Testosterone Replacement Therapy (TRT)

BSSM Guidelines 2023 | Society for Endocrinology 2022 | Private PGD Service

BEFORE SUPPLY: PGD Governance Check

- ☐ You have personally signed and are named on the CURRENT, ACTIVE PGD
- ☐ The PGD covers this patient, this product, and this clinical scenario
- ☐ Confirm whether the PGD authorises supply only, or also explicitly authorises initiation
- ☐ You are trained and competent to deliver this service

Supplying testosterone without personal PGD authorisation constitutes supply without legal authority. Practise within your indemnity and organisational governance framework.

Testosterone Thresholds (BSSM 2023 Reference Only)

Total Testosterone	Interpretation	Action
Below 8 nmol/L	Confirmed low	Supply per PGD if no contraindications
8 to 12 nmol/L	Borderline	Check SHBG, calculate free T; supply if free T below 0.225 nmol/L and PGD permits
Above 12 nmol/L	Normal	Do not supply; refer to prescriber
Target on TRT (trough)	Follow PGD target range	Adjust dose per PGD if outside target

These are BSSM 2023 values. Your PGD may specify different thresholds. Always follow the PGD exactly. Two morning fasting samples required, at least 4 weeks apart.

WITHHOLD: Contact Prescribing Service First

- ☐ Haematocrit above 54%: withhold, contact prescribing service promptly
- ☐ PSA rise above PGD threshold (BSSM ref: above 1.4 ng/mL in 12 months): contact prescribing service; refer for urological review
- ☐ Patient expresses desire to father children: TRT contraindicated; refer to prescriber
- ☐ Total testosterone below 5.2 nmol/L with low or low-normal LH and FSH: measure prolactin; refer to endocrinology to exclude pituitary cause
- ☐ Untreated severe obstructive sleep apnoea
- ☐ Raised prolactin not yet investigated
- ☐ Known prostate cancer, male breast cancer, or NYHA Class IV heart failure

SUPPLY: Counselling Checklist

- ☐ Gel: wash hands after application, cover site, avoid skin contact with women or children until dry
- ☐ Injection: trough target per PGD; long duration means adverse effects cannot be rapidly reversed
- ☐ Cardiovascular: men with established CVD should remain under medical supervision
- ☐ Sleep apnoea: TRT can worsen OSA; ask about sleep quality and snoring at every review
- ☐ Mood: irritability and mood changes possible; patient and partner to report changes
- ☐ Skin: acne, oedema, and gynaecomastia are recognised side effects
- ☐ Fertility: TRT suppresses spermatogenesis; impairment may persist after stopping
- ☐ Blood donation: direct patient to check current donor service guidance

Monitoring: 3 months: testosterone (trough) + haematocrit. 6 months: testosterone + haematocrit + PSA. 12 months and annually: testosterone + haematocrit + PSA + LH/FSH where required by the PGD + AMS/ADAM score. Document PGD reference number and your signature at every supply.

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