

CONTENTS:

Professional Education:

Evaluation of the GP Train-the-Trainer program **2**

Research Roundup:

Psychosocial and behavioural issues of anabolic steroid users **2**

Focus on:

PSYCHOSOCIAL ISSUES **3-4**

Community Education:

A balanced approach to treatment **5**

Internet Update **5**

Recent Events:

Health seminars in Boroondara **5**

Profile:

Professor Doreen Rosenthal **6**

In Brief **6**

Andrology

An-drol'-uh-jee

The study of the functions and diseases specific to males, especially of the reproductive organs

>> FROM THE DIRECTOR

Male sexual and reproductive health disorders can cause considerable personal distress. Emotional and relationship tensions may develop due to increased anxiety about a diagnosis or a reduced sense of self-esteem. Many men avoid discussing their concerns and anxieties with either a partner or local doctor, believing that changes with sexual and reproductive function are an inevitable consequence of ageing.

The extent to which sexual and reproductive health issues affect men, the impact on quality of life, physical and psychological symptoms and disabilities is not well known. A greater understanding of the psychosocial impact and socio-behavioural determinants of male reproductive health issues will assist with the development of appropriate education and treatment interventions.

With the medical profession possibly faced with increasing numbers of men seeking treatment for these conditions, the psychosocial and quality of life issues associated with male sexual and reproductive health issues will become important parameters in future research.



Professor David de Kretser

Quality of Life MATTERS!

The World Health Organisation recognises the importance of quality of life through its definition of overall health as *'...a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.'* While generally not considered life-threatening, it is acknowledged that male sexual and reproductive health can significantly affect a man's quality of life and sense of wellbeing.

The proportion of older people in the Australian population has progressively increased over the last century¹. With advancing age comes an increased frequency of health disorders including prostate disease, androgen deficiency and erectile dysfunction. These conditions can directly or indirectly impact on a fulfilling sexual life.

A recent article published in the *Journal of Urology*² investigated the effect of treatment for erectile dysfunction on quality of life. Data was collected over a one-year period on a group of 80 men who were receiving treatment for erectile dysfunction. While all men in the study showed similar erectile dysfunction and health related quality of life at the onset of the study, those that responded to treatment (45%) showed a moderately significant improvement in sexual experience and emotional life compared to men who did not respond to treatment. Importantly, those men who did not initially respond to treatment but continued to receive a second treatment option, also showed an improved health-related quality of life. Although not all men responded to treatment, the longer follow-up period demonstrated that an improved quality of life was a lasting effect following successful treatment.

The report suggests that treatment of erectile dysfunction can improve health-related quality of life for up to one year. However, further research is needed to determine if there is a lesser impact on quality of life with early identification and intervention of sexual and reproductive health disorders.

References:

- 1 de Looper, M. and K. Bhatia (2001). *Australian health trends 2001*. AIHW Cat. No. PHE 24. Canberra, AIHW.
- 2 Latini DM, Penson DF, Lubeck DP, Wallace KL, Henning JM and Lue TF (2003). *Longitudinal differences in disease specific quality of life in men with erectile dysfunction: results from the exploratory comprehensive evaluation of erectile dysfunction study*. J. Urol. 169 (4): 1347-1442

Evaluation of the GP Train-the-Trainer program

A GP Train-the-Trainer program, a professional education initiative of Andrology Australia, conducted in conjunction with the Department of General Practice, Monash University, has established a number of GPs as educators in the field of male reproductive health. A total of 40 GPs have become Trainers across Australia since the initiative commenced in 2002.



In 2002 and 2003, these GP Trainers facilitated Divisional education sessions across Australia on men's sexual and reproductive health. Since commencement of education sessions (up to 31st December 2003) a national total of 378 GPs have been educated on these issues across 19 Divisions. An additional 28 requests for sessions were received nationally from Divisions, subsequent to a mail-out mid 2003 of the educational resources developed as part of the initiative (video, CD-ROM). Additional sessions will be completed prior to 30th June 2004.

An evaluation to gauge the outcomes of sessions conducted in 2003 has recently been completed, based on feedback from the GP attendees. A rating on the quality of the overall learning experience, the teaching medium, the presentation

style and the video presentation were examined. The most highly rated format was the combination of GP Trainer and local Specialist presenters, with a variety of mediums adopted across Divisions. The results also indicated that the session objectives for each of the four topics on men's sexual and reproductive health were met to a significant extent.

Another positive outcome from the education was that many GPs reported an increase in confidence to discuss and manage male reproductive health issues with patients. They also felt that they were now more able to provide advice and counselling. This has not been a specific focus of the education to date but is an important aspect in treating the psychosocial aspect of male reproductive health issues.

» RESEARCH ROUNDUP

Psychosocial and behavioural issues of anabolic steroid users

Androgenic-anabolic steroids (AAS) are often misused by competitive and elite athletes. However, recent research from Australia, Britain, Canada, Europe and the USA has also found that male and female bodybuilders and recreational weight trainers of all ages are also misusing these drugs.

Current research is being undertaken by the Australian Research Centre for Sex, Health and Society (La Trobe University) to investigate the misuse of androgenic-anabolic steroids and their effect on behaviour. The study, supported by Andrology Australia, is being conducted to assess the Australian situation and identify areas for health education and further

research. The study involves surveys and interviews of gym users ranging in age from age 18 to 40+ years to measure variables such as body image and health beliefs that may lead to AAS misuse.

The reason most often given for AAS misuse amongst non-competitive body builders and weight trainers is to look good and be more muscular. Many men desire a more muscular body, but not all those that take up weight training turn to AAS. This would suggest that there must be other factors that contribute to the decision to use steroids. Understanding the motivation behind AAS misuse is important for harm minimisation and preventative programs.



Focus on **PSYCHOSOCIAL ISSUES**

Why are psychosocial issues important?

Living with a reproductive health issue can often affect men psychologically as well as physically. Relationships can suffer, quality of life can be reduced and aspects of the social side of life can be affected.

How to cope with the distress that is felt and learning to utilise the social support that is available, is important when dealing with sexual and reproductive health issues. In some instances, treatment and recovery may be delayed by failing to deal with the psychological side, making the understanding of psychosocial issues an important part of treating male sexual and reproductive health issues.

How much is known about psychosocial issues?

Currently, there is little information available on the psychosocial aspects of male reproductive health issues, although some information is available about the life-threatening reproductive disease prostate cancer.

Do male reproductive health issues affect relationships?

Male sexual and reproductive health issues can have a significant impact on relationships, particularly those with partners. Many men do not feel comfortable speaking to others, even their partner, about personal matters such as their sexual or reproductive health. Partners are often the first to identify that a problem may exist, but many men are reluctant to then speak to a health professional, thinking that the problem may go away or, in some cases, that it is an inevitable part of ageing. Partners may feel anxious and upset if they feel that professional help is needed but not being sought and they may also be worried about the man's long-term health.

From the male's perspective, it is common for men with infertility to be concerned about the medical impact on their partner if seeking infertility treatment, as it is the women who must then undergo the often-invasive treatment to achieve a family even though the infertility is not female-based. Some men will even suggest that their marriages end so that their partners can find another partner who is fertile.

Some sexual and reproductive health issues also have an impact on social networks and relationships. For example, benign prostatic hyperplasia may limit a man's social life by the need to have easy access to toilets. In instances of infertility, some women try to "protect" their partners by telling others that it is they who have the infertility problem. They are often concerned people might judge their male partners to be less than fully masculine.

Do male reproductive health issues affect masculinity?

Masculinity refers to the socially constructed ideas about qualities and characteristics that are appropriate for men. It can relate to physical characteristics (for example, muscle development, facial and body hair) and to behavioural or emotional characteristics (for example, dominance, aggression).

Being told that there is a reproductive health problem can strike at the core of man's feelings of being a male. For example, most infertile men at some time struggle with the idea that they are not able to do what other men can. This often leads men to confuse their infertility with their sense of masculinity, sexuality, virility and potency. Similarly, losing a testis as a result of testicular cancer treatment can sometimes lead to stress in regard to a change in body image and feelings of being less sexually attractive. Concerns about future fertility are also common. It is not unusual for men to experience episodes of erection difficulties while they try to come to terms with a diagnosis of infertility or outcomes from testicular cancer treatment.

In contrast, androgen deficiency does have a direct affect on being male as the body is not producing enough testosterone for all parts of the body to function normally.

Is quality of life affected by sexual and reproductive health issues?

Excluding prostate and testicular cancer, male sexual and reproductive health issues are generally not considered life-threatening. Although there has been little research on the association between quality of life and male reproductive health, it is generally acknowledged that these problems can adversely affect a man's mental and physical health and therefore their quality of life and sense of well-being.

Men with erectile dysfunction and low sexual desire are reported to experience reduced quality of life. Sex is a normal part of life and an important part of many relationships, and difficulty achieving and maintaining an erection can have serious physical and psychological consequences. Seeking help to maintain an active sex life is important, regardless of age or whether or not the man is involved in an ongoing relationship. Erectile dysfunction is often an early warning sign for life-threatening health issues such as diabetes or heart disease and these illnesses can also severely affect quality of life.

Men suffering from androgen deficiency can often experience a lack of motivation or low self-confidence which can lead to a reduced ability to endure work-related pressure or perform at work.

Studies have shown that men with significant lower urinary tract symptoms (LUTS) have lower quality of life scores. Pain, sleep deprivation due to repeated visits to the toilet during the night, and an ongoing need to pass urine are just a few of the consequences of this disease which can have a negative impact on quality of life. Treatments for prostate disease can sometimes also affect quality of life due to a subsequent inability to obtain an erection or development of incontinence. Quality of life issues are often taken into account in the decision-making process when considering the most appropriate treatment. Awareness of what to expect after treatment can prepare men to manage possible erection or toileting problems.

Being told that there is a reproductive health problem can strike at the core of man's feelings of being a male



What role do partners play in the treatment of sexual and reproductive health issues?

Male sexual and reproductive health issues and their treatment can affect partners, families and lifestyle. Understanding the problem and how the treatment works will enable couples to work together and achieve a positive result from treatment.

Partners can provide valuable support throughout the treatment process and can play many roles in helping men cope. Many men rely heavily on their partners to talk through their concerns and uncertainties. Including partners in the decision-making process and discussion of treatment can also be helpful for both members of the couple especially in coping with any possible side effects following treatment.

How can extended family and friends help?

There is a tendency for men not to discuss health problems, particularly issues relating to sexual performance, with extended family and friends because of embarrassment. They may also find it difficult to deal with the stress associated with a recent diagnosis, particularly if they do not feel comfortable speaking to others about their emotions. However, for many men, families and friends are the most known and trusted people, and people who can be relied upon to respond in helpful ways. Speaking about sexual and reproductive health concerns with a trusted friend can lead to support and greater understanding of a problem. In some instances, men are relieved to find that other friends may also be suffering from similar conditions.

Does knowledge and understanding help emotionally?

Many men are not interested in health issues or accessing information until their health has been affected. In many instances, men are shocked and often unprepared when they find out they have a problem. A range of emotions can be experienced when men are diagnosed with a reproductive health problem.

Delaying a visit to the doctor can often generate more anxiety or fear as men try to deny the existence of a problem. Seeking early medical help to understand the problem and why it may have occurred, helps men deal with this. Knowledge can allay anxieties and prepare men for objective decision-making. Diagnosis of a condition is usually a prime motivator for men to seek further information. There are many sources of useful information but these have to be used carefully. The Internet is one good source, and actively seeking medical information to enhance their knowledge can help men emotionally.

Where can men find support?

The psychological impact of male reproductive health disorders can have negative outcomes for men and their partners. An emotional response to an initial diagnosis, or uncertainty about treatments, is normal, and expert assistance to work through these feelings is recommended. Talking to a doctor or skilled counsellor about the emotional impact or relationship issues is an important part of treatment. Some men also seek peer support groups as they often find it helpful to talk with others experiencing similar problems.

A balanced approach to treatment

Sexual and reproductive health problems can have a strong impact on men and their quality of life. When a man is living with a sexual or reproductive health issue, often only the physical side of treatment is considered a priority. However, psychosocial therapy is an important part of treatment to reduce anxiety and improve relationships.

To address the importance of emotional and quality of life issues, the 'Men's Health Matters' consumer guides produced by, and available at no charge from Andrology Australia, include information addressing the psychosocial aspects of male sexual and reproductive health issues.

The sections mention the role of partners, the effect on masculinity and sexuality, and the importance of lifestyle and quality of life.

Treatment and recovery may be delayed by failing to deal with the psychological side, so understanding that this is an issue in itself is important. Your local doctor should be able to provide relevant advice and counselling.



INTERNET UPDATE



What can we do to improve our websites?

Andrology Australia are looking to further develop the general and professional websites. Your feedback is welcomed to help us with this development and ensure that we include more information and features that you want, in a way that you want it.

Please fill in and fax back the page inserted in this edition of the Healthy Male to 03 9594 7111, or send to the mailing address details listed on the back of this newsletter. Alternatively, you can fill in the survey online at www.andrologyaustralia.org under the 'feedback' icon. Your comments are much appreciated.

Health Professional Website

To ensure health professionals have access to recent journal articles of interest, more updates on the Health Professional website have been included.

Visit www.drandrologyaustralia.org

>> RECENT EVENTS

Health seminars in Boroondara

A series of health seminars encouraging Dads to learn about their own health and that of their adolescent children, were recently held at secondary schools in the Boroondara local council area in Victoria. Andrology Australia provided educational resources for the seminars including copies of the newsletter, pens, website stickers and cards.

Guest speakers at the adolescent health sessions were local GP Dr Larry Osborne, followed by a presentation from specialist Dr Michael Carr-Greg. The men's health sessions were introduced by local GP Dr Simon Horne and a presentation was given by John Boyle, a psychologist specialising in men's health. Group discussions followed and were facilitated by qualified facilitators from participating agencies.

A number of local organisations collaborated to enable these seminars to take place. The Inner Eastern Melbourne Division of General Practice,

Boroondara Community Health Centre, Boroondara City Council, Boroondara Primary Mental Health Team and three local Rotary clubs worked together because of strong evidence that men are less likely to seek help from GPs or other health professionals as compared with women. Also, Winning Edge Fitness Centre in Balwyn gave a cash donation and prizes to participants of membership and reduced price services.

The seminars proved to be popular with more than 50 men attending the first sessions at Kew High School. An evaluation of the seminars will be conducted to inform future planning processes.

For information on these or future Mens' Health programs in Boroondara contact Colin Roberts at the Inner Eastern Melbourne Division of General Practice on 03 9816 9096 or colinr@iemdgp.com.au





Professor Doreen Rosenthal AO

Professor Doreen Rosenthal is a developmental psychologist and Professor of Women’s Health and Director of the Key Centre for Women’s Health in Society. She is an international expert in the field of adolescent sexuality and Board Member of Andrology Australia.

For the past 12 years, she has been involved in a program of research on adolescent sexuality and sexual health with a particular focus on HIV/AIDS. Her interests include gender and the social construction of sexuality. Doreen is currently Principal Investigator on a five-year collaborative project with researchers at UCLA, examining the trajectories of homelessness among young people.

Based in Victoria, Doreen was the Foundation Director of the Australian Centre for Research in Sex, Health and Society at La Trobe University and prior to her appointment to her current position was Associate Dean (Research) in the Faculty of Health Sciences at La Trobe University.

Associate Editor of the *International Journal of Behavioural Development* and the *International Journal of Psychology*, Doreen is also a member of the Editorial Board for a number of other psychology journals and publications.

Doreen is a Fellow of the Academy of Social Sciences in Australia and was made an Officer in the Order of Australia in September 2002.

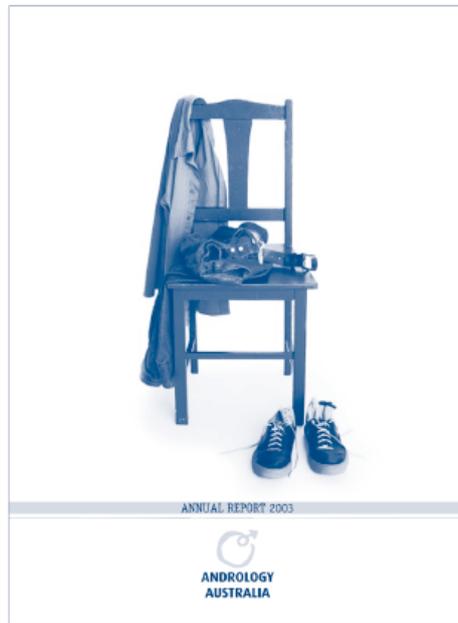
Prostate Enlargement guide available

The ‘Men’s Health Matters’ consumer guide on prostate enlargement in the older male endorsed by Urological Society of Australasia and Continence Foundation of Australia, is now available. For a free copy please call 1300 303 878 or email info@andrologyaustralia.org

Annual Report 2003 available

The annual report for 2003 is now available in hard copy or can be downloaded on-line. This years report showcases the activities which have answered the need for quality evidence-based education and information for the professional and general community.

Email info@andrologyaustralia.org or call 1300 303 878 to obtain a hard copy of the report. To download a copy from the public website, please visit www.andrologyaustralia.org



International Men’s Health Week

From Monday 14 June to Sunday 20 June is International Men’s Health Week. Look out for any events that may be happening in your local community to celebrate this week.



Newsletter of Andrology Australia
Australian Centre of Excellence in Male Reproductive Health

Andrology Australia
C/- Monash Institute of
Reproduction and Development

Postal Address:
Monash Medical Centre
246 Clayton Road,
Clayton Victoria 3168

Street Address:
27-31 Wright Street,
Clayton Victoria 3168

Telephone:
1 300 303 878

Facsimile:
+ 61 3 9594 7111

Internet:
www.andrologyaustralia.org

Email:
info@andrologyaustralia.org

[Andrology Australia is administered by Monash Institute of Reproduction and Development]

SUBSCRIBE TODAY

Andrology Australia extends an invitation to all to take advantage of the FREE SUBSCRIPTION offer.

Call, fax or email us to register on our mailing list and receive this regular quarterly publication and other items from Andrology Australia.

DISCLAIMER

This newsletter is provided as an information service.

Information contained in this newsletter is based on current medical evidence but should not take the place of proper medical advice from a qualified health professional. The services of a qualified medical practitioner should be sought before applying the information to particular circumstances.