CHECK IN *with Dr. Ruby Gill*

LET'S CHECK UP ON...

HE'S NOT HIMSELF EITHER: A CLINICAL LOOK AT MALE HORMONAL & METABOLIC DECLINE

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For many women navigating midlife, the physiologic changes of perimenopause and menopause are well recognized. What is less often discussed—yet equally relevant—is that men frequently undergo their own, more subtle shift in the same decade of life. It does not present as abruptly, nor is it framed with the same clinical vocabulary, but its effects are meaningful. Often, it is first noticed not by the patient, but by the partner.

In clinical practice, I commonly hear a similar observation: "He's just not himself." The description is rarely dramatic. Instead, it reflects a gradual change—lower energy, diminished motivation, increased irritability, and a reduced sense of engagement with daily life. Many men will not articulate these changes directly, but they may manifest as decreased exercise tolerance, increased central weight gain, disrupted sleep or a general decline in productivity.

From a physiological standpoint, these symptoms often correlate with changes in metabolic health and testosterone levels. Beginning as early as the fourth decade, men can experience a gradual decline in serum testosterone, accompanied by increased visceral adiposity, insulin resistance and unfavorable lipid shifts. These changes are not isolated; they exist within a broader network of endocrine and metabolic signaling that impacts mood, cognition and cardiovascular risk.

Anecdotally, what surprises many patients is the emotional component. While public perception often associates testosterone with excess—particularly in the context of athletic misuse and mood volatility—the clinical reality at physiologic levels is quite different. When testosterone is optimized appropriately in men with true deficiency, improvements are often seen in mood stability, motivation, metabolic parameters and sexual health, including erectile function. Rather than amplifying irritability, many men experience a more balanced emotional baseline and a restoration of their prior sense of drive.

It is also important to acknowledge that the regulatory landscape continues to evolve. The U.S. Food and Drug Administration has recently taken steps to re-evaluate labeling considerations for testosterone therapy, including its role in men with idiopathic hypogonadism. This reflects an ongoing effort to better define which patients may benefit from treatment while maintaining appropriate safety standards and clinical rigor.

In an integrative setting, these conversations are rarely isolated to one individual. When I evaluate couples, I often find that both partners are experiencing parallel physiologic changes—hormonal, metabolic and lifestyle-related. Addressing these patterns together can be both clinically effective and personally meaningful. There is a distinct shift that occurs when both individuals begin to feel stronger, more metabolically stable and more aligned in their health goals.

Over time, I have observed that couples who engage in care together often report not only improvements in laboratory parameters, but also in quality of life. They describe restored intimacy, improved energy and a renewed ability to participate in activities they had gradually stepped away from—whether that is travel, exercise or simply feeling present in their daily lives. In many cases, they report feeling better in their 40s and 50s than they did in their 30s.

The key is thoughtful evaluation. Not every patient with fatigue or weight gain requires hormonal therapy, and treatment decisions should always be grounded in a comprehensive clinical assessment—history, laboratory data and an understanding of the individual's broader health profile. When appropriate, targeted interventions—ranging from lifestyle optimization to pharmacologic support—can help restore physiological balance.

For women who recognize these changes in their partners, the insight is valuable. These shifts are not simply behavioral or motivational; they are often rooted in measurable changes in physiology. Bringing awareness to this can be the first step toward meaningful intervention.

Midlife health is not a solitary experience. When approached with intention and evidence-based care, it can become an opportunity—not just for symptom management, but for optimization, resilience and a renewed standard of well-being for both partners. •

Schedule your integrative medicine consultation with Dr. Ruby Gill today! Take the first step toward thriving again with personalized, evidence-based care tailored to your unique needs. Let Dr. Gill help you reclaim your health, confidence, and joy!

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