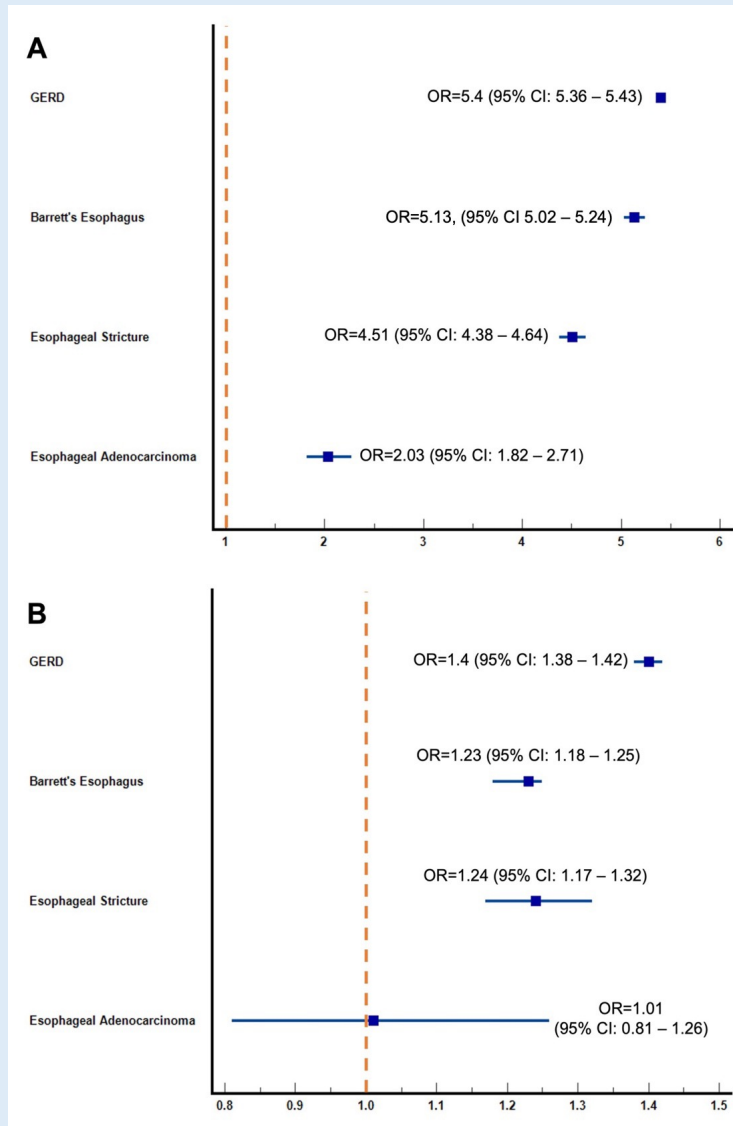


Background:

- The risk of GERD among males with hypogonadism is relatively unknown.
- The association between gastroesophageal reflux disease (GERD) and testosterone replacement therapy (TRT) has not been well documented in literature.
- We aimed to determine the risk of GERD among males with hypogonadism and the risk of GERD with TRT

Methods:

- Commercial database (Explorys Inc, Cleveland, OH) with 26 major integrated US healthcare systems.
- Inclusion criteria
 - Males, age >18 with a diagnosis of “hypogonadism”.
 - Received FDA approved testosterone preparations
 - GERD and Barrett’s esophagus (BE) diagnoses.



Risk of GERD and its complications in A: Males with Hypogonadism B: Hypogonadal males on TRT

Results:

- 408,810 (0.58%) male patients with hypogonadism
- 135,000 (33%) patients diagnosed with GERD
- 9,430 (2.3%) patients diagnosed with BE.
- 183,770 (44.9%) male patients with hypogonadism received TRT.
- Males with hypogonadism had a significantly higher risk of GERD (OR= 5.40, 95% CI 5.36 – 5.43) and BE (OR=5.13, 95% CI 5.02 – 5.24).
- Treatment with TRT was associated with a significantly higher risk of GERD (OR=1.40, 95% CI 1.38 – 1.42) and BE (OR=1.23, 95% CI 1.18 – 1.28)

Discussion:

- Males with hypogonadism had a significantly higher risk for GERD and its complications.
- Treatment with TRT may further exacerbate that risk.