Pros and Cons of Various Testosterone Therapy Treatments*

Product Type	Application Method	Frequency	Pros	Cons
Testosterone Injections	Injection, usually into the thighs, glutes or deltoid muscles.	Weekly or Bi-weekly *(weekly suggested)*	• Least expensive treatment type (generics available) • Weekly injections minimize testosterone level "spikes" • Consistently level distribution of testosterone into bloodstream • Weekly injections allow for close monitoring & flexible management and/or adjustment of dosage/T levels	• T levels can fluctuate between injections, especially if bi-weekly • Possible initial pain at injection site, usually alleviated with adjustments to the oil base • Weekly clinic visit for shot, unless patient is comfortable with self-injection
Testosterone Gels	Rubbed onto stomach, shoulders, pectorals, or inner thighs	Daily	• Skin absorption produces steady release of testosterone; decreases "spikes" • Dosage easily modified • Brand name and generics available	• Daily application required • Many reported adverse skin reactions • Risk of exposure to others via contact • Gels often fail to raise testosterone to fully normal levels • Gel absorption rate decreases over time
Testosterone Patches	Patch applied to skin on the back, thighs, abdomen or arms	Daily (wear 24 hours and replace)	• Easy application, self-administered • Skin absorption produces steady release of testosterone; decreases "spikes"	• Itching, irritation and rash at application sites • Application site must be changed daily • Sweating or exercise may dislodge, risking missed doses or exposure to children, pets
Testosterone Lozenges	Lozenge placed under the tongue or against the gum's surface	Every 12 hours	• Self-administered • Dosing easy to modify between applications • Gum absorption avoids the liver damage risk of swallowing testosterone	• Gum-related irritation or discomfort • Lozenge maintained in mouth for 12 hours • Replacement needed twice daily • Saliva becomes a potential transfer risk • Often fails to raise testosterone to fully normal levels
Testosterone Nasal Gel	Metered-dose pumped into each nostril	3 times daily (every 6-8 hours)	• Easy-to-use, self-administered • No risk of transfer	• Frequent application required • Not suitable for those with existing or recent sinus or nasal conditions/problems • May not raise testosterone to fully normal levels • Can cause nosebleeds
Testosterone Pellet Implants	Implants inserted under skin via a small, surgical incision with local anesthesia	3 to 6 months	• Implant system promotes level distribution of testosterone into bloodstream • Extensive medication duration between treatments • No risk of transfer • Procedure typically 15 minutes or less	• Requires specifically trained physician, with an approved surgical environment • Testosterone spikes can be extreme after pellet insertion, causing unhealthy increase of red blood cell count and estradiol level • Higher risk of site infection versus other applications • Possible extrusion causing pellets to come out of skin • Any dosage adjustments require another surgical procedure (to add or remove pellets) • Testosterone often drops to drastically low levels between insertions of pellet(s)

* *The statements and statistics charted above are a compilation of medically recognized industry and FDA Approved, prescription-only product averages, As averages, individual results, reactions, pros, cons and treatment frequencies may vary.*