TOWER BRIDGE HOSPITAL
LONDON

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open Mon–Sat, 9am–7pm (closed Sundays until September)
towerbridgehospital.co.uk

PATIENT INFORMATION · MEN'S HEALTH

Low testosterone
properly tested, or not tested at all

Testosterone deficiency is a real condition with real treatment. It is also heavily marketed, frequently diagnosed on a single inappropriate blood test, and treated in men who do not have it. Getting the diagnosis right matters, because treatment is long-term and has consequences that are difficult to reverse.

Seek prompt assessment if you have

- **sudden loss of morning erections with headaches or visual field loss** — this needs pituitary assessment
- **breast tissue development** that is new, tender or one-sided
- **testicular pain, a lump, or testicles that have become smaller**
- **severe low mood**, or thoughts of self-harm
- symptoms following a **head injury, or treatment for a pituitary problem**

Very low testosterone with headaches or visual disturbance can indicate a pituitary tumour and needs investigating rather than simply replacing. If you are struggling with your mood, Samaritans are free on 116 123 at any hour.

Symptoms

The difficulty is that these overlap almost entirely with the symptoms of poor sleep, depression, obesity, excess alcohol and simply being middle-aged — which is why the diagnosis rests on testing, not on how you feel.

- reduced sex drive, fewer spontaneous and morning erections
- fatigue, low mood, irritability, poor concentration
- loss of muscle bulk and strength, increased body fat, particularly around the abdomen
- reduced body and facial hair, small or shrinking testicles
- hot flushes and sweats; reduced bone density over time

How the test must be done

Testosterone follows a daily rhythm and falls after eating and during illness. A valid result requires a blood sample taken **between 7am and 11am, after fasting**, and **confirmed on a second separate morning sample** before any diagnosis is made. A single afternoon, non-fasting test is not adequate, and a great deal of testosterone is prescribed on exactly that basis. Testing should also include LH, FSH, SHBG, prolactin, a full blood count, iron studies and thyroid function — because those distinguish a testicular problem from a pituitary one, and identify causes that are treatable in themselves.

What to exclude and address first

- **Obesity** — fat tissue converts testosterone to oestrogen. Weight loss alone raises levels significantly in many men.
- **Obstructive sleep apnoea** — a common and frequently missed cause of low testosterone and fatigue.
- **Type 2 diabetes and metabolic syndrome**.
- **Excess alcohol**, opioid painkillers, and anabolic steroid use, past or present.
- **Depression and chronic stress**, which produce identical symptoms.
- **Thyroid disease, haemochromatosis and high prolactin**, all of which are specifically treatable.

Treatment

- Testosterone is given as a **gel, or as an injection** at intervals from two weeks to three months depending on the preparation.
- It takes **three to six months** to judge the effect, and sexual symptoms usually respond first.
- Monitoring is essential: **testosterone level, haematocrit, PSA and prostate assessment**, at three, six and twelve months and then annually.
- **Raised haematocrit** — thickening of the blood — is the commonest problem and increases clot risk, sometimes requiring dose reduction or venesection.
- Not suitable with untreated prostate or breast cancer, and used with caution with severe heart failure or untreated sleep apnoea.

Testosterone stops sperm production

Replacement suppresses the body's own hormone signalling and reduces or stops sperm production, often within months. Recovery after stopping can take a year or more and is not guaranteed. **If you may want children, do not start testosterone without discussing alternatives** — there are treatments that raise testosterone while preserving fertility. Any clinic that prescribes without asking about this is not doing its job.

Why come to us. We test properly — fasting morning samples, repeated for confirmation, with the full hormone panel and the conditions that mimic low testosterone assessed at the same time. Bloods are taken in-house and explained by a clinician. If treatment is genuinely indicated we prescribe and monitor it to guideline standard, including haematocrit and prostate surveillance. If it is not, we will tell you what is actually causing your symptoms and treat that instead.

Tested properly, monitored properly

Men's health appointments seven days a week, bloods in-house.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open Mon–Sat, 9am–7pm (closed Sundays until September)

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Men's Health Clinic** · **Blood Tests** · **Urology** · **PSA Test** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE CKS and British Society for Sexual Medicine guidance on testosterone deficiency. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.