

Testoviron® Depot

for intramuscular androgen therapy

Important information, please read carefully!

Composition

1 ml Testoviron Depot 50 mg contains 20 mg testosterone propionate and 55 mg testosterone enantate (together the equivalent of about 50 mg testosterone) in oily solution.

1 ml Testoviron Depot 100 mg contains 25 mg testosterone propionate and 110 mg testosterone enantate (together the equivalent of about 100 mg testosterone) in oily solution.

1 ml Testoviron Depot 250 mg contains 250 mg testosterone enantate (the equivalent of about 180 mg testosterone) in oily solution.

Properties

The depot effect of testosterone enantate permits long intervals between injections. This ester not only has a long-lasting, but also a very intensive androgenic effect. The duration of action of an ampoule of Testoviron Depot 250 mg is approximately 2–4 weeks depending on the initial hormonal status. The testosterone propionate component of Testoviron Depot 50 mg and 100 mg provides for a rapid onset of action.

Indications

In men:

Hypogonadism; infertility; potency disorders; male climacteric; aplastic anaemia.

In women:

Supplementary therapy of progressive mammary carcinoma in the postmenopause.

Dosage and administration in men

Like all oily solutions, Testoviron Depot must be injected intramuscularly. Experience shows that the short-lasting reactions (urge to cough, coughing fits, respiratory distress) which occur in rare cases during or immediately after the injection of oily solutions can be avoided by injecting the solution extremely slowly.

● Hypogonadism

For the development and stimulation of still underdeveloped androgen-dependent target organs and for the initial treatment of deficiency symptoms: 250 mg i. m. every 2–3 weeks.

To maintain an adequate androgenic effect, 250 mg i. m. every 3–4 weeks. Shorter injection intervals may be necessary depending on the individual requirement for hormone, but longer intervals of up to 6 weeks are also sufficient in many cases.

● Infertility

The treatment should be given over a cycle of spermatogenesis, i. e. about 90 days, and, if necessary, 50 mg i. m. every 2 weeks.

● Potency disorders

Disorders of potency based on an androgen deficiency are eliminated by administration of Testoviron Depot. Mental changes, stress and conflict situations and physical ailments are frequently predominant in potency disorders. Supportive therapy with androgens can be beneficial during the elimination and treatment of causative factors and disorders.

Initially 100 mg i. m. One week later another 100 mg i. m. Further treatment with 100 mg i. m., later 50 mg i. m. every 2–4 weeks.

● Male climacteric

For the therapy of diminishing androgen production – frequently with onset in middle age – and its possible concomitant symptoms, e.g. reduced performance, rapid fatigability, diminishing memory and ability to concentrate, disorders of libido and potency, depressive moods, irritability, sleep disturbances, general vegetative complaints: 50–100 mg i.m. every 2–3 weeks. Repeated 6–8-week courses at 4-week intervals are recommended.

● Aplastic anaemia

High doses of androgen promote erythropoiesis. 250 mg i.m. 2–3 times per week.

Dosage and administration in women

Like all oily solutions, Testoviron Depot must be injected intramuscularly. Experience shows that the short-lasting reactions (urge to cough, coughing fits, respiratory distress) which occur in rare cases during or immediately after the injection of oily solutions can be avoided by injecting the solution extremely slowly.

Treatment with androgens cannot replace surgery and irradiation in the therapy of carcinoma.

● Supplementary therapy of progressive mammary carcinoma in the postmenopause

The i.m. injection of Testoviron Depot 250 mg every 2 weeks leads to objective remissions in a certain percentage of cases. Frequently, pain is relieved and the general condition considerably improved, the mentally stimulating effect of testosterone being particularly beneficial. Testoviron Depot frequently has a positive effect on bone metastases in particular. To maintain this positive effect it may sometimes be necessary to shorten the intervals.

Side effects

High-dosed or long-term administration of testosterone occasionally increases the tendency to water retention and oedema. Caution should therefore be exercised in patients predisposed to oedema.

Depending on the individual sensitivity to androgenic impulses, women may develop signs of virilization, e.g. acne, hirsutism, voice changes (particular care is necessary in women whose occupations involve singing or speaking!).

Spermatogenesis is inhibited by long-term and high-dosed treatment with Testoviron Depot.

If, in individual cases, frequent or persistent erections occur, the dose should be reduced or the treatment discontinued in order to avoid injury to the penis.

Contraindications

Prostatic carcinoma, mammary carcinoma in males, previous or existing liver tumours (in progressive mammary carcinoma in women only, if these are not due to metastases).

Special notes

Androgens are not suitable for enhancing muscular development in healthy individuals or for increasing physical ability.

As a precaution, regular examinations of the prostate are recommended in men.

The therapy must be discontinued if women with mammary carcinoma develop hypercalcaemia under the hormonal treatment.

In rare cases benign and in even rarer cases malignant liver tumours leading in isolated cases to life-threatening intraabdominal haemorrhage have been observed after the use of hormonal substances such as those contained in Testoviron Depot.

The doctor must therefore be informed of the occurrence of unusual upper abdominal complaints which do not disappear spontaneously within a short time.

The scientific brochure contains further information for the doctor.

Presentation

Ampoules of 1 ml with 50, 100 or 250 mg

Store all drugs properly and keep them out of reach of children.