

PATIENT INFORMATION SHEET: Testosterone Therapy



This fact sheet is for service members who are considering testosterone or related therapy under the Clinical Practice Guideline for Testosterone Deficiency in the Male Service Member. It gives you basic information and supports—not replaces—a discussion with your healthcare provider.

Who Gets Tested

If you're age 30 or older, you'll get screened as part of your annual Preventive Health Assessment. Screening consists of questions and risk factor determination. If you screen positive, then you'll be offered testing.

It's your decision if you want to be tested. You can decline testing or treatment.

What this treatment is for?

Testosterone therapy treats a confirmed deficiency that causes symptoms. It doesn't improve performance.

Research doesn't show that testosterone therapy improves energy, physical performance, or thinking in men with normal levels. If your testosterone level is normal, treatment won't help you and may cause harm.

How do we test testosterone levels?

Testosterone levels can change from day to day. Time of day, sleep, food, illness, and hard training can affect your test result.

One low test result doesn't always mean you have low testosterone. Your provider will test your level twice to confirm the result.

Your provider will test you in the morning after you fast. Your provider will also delay testing for 30 days after training that causes:

- Extreme physical stress
- Extreme mental stress
- Sleep loss

These steps help your provider avoid treating a condition you do not have.

How does testosterone affect fertility?

Testosterone therapy stops sperm production.

After men stop treatment, most recover sperm production. About two-thirds recover within six months, and about nine in 10 recover within one year. Recovery can take up to two years. Some men may not recover.

Tell your provider before treatment if you want children now or in the future. Other treatments can raise testosterone without stopping sperm production.

How does testosterone affect your blood?

Testosterone can thicken your blood. This is the most common side effect.

Your provider will check your blood:

- Before treatment starts
- Four to six weeks after you start
- Every six months after that

If your blood level gets too high, your provider may lower your dose or change how often you take testosterone. Your provider may also remove blood, or you can donate blood. If your level rises above a set limit, your provider will pause treatment until it falls.

What are the other risks?

A large study of men taking testosterone found a small rise in bone fractures from falls. The study found no rise in heart attacks or strokes.

The study did find more cases of atrial fibrillation and a small rise in blood clots in the lungs. Testosterone can also raise blood pressure.

Other minor side effects can include acne and skin reactions at the injection site.

What does “off-label” mean?

Your provider may prescribe some medicines for a use that the U.S. Food and Drug Administration hasn't formally approved. Providers call this off-label use.

Off-label prescribing is common and lawful in American medicine. Your provider will explain whether your treatment is off-label and why they recommend it.

Before You Deploy

If you take testosterone and plan to deploy, talk with your provider well before you leave. Ask your provider about:

- Your medication supply
- How to store your medication
- What to do if your supply runs out

Planning ahead can help you avoid running out of medication while deployed.

