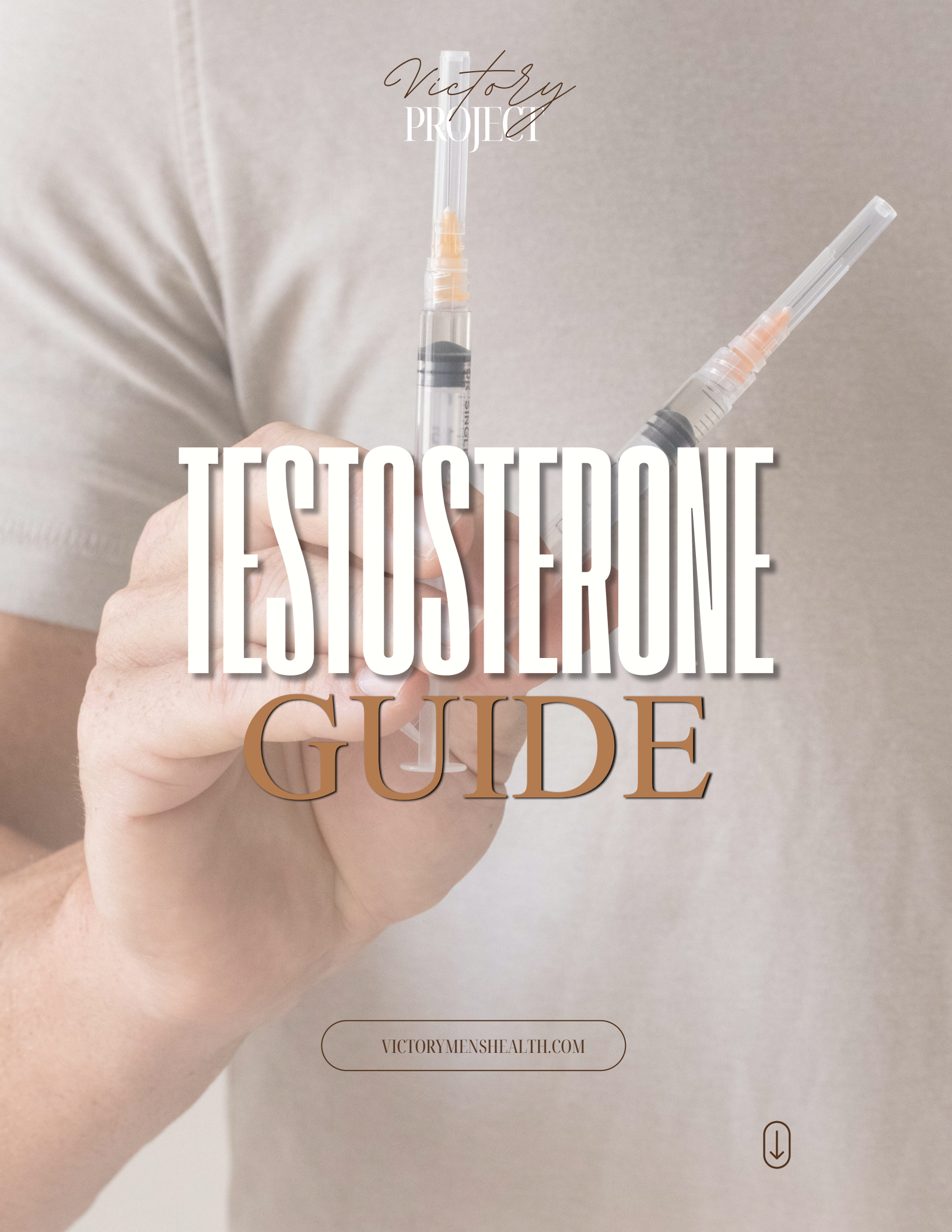

Victory PROJECT

TESTOSTERONE GUIDE

VICTORYMENSHEALTH.COM

WELCOME TO THE VICTORY MEN'S HEALTH FAQ

WE CREATED THIS GUIDE TO ANSWER THE MOST COMMON QUESTIONS WE HEAR FROM PATIENTS EVERY DAY AT VICTORY. WHETHER YOU'RE JUST BEGINNING TO EXPLORE TESTOSTERONE OPTIMIZATION OR ALREADY DEEP INTO YOUR HEALTH JOURNEY AND LOOKING TO FINE-TUNE YOUR RESULTS, THIS FAQ IS DESIGNED TO CUT THROUGH THE NOISE.

THERE'S NO SHORTAGE OF INFORMATION OUT THERE ABOUT MEN'S HEALTH—BUT UNFORTUNATELY, MUCH OF IT IS OUTDATED, MISLEADING, OR FLAT-OUT WRONG. BETWEEN INTERNET FORUMS, SOCIAL MEDIA INFLUENCERS, AND SELF-PROCLAIMED EXPERTS, IT CAN BE HARD TO KNOW WHO TO TRUST. AT VICTORY, WE FOLLOW EVIDENCE-BASED MEDICINE AND DELIVER PERSONALIZED CARE THAT'S PROACTIVE, TAILORED TO THE INDIVIDUAL, AND FOCUSED ON LONG-TERM HEALTH—GUIDED BY TRUSTED MEDICAL PROFESSIONALS WHO SPECIALIZE IN HORMONE OPTIMIZATION.

OUR MISSION IS YOUR HEALTHSPAN—NOT JUST ADDING YEARS TO YOUR LIFE, BUT MAKING THOSE YEARS COUNT. WE'RE FOCUSED ON HELPING MEN LIVE WITH VITALITY, STRENGTH, AND PURPOSE THROUGH EVERY STAGE OF LIFE. THAT'S WHY WE'RE COMMITTED TO CONTINUED EDUCATION, INNOVATION, AND EXCELLENCE IN CARE. EMPOWERING MEN THROUGH EDUCATION AND PERSONALIZED MEDICINE IS AT THE CORE OF WHAT WE DO—SO YOU CAN LIVE STRONGER, LONGER, AND BETTER.

WE HOPE THIS FAQ GIVES YOU CLARITY, CONFIDENCE, AND A STRONGER UNDERSTANDING OF HOW TO APPROACH YOUR HEALTH OPTIMIZATION JOURNEY. WHETHER YOU'RE A PATIENT AT VICTORY OR WORKING WITH ANOTHER PROVIDER, WE HOPE THE INFORMATION INSIDE HELPS YOU TAKE THE NEXT BEST STEP.

LIVE OPTIMIZED,

– THE VICTORY MEN'S HEALTH TEAM

FAQ

Q WHAT ARE THE BENEFITS OF TESTOSTERONE REPLACEMENT THERAPY?

A

Testosterone replacement therapy (TRT) can optimize men's health by restoring testosterone levels to their ideal range using bio-identical hormones. This therapy provides a wide range of benefits, including:

- **Increased Energy Levels:** Many men experience a noticeable boost in energy and vitality.
- **Improved Sleep Quality:** TRT helps regulate sleep patterns, leading to more restorative rest.
- **Enhanced Muscle Mass and Endurance:** Expect improved physical performance, faster recovery, and better body composition.
- **Revitalized Sexual Function:** Benefits include increased libido, improved erectile function, and greater sexual satisfaction.
- **Stronger Bones:** Increased bone mineral density reduces the risk of osteoporosis.
- **Reduced Cardiovascular Risks:** TRT has been associated with improvements in metabolic health, a lower risk of heart attacks, and reduced stroke risk.
- **Improved Mood and Mental Health:** TRT can alleviate symptoms of low testosterone, such as low mood, reduced confidence, and lack of motivation, promoting a more positive outlook when combined with healthy lifestyle habits.

FAQ

Q I DON'T HAVE ERECTILE DYSFUNCTION SO DOES THAT MEAN I DON'T NEED TESTOSTERONE?

A

Not everyone with erectile dysfunction (ED) has low testosterone, and not everyone with low testosterone experiences ED. ED refers to difficulty achieving or maintaining an erection and can be caused by a variety of factors, including cardiovascular disease, diabetes, nerve damage, psychological factors (like stress and anxiety), certain medications (such as SSRIs, certain blood pressure medications, DHT blockers), poor lifestyle habits (smoking, drug or alcohol use, sedentary habits), and hormonal imbalances, including low testosterone.

Low testosterone is linked to a range of symptoms beyond ED, including decreased libido, low energy, reduced strength and endurance, poor sleep, weight gain, depressed mood, brain fog, joint pain, poor recovery, and a decline in overall health. You do not need to experience every symptom to qualify for TRT.

While low testosterone is often associated with ED, it is important to understand that these issues can occur independently. The decision to pursue testosterone supplementation should be based on an individualized evaluation between you and your provider. Factors such as overall health, medical history, and personal goals play a critical role in determining the best approach to managing your symptoms.

Maintaining healthy testosterone levels is essential for overall health. Low testosterone has been linked to metabolic conditions and other health risks, meaning that even if you do not experience ED, you could still benefit from optimizing your testosterone levels.

FAQ

Q

HOW LONG WILL IT TAKE FOR TESTOSTERONE TO WORK?

A

The response to testosterone therapy varies widely between individuals, depending on the symptoms being treated and underlying factors like genetics, lifestyle, and overall health. While the full benefits of TRT take time, improvements are often noticed in phases:

First 12-16 Weeks:
Many men experience a "honeymoon phase" with noticeable boosts in energy, libido, or mood. However, this phase may plateau, leading some to mistakenly believe they need a higher dose. Realistically, a 10-20% improvement during this stage is considered a success as the body begins to adapt.

Six Months:
More substantial improvements in overall well-being, sexual function, and body composition often are felt at this stage. It is common for the body to prioritize healing underlying systems first, meaning benefits may be delayed if other issues, such as metabolic health or lifestyle factors, need attention.

One to Two Years:
By this point, most of the major benefits of TRT become apparent, provided that healthy habits, consistency, and proper medical oversight are maintained. Improvements in mindset, physical health, and quality of life tend to compound, resulting in a more noticeable positive trajectory.

Beyond Two Years:
The remaining benefits gradually manifest, but progress largely depends on maintaining a disciplined approach to health. Long-term success with TRT relies on combining therapy with a healthy lifestyle, patience, and realistic expectations.

Additional Notes:

It is important to note that not all changes are immediately noticeable. For example, increases in energy and libido may occur within weeks, while improvements in erectile function or body composition often take months or even years. Other benefits, like stronger bones, better cholesterol levels, and reduced inflammation, may develop gradually over time, often taking years to fully realize.

Everyone's experience with testosterone therapy is unique. Genetics, lifestyle, baseline health, and other factors like medication all influence the effectiveness of treatment. Avoid comparing your progress to others, as TRT is not a one-size-fits-all solution. It is not a miracle cure but rather a complement to a healthy lifestyle. Success with TRT depends on working closely with an experienced provider to fine-tune your treatment plan while prioritizing habits like exercise, diet, and sleep.

By understanding the process and focusing on long-term goals, TRT can be a transformative tool in improving quality of life.

FAQ

Q DO I HAVE TO BE ON TESTOSTERONE THE REST OF MY LIFE ONCE I START TREATMENT?

A

TRT should be considered a long-term commitment. While you do not have to continue TRT indefinitely, most men who start therapy choose to remain on it. Starting TRT reduces the body's natural testosterone production, as the pituitary lowers its signaling in response to the increased hormone levels. This feedback loop results in reduced sperm count and testicular function, making you reliant on therapy to maintain optimal testosterone levels.

If you decide to stop TRT, testosterone levels may return to baseline; however, in some cases, they may remain lower than pre-treatment levels due to hormonal adaptation over time. In men with a history of abusing anabolic steroids, natural testosterone production may be permanently suppressed—underscoring the importance of a thorough evaluation and partnering with an experienced medical provider before starting therapy.

TRT should not be initiated as a "trial," as the recovery process is imperfect and often brings back symptoms such as low energy and decreased libido. For these reasons, approaching TRT as a lifelong commitment is essential. Comprehensive lab work, thorough medical assessment, and informed discussions about the potential long-term effects are critical steps before beginning therapy.

FAQ

Q WHAT TESTOSTERONE LEVELS ARE YOU AIMING FOR?

A

While experienced providers may have a general sense of the testosterone levels that tend to resolve symptoms in men undergoing therapy, there is no single target level that works for everyone. Everyone responds differently, and the goal of treatment is to control symptoms effectively while minimizing side effects. What works well for one person may not work for another or could even cause unwanted side effects.

In many cases, testosterone levels need to be at the upper end of the reference range—or even beyond the reference range—to provide symptom relief. It is worth noting that current reference ranges for "normal" testosterone levels are based on a population with historically lower levels than in the past, leading to a gradual lowering of these ranges over time.

That said, men should understand that not all lingering symptoms are always related to testosterone levels. The symptoms of low testosterone often overlap with those of other conditions, and initial complaints are frequently multifactorial. There is also a point at which the “feel-good” effects of testosterone plateau. Increasing the dosage beyond this point will not provide additional benefits and may increase the risk of side effects.

FAQ

Q DOES TESTOSTERONE CAUSE PROSTATE CANCER?

A

This misconception remains one of the most common reasons men are denied treatment or avoid it without valid cause. In 1941, a well-respected urologist published a study on three patients who were given testosterone for 14 days, concluding that testosterone causes prostate cancer. This conclusion was widely accepted, leading to the avoidance of testosterone therapy until Dr. Abraham Morgentaler, a Harvard urologist, began questioning the study in the early 1990s.

In 1996, Dr. Morgentaler published his own, more rigorous study (along with many others afterward), which found that low testosterone was in fact associated with an increased risk of prostate cancer—contradicting what had been taught in medical schools and practiced for decades. Despite this, many providers still believe the original myth, even though it has been thoroughly debunked.

But what if someone already has prostate cancer? Treatments for prostate cancer sometimes include removing all testosterone from the patient (androgen deprivation therapy), as it is known that this can shrink the cancer. Dr. Morgentaler later published the "saturation model" to further explain the connection. This model demonstrates that there is a threshold level of testosterone beyond which further increases DO NOT significantly stimulate prostate cancer growth. Below this threshold, prostate cancer cells are sensitive to changes in androgen levels, but once saturation is reached, additional testosterone does not promote further cancer progression.

This means that while active prostate cancer may grow to some degree with testosterone therapy, it does not continue growing beyond a certain point, regardless of the duration or amount of testosterone treatment. Patients with a history of treated prostate cancer can safely receive TRT with regular PSA monitoring.

FAQ

Q DOES TESTOSTERONE CAUSE AGGRESSION?

A

This is a common myth or misconception about testosterone therapy. In fact, there is no strong evidence to support the claim that testosterone causes aggression. The most robust study to date, a recent meta-analysis of 14 experimental trials, found that TRT did not significantly change aggression overall. The term “roid rage” stems from the stigma surrounding the abuse of anabolic steroids, where dosages far exceed those typically used in a clinical setting. However, even studies examining men using higher doses of bio-identical testosterone did not report significant increases in aggression or anger.

Unfortunately, this misinformation detracts from the reality that men often experience positive mental health outcomes with testosterone therapy. In patients with low testosterone levels, the literature consistently shows that testosterone therapy improves depressive symptoms, reduces fatigue, and enhances quality of life.

It is worth noting that individual responses to testosterone may vary, and factors such as dosage and frequency of administration can influence side effects. For instance, one study found that a minority of men with traits of high dominance and low self-control experienced increased aggression while on testosterone therapy. This does not mean that testosterone causes aggression, but it may modulate existing personality traits. In other words, if someone exhibited aggressive behavior before starting testosterone therapy, those tendencies may persist afterward.

Overall, we see most men experience improved decision making, improved mood, mood stability and increased vigor for life.

FAQ

Q DOES TESTOSTERONE CAUSE OTHER LONG-TERM EFFECTS SUCH AS CARDIOVASCULAR RISK?

A

In 2015, the FDA issued a black box warning for testosterone therapy, citing potential risks of blood clots, strokes, and heart attacks. This decision was based on two retrospective database studies with significant methodological flaws. However, a meta-analysis published in the New England Journal of Medicine found no evidence of testosterone-associated thromboembolic events. Furthermore, several randomized controlled trials (RCTs) and a large meta-analysis have shown no increased risk of cardiovascular disease with testosterone therapy and recently, the FDA has issued a removal of the warning based on these studies showing no increased risk.

On the contrary, testosterone therapy has been linked to a reduced cardiovascular risk in men with metabolic conditions. By reducing visceral fat, improving insulin sensitivity, and increasing muscle mass, testosterone therapy may offer protection against heart disease. Low testosterone is strongly associated with an increased risk of coronary artery disease, obesity, and overall mortality. Several RCTs involving men with known heart disease have demonstrated no increased risk of disease progression or mortality with testosterone therapy.

The cardio-protective effects of testosterone therapy are largely attributed to the aromatization of testosterone into estradiol. If estradiol production is blocked while administering testosterone, the cardiovascular risk rises to levels seen in men with untreated testosterone deficiency.

FAQ

Q DO I NEED TO BE CONCERNED IF MY ESTROGEN LEVELS ARE HIGH?

A

You DO NOT need to be concerned if your estrogen (estradiol) levels are "high."

Estrogen is essential for male health and offers numerous benefits, including:

- Supporting libido and erections.
- Strengthening bones and reducing fracture risk.
- Improving cholesterol, which aids cardiovascular health and reduces the risk of heart attack and stroke.
- Lowering visceral fat, enhancing metabolic health, and decreasing the risks of cardiovascular disease and diabetes.

Testosterone in men aromatizes (is converted) into estradiol, so when taking testosterone, it's expected that estradiol levels will increase as well. As a result, both testosterone and estradiol levels may exceed standard reference ranges.

Estrogen DOES NOT cause gynecomastia ("man boobs"). If an individual has a known history of gynecomastia, they may notice it worsening when starting hormone therapy. This is due to a genetic predisposition, and the ONLY treatment for gynecomastia is surgery to completely remove the tissue. Nipple tenderness may also occur at the start of treatment, especially with infrequent dosing but usually resolves as the body adapts.

Another misconception is that estradiol will make a man more emotional. Emotional changes are more likely due to hormonal fluctuations. This may occur when beginning treatment and typically improve as the body adjusts to stable hormone levels with the correct regimen.

There is no reason to block estrogen. It is vital for overall health, and blocking it can increase the risk of bone loss, heart attacks, strokes, diabetes, and issues with libido or erectile function.

Side effects commonly blamed on estrogen are often the result of an improper protocol. These issues can typically be resolved by adjusting the testosterone dose, changing the dosing frequency, or improving lifestyle habits.

FAQ

Q CAN I DO ANYTHING TO INCREASE TESTOSTERONE NATURALLY?

A

Treating sleep apnea, exercising, eating a healthy diet low in sugars and carbohydrates, and regular exercise are basic interventions important for health and hormone production. No supplement will optimize deficient hormones and some may be harmful due to poor regulation of supplements. There are a few medications used as alternatives to testosterone therapy in certain circumstances. The most common of these being clomiphene citrate which is also sometimes referred to as clomid (the brand name), or enclomiphene (a similar medication). These are in a medication class called SERMs, which stands for selective estrogen receptor modulator, and is used in both women for fertility and in men to increase testosterone and sperm.

Clomid is often considered a more "natural" way to increase testosterone since it does not shut down the body's own production like other treatments, such as injections, creams, or pellets. However, this idea is misleading. Clomid works by blocking estrogen receptors at the hypothalamus, which increases the production of luteinizing hormone (LH) and follicle-stimulating hormone (FSH). This signaling boosts both sperm and testosterone production but does not replicate the body's natural testosterone production or the effects of direct testosterone supplementation.

Men may see an increase in total and free testosterone levels with the use of Clomid. However, an improvement in lab numbers does not always translate into improved symptoms, which can be frustrating. Some men feel better and respond well to Clomid for short-term use, especially younger men looking to preserve fertility. However, if symptoms do not improve or side effects occur, the medication should be discontinued.

Clomid is considered an off-label treatment for low testosterone and infertility in men, but it has been used for these purposes with supportive research for many years. That said, it is not intended as a lifelong solution for testosterone deficiency. Its mechanism of action likely explains why some men, despite seeing significant increases in their testosterone levels, do not feel the symptom relief they were hoping for.

FAQ

Q DO I NEED TO TAKE OTHER MEDICATIONS WITH TESTOSTERONE?

A

When undergoing TRT, there are additional treatments and supplements that may be considered to help address specific goals, symptoms, or health concerns. Here is an overview of some common options:

- **hCG (Human Chorionic Gonadotropin)**

Why it might be used: TRT suppresses the production of intra-testicular testosterone, which is essential for sperm production. hCG can help maintain natural testosterone production, preserve testicular size, and protect fertility by mimicking luteinizing hormone (LH).

When it's needed: hCG may be prescribed alongside TRT if preserving fertility and/or testicular size is a priority. If these are not concerns, hCG is not necessary.

Additional considerations: It's worth noting that hCG is not always well-tolerated, and starting hCG and TRT at the same time can make it difficult to determine the cause of any side effects. For this reason, introducing treatments one at a time is often preferred.

- **Clomiphene Citrate (Clomid)**

Why it might be used: This medication is used off-label in men to stimulate the body's testosterone production by increasing LH and FSH levels. Clomid may be considered as an alternative to TRT for men who want to preserve fertility or avoid the suppressive effects of external testosterone.

When it's needed: Clomid may be used either in place of TRT or after stopping TRT to restore testosterone production. These medications should not be combined with TRT, as their mechanisms conflict and combining them has not been shown to preserve fertility or natural testosterone production alongside TRT.

Additional considerations: Side effects such as vision issues and negative effects on mental health have been reported with these medications and should be monitored.

- **Aromatase Inhibitors (AIs)**

Why they might be used: Estradiol, a byproduct of testosterone, plays a vital role in reproductive functions, metabolism, cardiovascular health, brain development, and bone density. AIs, such as anastrozole, block the conversion of testosterone into estradiol and are primarily used in breast cancer treatment for women. They are also commonly misused by bodybuilders.

When it's needed: NEVER during TRT. Blocking estradiol during testosterone therapy can negate the benefits of treatment, including improvements in mental health, body composition, and cardiovascular protection.

Additional considerations: Lowering estradiol levels unnecessarily can also increase risks of cardiovascular disease, osteoporosis, and joint pain. Side effects often attributed to estrogen are more likely due to an improper protocol and can often be resolved by adjusting dosing frequency, the amount of testosterone, or lifestyle habits.

FAQ

Q DO I NEED TO TAKE OTHER MEDICATIONS WITH TESTOSTERONE? CONTINUED FROM ABOVE...

A

- **Supplements and Alternative Medications**

Why they might be used: Certain supplements and alternative medications can complement TRT and help optimize overall health.

- **DHEA and Pregnenolone:** These hormones decrease with age and may help address symptoms not fully resolved by TRT. DHEA supports mood, sexual health, and body composition, while Pregnenolone can enhance memory and concentration. Deficiencies can also result from conditions such as brain injuries, PTSD, or substance abuse.
- **Creatine:** A well-researched supplement that supports muscle growth, recovery, neurological function, and bone density. A standard dose of 5g per day is commonly used.
- **Nitric Oxide:** Supports sexual, cardiovascular, and cognitive health by improving blood flow and reducing inflammation. Levels decline with age, smoking, and diabetes but supplementation—including in lozenge form—can help maintain optimal levels.
- **Vitamin D3:** Necessary for immune function, bone health, and metabolism. Many people require supplementation due to limited sunlight exposure or environmental factors.
- **Low-Dose Tadalafil:** Often used to promote blood flow, cardiovascular health, and lean mass. It can also support erectile function alongside TRT, with some patients opting to continue its use even when ED isn't an issue for the other benefits.
- **Desiccated Thyroid:** Thyroid deficiency is the most common secondary deficiency in TRT patients, and under-diagnosed/under-treated hypothyroidism is the root cause of many TRT troubleshooting cases.

The Bottom Line:
Your treatment plan should be tailored to your unique goals, symptoms, and medical conditions. There is no one-size-fits-all approach to TRT or the use of supplemental therapies. Working with an experienced provider is essential to ensure your plan meets your individual needs and helps you achieve optimal health.

FAQ

Q WHAT IS THE DOSING FREQUENCY OF TESTOSTERONE? (CREAM, INJECTIONS, PELLETS, ORAL)

A

The dosing frequency of testosterone depends on the method of administration. Each option has its own benefits and considerations, and treatment is tailored to the individual's needs and preferences. Stable, consistent hormone levels typically provide the greatest benefits with the fewest side effects. More frequent dosing often leads to more optimal results. However, high-frequency administration may be inconvenient and difficult to maintain long term. If side effects or fluctuations in energy, well-being, morning erections, or sleep quality occur, increasing the dosing frequency may help improve these symptoms.

Testosterone Creams:
Compounded testosterone cream can be applied once daily or, ideally, twice daily for optimal results. The greatest absorption and highest DHT conversion occur when applied to the scrotum, as the thinner, more vascular skin in this area enhances absorption and effectiveness. Compounded creams have a higher concentration and better bioavailability compared to commercial preparations and gels. When testosterone is applied to scrotal skin, there is approximately a 25% decrease from peak absorption at 12 hours and about a 40% decrease at 16 hours. As a result, twice-daily dosing supports more stable testosterone levels without the hassle or discomfort of injections. In our clinical experience, patients achieve excellent results with compounded cream—especially when applied correctly and dosed consistently.

Intramuscular (IM) Injections:
Injectable testosterone administered into the arm, outer thigh, or upper outer glute delivers the hormone directly into the muscle, allowing for a steady release over time.

Small, frequent doses—such as daily or every-other-day injections—provide the most stable results.

However, daily intramuscular injections are not realistic for most men, and adherence to this protocol is typically low due to the inconvenience. From our experience, daily injections are not necessary to achieve excellent outcomes. Most men maintain stable hormone levels by injecting two to three times per week. When smaller doses are used, thinner gauge needles can be utilized, making more frequent injections comfortable and convenient.

In contrast, large doses administered infrequently can lead to peaks and troughs in hormone levels, resulting in fluctuating symptoms and an increased risk of side effects. The higher the dose, the more beneficial it becomes to inject more frequently. If concerns arise, simply splitting the dose and adding an additional injection per week can often improve results.

Subcutaneous (SQ) Injections:
Subcutaneous injections are administered into the fatty tissue just beneath the skin, typically in the abdomen. This method uses a smaller, thinner needle, making it less invasive than intramuscular injections and more suitable for frequent dosing—ranging from three times per week to daily—to support stable hormone levels.

However, subcutaneous injections require specific carrier oils such as MCT, grapeseed, or sesame, and even then, many men still do not tolerate them well. Lumps or irritation at the injection site are common, making this method unsuitable for a significant number of patients.

FAQ

Q

WHAT IS THE DOSING FREQUENCY OF TESTOSTERONE? (CREAM, INJECTIONS, PELLETS, ORAL).
CONTINUED FROM ABOVE...

A

Testosterone Pellets:
Testosterone pellets, roughly the size of a grain of rice, are inserted under the skin in a quick in-office procedure, typically in the hip or upper glute area. These pellets release testosterone gradually over three to four months. While convenient in theory, this method comes with significant drawbacks.

Pellets carry risks such as scarring, extrusion, infection, and the buildup of scar tissue with repeated use. They don't allow for gradual dose titration, making them a poor starting method for hormone optimization.

Inconsistent absorption is another concern—factors such as body fat, scar tissue, and individual skin metabolism can impact how effectively the hormone is absorbed.

Additionally, pellets lack dosage flexibility. Once inserted, the dose cannot be adjusted. If levels are too high or too low, or if side effects occur, there is no way to modify or reverse the treatment until the pellet fully dissolves. Many men experience an initial spike in testosterone followed by a steady decline, leading to fluctuating symptoms. Due to these limitations and risks, pellet therapy is generally considered the least desirable method of testosterone delivery.

Oral Testosterone:
Testosterone boosters taken orally are generally not recommended due to the risk of liver toxicity. However, Kyzatrex, an FDA-approved oral testosterone undecanoate, does not cause harm to the liver. It has a short half-life when taken orally, requiring twice daily dosing, and may offer symptom management sufficient for some men.

FAQ

Q SHOULD I USE TESTOSTERONE INJECTIONS OR TESTOSTERONE CREAM?

A

The best testosterone administration method is one that you can maintain consistently over time. The most common options include intramuscular (IM) injections, typically given one to three times a week; subcutaneous (SQ) injections, administered three times per week up to daily; and testosterone cream, applied trans-scrotally once daily or, ideally, twice daily for optimal results. Over time, some men may experience “shot fatigue” and opt to transition to testosterone cream.

Testosterone cream is not inferior to injections. When applied correctly, it can provide consistent dosing and may help reduce side effects such as acne, water retention, and elevated hemoglobin or hematocrit. Additionally, it often supports more optimal free testosterone and DHT levels—both of which are more closely tied to symptom relief than total testosterone alone.

For men concerned about the risk of transference—especially those with a pregnant or breastfeeding partner—testosterone injections are often the preferred option, as they eliminate this risk.

FAQ

Q WHAT ARE THE BENEFITS OF SQ (SUBCUTANEOUS) OVER IM (INTRAMUSCULAR) INJECTIONS?

A

Subcutaneous (SQ) injections require specific carrier oils such as MCT, grapeseed, or sesame—and even then, many men do not tolerate them well. Lumps or irritation at the injection site are common, making this method unsuitable for a significant number of patients.

Despite these limitations, SQ injections are sometimes preferred for their ease of self-administration and reduced discomfort. They use smaller gauge needles and avoid puncturing muscle tissue, making them potentially less painful than intramuscular (IM) injections. SQ injections are often given in smaller, more frequent doses, which can result in a more stable release of testosterone with fewer peaks and troughs compared to larger, less frequent IM doses. This method also carries a lower risk of scar tissue formation.

Unlike IM injections, which deliver testosterone directly into the bloodstream, SQ injections are absorbed through the lymphatic system. This difference in absorption can lead to slower or more variable uptake—especially when using oil-based formulations designed for IM use rather than SQ. As a result, some men experience lower serum testosterone levels, inadequate symptom relief, or persistent site irritation with SQ administration.

For those who do not absorb testosterone well through the SQ route, IM injections—especially when administered frequently—should offer more consistent and reliable results. Ultimately, the choice between SQ and IM administration should be guided by individual response, clinical outcomes, and patient preference.

FAQ

Q WILL MY INSURANCE COVER ANY OF THIS?

A

At Victory Men's Health, we have an on-site, third-party lab that is not affiliated with us. They do accept insurance for bloodwork. For those without insurance or who choose not to use it, cash-pay options are also available for your convenience.

It's important to note that most treatments, including hormone therapy, are considered elective care and are typically not covered by insurance. Insurance companies often categorize hormone therapy as preventive or longevity care, labeling it as "not medically necessary."

In some cases, men may be prescribed testosterone by their primary care provider (PCP) if multiple morning blood tests confirm significantly low levels. However, this type of treatment typically aims to bring testosterone into a general "normal" range, rather than addressing symptoms or optimizing overall health—which is the foundation of our approach. It's also important to note that once levels reach the standard reference range, insurance often discontinues coverage, regardless of whether symptoms persist.

If you come across clinics that claim to accept insurance for hormone therapy or IV treatments, it's a good idea to ask for a detailed breakdown of costs. In most instances, this can be a marketing strategy, and the out-of-pocket costs may still exceed those at cash-pay clinics.

We do accept Health Savings Accounts (HSA) and benefit cards for your convenience.