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Andrology

An-drol'-uh-jee

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

>> FROM THE DIRECTOR

In a previous newsletter we focused on erectile dysfunction, a form of sexual dysfunction. In this issue of *the Healthy Male* we look at the other types of sexual difficulties that men can experience including low libido, premature ejaculation, retrograde ejaculation and anejaculation (being unable to ejaculate).

Recent studies have been done in Australia to try and determine how many men may be affected by sexual dysfunctions, which is important when developing appropriate education strategies.

What is known is that although some of these sexual difficulties do not have serious medical consequences, they can reduce a man's quality of life and feelings of well-being. Sexual health problems can also put strain on relationships and some can affect the ability to father a child naturally.

Sexual difficulties can be caused by psychological or physical problems, but in both cases if the problem continues, speaking to a GP, counsellor or sex therapist is important. If in a relationship, talking to your partner can also help.

Professor David de Kretser

Low libido most common sexual problem in men

Sexual behaviour has intrigued researchers for decades. Alfred Kinsey, subject of the recently released movie 'Kinsey', was a pioneer of human sexuality research. His book, 'Sexual Behaviour in the Human Male' was published in 1948 which changed the way people think about sex and sexuality in men and women.

Australian research¹ in 2003 looked at whether men and women had experienced sexual difficulties in the past year for a minimum period of one month. This research revealed that almost one quarter of men (24.9%) experienced a lack of interest in sex, which showed this to be the most common sexual problem in men aged between 16 and 59. Premature ejaculation affected almost 24% of men, and 16% of men had felt anxious about their sexual performance. The study also found that in men aged over 40 years, erection problems and lack of interest in sex were more common.

Although physical problems can cause sexual unhappiness, this research found that cultural and interactional factors caused the most sexual problems; for example, unhappy relationships, sexual ignorance or different moral beliefs. Therefore, when seeking treatment for a sexual dysfunction, speaking with a GP, counsellor or sex therapist is recommended. This research was part of a bigger national 'Australian Study of Health & Relationships' survey completed in 2002 by The Australian Research Centre in Sex, Health and Society at La Trobe University, and collaborators in Sydney.

Sexual activity is an important part of many people's lives, and it does have an effect on feelings of well-being and quality of life. Gaining a better understanding of the physical and emotional sides of sexuality is important when developing better treatments and management solutions to help people overcome sexual problems.

While the 'Australian Study of Health & Relationships' survey provided a comprehensive overview of sexual health issues in men aged 16-59 years, there has been little research focusing on the sexual health needs of older men and women. The prevalence, attitudes and concerns of older individuals need to be explored to develop preventative strategies and direct health services, education and policy with age-appropriate goals for an ageing population.

¹ Richters J, Grulich AE, Visser RO, Smith AMA, Rissel C. *Sex in Australia: Sexual difficulties in a representative sample of adults*, Australian and New Zealand Journal of Public Health, Volume 27, No. 2, April 2003.

International Panel gives positive review



The International Review Panel at work (from left to right): Prof. Michael Kidd (NSW), Prof. Tim Hargreave (UK), Prof. Victor Minichiello (NSW), Prof. Gianni Forti (Italy), Dr Ross Bury (Vic).

An independent panel of medical and health experts, including international members, recently gave a very positive review of the Andrology Australia program after looking at its achievements over the past four years, and how it compares to international programs.

The Panel congratulated Andrology Australia for the high quality resources produced for community and health professional education, and for the research which has been conducted.

Professor Michael Kidd, Chair of the Panel and President of the Royal Australian College of General Practitioners, said that all those associated with Andrology Australia should be proud of their achievements over the past four years.

"Andrology Australia has embarked on an impressive program of community health

education and has been very successful educating general practitioners in areas of male reproductive health," said Prof. Kidd. "The range of research programmes undertaken is also impressive, especially with the level of collaboration with other key organisations".

On another level, the Panel believes Andrology Australia could contribute to opportunities for Australia to provide international leadership in the field of male reproductive health.

"The International Review Panel highlighted that the strength of the Andrology Australia program is that it addresses both education of providers and the community," said Prof. Kidd. "No comparative international program exists that we are aware of, that provides information for both groups".

Recommendations were made by the Panel

to assist Andrology Australia achieve the goals set in the Business Plan 2004 - 2008 and further improve the program direction. The Panel will reconvene in 2007 to assess the recommendations and assist with future program development.

Professor David de Kretser, Director of Andrology Australia, was happy with the outcome of the review.

"We organised the review to ensure that Andrology Australia is improving the reproductive health of men in Australia," said Prof. de Kretser. "We will continue striving to do this with a better understanding of what we have achieved and what we need to focus on next".

Andrology Australia would like to thank each member of the International Review Panel, and to all those involved who assisted with the review process.

Call for Expressions of Interest

To undertake psychosocial studies to understand the impact of male infertility on psychological and relationship issues.

Infertility can have a strong impact on men's emotions; however, minimal research has been undertaken to look at the attitudes and emotions of men with infertility.

Andrology Australia invites applications from individuals, agencies and consortia to submit expressions of interest to undertake a one-year research project to further understand the impact of male infertility on psychological and relationship issues. Outcomes from the study will be used to update information provided by Andrology Australia to the general and professional communities.

A maximum of three research projects will be funded from a total pool of \$100,000.

Applicants are requested to complete the Expression of Interest Application form and submit to Andrology Australia.

Applicants are requested to read the Guidelines for the submission of proposals prior to the submission of an expression of interest.

For more information and to receive the application forms, please contact Dr Carol Holden, Project Manager on 03 9594 7134 or email: carol.holden@med.monash.edu.au

Focus on **SEXUAL DIFFICULTIES**

Sex can be fun, exciting, and a time of intimate sharing. However, it can also be a time of anxiety and vulnerability, especially when there is a sexual problem.

Although some sexual health problems do not have serious medical consequences, they may affect a man's quality of life by having a negative effect on relationships and feelings of well-being. Some sexual health problems may also be a symptom of another serious underlying medical condition, such as diabetes, and therefore it is important that such problems are fully checked by a doctor.

The most common male sexual difficulties are premature ejaculation and erectile difficulties. Other problems include low libido, delayed ejaculation, anorgasmia and retrograde ejaculation. Whilst many people have occasional problems, if they persist, treatment can help restore confidence and intimacy.

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. Whilst it is common for young men to ejaculate rapidly, ejaculatory control is usually gained with the confidence that comes with experience.

What causes it?

Performance anxiety is the main cause of premature ejaculation, particularly acquired premature ejaculation. Performance anxiety can be part of:

- general anxiety;
- anxiety related to a specific situation, e.g. a new relationship;
- a time of conflict in an established relationship, where there may be fear of rejection or failure.

Life long premature ejaculation may also be related to the same factors, but some men probably have a chemical imbalance in important brain centres.

How is premature ejaculation treated?

Treatments include:

- SSRI antidepressants: a side-effect of these drugs is that they delay ejaculation, therefore they can also be used to control the symptom. The treatment only works for as long as the patient continues to take the medication.
- Traditional sex therapy: Masters and Johnson's "squeeze" technique - a behavioral model in which the patient "retrains" to recognise pelvic sensations before ejaculation, and thereby gains control of the process.
- Sex therapy (individually or as a couple): with the guidance of an experienced sex therapist, the underlying sexual and relationship issues can be explored and treated.

Erectile Difficulties

What's the problem, and how widespread is it?

About one in five men over the age of 40 are unable to get and/or keep an erection sufficient for penetrative intercourse. The number of men affected increases with age, alongside an increase in chronic medical conditions.

What causes erectile difficulties?

Erectile difficulties can be the first presentation of serious medical conditions such as diabetes, heart disease and depression. Medication that can cause erectile difficulties include antidepressants, antipsychotics and antihypertensives, and are usually dose-related. Alcohol, cigarettes, methadone and non-prescription drugs can also cause erectile problems.

Erectile difficulties can be the result of relationship difficulties, especially when there is no underlying medical cause. A gradual onset of erectile difficulties is more likely to have a medical cause, whereas a sudden onset is more likely to be associated with performance anxiety or relationship issues, unless brought about by injury or surgery.

How is erectile dysfunction assessed?

A full physical and medical examination is taken. Routine tests include glucose, cholesterol and testosterone levels. More sophisticated tests are only performed when there are specific indications.

How is erectile dysfunction treated?

Most doctors start treatment for erectile difficulties with tablets such as Viagra®, Cialis® or Levitra®. The drugs are generally safe and effective in treating about two out of three men. When there is nerve damage, penile injections or implants may be needed.

Many doctors also offer counselling, or referral to a specially-trained sex therapist, because they recognise that erectile difficulties may contribute to, or be a reflection of, relationship difficulties.

For more detailed information on erectile dysfunction, please call Andrology Australia on 1300 303 878 for a free 'Men's Health Matters' guide on erectile dysfunction, or visit the website www.andrologyaustralia.org

Lack of libido

What is it?

Lack of libido is the term used to describe a lack of interest in sexual activity. Sexual desire or libido is a complex condition produced by a combination of biological, personal and relationship factors. One of the most common reasons people seek treatment is because their partner is not satisfied. The "identified patient" (the one who is less interested in sex) seeks treatment because their partner is frustrated, angry or resentful. Ironically, the "lack of libido" often conceals a desire for more non-sexual sharing and intimacy.

Focus on SEXUAL DIFFICULTIES

What causes low libido?

Acute or chronic medical or psychiatric conditions, especially depression, as well as chronic alcohol or marijuana use and certain prescription drugs e.g. antidepressants and antihypertensives, can all lower feelings of sexual desire. It is often difficult to separate how much the patient's sexual interest is affected by biological and psychological factors, especially when there is chronic illness, chronic pain, fatigue or body image problems (e.g. following surgery for cancer). Personal factors such as stress or tiredness from work, too little or too much exercise, as well as feelings of dissatisfaction in the relationship are also potent causes of lack of interest in sex.

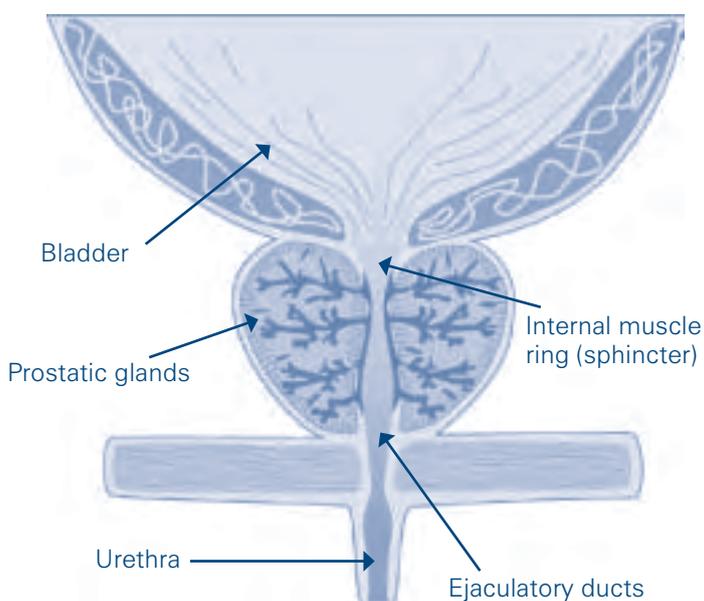
How is low libido treated?

Whilst antidepressants can be helpful if the person is depressed, they can also lower sexual interest. If low libido is caused by confirmed androgen deficiency, testosterone replacement may be needed. Individual or couple counselling can be very helpful in identifying and addressing the issues that have caused the "identified patient" to withdraw emotionally from the sexual arena.

Retrograde ejaculation

What is retrograde ejaculation?

During normal ejaculation, semen is propelled forward through the urethra and out the tip of the penis. 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. This allows semen to flow back into the bladder. Therefore little or no semen is discharged from the penis during ejaculation, and the first urination after sex looks cloudy as the semen mixes into the urine. This uncommon condition is harmless.



What can cause retrograde ejaculation?

Retrograde ejaculation can happen after surgery to the prostate or bladder neck. Diabetes, multiple sclerosis, spinal cord injury, and some medications, in particular drugs to treat blood pressure, can also cause it. Depending on the cause, retrograde ejaculation may be a temporary or permanent condition.

How is retrograde ejaculation treated?

Most men who have retrograde ejaculation do not need treatment. The important message is that it is not a sign of serious illness.

Men wishing to have a family may need to see a fertility specialist for assisted reproductive techniques if the cause of the problem is not reversible.

Delayed ejaculation / Anorgasmia

What is it?

Delayed ejaculation and anorgasmia are used to describe the inability to ejaculate at will, so that ejaculation 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). "Orgasm" and "ejaculation" are often used interchangeably, but some men can experience orgasm even though they don't ejaculate.

What causes it?

Physical causes include spinal cord injury, major lymph node surgery, diabetes, multiple sclerosis and traumatic injury to the pelvic region, when there is disruption to the nerve supply. Delayed ejaculation is a well-documented side-effect of SSRI antidepressants. Whilst delayed ejaculation can be caused by relationship difficulties, persistent anorgasmia, where there is no medical cause, is very uncommon.

How is it treated?

A change of antidepressant medication may be required for men who are concerned about this side-effect. Vibrator stimulation and electrical stimulation of the penis can be used to 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 reason for this difficulty may require long-term individual therapy.



Assessing how doctors' respond to sexual problems in older men

When visiting their doctor, men often take with them a number of physical and psychological concerns. In instances where men wish to discuss personal issues such as sexual problems with their doctor, they generally expect that their doctor will display a number of qualities, including professionalism, empathy, trust and comfort¹.

Despite perceptions that a doctor is an appropriate person to seek medical advice for sexual problems, many men are unwilling to do so because of the negative reaction they feel they could receive. In particular, older males may feel this way because of the stereotype that older adults are asexual beings². For that reason it is essential that doctors provide supportive and non-discriminatory assistance to men seeking advice and treatment for sexual difficulties.

It is therefore important to examine how doctors respond to men's sexual problems, particularly among older males, and how this may be improved.

With support from Andrology Australia, the Department of General Practice, Monash University, is currently undertaking a comprehensive review of the literature to examine doctors' attitudes and approaches to older men's sexuality. Knowledge gained from this review will be used to further build upon and improve doctors' training and attitudes, to assist them to better respond to older male patients seeking medical help for sexual difficulties.

For further information, please contact Cath Andrews, Research Fellow at the Department of General Practice on (03) 8575 2223.

¹ Metz, E.M. & Seifert, M.H. (1990). *Men's Expectations of Physicians in Sexual Health Concerns*. *Journal of Sex and Marital Therapy*, 16(2), Summer, 79-88

² Gott, M. & Hinchliff (2003). *Barriers to seeking treatment for sexual problems in primary care: a qualitative study with older people*. *Family Practice*, 20(6), 690-695.

Online treatment for men with psychological erectile dysfunction

An Internet program designed to treat men with psychological erectile dysfunction is currently being developed as many men do not present for treatment for this condition due to embarrassment.

The use of the Internet in providing psychological treatments has been shown to be effective in a range of disorders. Making treatment for erectile dysfunction available on the Internet will allow greater access for men by providing an environment that is more conducive to open communication. Making treatment available for men who may not be able to attend face-to-face sessions due to time constraints, geographical isolation and disability may also be beneficial.

Professor Marita McCabe, chief investigator and Professor of Psychology at Deakin University, believes the Internet program will allow easy progress through therapy.

"We are aiming to design the program to be easy to access, and additional support will be provided for men through email contact with a psychological therapist as they progress," said Marita.

One hundred men with psychological erectile dysfunction are being recruited to take part in the study, with the treatment program lasting for two months. An assessment of how effective the program is will be determined up to four months after treatment.

"The best outcome will be that the program will improve sexual function, the quality of partner relationships and overall quality of life," said Marita.

"The program may also be helpful when used with medical interventions for men with erectile disorders due to both physical and psychological causes".

This research is one of four projects that were chosen from applications answering a call for Expressions of Interest from Andrology Australia. The research is being conducted at Deakin University in collaboration with the Department of General Practice, Monash University, with support from Andrology Australia.



Professor Marian Pitts

Professor Marian Pitts is a trained psychologist and has made a major contribution to the development of Health Psychology both in the UK and internationally. With extensive experience in research and teaching, Marian is an asset to the Management Committee of Andrology Australia.

Marian grew up in the UK and completed her studies in psychology, before starting her teaching career at the University of Wales and North East London Polytechnic. Continuing her teaching role in America, Marian worked as a visiting Professor at the University of Tennessee.

In later years Marian spent time in Zimbabwe as Head of the Psychology Department at the St Giles Medical Rehabilitation Centre, and later, as a lecturer in psychology at the University of Zimbabwe.

In 2000, Marian arrived in Australia from the UK and has since received numerous research grants and delivered many conference presentations.

A Member of the Australian Psychological Association and Associate Fellow of the British Psychological Society, Marian is currently Director of the Australian Research Centre in Sex, Health and Society at La Trobe University in Victoria.

Website review

Andrology Australia is looking for individuals and health professionals (e.g. GPs, community health workers) to assist the creation of the new website by providing feedback as it is developed. This process will be possible to do in the comfort of your own home or work.

To register, contact Cassy Bezeruk on 1300 303 878 or email: cassy.bezeruk@med.monash.edu.au

Men wanted for study on prostate screening

If you are a man living in Australia aged over 45 years and have never been screened for prostate cancer, your help is needed. Monash Institute of Health Services Research, Monash University, is looking at the information men need when making decisions about prostate cancer screening.

To register, contact Dragan Ilic on (03) 9594 7523 or email: dragan.ilic@med.monash.edu.au

Erectile Dysfunction QA&CPD Activity for GPs

GPs interested in updating their knowledge on erectile dysfunction diagnosis and management can complete a clinical audit and flexible computer-based education program. No attendance at sessions is required, with 30 Category 1 and 4 Category 2 points available. Beginning in May 2005, the program is offered by Monash University Dept. of General Practice, supported by Eli Lilly Australia and Andrology Australia.

To register, call Cath Andrews: (03) 8575 2223 or email: Catherine.Andrews@med.monash.edu.au

6th National Men's and Boys health conference

The 6th National Men's Health conference will be held in Melbourne on 9th -12th October. The 4th National Indigenous Male Health convention will follow.

Details about the conference can be found at <http://www.regocentre.com/nmh2005/>



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

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