

EDITORIAL COMMENT

Testosterone deficiency (TD) is increasingly recognized as an important negative factor in the general health in older men, independent from multiple risk factors.¹ It does not take a great leap to imagine the consequences of the profound deficiency experienced by patients with prostate cancer receiving ADT, aside from the cancer itself. Since these men are already victims of an advanced cancer, little attention has been paid, until recently, to the detrimental effects of ADT. After all, ADT is recognized as an effective and well tolerated means of suppressing the growth of prostate cancer.

Most of the efforts to counteract the adverse effects of ADT have been oriented toward bone health and progress has been made in this direction. Although it is well documented that depression is a frequent manifestation of TD, in the particular instance of men with metastatic prostate cancer, it is easier to attribute it to the emotional and physical upheaval of the diagnosis and the dire prognosis. This paper is both timely and important and the authors are to be congratulated for their effort. As in most retrospective studies, it carries some deficiencies but points to a relevant but largely neglected area of oncology research. The finding that almost a third of men receiving ADT developed de novo psychiatric illness is significant but not surprising. It should alert us to a possible effect of ADT in those with a long life expectancy. Hopefully this report and a few others in the same vein will spur interest in prospective investigations. The need for studies that include cohorts of men with cancer not receiving ADT and those on intermittent ADT would be of obvious significance. For the latter group, a correlation with androgenic status would be essential since most of them never recover adequate gonadal function.

References

1. Laughlin G, Barrett-Connor E, Bergstrom J. Low serum testosterone and mortality in older men. *J Clin Endocrinol Metab* 2008;93:68-75.

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