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LONG-TERM TESTOSTERONE THERAPY FOR UP TO 12 MAY RESULT IN REMISSION OF TYPE 2 DIABETES (T2DM) IN HYPOGONADAL MEN IN A REAL-WORLD REGISTRY STUDY

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Background: The 2018 ADA Standards of Medical Care in Diabetes recommend measuring testosterone in men with diabetes. **Methods:** A registry of hypogonadal men was established in 2004. By 2018, 324 of 823 patients (39%) had T2DM diagnosed and treated in a diabetes center. 152 of these men received testosterone undecanoate (TU) injections 1000 mg/12 weeks (T-group). Anthropometric and metabolic parameters were measured at least twice a year. **Results:** Mean follow-up: 7.9, maximum: 12 years. 51 patients (33.6%) were in remission at the last measurement. Baseline age: 61±4.11 years. Metabolic parameters: HbA_{1c} dropped from 8.6±1.01% to 5.45±0.18% at the last measurement, fasting glucose from 7.8±1.2 mmol/L to 5.4±0.09 mmol/L, HOMA-IR from 9.76±2.74 to 1.98±0.54. Anthropometric parameters: Body weight declined progressively from 112.9±13.2 to 90.2±7.4 kg, waist circumference from 110.7±7.6 to 97.8±4.6 cm. All patients had been on oral antidiabetic medication (metformin) at baseline. 17 patients were on insulin at 25.3±5.9 units per day. Observation time: 124.1±22.7 months (10.3±1.9 years). Average time to discontinuation of diabetes medication: 107.2 months (8.9 years). Medication adherence to TU was 100% as all injections were administered in the urology office and documented. **Discussion:** The registry was not designed to study the effects of testosterone on T2DM. Remission of T2DM has not been described in the literature and was unexpected. **Conclusions:** Long-term testosterone treatment in hypogonadal men may result in remission of T2DM.



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