

THE PREDICTIVE EFFECT OF FREE TESTOSTERONE ON SEXUAL FUNCTION INCREASES WITH AGE

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Introduction

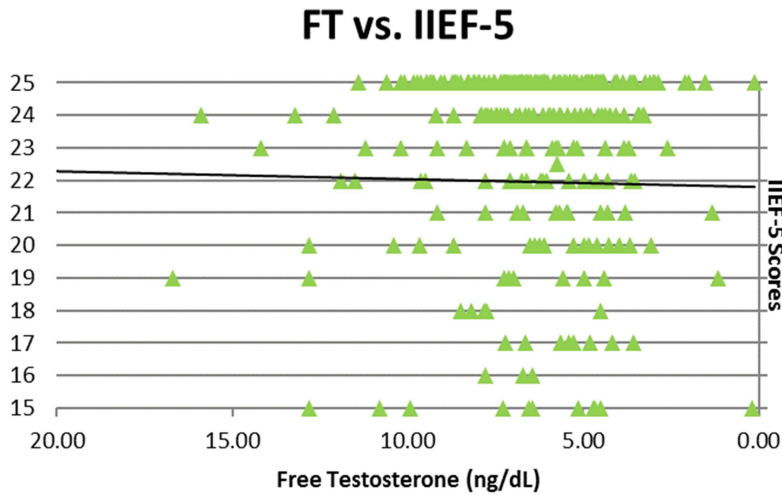
We seek to assess whether age impacts free testosterone's (FT) effect on sexual function in 40 to 80 year old men with prostate cancer.

Methods

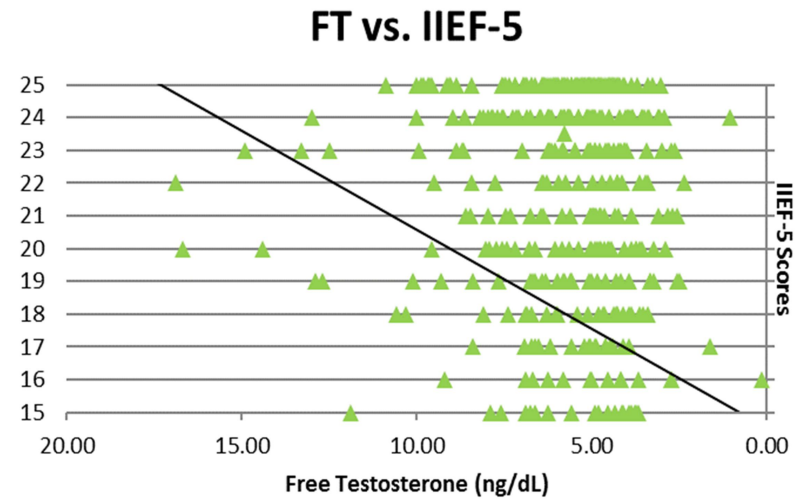
- Retrospective review of 822 patients undergoing RARP
- Pre-operative evaluation of:
 - International Index of Erectile Function (IIEF-5)
 - TT, Sex-Hormone Binding Globulin (SHBG), and calculated FT (cFT)
- Patients were stratified according to age, 40-60 years and 60-80 years.



40-60 yr – Regression



60-80 yr – Regression



Conclusions

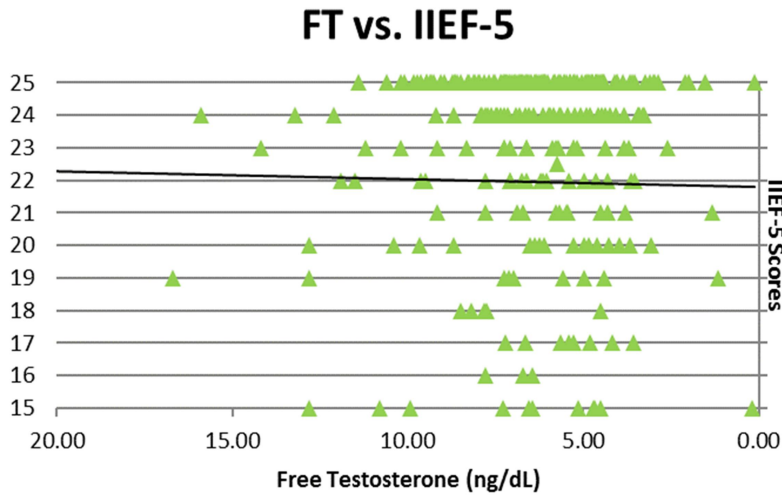
1. As men age, sexual function is more sensitive to FT deficiency.

2. Each longitudinal evaluation of FT should be considered

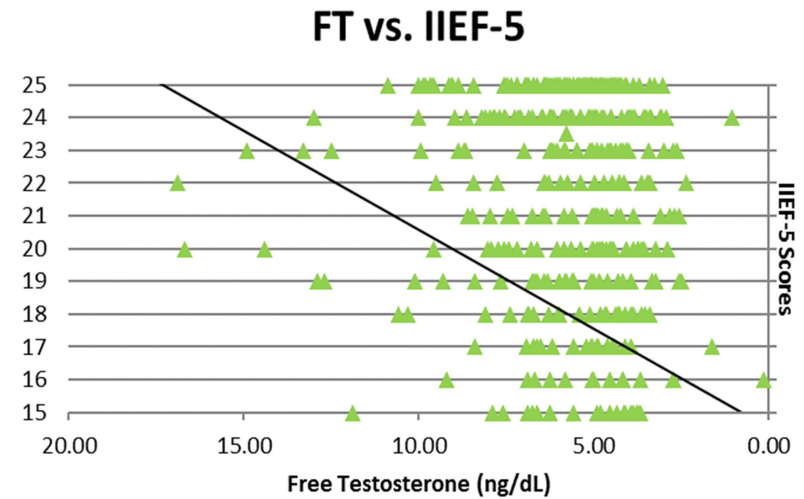
3. 8% reduction in cFT emptively adds 30% reduction in IIEF
 replacement therapy?



40-60 yr – Best Fit



61-80 yr – Best Fit



Conclusions

1. As men age, sexual function is more sensitive to FT deficiency.

2. Each longitudinal evaluation of FT should be considered

3. 8% reduction in cFT is not considered as a treatment option. 30% reduction in cFT is considered as a treatment option.

4. If cFT is not considered as a treatment option, what is the best therapy?

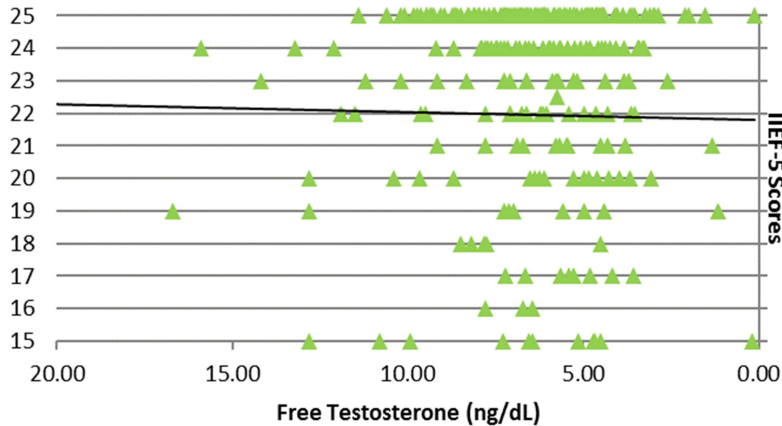


- 1. As men age, sexual function is more sensitive to FT deficiency.**
- 2. Longitudinal evaluation of FT should be considered.**
- 3. Decrease can be preemptively addressed with testosterone replacement therapy?**

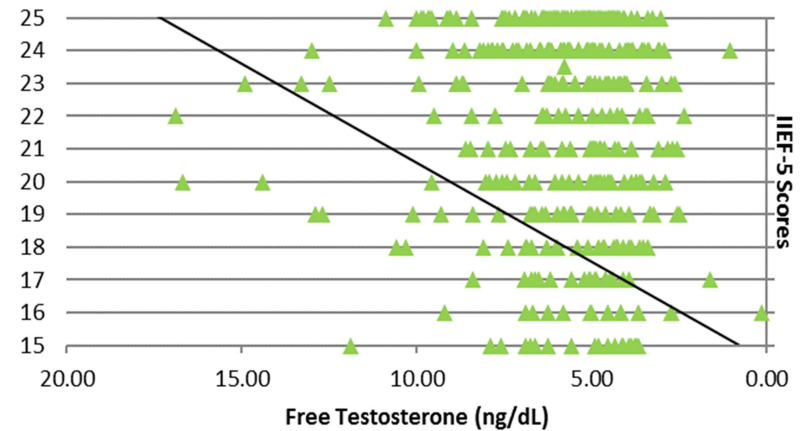
Younger Men (<60 years)

Older Men (>60 years)

FT vs. IIEF-5



FT vs. IIEF-5



Model	B	Std. Error	Beta	t	Sig.
1 (Constant)	64.644	4.953		13.053	.000
Age	-.551	.064	-.357	-8.600	.000*
BMI	-.304	.081	-.155	-3.700	.000*
GGT	-.487	.243	-.083	-2.000	.045*
2 (Constant)	60.509	5.230		11.565	.000
Age	-.523	.065	-.339	-8.065	.000*
BMI	-.285	.081	-.146	-3.531	.000*
GGT	-.457	.242	-.078	-1.889	.059
FT	-.292	.124	-.099	-2.367	.018*

Each unit decrease in cFT
= 8% reduction in IIEF

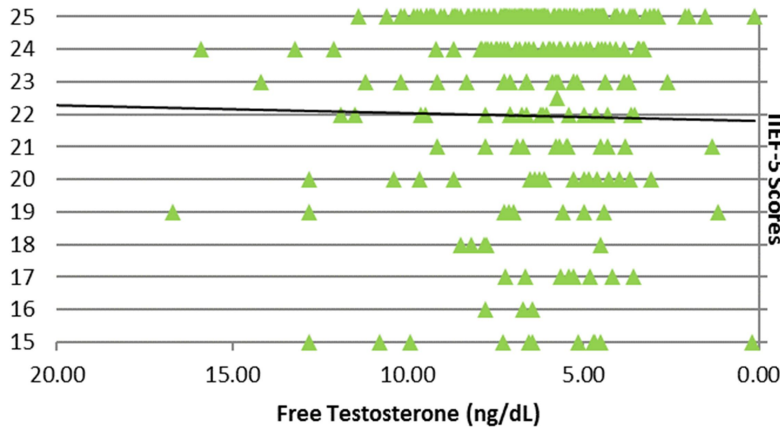
Each unit decrease in cFT
= 30% reduction in IIEF

Older men are at high risk for sexual dysfunction from low FT and should strongly be considered for testosterone replacement therapy.

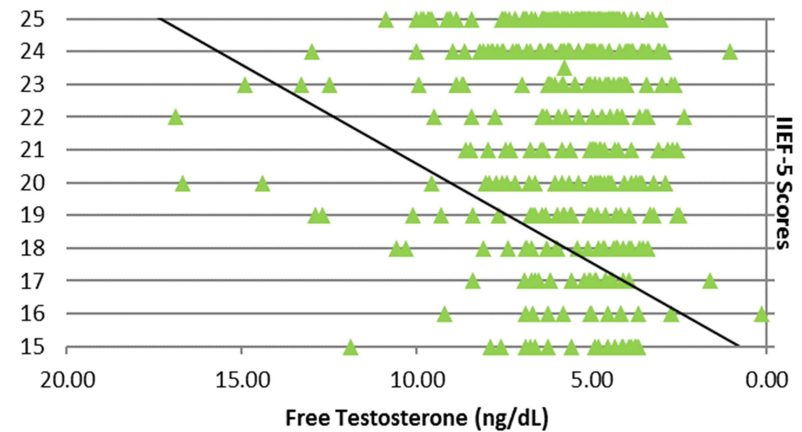
Younger Men (<60 years)

Older Men (>60 years)

FT vs. IIEF-5



FT vs. IIEF-5



IIEF-5 Score Distributions

22-25: 71%, 15-21: 23%, <15: 6%

IIEF-5 Score Distributions

22-25: 40%, 15-21: 33%, <15: 27%

Model	B	Std. Error	Beta	t	Sig.
(Constant)	4.953	4.953			
Age	-.551	.064	.357	-8.605	.000*
BMI	-.304	.081	-.155	-3.766	.000*
GGG	-.487	.243	-.083	-2.009	.045*
(Constant)	60.509	5.230			
Age	-.523	.065	.339	-8.065	.000*
BMI	-.285	.081	-.146	-3.531	.000*
GGG	-.457	.242	-.078	-1.889	.059
FT	.292	.124	.099	2.367	.018*

Men with low FT (<25th percentile)

65% of men still have an IIEF-5 of 22-25

Men with low FT (<25th percentile)

Only 30% of men still have an IIEF-5 of 22-25

Older men are at high risk for sexual dysfunction from low FT and should strongly be considered for testosterone replacement therapy.
 FT has little impact FT significantly impacts