

**Consider screening** for hypogonadism in men with a history of anaemia.<sup>2</sup>

PRESCRIBING INFORMATION TESTIGEL® (testosterone) 16.2 MG/IG, GEL For full prescribing information, including side effects, precautions and contrandicators, please consult the Summary of Product Chraartestiscs (SPC). Presentation: Transdemal gel in a multi-dose container, one pump actuation delivers 1.25 g of gel containing 20.25 mg of testosterone indication: Testosterone replacement therapy for male hypogonadism when testosterone dedicionly has been confirmed by clinical features and biochemical tests. Dosage and administration: Cultaneous use. The recommended dose is two pump actuations of gel (i.e. 40.5 mg of testosterone) applied once daily. The daily dose should not exceed four pump actuations (81 mg testosterone) per day. Adjustment of dosage should be achieved by incements of one pump actuation, usually based on measurements of blood testosterone levels and/or cinical response. The gel should be administrated by the potient himself, onto clean, dry, healthy skin on the right and left upper arms and shoulders, allow to dry for at least 3-5 minutes before dressing. Contraindications: Cases of known or to any other constituent of the gel. Warnings and precautions for use: Testosterone or to any other constituent of the gel. Warnings and precautions for use: Testosterone insufficiency should be clearly demonstrated by clinical features and confirmed by 2 separate blood testosterone measurements. Testosterone levels should be monitored at beseline and at regular intervals during treatment. In addition, in patients receiving

long-term androgen treatment the following laboratory parameters should be checked regularly, heemoglobin, heematoort (to detect polycythæemia), liver function tests, jildig droffle Testelp may affect results of laboratory tests of thyroid function. Risk of pre-existing prostatic cancer should be excluded and the prostate gland and breast monitored during Testogel treatment. Androgens may accelerate the progression of sub-clinical prostate cancer and benign porstate hyperplasia. Testogel should be used with caution in cancer patients at risk of hypercalcemia and associated hypercalciuria due to bore metastases; regular monitoring of blood calcium levels is recommended in these patients. Testogel may cause oedena with or without congestive cardiac failure in patients suffering from severe cardiac, hejedic or renal insufficiency or ischaemic heart disease. Efficiency or increased risk of sleep appose in hypognodal subjects treated with testosterone estes, especially in those with risk factors such as obesity and chronic respiratory disease. Spermaters. Gynecomastia ocasionally develops and occasionally persists. Irritability, nervousness, weight

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to (1/100) occur with Testogel: malignant hypertension, flushing, phlebitis, diarnhoea, abdominal distention, oral pain, gynaecomastia, nipple disorder, testicular pain, increased erection and pitting pedema. Other known advesse drug reactions: testic disorder, headsche, deziznes, paresethisei, associliatin, fort flushes), deep vein thrombosis, dyspnoea, polycythaemia, anaemia, musculoskeletal pain, prostate enlargement, oligospermia, bening mostate hyperplasia, impaired urination, anxiety, depression, angession, insomania, anaexa, astheriai, oedema, malaise and weight increase. In case of severe application site reactions, treatment should be reviewed and discontinued if necessary, WISP Price: 63.11, per 88g pump pack, Legal category; POM. Marketing Authorisation Mundeer: Peasins health care, Avenue Louise, 287, Brussels, Belgium. Date of preparation of Prescribing Information: 06 September 2019 TES/2019/063.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported fo Besins Healthcare (UK) Ltd Drug Safety on 0203 862 0920 or Email: pharmacovigilance@besins-healthcare.com



## I HAVE UNEXPLAINED ANAEMIA



## SCREEN ME

Screening for **testosterone deficiency** should form part of the **anaemia** work-up as recommended by Endocrine society and British Journal of GP.<sup>1</sup>

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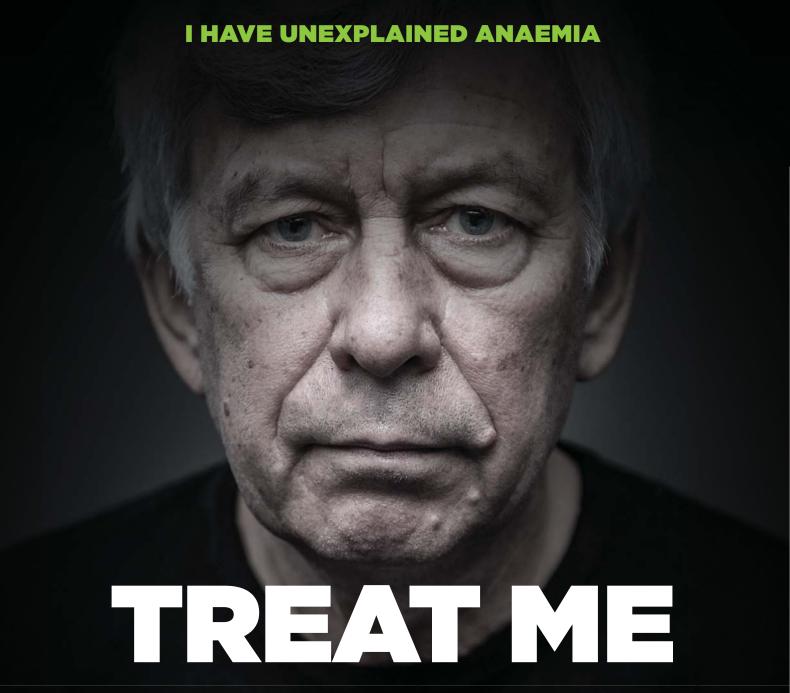
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Effective treatment of male **testosterone deficiency** can significantly **raise haemoglobin levels and resolve anaemia**.<sup>1</sup>

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