

Pathology Guide for General Practice: Gonadotrophin & Sex Steroid Tests

There are many clinical situations which justify Gonadotrophin & Sex Steroid Testing. The following guidance has been developed by St George's and Croydon Hospital Consultants to improve the management of patients in Primary Care. The suggested interpretative comments are based on NICE Clinical Guidelines.

Adult Females

Clinical Situation	Recommendation	Source
Pre-menopause	LH & FSH measured one day between D2-5 of cycle Progesterone measure on D21 of 28 day cycle for evaluation of ovulation	
Post-menopause	Do not measure LH or FSH; follow NICE guidelines Exception – Women over the age of 50 who are amenorrhoeic and wish to stop progesterone only contraceptive can have their FSH levels checked. If the level is > or equal to 30 IU/L the FSH should be repeated after 6 weeks. If the second FSH level is > or equal to 30 IU/L contraception can be stopped after 1 year. However, women under 50 should continue contraception for 2 years.	
Diagnosing the menopause	NICE guidelines (NG23- Nov15): biochemical testing for menopause is not indicated in healthy women over age 45 with menopausal symptoms. <ul style="list-style-type: none"> • Diagnose perimenopause: based on vasomotor symptoms and irregular periods • Diagnose menopause: in women who have not had a period for at least 12 months and are not using hormonal contraception • Diagnose menopause: based on symptoms in women without a uterus 	NICE guidelines: https://cks.nice.org.uk/menopause#!diagnosis:1

Adult Males

Clinical Situation	Recommendation	Source
Erectile Dysfunction	<ul style="list-style-type: none"> • Testosterone as 1st line test • Must be between 8-9 am • Ideally fasting • Drug history • Lab will add SHBG (and albumin) to allow calculation of derived free testosterone if testosterone is between 8-11 nmol/L • If < 8nmol/L (and 9am) the lab will add prolactin and LH (plus others if indicated) depending on clinical information to eliminate possible hypopituitarism 	

These recommendations represent best practice in the consensus of opinion of the authors and reviewers. The authors have used all reasonable care in compiling the information but make no warranty as to its accuracy. These recommendations were developed by Wandsworth CCG with SWL Pathology and adapted for use in Croydon.