

PATIENT EDUCATION GUIDE

Low Testosterone in Men

A urologist's guide to symptoms, testing, and treatment options

Prepared by

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INSIDE THIS GUIDE

A Note Before You Begin

This guide is written for men in Coral Springs and across South Florida who suspect they may have low testosterone — and who want to understand their options before they pick up the phone. It is written by a board-certified urologist, not a marketing team, and is intended to give you the same information Dr. Lief would share with you in a consultation.

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1. What Is Low Testosterone?

Testosterone is the primary male sex hormone. It regulates sex drive, erectile function, muscle mass, bone density, red blood cell production, mood, and energy. Levels naturally decline with age — typically about 1-2% per year after age 30 — but for some men the decline goes far enough that it produces real, life-altering symptoms.

When testosterone falls low enough to cause symptoms, the clinical term is hypogonadism, often shortened to Low T. The American Urological Association defines this as a total testosterone level below 300 ng/dL on two separate morning blood draws, combined with documented symptoms. Both pieces — the lab number AND the symptom picture — are required to make the diagnosis.

Typical testosterone ranges by age

Age Range	Typical Total Testosterone (ng/dL)
Men in their 40s	~400 – 700
Men in their 50s	~350 – 650
Men 60+	~300 – 550
Clinical Low T (any age)	Below 300 ng/dL on two morning draws + symptoms

What causes Low T?

- Age-related decline — by far the most common cause; often called andropause or 'male menopause.'
- Primary hypogonadism — the testicles themselves are no longer producing enough testosterone (from injury, mumps, undescended testes, or other testicular conditions).
- Secondary hypogonadism — the brain (pituitary or hypothalamus) is not sending the right signals to the testicles; more common in younger men and worth identifying.
- Contributing factors — obesity, sleep apnea, chronic illness, diabetes, certain medications, chronic opioid use, and sustained stress can all suppress testosterone.

Why the cause matters

Two men with the same testosterone number can have completely different underlying problems. A pituitary tumor, untreated sleep apnea, or a thyroid issue can all show up as low testosterone. Treating only the number — without finding the cause — can mask a more serious condition. This is the core reason Low T evaluation belongs with a urologist.

2. Recognizing the Symptoms

Low testosterone rarely shows up as one dramatic symptom. It usually builds quietly over months or years, and many men dismiss the changes as 'just getting older.' The checklist below mirrors the questions Dr. Lief asks during a Low T consultation. If three or more of these have been part of your life for several months, a testosterone evaluation is worth scheduling.

In the past 3-6 months, have you noticed any of the following?

- ☐ Persistent fatigue or low energy that doesn't improve with rest
- ☐ Reduced sex drive or loss of interest in sex
- ☐ Erectile dysfunction or difficulty maintaining erections
- ☐ Loss of muscle mass or noticeably weaker workouts
- ☐ Increased body fat, especially around the abdomen
- ☐ Irritability, low mood, or depression that feels uncharacteristic
- ☐ Difficulty concentrating or 'brain fog'
- ☐ Reduced motivation, drive, or competitive edge
- ☐ Poor sleep quality or new-onset sleep disturbance
- ☐ Decreased bone density (e.g., a recent low-impact fracture)
- ☐ Hot flashes or sweating that don't have another explanation
- ☐ Reduced morning erections

An important note about ED and Low T

Erectile dysfunction and low testosterone overlap in roughly 40% of men who present with either complaint. When both are present, evaluating them together — rather than treating them in isolation — typically produces a far better outcome. A urologist is the only specialist trained to address both at once.

3. How Low T Is Diagnosed

A trustworthy Low T diagnosis is built on three things: a complete symptom history, a comprehensive blood panel, and a physical exam. Online or telehealth services that promise a

diagnosis from a finger-prick and a short questionnaire are skipping steps that matter for your long-term safety.

The morning blood draw rule

Testosterone naturally peaks between roughly 7 and 10 AM. Draws taken later in the day routinely under-estimate true levels — which can lead to over-diagnosis of Low T OR miss a true deficiency. Lief Urology follows the AUA standard: morning draw, and a confirmatory second draw if the first result is borderline.

What a complete Low T panel includes

- Total Testosterone — the overall circulating amount
- Free Testosterone — the biologically active fraction (can be low even when total testosterone reads 'normal')
- SHBG (Sex Hormone-Binding Globulin) — affects how much testosterone is actually available to your tissues
- LH and FSH — pituitary hormones that distinguish primary (testicular) from secondary (brain-origin) hypogonadism
- Estradiol (E2) — elevated estrogen in men can suppress testosterone and must be addressed before or during treatment
- PSA (Prostate-Specific Antigen) — baseline prostate health marker, required before starting testosterone therapy
- Hematocrit & Hemoglobin (CBC) — cardiovascular safety baseline, since testosterone can raise red blood cell counts
- Comprehensive Metabolic Panel — kidney, liver, and metabolic function

What to watch out for

If a provider offers you testosterone therapy after measuring only your total testosterone (with no PSA, no estradiol, no LH/FSH), the workup is incomplete. You may end up treated — but you will not have had a real diagnosis.

4. Treatment Options at a Glance

When Low T is confirmed and treatment is medically indicated, there are several proven delivery methods for testosterone replacement therapy. None is universally 'best' — the right choice depends on your lifestyle, preferences, insurance coverage, and how your body responds. Dr. Lief reviews each option in plain language and helps you choose the one that fits your life.

Delivery Method	How It Works	Things to Know
Injections	Intramuscular or subcutaneous testosterone (cypionate or enanthate), typically every 1-2 weeks.	Most common and most affordable option; predictable absorption; can be self-administered at home after training.
Topical Gels & Creams	Applied daily to skin (shoulders or upper arms); absorbed transdermally.	Convenient and needle-free; risk of skin transfer to partners or children must be managed.
Pellets	Small testosterone pellets inserted under the skin in a brief office procedure; release hormone over 3-6 months.	Long-acting and low-maintenance; dosing cannot be adjusted once placed.

Additional options Lief Urology can integrate

- HCG (human chorionic gonadotropin) co-therapy — preserves testicular function and sperm production for men who may want children in the future. Rarely offered by TRT-only clinics.
- Aromatase inhibitors — used when estradiol rises during therapy and needs to be brought back into balance.
- Peptide therapy — for men whose goals extend beyond testosterone alone (recovery, body composition, sexual function).
- Clinical research access — through 3H Clinical Research Corporation, eligible patients may have access to investigational protocols.

5. Urologist vs. TRT Clinic — The Safety Difference

Testosterone clinics have proliferated across South Florida in the last few years, including several within a few miles of Coral Springs. Many advertise speed and convenience. What they typically do not advertise is what their care doesn't include.

What's Compared	Board-Certified Urologist	Typical TRT Clinic
Provider credentials	Board-certified urologist; 5+ years surgical urology residency	Often a non-urologist provider; physician may not be named

What's Compared	Board-Certified Urologist	Typical TRT Clinic
Diagnostic blood panel	Total & Free Testosterone, LH, FSH, Estradiol, Hematocrit, PSA, CBC, metabolic	Frequently a simplified panel that may miss the underlying cause
Prostate (PSA) monitoring	Standard at baseline and every follow-up visit	Often not part of routine care
Fertility-preservation options	HCG co-therapy and full counseling available	Typically not offered
Insurance coverage	Billed through Medicare and most major insurance plans when medically necessary	Most operate as cash-pay subscription programs
Care for related conditions	ED, BPH, prostate health, peptide therapy under one physician	Testosterone administration only

The prostate-safety point that matters most

Testosterone therapy stimulates prostate tissue. Current evidence does NOT show that TRT causes prostate cancer — but testosterone can accelerate the growth of existing prostate cancer. That is why a baseline PSA and ongoing prostate monitoring belong at the center of every TRT program. For men over 45 especially, this single point is why testosterone therapy belongs with a urologist.

6. Safety, Side Effects, and Monitoring

PSA and prostate health

A baseline PSA is established before testosterone therapy begins, and is rechecked at every follow-up visit. Dr. Lief brings 35+ years of prostate cancer diagnosis and treatment experience to interpreting any change in PSA in full clinical context.

Cardiovascular and blood monitoring

TRT can elevate hematocrit (red blood cell concentration), which thickens the blood and may raise clotting risk if unmanaged. Routine CBC monitoring catches this early; dose adjustment or therapeutic phlebotomy are straightforward options when needed. Estradiol levels are tracked as well, since rising estrogen can blunt TRT benefits and produce mood and water-retention symptoms.

Fertility considerations

Standard testosterone therapy suppresses the body's natural production of testosterone and sperm. Men who may want children should discuss HCG co-therapy with Dr. Lief BEFORE starting TRT. HCG preserves testicular function and sperm production alongside testosterone replacement. This is a conversation that has to happen with a urologist — most TRT clinics are not equipped to offer it.

Monitoring schedule at Lief Urology

- Baseline: complete blood panel, PSA, exam
- 3 months: repeat testosterone levels, hematocrit, estradiol, PSA — to confirm therapeutic range
- 6 months: repeat panel and dose optimization as needed
- Annually thereafter: stable patients are monitored at least once per year, with PSA, hematocrit, and testosterone levels at each visit

7. What to Expect at Lief Urology

Care at Lief Urology is built around one principle: the same physician sees you at every visit. Dr. Lief personally manages each testosterone patient — your care is not handed off to rotating providers.

Step 1 — Your Low T Consultation

An in-person visit with Dr. Lief to review your symptoms, medical history, and current medications. If your symptom picture aligns with Low T, comprehensive bloodwork is ordered. The visit is private, confidential, and bilingual — Dr. Lief is fluent in English and Spanish.

Step 2 — Comprehensive Blood Panel

A morning blood draw covering the full Low T panel. Results are typically back within 2-3 business days and reviewed personally by Dr. Lief, not a nurse line.

Step 3 — Personalized Treatment Protocol

A follow-up consultation to review your results and discuss options. If TRT is appropriate, Dr. Lief recommends a delivery method based on your lifestyle, frequency tolerance, and cost considerations — and the office handles prior authorization with your insurance.

Step 4 — Starting Treatment

Your first dose is administered in office, or you are trained for at-home self-injection. You leave with a written protocol, dosing schedule, what to watch for, and direct office contact information.

Step 5 — Ongoing Monitoring and Optimization

Bloodwork at 3 and 6 months, then annually for stable patients. Dose adjustments are made based on labs and how you feel — testosterone therapy is personalized medicine, not a fixed protocol.

8. Cost & Insurance Coverage

With insurance coverage

When testosterone therapy is medically necessary — meaning total testosterone is below 300 ng/dL with documented symptoms — TRT is covered by Medicare and most major insurance plans at a urology practice. Coverage typically includes the medication itself and ongoing monitoring blood work. With insurance, generic testosterone injections often cost \$20-\$80 per month in medication, plus standard specialist copays.

Without insurance

Total monthly cost at Lief Urology — including medication, follow-up visits, and lab monitoring — typically falls in the \$150-\$300 range for self-pay patients. For comparison, TRT-clinic membership programs in South Florida typically run \$150-\$400 per month, and that cost is NOT billable to insurance.

Insurance accepted at Lief Urology

Lief Urology accepts Medicare, Medicaid, and most major commercial insurance plans. The office manager team handles verification, prior authorization, and claims advocacy as part of your care — you don't navigate it alone.

9. Frequently Asked Questions

Q. How do I actually know if I have low testosterone?

A. Diagnosis requires a morning blood draw measuring total and free testosterone, plus LH, FSH, hematocrit, PSA, and estradiol — and documented symptoms. A simplified panel that skips several of these markers is not enough to make a real diagnosis.

Q. Am I too young for testosterone therapy?

A. TRT is not limited by age. It is indicated by clinical testosterone deficiency with symptoms. Men in their 30s can develop hypogonadism from pituitary dysfunction, injury, chronic illness, or idiopathic causes. Dr. Lief evaluates the underlying cause in younger patients.

Q. Does insurance cover TRT?

A. Yes — most major insurance plans, Medicare, and Medicaid cover testosterone replacement therapy when medically necessary (testosterone below 300 ng/dL with documented symptoms). TRT-clinic memberships are typically not insurance-billable.

Q. Will TRT affect my fertility?

A. Yes. Standard testosterone therapy suppresses sperm production. Men who want to maintain fertility should discuss HCG co-therapy with Dr. Lief before starting TRT. HCG preserves testicular function alongside replacement therapy.

Q. Does TRT cause prostate cancer?

A. Current evidence does not support a causal link between TRT and the development of prostate cancer. Testosterone can, however, stimulate the growth of existing prostate cancer — which is why PSA monitoring at a urologist's office is non-negotiable.

Q. Does TRT cause heart attacks?

A. The cardiovascular risks of TRT relate primarily to elevated hematocrit (red-blood-cell thickening), which is why every TRT patient at Lief Urology has hematocrit monitored at every follow-up. Men with cardiovascular history receive a thorough pre-TRT evaluation.

Q. How long until I notice results?

A. Energy and mood typically improve within 4-6 weeks. Libido and sexual function generally improve by weeks 6-10. Body composition changes (less fat, more muscle) become visible between months 3-6. Full TRT benefits are typically realized at 6 months.

Q. Do I have to stay on TRT forever?

A. For most men with clinical hypogonadism, TRT is an ongoing therapy because the underlying cause does not resolve on its own. Stopping TRT returns testosterone levels — and symptoms — to baseline. Some men pause or taper under Dr. Lief's guidance based on their goals.

Schedule a Consultation

If anything in this guide describes your experience, the next step is straightforward: a confidential, comprehensive consultation with Dr. Lief. The office accepts Medicare and most major insurance plans.

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English / Spanish

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