

Low testosterone and low libido: diagnosis before treatment

Testosterone deficiency is diagnosed when compatible symptoms line up with low total testosterone on two separate early-morning tests, after sleep, weight, medications and illness have been considered. Treatment can help properly diagnosed men, but it is not a universal energy drug, it needs monitoring, and it can suppress sperm production.



Figure 25.1. The Testosterone Diagnostic Filter. Low testosterone is diagnosed by aligning symptoms, repeat lab evidence, reversible contributors, reproductive goals, and treatment safety.

Key points

- Testosterone deficiency should not be diagnosed from fatigue alone or one poorly timed lab result.
- Total testosterone should be measured on two separate early mornings before diagnosis.
- Low libido is not the same as low testosterone; depression, relationship strain, sleep loss, medications and erection worries can all lower desire.
- Once deficiency is confirmed, the next question is why: the testicles or the brain-pituitary signal.
- External testosterone can cause very low or absent sperm counts; discuss plans for children first.
- A higher number is not itself the goal; the symptom that justified treatment should improve.

Questions to ask your urologist

- Do my symptoms and repeated morning test results actually support the diagnosis?
- What appears to be causing my low testosterone: the testicles, the pituitary signal, or something like sleep, weight or medication?
- Could something other than testosterone explain my low desire?
- How would treatment affect my fertility if I may want children?
- What is the monitoring schedule, and what would make us stop treatment?