as it ought to
be done?

We, as family physicians, must in
future play a more significant role in
this sphere as well.

What do we understand by the
term Menopause?

*It is said: "men are troubled by their
hormones; but women are altogether
hormones!"*

Hormones and hormonal balance are
the crux of the matter. It is, in fact,
the hormone *fluctuations* that cause
the clinical pictures of the
climacterium of females.

Furthermore, the menopause is a
retrospective diagnosis: per definition
the moment of the last menstruation,
and we find proven lowered
hormonal values and resultant
cessation of menstruation.

Climacterium, although often used
as a synonym for menopause, is

Hormonal balance is the crux
of the matter

actually the transitional *phase* – the
prolonged course of diminishing
hormones and their rearrangement.

We thus, more appropriately and
correctly, have to talk about the male
climacterium as well – the years of
transition.

The male climacterium is also
referred to as the viropause, the
andropause, or the menoporsche! –
of course each one of these different
terms refer to a typical facet of the
climacterium picture.¹⁸

Viropause is the preferred
terminology because it exemplifies in
a more scientific way, the true patho-
physiology.

Viropause implies typically
diminished hormonal values, but it is
still uncertain how pronounced the

Menopause or menoporsche?

hormonal changes are in the male at
this stage of life. Individual
hormonal values differ considerably,
with maximal values for men at more
or less 20 years of age.

Andrologists are as yet unsure and do
not exactly agree on the basis of the
male climacterium. Some say that
male hormonal values change very
little up to the age of 60 or even
thereafter. It is true according to
most authors, that higher age will
usually result in lower values of both
testosterone as well as free
testosterone. Accompanied with
these values, we find higher values of
testosterone binding globulin, which
will reduce the free active hormone.

Primary failure of gonadal function is
proved by elevated values of LH from
the pituitary.

A premature climacterium is seen
with patients with
diabetes mellitus
alcohol misuse
malignancies
pronounced atherosclerosis
surgical removal of one or both
testes

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The viropause is an unavoidable age phenomenon linked to the developmental phase of man. Chronologic age is not the determining and final factor for this⁴. According to Gerdes and Conway, the middle age phase of males, which also represent the climacteric phase, is typically between the ages of 35 and 60 years!

All males, irrespective of status, type of work, choice of religion, marriage status, or other factors, will experience menopausal symptoms to a greater or lesser degree during this phase of life. No other phase in the life of men is so complex, so interesting, so fickle, and so demanding!

I am convinced that an anatomical and physiological menopause does exist, and that the psychological component of this climacterium is

In changing himself he succeeds in making a fool of himself

very much underestimated and can even be disastrous for some men.

The viropause indeed presents itself as a definite crisis for some men. The viropause is mostly a crisis of security, masculinity, and vulnerability.

Neugarten says that men in their middle age are more involved with themselves than usual⁴. They tend to show more introspection – mostly

negative. They aim constantly, although it is not always possible, to maintain previous achievements. Exactly this persistent monitoring of bodily functions makes them more vulnerable for aspects of the menopause.

Carruthers identifies five important factors that will accentuate or elicit the typical menopausal picture:¹⁸

1. Stress

Constant stress will reduce testosterone levels. 57% of the research group said that they do experience high levels of stress daily. Doctors will most certainly testify to this.

2. Alcohol

Regular use of moderate amounts of alcohol is enough to have viropausal effects.

3. Overmass

Not to be ignored as a factor.

4. Inactivity

33% of the study group did not exercise at all. The beneficial effect of exercise is well known.

5. Vasectomy

9% of the group had a previous vasectomy.

Other factors which may also precipitate the same picture:

- A pronounced competitive personality
- Success orientated men
- State of mood, state of health, and view of life
- Social factors

Negative feedback and messages from society are constantly aimed towards the middle aged male

The female in many cases experiences a new freedom during the stage of the male climacteric. Up to now she had to mind the children, manage a

A new accessory is acquired (car, religion, wife!)

competitive job, be a wife to her husband in every sense, and yet be a perfect housewife – an almost impossible task! Now that the nest is empty, she might reach out, start a new job, generating her own income, and is to a large extent independent.

It is not surprising that the male experiences this as a threat, or even competition, because his peak work production is history, and he is phasing out. He feels shunted to the sideline, which is often the case. Since he might not fit as well into the system any more, marital disharmony and sexual problems are not uncommon.

The typical picture of viropause

The three main components of the viropause are:

1. A somatic component with typical body changes
2. A sexual component
3. A psychological component.

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Variations on the individual picture are common and normal.

Somatic

The changes start gradually. A host of non-specific complaints develop, eg tiredness, weakness, sleeplessness, impaired memory.

Burnout, which is quite common, has two main components:

- i) emotional exhaustion with tiredness, fatigue, lack of motivation, being downhearted and dejected, touchiness and irritability, anxiety
- ii) physical exhaustion and burnout syndrome.

Men also report altered taste, hot flushes, and stiffness of joints.

The more common changes are loss of hair, muscle wasting, sagging abdomen, weakness, testicular atrophy.

Psychological

This component is generally well accepted and develops at an early stage of the climacterium. Most men, when questioned, will agree that to them this is the worst component of the climacterium.

Some of the more typical aspects are:

- He believes that he is a failure. This *failure* may be real or fictional
- A negative self-image develops
- Depression is very common² (36% of the study group had depression in various degrees)
- Marital problems (18% of the group) Burgess identifies 4 typical

problems in the marriage:

- * Disillusionment : the romanticised view of marriage cannot be maintained
- * Less intimacy – physically as well as emotionally
- * Order of authority may switch
- * Inadaptability.

Sexually

The sexual aspect becomes intensely important to the ageing male.

Diminished or retarded response is equivalent to failure for him. He therefore tries to make the sexual aspect more interesting in different ways, thereby overextending, with resultant various sexual dysfunctions, which will only worsen his problems.

Let him talk about his feelings

The study group said the following, which typifies some of the accepted problems:

Sexual functioning
 38% still "good"
 42% satisfactory
 7% poor

50% thus function worse than acceptable!

diminished sexual capacity 9%
 erectile problems 7%
 no morning erections 22%
 retarded response 16%
 lowered libido 18%
 fear of failure 11%
 bored with one partner 18%

Men who experience these problems will often respond by withdrawal, which will only aggravate the issue.

As in any crisis, the five typical phases as described by Kubler Ross, are identifiable, namely denial, aggression, bargaining, depression, and acceptance.²

To reach a stage of acceptance, the very common compensatory mechanisms are utilised, which may also serve to worsen the crisis for all parties involved, or to alter the focus.² Some of these are:

1. A new life style and a new body:

He proves his prowess by joining a gym, exercising (excessively), mass reduction, colouring his hair, changing his attire to the more modern, ultra modern or even extravagant. Plastic surgery is becoming more common as well.

In trying to make himself more attractive and acceptable, he often only succeeds to make a fool of himself!

Some accessories like a new car, maybe a sports model, (therefore the *menoporsche*), a new religion, or even a new wife could be the order of the day.

2. Early retirement and/or retrenchment

Because of apprehension for the up and coming new generation, the explosion of new knowledge, the new technology, the climacteric male often decides to bale out.

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Very important though, is that self esteem and identity, for most men, are vested in a satisfactory occupation.

The early loss of their work invariably leads to serious problems for them.

3. A change of religion

In their search for answers to so many questions, men will often accuse God of being the root of the present crisis. Therefore he might reject God. This rejection will then worsen his crisis because of more instability and greater feelings of guilt.^{2,4}

Alternatively he might embrace religion for the first time since his previous lack of faith could be the cause for the present shambles.

4. The affair²

Johnson says that 1:5 men will indulge in an affair. It is so common that it is highly predictable. Indeed, 20% of the study group admit to present or previous affairs.

The affair merits a paper on its own. I will highlight some of the features only:

Once involved, the affair usually:

- Does not work out as expected or planned.
- He then returns to his wife, she forgives him.
- The marriage now functions on a higher level than previously.
- The relationship has grown because/in spite of crisis.

Alternatively:

- It does not work out.

He returns to his wife, but is rejected by her.
 No resolution of the problem.
 The marriage breaks up.
 The personal crisis worsens because of the initial viropausal changes.
 The reaction of the community when the affair becomes known is still very unpredictable, and varies greatly.

The reaction of the wife:²

- She experiences the affair as rejection
- She may get involved in an affair herself
- She may suddenly want another child
- She experiences an identity crisis

Most marriages can stand a lot of honesty

Ironically, the husband is usually totally oblivious to the fact that she has a crisis, because of his introspection, self centredness and the whole new strange world in which he finds himself.

Result of the affair:

- Severe stress results because of the double role he continuously has to play.
- Collapse of the affair follows because a normal, mature and fulfilling relationship cannot develop in the climate of stress and guilt
- There usually is a problem to end the affair, because both parties are unwilling to cause or to receive pain.

In the Resolution is contained feelings of guilt, reproach or blame, rage, and other emotions.

The diagnosis of the viropause

1. *Clinically* on the grounds of history as described
2. *Symptoms and signs* as described.
3. *Laboratory investigations*
 - Low, or low normal values of serum Testosterone free Testosterone
 - High or high normal values of Oestradiol
 - LH
 - FSH
4. A favourable result on *correct management of the viropause problems*
5. A favourable result on *replacement therapy*

Differential diagnosis

All the possibilities must be considered. The important fact is that the viropause must be considered as a serious option!

Management

The viropause with its typical effects on the male is predictable as a normal event or phase, and can and should be handled effectively. Greater realisation of, earlier recognition of, and improved management of the viropause are necessary. A better quality of life for the middle aged male should be the main aim.

By whom should they be treated?

The family physician of course!
 Not in isolation, but as a team effort, at the right time = in time!

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Who are these team members?

The family physician
The clinical psychologist or the psychiatrist
Marriage guidance counsellors
Wife and family
Church – pastoral care.

How do we treat?

1. By effective communication!

The biggest mistake we can make, is not to listen to the patient who is eventually prepared to talk. Especially, we should listen and read between the lines what he is trying to tell. Just listening will alleviate some of his stress.

It is important to discuss with climacteric men the anatomical and emotional effects they might expect, and what the possible means of treatment are.

Levinson in one of his recent articles says: "The men must be put back in touch with feelings and the ability to talk about feeling", they must be able to "stand tall and recapture a sense of strength, a sense of being a man" (Levinson 1993).

2. Care of the Displaced Husband

Prophylactic measures can be taken if the couple involved know of the viropause, the empty nest and displacement syndrome.

The wife must be assisted so as to handle her husband with insight and empathy. She must sometimes assume the role of temporary leader. She must thus monitor him and manage when necessary. "A watched

pot doesn't burn!" (Stipanovic, Readers Digest, 1993)

3. The marriage supplies the needed security, love, acceptance, and support.

At this stage however, the danger within the marriage is difference in expectations, defective communication and intimacy, unfulfilled personal needs, and stagnation. Here too, knowledge, insight and help are needed.

Marital discord is best treated before sexual therapy, and here the marriage guidance counsellor is of proven benefit. This applies to the management of the affair as well.

The wife experiences her own trauma

A non-judgmental approach must be adopted. Most marriages can stand a lot of honesty!

4. Sexual problems

Patients in the higher socio-economic group and higher intelligence groups have more sexually related problems than other groups¹⁰.

Individualised treatment strategies are to be employed, in conjunction with sex therapists, etc.

5. Self knowledge of the patients must be improved by information, guidance and support by the family physician. Indicate what is happening at this phase and how they actually

react to it. Change their irrational and negative thoughts.

Daily exercise, a proper diet, improved and effective communication, and relaxation guidance are important ingredients.

6. Clinical Psychologists and psychiatrists as team members can be beneficial to the patient for individualised management of certain problems.

7. Medical care where applicable eg treatment for depression.

8. The Community will have to change its present unrealistic views on the viropause.

This change will only be possible with proper knowledge. Guidance and support must be supplied by credible sources – the family physician is this person. He will have to point out and initiate the mentioned support mechanisms to the couples involved.

9. Medication

Apart from medication for medical conditions, specific management of the viropause is one of the options of management.

Bancroft reports a significant effect on sexual desire and activity of androgen treatment¹⁷. The object of treatment is to repair androgen defects. Good improvement was recorded on:

hypogonadism
muscle mass and power
libido

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osteoporosis
non-specific complaints.

Testosterone in different forms are used for this purpose. The esterified form is superior to the others¹⁶. One must however take note that:

- the oral route is less effective, and more side effects were recorded.
- there are still worries that replacement therapy may possibly cause cancer of the prostate.

Testicular atrophy, gynaecomastia, breast tenderness have been mentioned.

If the contra indications for androgens are heeded, and the treatment is preceded by a proper clinical examination, the advantages of replacement therapy outweigh the possible disadvantages.

To summarise

The male climacterium is a complex, challenging and fulfilling time in the life of a man⁴. It often necessitates the active intervention of the Family Physician and others. A better quality of life for the climacteric should be our aim.

Jung summarises the message in such a beautiful way:

"We cannot live in the afternoon of life according to the programmes of life's morning, for what was great in the morning will be little in the evening and what in the morning was true will at evening have become a lie!"

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