

Testosterone

Patient Education Guide — What It Does, Why a Physician Would Prescribe It, and What the Evidence Says

NJ Weight Loss & Preventive Care Clinics PA · 420 Route 46 East Fairfield NJ 07004 & 1605 E Evesham Road Voorhees NJ 08043 · (908) 598-0509 · jbock@njweightloss.us · njweightloss.us

Important Disclaimer

This information is not medical advice and is provided only to help begin your research. All clinical and dosing decisions must be made with a licensed, experienced physician and a licensed, experienced compounding pharmacist, supported by published clinical studies. This material was compiled using Artificial Intelligence, statements from videos and websites by apparent qualified professionals, and available published research. Anyone starting a medication they have never taken before should take an extremely conservative approach. We are not affiliated with any of the doctors whose videos are referenced below.

Testosterone FDA-Approved

Forms: Injectable (cypionate/enanthate), topical gels/creams, pellets

Category: Hormone Therapies — Testosterone Replacement Therapy (TRT)

How it works. Testosterone is the primary androgen hormone, responsible for muscle mass and strength, bone density, red blood cell production, libido and sexual function, mood, and energy. Levels decline gradually with age, and can fall further with obesity, metabolic disease, sleep apnea, opioid use, and pituitary or testicular conditions. Testosterone replacement therapy restores circulating levels to a healthy physiologic range—it does not create supraphysiologic bodybuilder levels, and a responsible program never should.

Why a physician prescribes it. TRT is FDA-approved for clinically documented hypogonadism—low testosterone confirmed on properly timed morning labs, drawn more than once, in a patient with consistent symptoms: low libido, erectile changes, fatigue, loss of muscle, mood changes. That two-part requirement matters. A low number without symptoms is not an indication, and symptoms without confirmed low labs deserve a workup for other causes first—thyroid, sleep, depression, medications. When the diagnosis is real, the benefits are well documented: improved sexual function, energy, body composition, bone density, and often mood.

What to know before starting. The monitoring is not optional. Hematocrit rises on TRT and must be tracked (erythrocytosis increases clot risk); PSA and prostate status are monitored—TRT does not cause prostate cancer, but it can accelerate an existing one; fertility is a major conversation, because exogenous testosterone suppresses sperm production, which is where HCG or other preserving strategies enter the discussion for men who want children. The landmark TRAVERSE trial (2023) provided reassurance that TRT in properly diagnosed men did not increase major cardiovascular events, while flagging small increases in atrial fibrillation, venous clots, and acute kidney injury. Sleep apnea, severe heart failure, and untreated polycythemia are cautions. Labs at baseline, labs on schedule, dose to the patient—not to a number on a forum.

Published Evidence: The TRAVERSE trial (Lincoff et al., *N Engl J Med*, 2023; n=5,246 men with hypogonadism and elevated cardiovascular risk) found testosterone therapy non-inferior to placebo for major adverse cardiac events over a mean 33 months—the study that largely resolved the decade-long cardiovascular controversy—while reporting higher incidences of atrial fibrillation, pulmonary embolism, and acute kidney injury. The Testosterone Trials (TTrials, 2016) documented improvements in sexual function, mood, and anemia in older hypogonadal men.

Key Studies:

- Lincoff AM, et al. "Cardiovascular Safety of Testosterone-Replacement Therapy." *N Engl J Med*. 2023;389(2):107-117. (TRAVERSE)
- Snyder PJ, et al. "Effects of Testosterone Treatment in Older Men." *N Engl J Med*. 2016;374(7):611-24. (TTrials)

Recommended Videos (educational, independent sources)

► **Dr. Sophie, GP** — Testosterone Replacement Therapy (TRT): Do You Need It? What Are the Risks? Doctor Explains All
<https://www.youtube.com/watch?v=d-sl4gLQAsQ>

► **Talking With Docs** — Is TRT Still Considered Dangerous? Endocrinologist Explains
<https://www.youtube.com/watch?v=axdnjvRZd3U>

► **Rena Malik, MD — Urologist** — Urologists Answer Your Questions About Testosterone Replacement Therapy
<https://www.youtube.com/watch?v=n-TFdxK6QjY>

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njweightloss.us/Peptide-Guide-Dosing.html