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Biological sketch

Since receiving his MD degree, Dr Alain Bitton has been specializing in Surgery and Urology in several institutions in Switzerland and France (Paris). After a two-year working period as Assistant Professor at the Urological University Hospital in Berne - concluded by the Diploma of Fellow of the European Board of Urology - he decided to gain experience abroad and completed a one-year fellowship in uro-oncological surgery and urodynamics at Southmead Hospital (Bristol Urological Institute, UK). During his postgraduate teaching, Dr Bitton has been an active participant in over 500 national as well as international meetings. He has been admitted to the award of "Master of Men's health and Andrology" by Edith Cowan University (Western Australia), as well as the "Diploma of Anti-aging Medicine" by the Stonebridge College, UK. Since 2001, Dr Bitton is running his own private clinic in Geneva. His principal fields of interest in urology include urodynamics, uro-oncology, sexual medicine and aging male.

Abstract

The interest of the medical community in age-related endocrine deficiencies is increasing in parallel to the aging population. Much attention has recently been given to the concept that testosterone falls progressively with age and that a significant percentage of men over the age of 50 years have serum testosterone levels that are below the lower limits of young adult (age 20-30 years) men, a biochemically included clinical syndrome that is now described in the literature as late-onset hypogonadism (LOH) and previously called "andropause". With serious symptoms like reduced mood or cognition, sexual dysfunction, increased body fat and a greater risk of osteoporosis, LOH can have a big impact on a man's short- and long-term health: mind, body, spirit. Testosterone substitution is an effective way to manage this condition. Misdiagnoses, lack of knowledge and safety concerns are some of the reasons why LOH goes untreated. Furthermore, we should reconsider our historical information about testosterone and especially about this completely hysterical false concept about the negative input on the prostate as well as the development of prostate cancer under testosterone replacement. Once patients begin treatment with testosterone substitution, follow-up and monitoring is essential.