TESTOSTERONE REPLACEMENT THERAPY IM SYMPTOMS IN MEN WITH TYPE 2 DIABETES T. Hugh Jones^{1,2}, Karim Haider³, Ahmed Haider³, ¹Barnsley Hospital, Barnsley UK, ²Sheffield University, Sheffield UK, ³Praxis Haider Urolog Birmingham, U

BACKGROUND

1.Symptomatic Testosterone Deficiency in men with Type 2 Diabetes is common affecting ~40% [1]. 2.Testosterone deficiency is associated with a reduced Quality of Life and Sexual Health, poor Glycaemic Control, Dyslipidaemia increased Adiposity, muscle loss, osteoporosis and fatigue. 3.There is an increased risk of mortality, dementia and cardiovascular events.

Testosterone replacement therapy (TRT) improves insulin resistance, glycaemic control (in some studies), lipid profile and cardiovascular risk factors including beneficial effects on inflammation [2,3,4,]. Testosterone has been shown to reduce the progression of prediabetes to overt T2DM over two years by 50% in men with low testosterone [5].

AIMS

The aim of this worldwide audit is to determine the symptomatic response to testosterone therapy in men with hypogonadism and type 2 diabetes. Using data collected during routine clinical care, to also assess any effect of testosterone therapy on HbA1c, lipid profile, BMI, waist circumference, blood pressure and safety.

PLEASE JOIN THE **WORLDWIDE AUDIT**



www.abcd.care/audit/abcd-testosteronediabetes-worldwide-audit/ **Google "ABCD Testosterone Audit"** YOU CAN AUDIT YOUR OWN PRACTICE USING THE AUDIT TOOL AS WELL AS PROVIDE THE **ENCRYRPTED ANONYMISED PATIENT DATA**

METHODS

Clinical Centres treating men with Diabetes were recruited to input routine clinic data on patients assessed for Testosterone Deficiency. Patient identifying data was encrypted by each participating centre. Specific new and follow up audit forms online provided by ABCD (see www.abcd.care/audit/abcd-testosteronediabetes-worldwide-audit/).

Data only included from routine clinical practise. Each centre can independently audit their own data.

CURRENT AUDIT RECRUITMENT

40 Centres in 10 Countries mainly UK but also in Germany, Canada, Brazil, South Africa, New Zealand, Malaysia, Vietnam. Patients 460 Three Year evaluable paired data from 202 patients (with up to 24 months data for AMS) score and 36 month data for HbA1c. Testosterone Formulations – Testosterone Undeconoate (Nebido®) long-acting i/m injection, Testosterone gels (Testogel®, Tostran®, Testavan®).

AMS Questionnaire						FIGURE 1
Please, m	ark the a	ppropriate t	box for e	ach]
0000	catern .	moderate	severe	extre	mely re	SCORING of AMS
]]]]]]		17-26 = Normal/lo symptoms, 27-36, mild sympt
		□ □□□□□□ ≥				37-49, moderate symptoms, >50 Severe
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BASELINE DATA Mean Age 70.7+ 9.35 years Weight 114.24 + 17.54 kg Waist Circumference 104.8 + 16.8 cm Testosterone 9.21+ 1.75 nmol/l

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Bremerhaven, Germany, ⁴ Conque	

	RE	SU	LT	S				
Effect of TR	T on W	'eigh	t &	Waist C	; ircumfe	erence		
	Baseline			12 mont	hs p	value		
Weight (kg	112.6			107.15		0.6		
Waist (cm)	116.08			115.12	0	0.43		
AMS SYMP TOTAL SC	AMS TOTAL SCORE							
* P=<0.001		3 Month		6 Month	12 Month	24 Mont		
		(n=1	68)	(n=202)	(n=174)	(159)		
	0	55.8	36	55.95	54.5	54.12		
Time (Months)	3	27.39*						
	6			27.32*				

Fig 2 Effect of Testosterone Replacement **Treatment on Symptoms of Hypogonadism**

12

24

21.74*

GLYCAEMIC CONTROL HbA1c *P<0.005		HbA1c (mmol/mol)					
		6 Month	12 Month	36 Month			
		(n=163)	(n=145)	(n=125)			
Time (Months)	0	70.51	70.82	70.99			
	3	64.96*					
	12		61.06*				
	24			51.7*			

Fig 3 Effect of Testosterone Replacement Therapy on HbA1c

Statistical Analysis – t test: paired two sample means, Pearson Correlation * P=<0.001

19.09*



Association of **British Clinical** Diabetologists

CONCLUSIONS

1.Testosterone Replacement Therapy (TRT) for Hypogonadal men with Type 2 Diabetes improves Symptoms and Quality of Life.

2. This benefit persists for at least 24 months.

3. TRT also has an add-on benefit in the control of glycemia, significantly lowering HbA1c over a 3-year follow up period.

3. At one-year there was effect on weight and waist circumference which is not unexpected as the increase in Muscle Mass cancels out the reduction in Fat Mass. This phenomenon has been shown in many RCT's of TRT.

4. These are preliminary results from an on-going audit which plans to collect data from over one thousand patients worldwide. This will enable us to identify which type of patients respond to TRT.

Safety – RCT's including large studies have not shown any significant increase in the risk of Major

Cardiovascular Events (MACE) or Prostate carcinoma [10] when patients are treated to attain normal

testosterone levels.. The small increases in atrial

fibrillation, deterioration in renal function and thromboembolism in the Traverse trial have been shown to be due to Covid in this study group whereas those without a Covid infection had no significant increase in adverse effects of these parameters [11]. Audit funded by ABCD with non-promotional grants from Besins Healthcare, Grunenthal, Advanz (previously Kyowa Kirin), Bayer.

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