

# DFW Physician Weighs In on Landmark Testosterone Safety Study

*The largest cardiovascular outcomes trial on TRT ever conducted changed the clinical conversation — but most men seeking treatment have never heard of it.*

SOUTHLAKE, TX, UNITED STATES, March 9, 2026 /EINPresswire.com/ -- A landmark cardiovascular outcomes study published in 2023 significantly shifted the clinical evidence base for testosterone replacement therapy, yet awareness of its findings remains low among the men most likely to benefit from treatment — and among the primary care physicians most likely to be dismissing their symptoms.



Dr. Farhan Abdullah, DO, board-certified Internal Medicine physician and Medical Director of Magnolia Functional Wellness in Southlake, TX, specializing in physician-managed testosterone replacement therapy and hormone optimization.

The TRAVERSE trial — a large, prospective, randomized controlled study involving more than 5,000 men — found that testosterone replacement therapy in men with hypogonadism and established or high cardiovascular risk did not increase the risk of major adverse cardiovascular events compared to placebo. The study, published in the New England Journal of Medicine,

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The TRAVERSE trial should change the conversation men are having with their physicians about TRT safety and the risk-benefit calculation.”

*Dr. Farhan Abdullah, DO —  
Magnolia Functional Wellness*

addressed one of the primary safety concerns that had kept many physicians and patients from pursuing TRT despite significant symptomatic burden.

The clinical reality is that hypogonadism — chronically low testosterone — is significantly more common than most men realize. Testosterone declines at roughly 1% per year after age 30, and by the mid-40s many men are operating 25 to 35 percent below their peak levels. The consequences extend well beyond fatigue and low libido: chronically low testosterone is associated with insulin

resistance, visceral fat accumulation, bone density loss, cognitive decline, and cardiovascular risk — a cluster of effects that rarely gets connected to a hormonal root cause in standard primary

care settings.

Dr. Farhan Abdullah, a board-certified Internal Medicine physician and Medical Director of [Magnolia Functional Wellness](#) in Southlake, Texas, says the TRAVERSE findings confirm what careful clinical practice has suggested for years — that properly monitored TRT is significantly safer than its reputation suggested.

"The TRAVERSE trial is the most rigorous cardiovascular safety data we have on TRT, and it should change the conversation men are having with their physicians," said Dr. Abdullah. "For years, men with genuinely low testosterone were being undertreated because of cardiovascular concerns that this study has now substantially addressed. That doesn't mean TRT is appropriate for everyone — it means the risk-benefit calculation looks different than it did a decade ago, and men deserve a physician who's actually up to date on that evidence."

Dr. Abdullah emphasizes that the TRAVERSE findings don't eliminate the importance of clinical oversight. Comprehensive monitoring — including estradiol, hematocrit, PSA, and full metabolic markers — remains essential for safe, effective testosterone therapy. The distinction between a well-managed protocol and an unmonitored prescription is where outcomes diverge.

What the TRAVERSE trial opened up, in Dr. Abdullah's view, is a broader conversation about what treating hypogonadism actually accomplishes clinically. "In my practice, the men who respond best to TRT aren't just reporting better energy and libido — they're seeing meaningful improvements in body composition, insulin sensitivity, and cognitive function that their primary care physicians had been attributing to stress or aging for years," Dr. Abdullah said.

"Testosterone touches enough physiological systems that undertreating it has real downstream consequences — metabolic, skeletal, neurological. The cardiovascular safety data removes the last major barrier to having that conversation honestly with patients who've been dismissed elsewhere." Dr. Abdullah also notes that bone mineral density loss from chronic hypogonadism is among the most underappreciated long-term risks in men's health — a risk that accumulates silently over decades and rarely gets connected to its hormonal root cause until a fragility fracture forces the conversation.

"The problem in the men's health space right now is that volume-driven telehealth platforms have made TRT faster and cheaper to access, but not necessarily better managed," Dr. Abdullah noted. "Getting a prescription isn't the hard part. The clinical value is in the follow-up — knowing when to adjust the dose, when to manage estrogen conversion, when hematocrit is trending somewhere you need to act. That requires a physician who actually reviews your labs."

Magnolia Functional Wellness offers physician-managed [testosterone replacement therapy in Southlake](#), Texas, with comprehensive initial lab workup, structured follow-up monitoring, and estrogen and hematocrit management built into every protocol. The practice serves patients throughout the Dallas-Fort Worth Metroplex including Southlake, Westlake, Keller, Colleyville, Grapevine, Trophy Club, and Flower Mound.

More information about Magnolia Functional Wellness's physician-managed TRT program in Southlake is available at <https://www.magnoliafunctionalwellness.com/services/testosterone-replacement-therapy-trt>.

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