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THERAPY

Continuous testosterone is beneficial

Data supporting continuous long-term testosterone therapy for hypogonadal middle-aged and elderly men have been published in *Clinical Endocrinology*.

Hypogonadal men involved in an ongoing observational study received testosterone at baseline and 6 weeks and then every 12 weeks for a maximum of 11 years. For 147 patients, therapy was interrupted after a mean duration of 65.5 months, owing to issues with cost reimbursement (140 men) or a diagnosis of prostate cancer (seven men). All patients resumed therapy after a mean interval of 16.9 months and continued treatment for a mean of 14.5 months. The remaining 115 men involved in the study received continuous testosterone treatment.

For analysis, three periods of equal duration were defined: preintermission, during intermission and postintermission. To enable proper comparison the same periods were analyzed for the group of men that received continuous therapy. As well as serum testosterone concentration, the variables measured included body weight, glucose metabolism, lipids, blood pressure and C-reactive protein.

Continuous improvement in body weight, serum lipids, glucose, glycated haemoglobin, blood pressure and C-reactive protein was observed in men who received continuous testosterone therapy. However, interruption in therapy resulted in a significant reversal of initial improvement in these variables, which then improved again on resumption of treatment.

These data support the use of continuous testosterone therapy in these hypogonadal men.

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Original article Yassin, A. *et al*. Effects of intermission and resumption of long-term testosterone replacement therapy on body weight and metabolic parameters in hypogonadal in middle aged and elderly men. *Clin. Endocrinol. (Oxf.)* doi:10.1111/cen.12936