Men's Health Clinic Referral Guideline

Austin Health's Department of Endocrinology conducts weekly clinics dedicated to managing men's health conditions.

Department of Health clinical urgency categories for specialist clinics					
For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.					
Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt.					
Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.					
Referral Process					
GP Referral Guide: Please see below conditions accepted into this clinic and provide the relevant investigations required below to aid in the appropriate triaging of your patient.					
Patient instructions: Please instruct your patient to bring **ALL** their diagnostic results to their Specialist Clinic appointment.					
Exclusions: The Men's Health Clinic does <u>not</u> provide the following services: • Review of individuals with sexual dysfunction and a total testosterone > 8 nmol/L • Individuals with sexual dysfunction without a confirmed (i.e. measured at least twice) total Testosterone of <8 nmol/L should be redirected to urology • Pituitary adenomas (this condition is managed in the General Endocrinology Clinic) • Fertility interventions • Delayed or arrested puberty (redirect to Paediatric Unit)					
Condition / Symptom	**GP Management**	**Investigations Required Prior to Referral**	**Expected Triage Outcome**	**Expected Specialist Intervention Outcome**	**Expected number of Specialist Appointments**
Hypogonadism	**When to Refer:** **Two** serum total testosterone levels of < 8 nmol/L Blood test must be performed at 0800 hours in the fasting state	**To be included in referral** • Age • BMI • Reproductive history, • testicular condition • pituitary condition, • medical comorbidities and medications (e.g. chemotherapy)	**Urgent:** Hypogonadism suspected to be due pituitary/hypothalamic disease Any hypogonadism with severe clinical symptoms and/or end-organ deficits (e.g., osteoporosis, anaemia)	• Investigate cause and develop appropriate management plan depending on cause • Treatment with testosterone (as appropriate)	Ongoing review will be annual once treatment plan is established. • **Clinic exit criteria:** Men without confirmed hypogonadism or where not

	Previous treatment already tried: N/A	**Imaging** Pituitary/testicular imaging (as appropriate) **Diagnostics** 0800-0900 hours, fasted sample for ▪ LH ▪ FSH ▪ total and free testosterone, ▪ SHBG ▪ prolactin	**Routine:** All others		treatment is indicated.
Prostate cancer on androgen deprivation therapy (ADT)	**When to Refer:** Prostate cancer treated with ADT **Previous treatment already tried:** N/A	**To be included in referral** Medical comorbidities and medications **Imaging** Bone mineral density scan **Diagnostics** 0800-0900 hours, fasted sample for ▪ LH ▪ FSH ▪ total and free testosterone, ▪ SHBG ▪ PSA ▪ fasting lipids ▪ HbA1c ▪ UEC ▪ CMP ▪ Vit D ▪	**Urgent:** Established osteoporosis or cardiovascular disease **Routine:** This will be the majority	• Treatment of symptoms of androgen withdrawal • Assessment of cardiovascular and bone health	5 **Clinic exit criteria:** ADT ceased and gonadal axis has reactivated (and no endocrine issues)

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Osteoporosis in males	**When to Refer:** Osteoporosis range T-scores on bone density scan (-2.5 or less) or clinical osteoporosis defined by a minimal trauma fracture (e.g. hip, spine) **Previous treatment already tried:** N/A	**To be included in referral** Age, fracture history, hypogonadism, medical history, medications (e.g. steroid use) **Imaging** Bone mineral density scan, thoracolumbar spine x-ray, imaging reports of fractures **Diagnostics** (0800-0900 hours, fasted) sample for LH, FSH, total and free testosterone, UEC, CMP, Vit D, TFTs, coeliac serology, myeloma screen, CTx, P1NP	**Urgent:** Minimal trauma fracture **Routine:** This will be the majority	• Assess for secondary cause of osteoporosis and manage if present • Treatment with anti-resorptive therapy • Monitoring of effectiveness of treatment	3 **Clinic exit criteria:** If clear treatment plan established, we will discharge patient to primary care for ongoing management
Other male specific endocrine conditions, e.g. gynaecomastia	**When to Refer:** N/A **Previous treatment already tried:** N/A	**To be included in referral** Age, medical history, medications, previous treatment of condition	**Urgent:** N/A **Routine:** N/A	• Assessment of condition • Treatment initiation and monitoring (as appropriate)	3 **Clinic exit criteria:** If issue has resolved or clear treatment plan established