Testosterone cypionate
(tess-toss-tee-toe-sip-eye-oh-nate)
Depo-Testosterone

Classification
Therapeutic: Hormones
Pharmacologic: Androgens
Schedule III
Pregnancy Category X

Indications
Hypogonadism in androgen-deficient men.

Uses
Cautiously in: Benign prostatic hyperplasia, hyponatremia; Geriatric patients (risk of prostate hyperplasia/carcinoma); Males <12 yr (safety and effectiveness not established).

Contraindications/Precautions
Contraindicated in: Hypersensitivity; OB: Pregnancy and lactation; Male patients with breast or prostate cancer; Severe liver, renal, or cardiac disease; Patients with known hypersensitivity to benzyl alcohol.

Drug Interactions
May q action of warfarin, oral hypoglycemic agents, and insulin. Concurrent use with corticosteroids may q risk of edema formation.

Route/Dosage
IM (Adults): Replacement therapy — 50-400 mg every 2-4 wk.

Nursing Implications
Assessment
● Monitor for precocious puberty in boys (acne, darkening of skin, development of male secondary sex characteristics— increase in penis size, frequent erections, growth of body hair). Bone age determinations should be measured every 6 mo to determine rate of bone maturation and effects on epiphyseal closure.
● Monitor for breast enlargement, persistent erections, and increased urge to urinate in men. Monitor for difficulty urinating in elderly men, because prostate enlargement occurs.

Lab Test Considerations
Monitor hemoglobin and hematocrit periodically during therapy, because polycythemia may occur.

Monitor hepatic function tests and serum cholesterol levels periodically during therapy. May q serum AST, ALT, and bilirubin, q cholesterol levels, and suppress clotting factors II, VII, and X.

Monitor blood glucose closely in patients with diabetes who are receiving oral hypoglycemic agents or insulin.

Monitor serum sodium, chloride, potassium, and phosphate concentrations (may be q).

Interactions
Drug-Drug: May q action of warfarin, oral hypoglycemic agents, and insulin. Concurrent use with corticosteroids may q risk of edema formation.
Potential Nursing Diagnoses

Sexual dysfunction (Indications) (Side Effects)

Implementation

● Range-of-motion exercises should be done with all bedridden patients to prevent mobilization of calcium from the bone.

● IM: Administer IM deep into gluteal muscle. Crystals may form when vials are stored at low temperatures; warming and shaking the vial will redissolve crystals. Use of a wet syringe or needle may cause solution to become cloudy but will not affect potency.

Patient/Family Teaching

● Advise patient to report the following signs and symptoms promptly: priapism (sustained or painful erections), difficulty urinating, gynecomastia, edema (unexpected weight gain, swelling of feet), hepatitis (yellowing of skin or eyes and abdominal pain), or unusual bleeding or bruising.

● Explain rationale for prohibiting use of testosterone for increasing athletic performance. Testosterone is neither safe nor effective for this use and has potential risk of serious side effects.

● Advise diabetic patients to monitor blood closely for alterations in blood glucose concentrations.

● Emphasize the importance of regular follow-up physical exams, lab tests, and x-ray exams to monitor progress.

● Radiologic bone age determinations should be evaluated every 6 mo in prepubertal children to determine rate of bone maturation and effects on epiphyseal centers.

Evaluation/Desired Outcomes

● Resolution of the signs of androgen deficiency without side effects. Therapy is usually limited to 3–6 mo followed by bone growth or maturation determinations.

Why was this drug prescribed for your patient?