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## Why Pain Medication May Be **Trouble for Men**



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Are you a man taking narcotic pain medication for chronic pain? You could have low testosterone because of this. Opioid pain medications including morphine and oxycodone, are used very often by men with chronic pain. These medications carry risks of addiction and side effects including nausea, itching, constipation, and low testosterone. Low testosterone is caused by the effects of pain medications which reduce the "natural fuel" (called gonadotropins) produced by the brain which stimulates testosterone production in the testicles of men. There is no exact dose or amount of time of taking pain medication that leads to low testosterone. It can occur in a matter of weeks in men taking mid-range doses but the decline in testosterone differs for every man. Taking pain medication for chronic pain can lead to side effects which overlap with symptoms of low testosterone. Low testosterone occurs in up to 80% of men on pain medication but is often not recognized by patients or healthcare professionals.

The most common side effects of low testosterone are:

- Decreased attention span
- · Decreased sex drive (libido), fatigue
- · Depression and erratic mood
- Muscle and bone loss (osteoporosis)
- Low blood count (anemia)
- Erectile dysfunction (ED)
- Delayed ejaculation (semen emission)
- Possible increased risk of cardiovascular disease and diabetes mellitus (increased blood sugar which has many negative effects on the body)
- Possible effects on sperm function (fertility)

Treatment of low testosterone in men taking chronic pain medication includes the same options as for men with low testosterone of other causes. The use of testosterone for some men older than 65 years or with heart disease may be contraindicated or may be beneficial according to recent studies in the past 6 months, so this will have to be weighed by your doctor. If pain medication cannot be stopped, testosterone replacement therapy (TRT) managed by a urologist may improve serum testosterone and quality of life. Testosterone options include topical gel, injectable, or pellets (placed under the skin subcutaneously). The use of human chorionic gonadotropin (hCG) injection or clomiphene citrate (oral pill) which act through a different mechanism to "turn on" the body's natural testosterone production are additional options. Clinical trials are also being done to investigate the effects of improving testosterone in men with chronic pain. There have been some small studies on opioid-induced low testosterone, but many more are needed in the future.