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Matt Welsh with the Andrology Australia team. Image courtesy of Monash Sport

## Walking for Men's Health and Wellbeing

Once again, members of the Monash University community across Victoria got behind men's health during International Men's Health Week with the annual Monash GLOBAL walk/run. Held on Wednesday 13th June more than 600 participants walked or ran around the Parkville, Gippsland, Berwick, Peninsula, Caulfield and Clayton campuses as well as at the Alfred Hospital and Bendigo Regional Clinical School.

On the day participants made gold coin donations to Andrology Australia, which will be used to continue the program's men's health education initiatives.

At the Clayton campus, the day also featured a group fitness warm up for participants led by former Olympic Swimmer and BUPA health ambassador Matt Welsh, who reinforced Andrology

Australia's message to 'get active and talk about men's health'.

"We would like to thank the Wellbeing @ Monash group and Monash Sport for continuing to support men's health as part of the annual Monash GLOBAL walk/run" Andrology Australia CEO Carol Holden said.

"Now in its third year, the annual GLOBAL walk/run has become a feature of the Monash calendar and a highlight of Andrology Australia's activity in International Men's Health Week that seeks to raise awareness and knowledge about men's health," Dr Holden said.

The GLOBAL walk/run was one of almost 700 men's health activities being supported by Andrology Australia during International Men's Health Week 2012 with the popular 'Time to Talk Tackle' health promotion resources.



I am pleased to announce that Andrology Australia has received funding for the next three years from the Australian Government Department of Health and Ageing under the Health System Capacity Development Fund. Our next funding cycle has also started with the exciting news that Dr Carol Holden, CEO, has been awarded the 2012 SACS Consulting Award for Leadership in the Not for Profit Sector (Executive Leader) raising the profile of Andrology Australia and male reproductive health issues more broadly.

Of all the health problems we deal with, those that are often the least

talked about are the focus of this edition of The Healthy Male: sexual problems, with a particular focus on erectile dysfunction, ejaculation problems and low libido. This issue is aimed at the many people who are often reluctant to talk to a qualified health professional about sexual health problems, some instead seeking costly and ineffective treatments online or through other advertised services. We hope it will be an informative and helpful edition for you.

Professor Rob McLachlan

## Letters to the Editor

### Chronic pelvic pain

This morning I stumbled onto your website and I was very impressed with the layout, content, information and the corporate structure associated with Andrology Australia.

However, I have to admit I was somewhat disappointed that the topic I am most passionate about in terms of male health was hardly mentioned. I have been a chronic pelvic pain sufferer for over 15 years and I was so hopeful your site was going to provide information on this awful male affliction. I note that your organization targets areas of male reproductive health yet chronic pelvic pain syndrome is hardly mentioned - can this be changed?

I would dearly welcome your feedback as I have no doubt that this affliction is a growing concern in society and that it has flown under the radar for way too long - Carl

**Editors note:** Recognising that there is a lack of knowledge on chronic pelvic pain syndrome, we appreciate that information on this topic on the Andrology Australia website is limited. We welcome the reader's feedback to draw this to our attention.

## Health spot

### WHAT IS PEYRONIE'S DISEASE?

Peyronie's disease is the hardening of tissue (fibrosis) in the penis. The hardened area (plaque) prevents normal stretching and can change the size and shape of the erect penis; in some cases it is painful. In severe cases, the plaque can lead to erectile problems.

Peyronie's disease usually affects men aged between 45 and 60.

### WHAT CAUSES IT?

Peyronie's disease is thought to happen after repeated bending or bumping of an erect penis. The tearing in the erectile tissue leads to a plaque that does not heal normally. Small blood vessels can burst and interfere with blood flow.

Usually this type of injury will heal within a year. However in some men recovery takes longer and scarring can happen, leading to Peyronie's disease.

A pre-existing problem with the immune system could explain why some men develop Peyronie's disease after an injury to the penis while others recover.

### HOW IS IT DIAGNOSED AND TREATED?

A general practitioner (GP) can diagnose Peyronie's disease with a physical examination. Sometimes an ultrasound will be done to check blood flow to the penis and to guide treatment.

Some men do not need treatment as the condition will improve. Others may need surgery. Penis implants may be helpful if the man also has erectile problems. Treatments such as medicines or injections are often not successful.

If a man is concerned about any penis lumps, he should see the local doctor.

**For more information, visit [www.andrologyaustralia.org](http://www.andrologyaustralia.org) or call 1300 303 878.**

### More letters please

If you would like to submit a Letter to the Editor, please email [media@andrologyaustralia.org](mailto:media@andrologyaustralia.org) or post to Andrology Australia, PO Box 5418, Clayton VIC 3168.

# Focus on:

# A spotlight on men

Sex can be fun and exciting and a time of intimate sharing. However, it can also be a time of anxiety and vulnerability, especially when there is a problem for one or both partners.

Women's sexual problems are widely discussed in the popular media, and women have opportunities to talk with their doctors during routine consultations. However, it is not always easy for men with sexual problems to know where to find help or accurate information for what may feel like an embarrassing problem – talking to the local doctor can be a good start.

## WHAT KINDS OF SEXUAL PROBLEMS AFFECT MEN?

Some sexual problems belong to the group of conditions known as psychosomatic disorders, where the body expresses psychological distress through a symptom, such as low libido. Other sexual problems, such as erectile dysfunction, may be psychosomatic but more often have a physical cause. Sexual problems can be the result of physical and/or psychological factors, or relationship issues.

The most common sexual problems affecting men are:

- premature ejaculation
- erectile dysfunction

Other sexual problems include low libido, retrograde ejaculation and delayed ejaculation.

## ERECTILE DYSFUNCTION (IMPOTENCE)

What is erectile dysfunction and how common is it?

About one in five men over the age of 40 are unable to get and/or keep an erection that allows sexual activity with penetration. The chance of a man having erectile problems increases with age, along with chronic medical conditions.

What causes erectile dysfunction?

Erectile problems can be the first sign of a medical condition such as diabetes, hypertension (high blood pressure) or heart disease. Erectile problems can be caused by some medicines used to treat conditions such as depression and hypertension. Alcohol, cigarettes, and other drugs can also cause erectile problems.

About one in 10 cases of erectile dysfunction is caused by relationship issues, stress or psychological factors

such as performance anxiety. A gradual onset of erectile problems is more likely to have a physical cause; a sudden onset is more likely to be caused by psychological factors, unless there has been an injury or surgery.

How is erectile dysfunction treated?

When a man has erectile problems he should see a doctor, even if he does not want to have sex, because erectile dysfunction may be a symptom of a serious medical condition. A doctor will do a full physical and medical examination and tests including glucose (sugar), cholesterol and testosterone levels.

The main treatments are: tablets (Viagra®, Cialis® or Levitra®) that work in about 7 out of 10 men; vacuum devices (pumps to create blood flow into the penis); and penile injections or implants.

Psychosocial problems are important; they may be the main cause of erectile dysfunction, or be combined with physical causes. Some doctors offer counselling or may refer to a sex therapist.

## PREMATURE EJACULATION

What is premature ejaculation?

Premature ejaculation happens when a man is unable to control the timing of ejaculation, and ejaculates before he and/or his partner feels ready for this to happen, and this causes distress. Men of all ages can have premature ejaculation but it is more common in younger men with less sexual experience.

What causes premature ejaculation?

Anxiety is the main cause of premature ejaculation. The anxiety can be about sexual performance or other factors such as a new relationship. Premature ejaculation can also be caused by erectile problems, sometimes because of anxiety about getting and keeping an erection.

How is premature ejaculation treated?

Treatments include: sex therapy with an experienced counsellor; behavioural techniques to teach a man control of ejaculation; reducing sensation in the penis; certain antidepressants that have a side-effect of delaying ejaculation; and treatment of erectile dysfunction in men with this problem.



# men's sexual problems



## LOW LIBIDO

### What is low libido?

Low libido is a lack of interest in sexual activity. Sexual desire, or libido, is produced by a combination of biological, personal and relationship factors and is different for each person.

### What causes low libido?

Low libido can be caused by acute (short-term) or chronic (long-term) medical or psychiatric conditions, especially depression. Men with low levels of testosterone can have low libido. Prescription medicines for depression or high blood pressure, or frequent alcohol or marijuana use can lower libido.

Other causes include stress or tiredness from work, too little or too much exercise, and feelings of dissatisfaction in the relationship. It is often difficult to separate how much a man's sexual interest is affected by biological and/or psychological factors.

### How is low libido treated?

Antidepressant medicine can be helpful if a man is depressed, but they can also lower sexual interest. Partner dissatisfaction is the most common reason for people to seek treatment. The partner who is less interested in sex seeks treatment because their partner is frustrated or angry.

Low libido often hides a desire for more non-sexual sharing and intimacy. Individual or couple counselling can be very helpful in identifying and addressing any issues to improve sexual desire.

## RETROGRADE EJACULATION

### What is retrograde ejaculation?

In men with retrograde ejaculation, the muscle at the opening of the bladder, which usually stops semen from entering the bladder during orgasm, does not close normally. Semen (fluid that is ejaculated from the penis) then flows back into the bladder. Therefore, little or no semen is released from the penis during ejaculation, and the first urination after sex looks cloudy as the semen mixes into the urine. Retrograde ejaculation is uncommon and harmless.

### What can cause retrograde ejaculation?

Retrograde ejaculation can happen after surgery to the prostate or neck of the bladder. Diabetes, multiple sclerosis, spinal cord injury, and some medicines, especially drugs for high blood pressure, can also cause retrograde ejaculation.

### How is retrograde ejaculation treated?

Most men who have retrograde ejaculation do not need treatment as it does not cause serious problems. However, it is difficult for men with retrograde ejaculation to have a baby naturally. For men wishing to have a family, treatment may correct the condition, or sperm may need to be collected in other ways for use in assisted reproduction procedures such as in vitro fertilisation (IVF).

## DELAYED EJACULATION / ANORGASMIA

### What is delayed ejaculation?

Delayed ejaculation and anorgasmia describe the inability to ejaculate at will, so that ejaculation (and orgasm) takes much longer than desired, or does not happen at all. This might happen only with intercourse, or in all situations including self-stimulation (masturbation). The term 'anejaculation' describes when a man does not ejaculate after orgasm. Some men can have an orgasm even though they don't ejaculate.

### What causes delayed ejaculation?

Spinal cord injury, major lymph node surgery, diabetes, multiple sclerosis and injury to the pelvic region (when the nerve supply is affected) can cause delayed ejaculation. It is also a well documented side-effect of SSRI antidepressants. Whilst delayed ejaculation can be caused by relationship difficulties, it is rare that it lasts for a long time, unless there is a medical cause.

### How is delayed ejaculation treated?

A change of antidepressant medicine may help men who are concerned about this side-effect. Vibrator stimulation and electrical stimulation of the penis can promote reflex ejaculation in men who can't ejaculate but want to father a baby.

Men who are concerned about being unable to ejaculate when there is no medical cause may benefit from long-term individual counselling.

# Preparing primary health for men's health awareness

In response to the National Male Health Policy and the need to develop workforce capacity in men's health, a primary health care nurse (PHCN) men's health Train-the-Trainer (TTT) program was developed by Andrology Australia in consultation with a Practice Nurse Reference Group. The program aims to raise awareness, improve knowledge and equip PHCNs with the skills to better engage men in community and primary health care settings.

The pilot program included an eight-hour, Australian Practice Nurse Association-endorsed workshop to train PHCNs as facilitators to deliver the men's health education to their peers. An evaluation of the pilot identified strategic issues to inform nationwide implementation.

Eighteen participants (mostly PHCNs), representing 11 GP Divisions/Networks from regional and metropolitan areas

in five states attended. The majority of participants (94% 'strongly agree' or 'agree') felt confident to facilitate a workshop for their peers, with eight (of 11 Divisions represented) subsequently running a workshop. A total of 98 primary health care professionals (71% practice nurses) attended a Men's Health Divisional workshop. Findings from a post-workshop survey showed that about 90% of participants were confident in understanding men's health issues, and engaging men about their health. Overall, the evaluation suggests that the men's health TTT program is an effective model to

build workforce capacity in men's health within the PHCN sector.

With limited support to continue the program, Andrology Australia is now seeking a corporate partner to roll out the program at a national level. If you are interested in participating, or providing support, please contact Andrology Australia on [info@andrologyaustralia.org](mailto:info@andrologyaustralia.org) or call 1300 303 878.



Image courtesy of Loddon Mallee Murray Medicare Local

## Research roundup

# Sexual problems in men 75 years or older: is it an inevitable part of ageing?

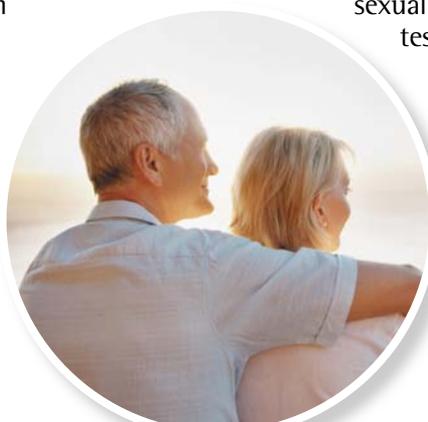
Sex is important for good quality of life for people of all ages. It is normal for sexual activity to decrease in older age but many older people still enjoy sex and wish it to continue. However, it may not be a priority for doctors to discuss sexual matters with older men, perhaps making an assumption that sex is not important in old age.

A recent publication in *Journal of Sexual Medicine*<sup>1</sup> of a study of over 3,000 men aged 75-95 years from Western Australia found over 70% of men reported at least one sexual problem: 50% had erectile problems, 47% lacked interest in sex and 39% were unable to climax. However, only 8% had discussed sexual problems with a doctor. Other findings of the study

point to ways to help older men who want to improve their sex lives. Chronic medical conditions (diabetes, cardiovascular disease, prostate disease), depression and insomnia were all shown to be related to sexual problems – conditions that can be treated, and perhaps improve sexual function. In contrast to some studies, low testosterone levels were only related to lack of sexual desire and not other sexual problems.

The study highlights the need for more open discussion of sexual problems in medical consultations with older men as part of a holistic approach to older men's health.

<sup>1</sup>Zoe Hyde et al. Prevalence and predictors of sexual problems in men aged 75-95 years: a population-based study. *J Sex Med* 2012;9:442-453.



## In brief

### Gender Indicators, Australia

The third release of Gender Indicators, Australia (2012) published by the Australian Bureau of Statistics (ABS) (cat. no. 4125.0) highlights that overall men's health outcomes continue to lag behind those of women despite a small increase in life expectancy. The report highlights that males were more than three times as likely as females to die from suicide, nearly three times more likely to die in a car accident, and one and a half times more likely to die from cancer. Heart disease remains the leading cause of death for males and females – however the rate is higher for males and the gap between males and females has increased since 2001. The full report is available from [www.abs.gov.au](http://www.abs.gov.au)



### ICA, 2013

Registrations are now open for the 10th International Congress of Andrology, being held in Melbourne (23-26 February 2013). The Congress theme 'Global Andrology and Men's Health: Present Challenges for Future Generations' includes an exciting program of international and local speakers together with a number of workshops for a complete update on aspects of andrology. More information at [www.ica2013.com](http://www.ica2013.com)

### Using Andrology Australia material

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## Latest news

# Your Fertility launches the first annual Fertility Week

Most people know someone – a family member, a friend, or their partner – who has had difficulty getting pregnant.

But many people don't know that there are some things that women and men can do to help maximise their chance of getting pregnant. Your age, and how you live your life can all affect your fertility and the chance of having a healthy baby.

As part of the Your Fertility national campaign, the first annual Fertility Week was launched in September 2012, as a chance to raise awareness of the 'the top five fertility factors' – weight, age, smoking, alcohol use and the timing of sex – and how they can affect a person's fertility and chance of conceiving.

Resources for health professionals, including the professional

development video *Optimising Patient Fertility* and *Fertility facts for health professionals*, are available at the Your Fertility website [www.yourfertility.org.au](http://www.yourfertility.org.au). For men (and women) thinking of starting a family or having another child, the video *Optimising Your Fertility* has useful information.

The Your Fertility campaign is an initiative of the Fertility Coalition: Victorian Assisted Reproductive Treatment Authority (VARTA), Andrology Australia, Jean Hailes for Women's Health and the Robinson Institute. Your Fertility is supported by funding from the Australian Government Department of Health and Ageing under the Family Planning Grants Program.

More information is available at: [www.yourfertility.org.au](http://www.yourfertility.org.au)

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