

The Ageing Men and Women

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Since ancient times, man has been obsessed with the desire to preserve his youthful vigour. Today, he thinks that there is enough understanding of the process of ageing to attempt to delay it⁽¹⁾. In recent years, different substances, such as growth hormone, testosterone, DHEA, and melatonin have been touted as rejuvenating pills. Currently the "hottest" pill, Viagra, has wrongly been perceived to have aphrodisiac property. Unfortunately, many of these claims have inadequate scientific basis and their widespread application, therefore, must await further scientific studies especially those evaluating their long-term efficacy and side effects.

With a rapidly ageing population in Singapore and its dire economic and social implications, many pragmatic and far-sighted population-based programmes have been initiated and supported by the Government. Since the ageing process is affected by environmental, behavioural, socio-economic and medical factors that are peculiar to each country, the World Health Organisation has recommended that appropriate research be carried out to address the influence of these factors on the local population. Research carried out on populations in developed countries can serve as good references for our research, but extrapolation of their findings wholesale to our local population must be viewed with caution.

The challenge for the medical fraternity, therefore, is to research into various aspects of ageing so as to arrive at management strategies to empower our senior citizens to have healthy and vibrant lives even in their senior years. Illnesses such as osteoporosis, cardiovascular diseases, dementia and a reduction of well-being tend to affect senior citizens at a higher frequency and intensity. Therefore, more research to establish preventive measures so as to reduce the risk of these chronic illnesses in the aged should be carried out. A holistic approach must be adopted and the end-point must be well-being of both the body and the mind.

There is a growing body of local data on the management of post-menopausal women in Singapore. However, data on the peculiar symptom profiles as well as the possible differential effects of the menopause on the three major ethnic races, Chinese, Malay and Indian are lacking. It is important to note that the onset of the menopause, which will drastically affect ageing, is not the only ageing process in women. Many other aspects of ageing in women other than menopause have received no or inadequate

attention. It is clear that steroid hormone replacement therapy has not and will not address all the problems confronting the ageing women. Therefore, more research must be carried out on ageing per se in women.

In spite of several discourses, much confusion concerning the andropause, the male equivalent of menopause remains. Whether or not andropause exists depends on its definition. In my view, menopause has four characteristics: 1) it is primarily concerned with the ovarian function; 2) it involves the sudden and irreversible cessation of fertility; 3) it involves the cessation of ovarian production of oestradiol and progesterone, and 4) it is genetically programmed to occur in every woman. According to these criteria, therefore, the male equivalent of menopause, andropause, does not exist. It has been documented that as men and women age, the functional capacity of some endocrine system declines; these include the lowering of the levels of growth hormone, insulin-like growth factor-1, thyroid hormone, testosterone and free testosterone, DHEA etc^(1,2). The rate of decline of the organ functions carries from one individual to another. It is conceivable that in some men, the ageing-induced reduction in the testicular function may reach a point when they suffer from hypogonadotropic effects, some of which may be similar to those experienced by post-menopausal women, and hence, these men have been considered, mistakenly, to have andropause. They probably suffered from relative androgen deficiency arising for ageing per se.

As endocrine functions decline with age in both men and women, albeit at varying rates, hormone augmentation therapy may play an important role in their management. Growth hormone therapy has been studied, so are others like androgen therapy and HRT in menopausal women⁽³⁻⁵⁾. Long-term studies of their efficacy and safety are currently underway and hopefully in the near future, specific strategies for hormone augmentation therapy would be available to assist us in the management of the ageing men and women into their golden years.

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