Tired? Is your endurance and strength declining?
Have you noticed a decline in your sexual function and lost interest in your sex life?

Every man could answer yes to some or all of the above at some time or another after the age of 40. These can be common symptoms of low testosterone, but they can also occur from a myriad of other lifestyle and behavior issues as well as social and relationship issues. It is the physician’s goal to “treat the whole patient,” so we try to identify which of these issues is most relevant in causing the patient’s symptoms.

The dogma in medical training for decades was that low testosterone could be responsible for the above but not much else. As physicians we were also taught that a decline testosterone was “normal” as men aged. These beliefs have substantially changed in the last five years.

We now know that a condition known as “Metabolic Syndrome” is intimately linked to low testosterone.

The syndrome is a constellation of diabetes (or insulin resistance), hypertension, elevated triglycerides (fat levels in the blood), abdominal obesity and low testosterone. Estimates range from 25% to 45% of American men over 40 fulfill the criteria for this syndrome that carries a significantly elevated risk of stroke and heart attack. A University of California study showed that men with a low testosterone had a 33% higher risk of death over an 18 year period than men with normal testosterone. How testosterone interacts with obesity, diabetes and cholesterol is not fully understood. It is also unclear if the low testosterone is the cause of these health risks or is involved in some other way. Clearly, low testosterone is much more important to overall health than simply a factor in declining strength and sexual performance.
Testosterone is essential for male development, libido (or sexual drive), and erections. Low testosterone is often overlooked in the evaluation of erectile dysfunction (ED) because of the effectiveness of Viagra-type medications. Low testosterone, however, is a common cause of poor or declining response from these medications and should always be checked in the evaluation of ED. Testosterone replacement may also be all that the patient needs to restore his sexual function, not Viagra-type medication.

Managing low testosterone has also become much simpler and easier for patients. Ten years ago, almost all testosterone replacement was by a painful deep muscle injection with oil-based testosterone that required doses every two weeks. Testosterone levels were also difficult to manage and did not mimic normal levels, with dramatic swings in levels that were too high for a week, then too low for a week. Now, more physiologic preparations are available in creams that are applied to the skin daily. These creams provide better, even absorption and steady testosterone levels in the blood. There are also small implants that are inserted beneath the skin every 8-10 months, by a simple office procedure, that provide steady release of testosterone into the blood stream.

Testosterone management requires a thorough knowledge of the risk and benefits from the treatment. Individuals with prostate enlargement may have increased risk of prostate obstruction of the urine flow if excess testosterone stimulates faster prostate growth. Testosterone supplementation should be considered only if prostate cancer is not present, or has been successfully treated. Baseline testosterone levels should be checked in the early morning as levels normally decline to their lowest levels at late afternoon or evening. A thorough physical examination and additional blood test are indicated in the evaluation of low testosterone to determine the cause. Urologists are specialized in the evaluation and treatment of low testosterone, because he/she is also receives specialized training in prostate, voiding, erection and testicular health. All of which can be influenced by testosterone levels.

Don’t underestimate the importance of a normal testosterone level. It has clinical effects that may modify serious medical conditions such as diabetes and hypertension. If left unmanaged, it may increase your risk of heart attack, stroke and even death. For years, testosterone levels have been recognized to be the key to some important quality of life issues such as libido, sexual performance and even our sense of wellbeing. Identifying low testosterone is as simple as a blood test, and modern management is as simple as a daily application of a skin cream.

Every man should know his testosterone level. A normal testosterone level can be an important aspect of maximizing longevity and maintaining quality of life.

Dr. Austin Hill

Dr. Austin Hill is a native Floridian, originally from Ft. Lauderdale. He is a proud Gator fan and graduated from the University of Florida in 1983 with a degree in chemistry. Dr. Hill then attended and graduated from the University of Miami in 1987 with his Doctor of Medicine degree. His training in Urology was completed at University of Cincinnati for the 6 years from 1987 - 1993. Dr. Hill has been in continuous private practice in Urology in Bradenton since completing his residency in 1993.

His urologic areas of interest include female incontinence and reconstruction, urologic cancer, stone disease, voiding dysfunction, treatment of prostate diseases. Dr. Hill was the first urologist in Manatee County to perform radioactive seed implants for prostate cancer (1993), ambulatory outpatient prostate surgery (1994), laparoscopic (percutaneous) removal kidney stones (1995). He has proficiency in both open surgical and minimally invasive surgical and as well as non-surgical treatment of prostate cancer, kidney cancer and non-cancerous enlargement of the prostate.

With the creation of Urology Partners and a state of the art facility, Dr. Hill expects that many future procedures will now be done in the office setting for the comfort and convenience of the patient. Dr. Hill has been very active in the medical community. He has served as Treasurer, Secretary, Chief of Surgery and as Vice Chief of staff of Manatee Memorial Hospital. He has served as President of the Manatee County Medical Society, and President of "We Care", an organization founded by Manatee County physicians that annually provides over $200,000 of free care to the uninsured working poor of Manatee County. He has served a delegate to the Florida Medical Association to represent Manatee County physicians for five years. He has served on the Executive Board of the Bay Area Renal Stone Center (BARSC) for six years. BARSC provides for the non-surgical treatment of kidney stones to over 2,000 patients annually from New Port Richey to Ft. Myers. Dr. Hill is also a founding member of the Manatee Surgical Center. Dr. Hill serves on the Florida Urologic Society executive committee and as a Florida representative to the Southeast section of the American Urologic Association.

Dr. Hill is presently the president and managing partner of Urology Partners. Dr. Hill and his family are active members of the First United Methodist Church of Bradenton. Mindy, his wife of 20 years is active in charity fundraising, having served as president of the Manatee County Medical Alliance and active in raising money for Children’s Haven, Rubonia Day Care for migrant workers children, and Women’s Resource center for abused spouses for the last 5 years. She presently serves on the board of the Thrift shop for St. Stephen’s Episcopal School. Dr. Hill is the proud parent of three great kids, Hayden, Ethan and Corinne.

Dr. Hill is proud to be a member of Urology Partners and to be a part of the investment in the future of urologic care in Manatee County.