

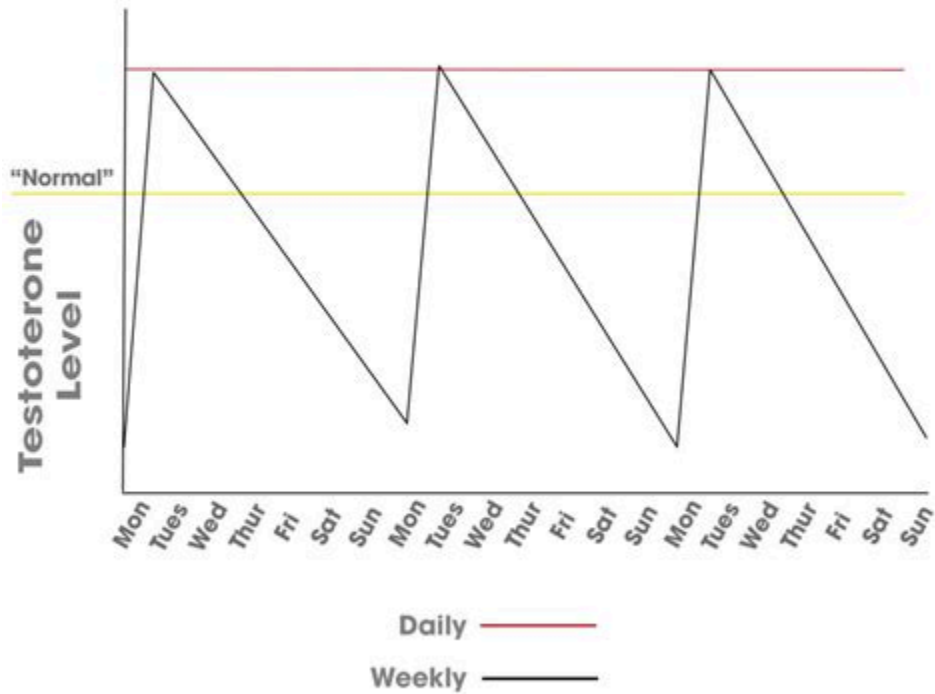
Depo-Testosterone Testosterone injection is used for the treatment of men whose bodies do not make enough natural testosterone, a condition called hypogonadism. Testosterone is a male hormone responsible for the growth and development of the male sex organs and maintenance of secondary sex characteristics.



   **BUY STEROIDS ONLINE**   

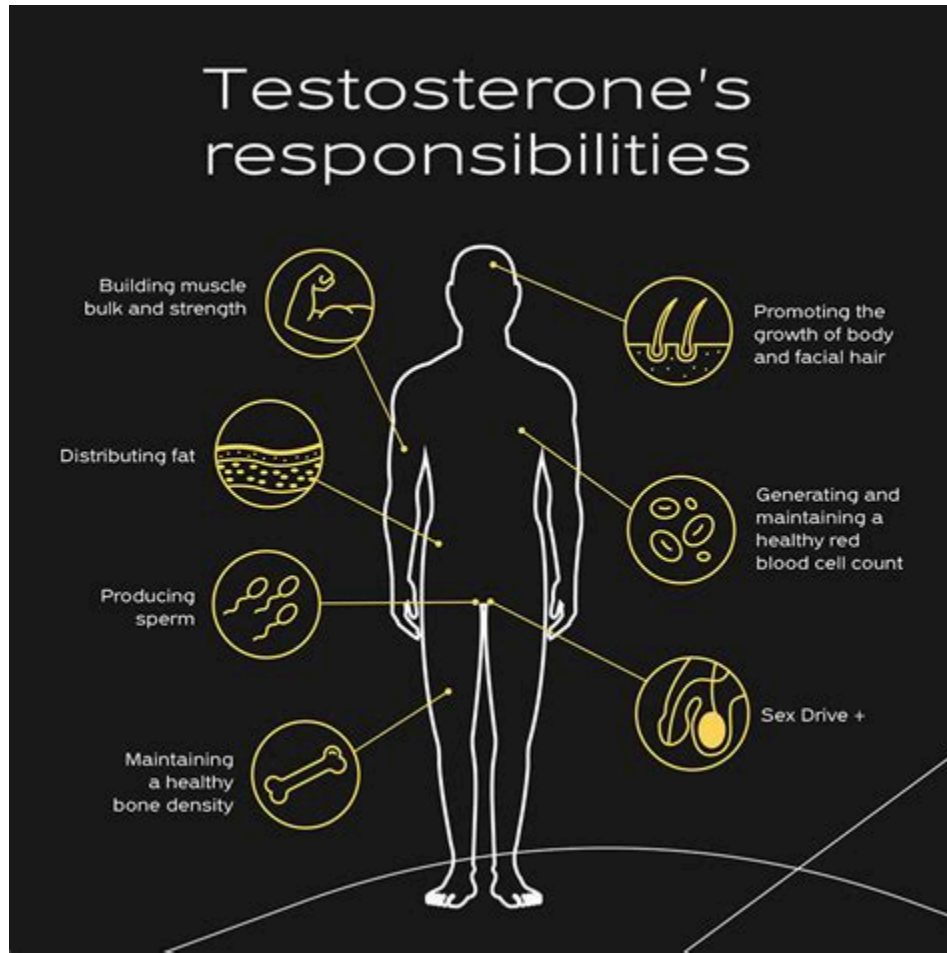
TRT Twice a Week vs Once: Should I Split the Testosterone Dose

Weekly VS Daily Injections



Our doctor's have seen levels normally around 30-35nmol/L on the trough day, or the day of the next injection. This has been shown consistently time and again despite several esters being in the mix. When this testosterone preparation is prescribed at the optimal dose then optimal levels and minimal side effects have been seen.

Testosterone Week: What's a "Normal . - The Art of Manliness



IM dose: testosterone cypionate 200 mg/mL per week 1% testosterone topical gel: 50 mg daily Pellets: six 75 mg pellets Intranasal gel: 1 pump (5.5 mg) per nostril 3 times daily Resolution of symptoms Polycythemia Changes in skin and hair patterns Changes in lipid patterns Changes in PSA or DRE

How much Testosterone Should I Inject? Choosing the Right Testosterone .



Thus, implant two 75 mg pellets for each 25 mg testosterone propionate required weekly. Comments: The chronological and skeletal ages must be taken into consideration, both in determining the initial dose and in adjusting the dose.

TRT Dosage Calculator | Injections, Creams, And More

Tests	1/15/2016	2/18/2016	3/21/2016	5/11/2016	8/5/2016	Reference
HEMATOCRIT	44.6	47	50.6	44.3	44.3	38.5-50.0% 01
FSH		0.7	0.7		0.7	1.5-9.3 mIU/mL 01
LH		0.2	0.2		0.2	1.5-9.3 mIU/mL 01
ESTRADIOL		34	48	13	35	< OR = 39 pg/mL 01
TESTOSTERONE TOTAL	962	3914	2680	995	991	250-1100 ng/dL
Free Testosterone				343		35.0-155 pg/ml
Prostate-Specific	0.5			0.8		0.0 - 4.0
RBC	4.8	4.93	5.44	4.99	5.16	4.14 - 5.80
WBC	4	5.2	5.5	4.9	5.3	3.4 - 10.8
Protein Total Serum	6.2	6.4	7.1	6.7	6.5	6.0 - 8.5
Calcium Serum	9.4	8.9	9.2	8.9	8.7	8.7 - 10.2
Hemoglobin	15.4	15.1	16.4	14.2	13.9	12.6 - 17.7
Glucose	99	85	88	81	76	65 - 99

That is 150mg per week. 1.0 mL = 200mg. 0.75 mL = 150mg. 0.5 mL = 100mg. ncsugrad2002 March 20, 2020, 4:15pm 3. You literally just multiply them together. 0.75ml * 200mg/ml = 150mg. The ml's cancel out and leave mg's. Yes, mg is the dosage that you should be thinking in IMO.

What's My Dosage? - Hone Health



If you are using testosterone injections, most experienced TRT doctors recommend you take 100 - 200 mg of testosterone per week. This is enough for most individuals to bring their total testosterone levels to the desired 800 - 1,200 ng / dl range. Conservative Dose: 100 mg per week. Moderate Dose: 150 mg per week.

Testosterone cypionate | Side Effects, Dosage, Uses, and More



The goals of TRT are to restore serum testosterone levels to within the mid-normal physiological range associated with the patient's age group, generally considered to be between 400 and 700 ng/dL, and to improve symptoms in hypogonadal men (2, 3).

Testosterone Therapy: Review of Clinical Applications | AAFP

BEST PRACTICES IN ENDOCRINOLOGY: RECOMMENDATIONS FROM THE CHOOSING WISELY CAMPAIGN	
<i>Recommendation</i>	<i>Sponsoring organization</i>
Do not prescribe testosterone or testosterone products to men contemplating or attempting to initiate pregnancy.	American Society for Reproductive Medicine
Do not prescribe testosterone to men with erectile dysfunction who have normal testosterone levels.	American Urological Association
Do not prescribe testosterone therapy unless there is laboratory evidence of testosterone deficiency.	American Society for Clinical Pathology
Do not prescribe testosterone therapy unless there is biochemical evidence of testosterone deficiency.	The Endocrine Society/ American Association of Clinical Endocrinologists

Source: For more information on the Choosing Wisely Campaign, see <http://www.choosingwisely.org>. For supporting citations and to search Choosing Wisely recommendations relevant to primary care, see <http://www.aafp.org/afp/recommendations/search.htm>.

Most physicians would consider an optimal testosterone dosage of 1cc of testosterone cypionate or testosterone enanthate, 200 milligrams per ml, every 14 days. More experienced clinicians are comfortable with treating patients with 200mg/cc of Testosterone Cypionate weekly or twice weekly. The half of testosterone cypionate is eight days.

Pharmacology of testosterone replacement therapy preparations

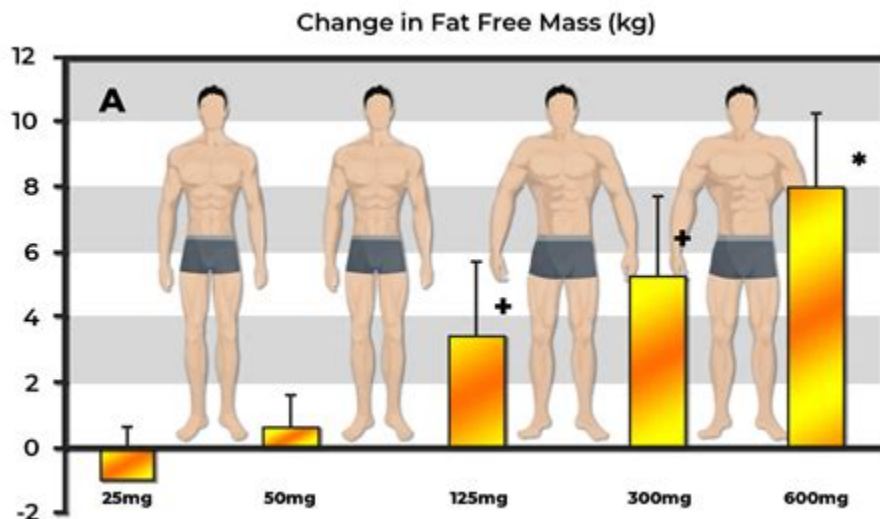
TABLE 2
FDA-approved testosterone formulations²

Formulation	Trade names	Dosing, route, and administration	Benefits	Potential adverse effects or drawbacks
Testosterone cypionate, testosterone enanthate		75-100 mg IM every week or 150-200 mg IM every 2 weeks	Short-acting preparation that allows for drug withdrawal in the event of adverse effects	Fluctuation of testosterone levels
Testosterone undecanoate	Aveed	750 mg IM followed in 4 weeks by another 750 mg IM, then 750 mg every 10 weeks thereafter	Steady-state testosterone levels without fluctuation	Long-acting formulation; does not allow for rapid discontinuation of therapy if adverse effects develop
Transdermal and transmucosal testosterone	Androderm (patch)	A single, 2-6-mg patch daily	Most closely mirrors physiologic testosterone levels	May cause skin irritation; risk of transfer to partner or children
	Axiron (axillary)	30-120 mg daily		
	AndroGel, Testim, Vogelxo (gel)	50-100 mg daily applied to shoulders, arms, or abdomen		
	Fortesta (gel)	10-70 mg daily applied to thighs		
	Natesto (intranasal)	11 mg 3 times daily		
	Striant (buccal)	30 mg every 12 hours		
Oral testosterone	Androxy (fluoxymesterone)	5-20 mg daily in a single or divided doses	Daily oral dosing	Difficult to obtain normal physiologic levels; risk of hepatotoxicity
	Android, Methitest, Testred (methyltestosterone)	10-50 mg daily		
Subdermal testosterone pellets	Testopel	150-450 mg implanted subcutaneously every 3-6 months	Long duration of action	Infection at implantation site; explantation

IM, intramuscular.

Testosterone levels are measured through blood tests. Most doctors agree that a "normal" reading falls anywhere between 300 to 1,000 nanograms per deciliter (ng/dL). About 40% of men over age .

TRT and Testosterone Dosage Calculator - Muscle and Brawn



Welcome back to Testosterone Week! . 1197 ng/dl (nanograms per decilitre) for total testosterone levels. According to this reference range, my total testosterone level of 383 ng/dl at the beginning of my experiment would mean my total T levels were — barely — within the normal range. . 75-84: 48: 471: 169: 6. 0: 2. 3: 51. 0: 22. 7: 85-100 .

Testosterone Replacement Therapy Dosage Considerations



While the dosages and frequency may vary from person to person, 1 mL per week is pretty standard. While that 1 mL may not look like much to a new TRT recipient, it has been determined to be the safest and most effective dosage for most men to reverse the symptoms of low testosterone.

A Review of Testosterone Therapy Options for Men - U. S. Pharmacist

Men's Vitality Center
The Nation's Leader in Men's Health

TESTOSTERONE REPLACEMENT THERAPY OPTIONS

FACTS

TESTOSTERONE REPLACEMENT THERAPY is often necessary for male body function when normal production of testosterone is compromised by:

- ★ **Primary Hypogonadism:** Testicular Failure
- ★ **Secondary Hypogonadism:** Problem with Hypothalamus & Pituitary Gland

DIAGNOSING LOW TESTOSTERONE takes MORE THAN ONE BLOOD TEST for **reliable numbers 7+**

TESTOSTERONE REPLACEMENT THERAPY is safe when monitored by a **qualified medical professional.**

TESTOSTERONE THERAPY IS **NOT ADVISED** FOR THE FOLLOWING INDIVIDUALS:

- ♀ WOMEN
- ♂ MALES WITH ENLARGED PROSTATES
- ♂ MALES THAT SUFFER FROM PROSTATE OR BREAST CANCER
- ♂ MEN THAT SUFFER FROM KIDNEY FAILURE, LIVER DISEASE, OR CARDIAC ISSUES
- ♂ MEN WITH A HIGH RED BLOOD CELL COUNT

PITUITARY GLAND & HYPOTHALAMUS are responsible for regulating many hormones including **TESTOSTERONE**

NORMAL TESTOSTERONE LEVELS should fall between **100-1,000ng/dL** depending on age

METHODS OF TESTOSTERONE REPLACEMENT THERAPY

INTRAMUSCULAR INJECTIONS: Injections are administered subcutaneous by a physician. Injections can occur weekly, biweekly, or monthly depending on follow-up testosterone levels.

TOPICAL CREAMS OR GELS: Gels and creams can be applied to the back, thighs, or underarms. Gels must be applied daily or as recommended by a physician.

TRANSDERMAL PATCHES: Patches are applied every 24 hours to the back, chest, thigh, or upper arm.

INJECTION: Testosterone is injected into the muscle 2x per day.

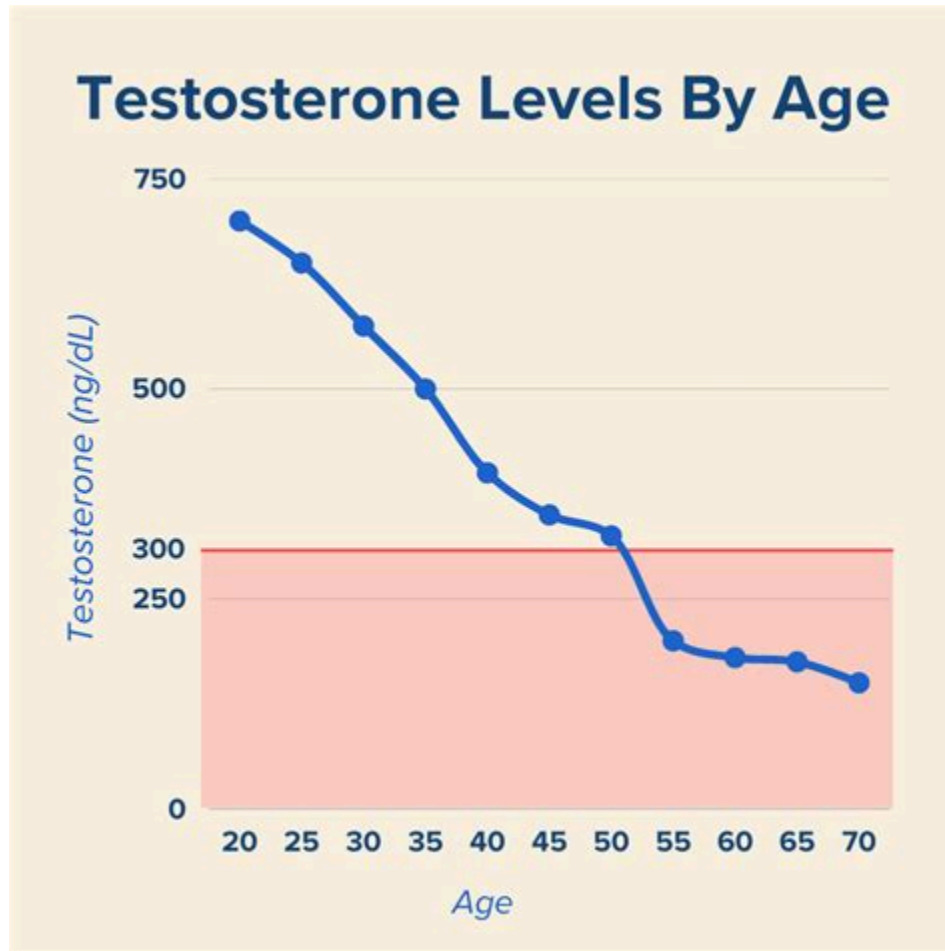
PELLET: Pellets are implanted below the skin and last between 3-6 months.

MEDICAL METHODS: Medical pellets are applied to the urethra 2x per day. The testosterone is quickly absorbed into the bloodstream.

SOURCES:
- [HTTP://WWW.MAYOMEDICALLABORATORIES.COM/](http://www.MAYOMEDICALLABORATORIES.COM/)
- [HTTP://WWW.HORMONE.ORG/](http://WWW.HORMONE.ORG/)

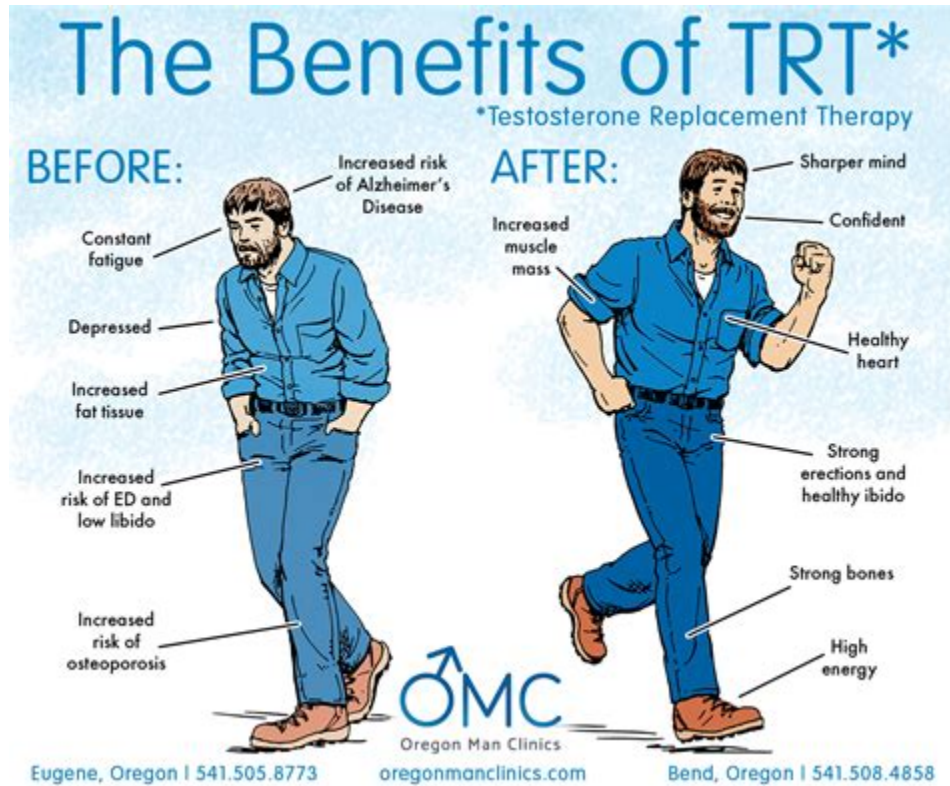
Delatestryl, Xyosted (testosterone enanthate): Delatestryl is available as a 200-mg/mL (5-mL vial) intramuscular gluteal injection. Per the PI, the dosing range is 50 mg to 400 mg every 2 to 4 weeks, with a maximum dose of 400 mg/month. 17 The AUA guideline lists a starting dose of 100 mg, with a range of 40 mg to 200 mg every 7 to 14 days. 2 .

Testosterone Levels: Normal Levels by Age, Gender, and More



Many physicians will typically start patients with a low dose of testosterone, ranging between 50-75 mg, to allow the body time to adjust to the medication before gradually increasing the dosage every week; but, in most cases, the average dose is usually 75 mg at the beginning of treatment. How Often Testosterone Should I Inject?

Testosterone Replacement Therapy in Hypogonadal Men - PMC



On average the actual dose given per week is somewhere between 1 cc and 0.4 cc's of testosterone 200mg/ml. There is a pretty big range of actual testosterone given between those parameters. At 0.4 cc you are getting 80mg and at 1 cc you are getting 200 mg. The 0.4 is a lower dose and 1 cc is a higher dose.

TRT Dosages For Injections and Creams - Balance My Hormones



Alternatively, if your Hone-affiliated physician has prescribed you testosterone cypionate with a dosage

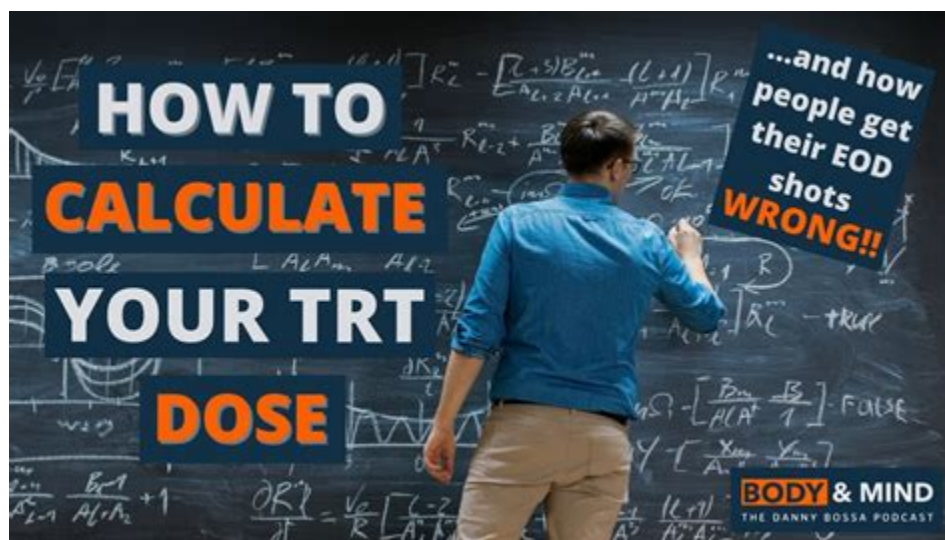
strength of 200mg/mL and a dosing schedule of 1mL per week (i. e. 200mg), then your prescription will be 4mL of testosterone cypionate. If you have any specific questions about your prescription or dosing schedule, please contact Hone support .

Testosterone Dosage Guide + Max Dose, Adjustments - Drugs

Generic name	Trade name	Dosage
Injectables		
Testosterone cypionate	Depo-testosterone	200-400 mg every 2 weeks
Testosterone enanthate	Delatestryl	100-400 mg every 1-4 weeks
Oral Medication		
Testosterone undecanoate	Andriol pms-Testosterone	Initial dose of 120-160 mg per day in 2 divided doses
Transdermals		
Testosterone patch	Androderm	2.5 or 5 mg per day
Testosterone gels	AndroGel Testim	5-10 g of gel per day

Taking TRT doses twice weekly vs. a once-a-week regimen can help Low T patients avoid any fluctuations in their testosterone levels and decrease the risk of experiencing negative side effects. Read on to learn more about the guidelines for splitting a testosterone dose and how to determine when taking a TRT dose twice a week is necessary.

Testosterone Dosage Calculator - Figure Out Your TRT Dose



Generally, healthcare providers consider normal testosterone levels in men to be between 300 and 1,000 nanograms per deciliter (ng/dL). These ranges may vary slightly depending on the criteria used by your

provider or laboratory.

Testosterone Injections: Cypionate Dosage & Half Life Chart



In general, the starting dosage is 40-50 mg per meters squared (mg/m²) injected into your child's muscle

once a month. Meters squared is a measure of your child's body size. Dosage increases .

Testosterone: When and How to Balance Low T - WebMD

BENEFITS OF TESTOSTERONE

ENHANCES BRAIN HEALTH
Testosterone enhances cognitive function and memory. It is crucial for maintaining mental sharpness and clarity.

PROTECTS HEART HEALTH
Testosterone protects the heart and arteries, decreases risk of heart disease, and lowers blood pressure by dilating the aorta and coronary arteries of the heart.

INCREASED ENERGY
Testosterone helps maintain a healthy metabolism and improve energy.

IMPROVES LOVE LIFE
Testosterone is the hormone of desire and improves libido.

STRONG MUSCLES
Testosterone improves muscle mass, strength and tone, and increases stamina and endurance.

INCREASES SENSE OF WELL-BEING
Testosterone increases assertiveness, initiative and sense of well-being. It improves self-confidence and drive.

BETTER MOODS
In addition to improving moods, testosterone relieves anxiety and depression.

ENHANCES WEIGHT LOSS
Testosterone decreases body fat around the waist.

SUPPORTS BONE HEALTH
Testosterone plays a role in building strong bones.

IMPROVES SLEEP
Testosterone improves sleep and sleep apnea. Low testosterone causes men to wake up frequently, snore, and wake unrefreshed.

The KL Sky Clinic
sky theklskyclinic

Generally, a starting dosage of 50 to 100 milligrams of testosterone per week is recommended, with adjustments made as necessary based on lab tests and symptoms. Typical TRT Frequency The frequency of TRT injections also varies, but most patients receive injections once or twice a week.

How Much Testosterone Should I Take? - Renew Vitality



Endocrine Society recommends levels between 400 and 700 ng per dL (13.9 and 24.3 nmol per L) one week following injection with testosterone cypionate or enanthate, or at any time with other .

An Individualized Approach to Managing Testosterone Therapy in the .

An Individualized Approach to Managing Testosterone Therapy in the Primary Care Setting

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Abstract: The incidence of testosterone deficiency and the use of testosterone therapy have increased in recent years, and currently the majority of testosterone prescriptions in the United States and Canada are written by primary care physicians. Meanwhile, the range of available testosterone therapy formulations has widened to include buccal tablets, intramuscular injections, transdermal gels, intranasal gel, subcutaneous injections, oral capsules, and subdermal pellets, each with unique pharmacokinetic and clinical characteristics. Despite the growing use of testosterone therapy and its overall efficacy and safety as demonstrated in clinical trials, concerns exist about the potential impact of testosterone therapy on spermatogenesis and fertility, development of prostate cancer, and risk of polycythemia and cardiovascular events. In addition, ongoing research aims to better characterize the effects of testosterone therapy in specific populations, such as patients aged 65 years and older, patients with obesity and type 2 diabetes, and transgender patients. The range of treatment options and the diversity of patients' goals, preferences, comorbidities, and risk factors necessitate an individualized approach to testosterone therapy that considers each patient's clinical needs alongside the distinct features of different testosterone formulations.

Keywords: testosterone deficiency, hypogonadism, comorbidity, male, clinical practice

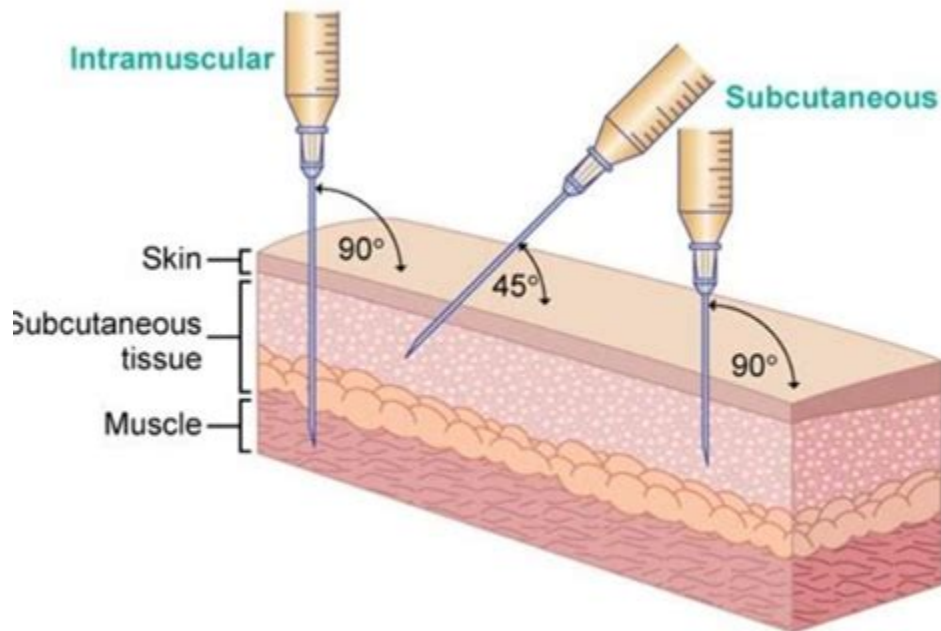
Introduction

Testosterone deficiency, also known as hypogonadism, is a common condition characterized by low serum levels of circulating testosterone and associated with symptoms including low libido, fatigue, erectile dysfunction, decreased energy, reduced muscle mass, and depression.¹ Primary testosterone deficiency results from failure of the testes to produce sufficient testosterone, while secondary testosterone deficiency is caused by decreased production of gonadotropin hormones from the hypothalamus or pituitary glands.²⁻⁴ In the literature, estimates of the prevalence of low testosterone with symptoms of hypogonadism in men have been shown to range from 2% to 39% because of variable definitions of testosterone deficiency,⁵ with the prevalence of testosterone deficiency generally increasing with age and the presence of comorbidities.^{6,7}

In the United States (US), the use of testosterone therapy has tripled in recent years, with lower trends noted in Europe.^{8,9} In Canada, until 2014 there was an increase in the use of testosterone comparable to that in the US.^{10,11} In Nova Scotia, Canada, where the male population remained relatively stable from 2007 to 2019, testosterone prescriptions increased yearly from 2007 to 2014, after which they plateaued or decreased with the exception of men aged 18-34.¹⁰ Broadly, in China and Asia, the use of testosterone is more limited, as the role of testosterone therapy for the treatment of hypogonadism is controversial (possibly due to pricing or for cultural reasons).¹² The vast majority of prescribers of testosterone in Nova Scotia, Canada (average 92%), are primary care physicians (PCPs), while in the US, PCPs write more than half (approximately 60%) of testosterone therapy prescriptions.¹⁰ Outside the US, testosterone therapy is still generally managed by endocrinologists, andrologists, and urologists, although this may change in the future.^{4,13,14} PCPs also may refer patients to these specialists when additional expertise is needed to help diagnose and treat hypogonadism. Importantly, there are diagnostic criteria outlined by clinical practice guidelines that must be followed to mitigate potential under- and overtreatment of hypogonadism. The dramatic increase in prescriptions for testosterone therapy in some regions has been accompanied by an increase in the range of treatment options available, although

Testosterone enanthate: Xyosted: 50, 75 and 100mg in 0.5mL sesame oil: Autoinjector Start with 75 mg once per week subcutaneously injection to abdomen: Delatestryl: 200mg/mL sesame oil: Intramuscular injection once in 2 weeks Not available in US: Testosterone cypionate: Depo-Testosterone: 100 mg/mL or 200 mg/mL in cottonseed oil

Testosterone (Intramuscular Route, Subcutaneous Route) Proper Use .



$300 \text{ mg} / 250 = 1.2 \text{ mil per week}$ Answer: I would want to inject 0.6 milliliters per shot, twice per week to reach the desired TRT dose. Related: Find out how many shots you'll need to take over your lifetime of TRT. Low Estrogen and Testosterone Replacement (TRT)

Is 1 mL of Testosterone a Week Enough? - Prolong Labs



To maintain correct dosing due to the small syringe size (0.3 ml), a 3 times per week schedule may be needed (Monday, Wednesday, Friday), or 2 smaller injections every 3 days like originally outlined. Smaller Syringes Equals Better Drawing Power The 3/10 ml small syringe size is what helps maintain

maximum pressure to draw the oil.

- <https://groups.google.com/g/musclemaestros/c/9CIIXdtMnIw>
- <https://groups.google.com/g/39lifting92/c/9qjpx3p9w5U>
- <https://groups.google.com/g/27pumpingiron30/c/dXXooMGW688>