

Evaluating Candidacy for Testosterone Therapy: Medical Indicators and Considerations

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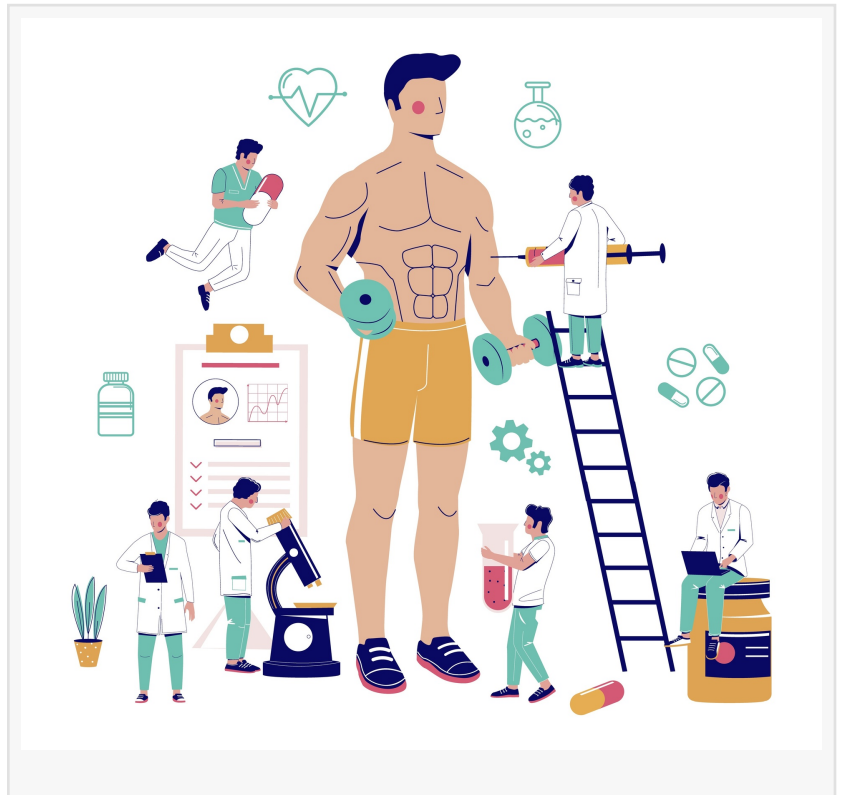
Testosterone therapy has become a topic of growing interest among individuals experiencing symptoms commonly associated with hormonal imbalance or age-related testosterone decline. Determining who may benefit from treatment requires a comprehensive evaluation of hormone levels, symptoms, and overall health. Testosterone replacement is not universally appropriate and must be prescribed based on clinical evidence and risk-benefit analysis.

[Chris Rue](#), a board-certified Family Nurse Practitioner and founder of [MOPE Clinic](#) in Metairie, Louisiana,

emphasizes the importance of individualized assessment. "The right candidate for testosterone therapy presents with both clinical symptoms and verified low testosterone levels on lab testing. Diagnosis must be supported by more than subjective complaints," said Rue.

Testosterone levels naturally decline with age, with levels generally peaking in early adulthood and decreasing by approximately 1% per year beginning around age 30. While this decrease is a normal part of aging, for some individuals it may lead to symptoms that interfere with quality of life and function. These may include fatigue, reduced libido, mood changes, loss of muscle mass, increased body fat, and difficulty concentrating.

A thorough assessment includes comprehensive lab testing, physical exam and thorough medical history. In addition to total testosterone, free testosterone, sex hormone-binding globulin (SHBG), luteinizing hormone (LH), and estradiol levels may be reviewed to better understand hormonal dynamics and rule out secondary causes.



Candidates for testosterone therapy often present with a clinical diagnosis known as hypogonadism. This condition is characterized by the body's inability to produce adequate amounts of testosterone. It can be categorized as primary, originating from the testes, or secondary, resulting from dysfunction in the pituitary or hypothalamus. Confirming the source of hormonal disruption informs treatment planning and potential further investigation.



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Testosterone therapy may also be considered in individuals who experience significant



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symptoms despite testosterone levels that fall within low-normal reference ranges. In these cases, additional markers such as bone density, metabolic health, and inflammatory indicators may be considered.

Exclusion criteria must also be assessed. Certain individuals are not appropriate candidates for testosterone therapy, including those with uncontrolled high blood pressure, untreated severe obstructive sleep apnea, high hematocrit levels, or uncontrolled heart failure.

Testosterone can affect erythropoiesis, fluid retention, and prostate tissue, so regular monitoring is necessary during

therapy.

Monitoring parameters typically include complete blood count (CBC) to assess red blood cell production, prostate-specific antigen (PSA) testing, estrogen levels and periodic evaluation of liver enzymes and lipid panels. These are used to detect potential side effects or complications and adjust therapy as needed.

Different methods of testosterone administration are available, including intramuscular/subcutaneous injections, transdermal gels or patches, subcutaneous pellets, and oral formulations. Route of administration is selected based on patient preference, pharmacokinetics, convenience, and response to treatment.

Therapeutic goals include restoring testosterone levels to a physiologic range, improving symptoms, and enhancing physical and mental functioning. It is essential to distinguish between age-related decline and pathological deficiency to avoid overtreatment or unnecessary exposure to risks.

Lifestyle factors such as nutrition, sleep, physical activity, and stress management play a significant role in testosterone production and overall endocrine health. Candidates are typically advised to address these factors alongside or prior to initiating hormone therapy to optimize outcomes.

Chris Rue stresses that education and informed consent are essential in the decision-making process. "Candidates must understand not only the potential benefits of testosterone therapy but also the limitations and need for regular follow-up. Treatment must be guided by evidence and ongoing clinical evaluation."

As public awareness of hormone health increases, so does the demand for treatment options. Responsible clinical practice ensures that testosterone therapy is reserved for those who will benefit most, based on laboratory and diagnostic confirmation. MOPE Clinic follows established medical guidelines and emphasizes evidence-based protocols to support safe and effective hormone optimization.

Testosterone therapy should never be initiated solely on the basis of age or marketing claims. Appropriate candidates undergo medical evaluation, symptom review, and laboratory testing to confirm a diagnosis of testosterone deficiency. Ongoing care includes regular follow-up visits, lab monitoring, and adjustment of dosage as needed to ensure therapeutic efficacy and minimize risks.

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