



The Healthy Male

Issue 27 – Winter 2008

Andrology Australia is supported by a grant from The Australian Government Department of Health and Ageing.

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

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Men challenge stereotype: they do seek help

It is a commonly held belief that men adopt the 'if it ain't broke, don't fix it' approach to their health and avoid getting health checks on a regular basis. However, recent research findings as part of the Florey Adelaide Male Ageing Study (FAMAS) based at the University of Adelaide have suggested that men are actively engaged in their health and do seek help from a doctor¹.

The research study interviewed 36 men aged from 35 to 80 years to examine their perceptions of their health and health service use. The researchers found that four key factors influenced how men monitored their health and the way men used health services. These factors were how much time men have to monitor their health and seek help, previous illness experiences, the ability to maintain regular activities and everyday tasks, and how severe they believe the health condition is.

Findings from the study suggested that a man's perception of his health condition was a major influence on the way men monitored their health, and subsequently sought help and used health services. If a health condition was perceived to be visually disturbing or life-threatening, then professional medical help was generally sought sooner rather than later.

The study also found that time was an important factor for men in deciding whether they could fix the problem themselves or whether they needed to seek professional help. If after a few days the problem hadn't fixed itself, many men then choose to see a doctor. Most men then had an expectation for health service providers to diagnose and treat the problem instantly when they sought help.

The researchers concluded that the ways men approach their health challenges traditional stereotypes, as men are aware of, and have an interest in, their health and wellbeing. It is anticipated that findings from the study will provide health service providers with information to help engage men within the health system, and also provide men with useful and accessible health information.

¹ Smith JA, Braunack-Mayer A, Wittert G and Warin M. "It's sort of like being a detective": Understanding how Australian men self-monitor their health prior to seeking help. BMC Health Services Research 2008; 8: 56



From the Director

The Labor Government recently announced their commitment to developing a National Men's Health Policy.

The Government has committed to a men's health policy because men have a higher rate of death and disease than women. More men than women die from lung and bladder cancer, liver disease and melanoma of the skin. Men also are at increased risk of chronic disease because they are more likely to smoke tobacco, to drink too much, to have a poor diet and to not exercise enough.

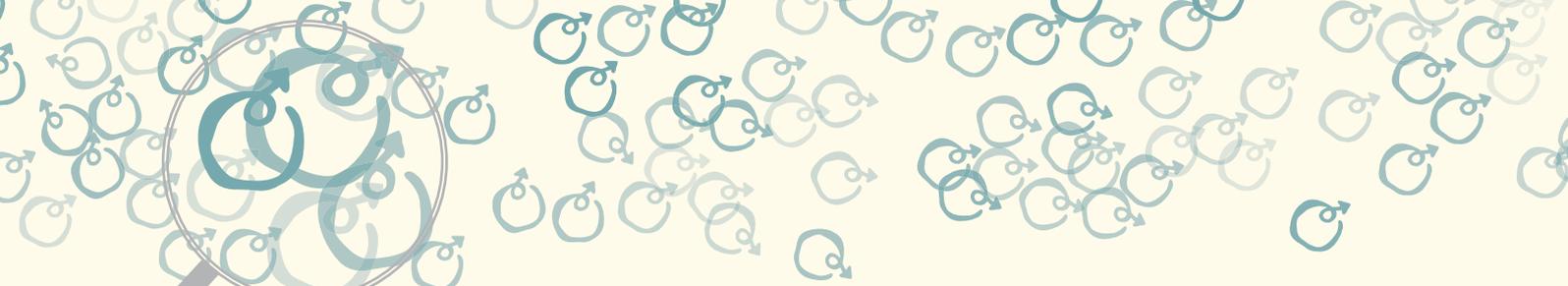
Extensive consultation and ongoing research will ensure that the policy is evidence-based and meets the needs of men at different stages of their lives. It is expected

that the policy will also meet the needs of groups with special needs such as Aboriginal and Torres Strait Islander men and men in rural and remote areas.

A policy will help improve men's engagement with the health system and ensure appropriate and relevant support services are available for a range of men's health issues.

This issue of The Healthy Male focuses on engaging men in general practice.

Professor Rob McLachlan



Focus on: Engaging men in general practice

Authors: Dr Alan Wright, general practitioner; James Smith, Department of Health & Community Services NT

What is the current state of men's health in Australia?

Over recent years, the state of men's health in Australia has received increased community and media attention, partly because of statistics revealing that the health of men is worse than women.

Overall, Australian men and women, with the exception of Aboriginal and Torres Strait Islanders, enjoy one of the highest life expectancies in the world¹. Although men's and women's health overall has improved over recent decades, male life expectancy is still five years less than women. More men than women suffer from chronic disease including cardiovascular disease and cancer (53% each), as well as chronic respiratory disease (53%), diabetes (54%) and injury (70%)². Furthermore, the number of men who die prematurely from these diseases is higher than the number of women¹.

Men are also more likely to adopt risky health behaviours including tobacco smoking, not exercising enough, drinking alcohol at high-risk levels, being overweight or obese, and not eating enough fruit or vegetables³.

Do men visit the doctor?

At various stages across the life-span men will need to engage with health services, whether it's for management of acute or chronic injury or disease, or for preventative health care. GPs represent the gatekeepers of the Australian healthcare system, being the primary point of contact to a range of health services.

There is a pervasive myth in society that men don't visit their doctor. Andrology Australia conducted the Men in Australia Telephone Survey (MATeS) which showed that 85% of men over the age of 40 had visited their doctor in the 12 months prior to the study interview⁴.

In comparison to women, however, men do visit the doctor less. The 'Bettering the Evaluation and Care of Health' (BEACH) report shows that men do not visit their GP as much as women do, they have shorter consultations and see the GP later in the course of their illness, and they tend to leave significant health issues unattended⁵.

What are the barriers for men visiting the GP?

In many instances, physical barriers exist for men in accessing a GP, for example, health services in regional and remote areas are less accessible than in urban areas. There are also groups of men who may not visit the doctor as often due to certain circumstances. For example, men often work long hours, or shift work, which restricts them from visiting GP clinics during standard opening hours.

There is often a perception that GPs only provide services for treating an injury or filling prescriptions, and not for a holistic approach to health and wellbeing. Although general practitioners are well equipped to provide continuing and comprehensive care, some men may not visit their GP unless a specific health concern needs to be addressed.

Society places an expectation on men to be 'manly', and this means that men are sometimes expected to be independent, tough, assertive and physically competent. It can also mean men are permitted by societal norms to engage in risky health behaviours, avoid health issues and to handle any health issues on their own⁶. Traditional masculine traits intersect with biological, social, cultural and other factors which affect men's health, including how they decide to seek help⁷.

What importance do men place on their health?

It is often assumed that men don't think about their health and place little importance on it. Men often report that 'my wife/partner kept pestering me to see you' when they visit their GP or healthcare provider. However, in the Florey Adelaide Male Ageing Study (FAMAS) it was shown that men are aware of, and have a genuine interest in, their health and wellbeing⁸.

Men don't just ignore the problem, but often think about, and actively self-monitor their specific health problem before they see a GP⁷. Most men do seek help when they have not been able to fix the problem themselves⁷.

GPs should reinforce the need for men to be more proactive about their health. But GPs should also take the time to listen to the way men speak about their health and appreciate the key qualities men value when visiting their GP.

How often should men go to the doctor?

Forty-four per cent of doctors' patients are men and men visit their doctor less from adolescence onwards⁴. There are no recommendations as to how often men should visit their GP and get a general health check as it depends on age, health and a whole range of other factors. Your doctor will be able to advise how often or when your next appointment should be.

A new Medicare item was introduced in 2006 to encourage men and women between the ages of 45 and 49 who are at risk of developing a chronic disease to visit their GP for a health check. The Australian Institute of Health and Welfare estimates that 94 per cent of males between the ages of 45 and 54 have at least one risk factor for cardiovascular disease⁹. The free health check aims to help detect and prevent chronic disease, and encourage early intervention strategies.

Why is it important to know your doctor?

GPs are not just available for diagnosis and treatment of health issues; GPs are a complete health resource. There are many benefits to building a relationship with your GP. By regularly visiting the same GP, he/she will know your long-term medical history and have a better understanding of your health behaviours and needs. This then means that you can make the most of your consultation time when you are there. You are also more likely to make an appointment for the important follow-up consultation.

Developing trusting relationships can encourage men to visit the doctor, speak about their health, make positive changes to health behaviour, and make repeat visits for further health care.

If you haven't been to the doctor for a long time, or are new to an area, booking a long consultation for the first appointment will ensure that the doctor has time to take a full medical history.

And if your doctor can't help you directly with your health concern, he/she can refer you to someone else locally.

actice

Are health services male friendly?

There are suggestions that health services and systems are mostly targeted towards women, which may 'disengage' men from the health system.

The Royal Australian College of General Practitioners (RACGP) has a men's health policy that provides strategies for GPs to improve better access by men of their services¹⁰. These include:

- Developing a style of consultation and communication that better suits men
- Creating more male friendly environments
- Offering services in areas other than the GP clinic
- Marketing GP services to men

Although there is no evidence to suggest whether such interventions are effective, it is expected that such 'good practice' changes will make men feel more comfortable and engaged when they attend.

Providing men with written health information is recommended by the RACGP as patients only remember three to four key messages from a consultation¹¹. There are many quality health brochures available from a range of organisations including health promotion programs, local community organisations and support groups, and resources from Andrology Australia available both in hard copy or online.

What questions should you ask your GP?

A number of guidelines are available for GPs to guide their health assessments. It can also help if men ask specific questions to get a better understanding of ways to maintain good health. Some suggested questions may include:

Questions for men under the age of 40:

- What is a sexually transmitted infection and should I have a test?
- How much alcohol is okay?
- What will cigarette smoking and other drugs do to me?
- Can young people get cancer and how would I know if I have it?
- How does Medicare help me with the costs of care?
- Should I have private medical insurance?

Questions for men over the age of 40:

- Am I at risk of developing any diseases and do I need tests?
- Is my family history important?
- What about my prostate – should I get it checked and is a blood test enough?
- Is my weight a problem?
- What about my cholesterol?
- Do I have diabetes?*

* Available to order as a health check card from the Andrology Australia website www.andrologyaustralia.org

How do you discuss sensitive issues with your doctor?

Discussing sensitive health issues such as sexual dysfunction is a shared responsibility between patient and doctor.

Research has shown that GPs do consider sexual health important, but are often reluctant to discuss it with older individuals because of stereotyped views of sexuality and ageing¹². If a patient is reluctant to talk about sexual health with their doctor, then this can worsen these GP barriers by reinforcing assumptions about asexuality, especially later in life.

You can talk to your doctor about sexual health problems. It can be difficult to raise these issues, but many men are still sexually active in older age¹⁰. It is important to remember you are not alone. If it is difficult to bring up a specific topic i.e. erectile dysfunction, it may be easier to say that you are having problems 'in the bedroom' or 'with your sex life'. Sometimes it may be helpful to take information in that you've seen on the Internet or in a brochure.

GPs need to be comfortable to talk to their patients about sexual health problems and need to be proactive in these discussions. Asking about sexual health should be a routine part of taking a patient's medical history. It is important to normalise conditions and have the tools to deal with both the physical and psychological aspects of sexual health problems.

Where can you find a doctor in your area?

If you are a man who does not have a regular GP, your local Division of General Practice can give you a list of the doctors practising in your area. If you don't speak English and you would prefer a doctor from your cultural background, the Royal Australian College of General Practitioners can give you details of a doctor near you.

¹ Australian Institute of Health and Welfare. Mortality FAQs. Accessed online at: <http://www.aihw.gov.au/mortality/data/faqs.cfm#othercountries>

² Begg S, Vos T, Barker B, et al (2007). The burden of disease and injury in Australia 2003. PHE 82. Canberra AIHW

³ Indicators for chronic diseases and their determinants 2008. Bulletin No. 24. AIWH Cat. No.PHE 75. Canberra: AIHW. February 2008

⁴ Holden CA, et al. Men in Australia, Telephone Survey (MATEs) I: A National Survey of the Reproductive Health And Concerns Of Middle Aged and Older Australian Men. Lancet 2005; 366: 218-24

⁵ BEACH - Bettering the Evaluation and Care of Health.: General practice activity in Australia 2006-07. January 2008. Accessed online at: <http://www.aihw.gov.au/publications/gep/gpaa06-07/gpaa06-07.pdf>

⁶ Smith JA, et al. "I've been independent for so damn long!": Independence, masculinity and aging in a help seeking context. J Aging Studies 2007; 21: 325-335

⁷ Smith J, Braunack-Mayer A, & Wittert G. What do we know about men's help-seeking and health service use? MJA 2006; 184 (2): 81-83.

⁸ Smith JA, et al. "It's sort of like being a detective": Understanding how Australian men self-monitor their health prior to seeking help. BMC Health Services Research 2008; 8:56

⁹ AIHW: O'Brien K 2005. Living dangerously: Australians with multiple risk factors for cardiovascular disease. Bulletin No. 24. AIWH Cat.No.AUS 57. Canberra: AIHW.

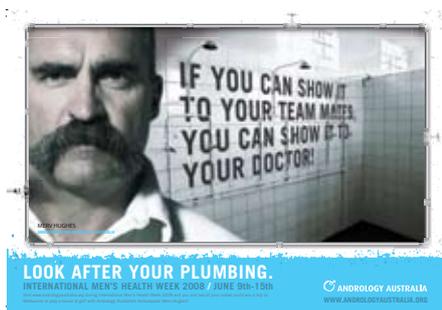
¹⁰ Men's health, Policy endorsed by the 48th RACGP Council, 5 August 2006. <http://www.racgp.org.au/Content/NavigationMenu/Advocacy/RACGPpositionstatements/200609MensHealth.pdf>

¹¹ RACGP Standards for general practices. Criterion 1.3.1. Health promotion and preventive care. Accessed online at <http://www.racgp.org.au/standards/131>

¹² Andrews C & Piterman L. Sex and the older man: GP perceptions and management. Australian Family Physician 2007; 36: 867-869

Community education

International Men's Health Week wrap up



Congratulations to Frances Powell from Perth! Frances won the International Men's Health Week competition for herself and two friends to come to Melbourne and tee off for a round of golf with Ambassador Merv Hughes.

Those of you who went to the football on the Queens birthday weekend and bought an AFL Record would have found

an A5 postcard featuring Merv Hughes telling you 'If you can show it to your team mates, you can show it to your doctor!'

The postcard was one of the men's health resources produced by Andrology Australia for International Men's Health Week this year. Fifty thousand postcards were inserted into the AFL Record to disseminate the men's health message to a wider audience.

As a result of this promotion, there was an influx of entries to Andrology Australia's International Men's Health Week competition. The competition prize was a trip to Melbourne for the winner and two friends to play a round of golf with Merv Hughes.

Along with the AFL promotion and the competition, Andrology Australia provided International Men's Health Week resources to more than 750 workplaces, community health centres, doctors' surgeries and libraries around the country.

Thank you to everyone who held an event or display during International Men's Health Week and contributed to raising awareness of men's health in the community.

For those who ordered resources for the week, we would appreciate you completing the survey that you received in the mail recently. Irrespective of the number of resources you received, your feedback is important to us. Please email info@andrologyaustralia.org if you would like the survey emailed to you.

Recent events

National men's health study proposed

Andrology Australia, in conjunction with the Governor of Victoria, Prof. David de Kretser AC, recently hosted the Men's Health Australia Longitudinal Study stakeholder forum to identify key issues in men's health and push forward the development of a national men's health study.

Held at Government House in Melbourne, the forum brought together more than 100 people representing government agencies, peak bodies, chronic disease and population groups.

The Hon. Bill Shorten MP, Parliamentary Secretary for Disabilities and Children's Services attended the forum on behalf of Federal Minister for Health Nicola Roxon. In support of the need for a national men's health policy, the Hon. Bill Shorten MP told stakeholders, "the time is right to move forward."

At the forum a series of presentations were given by some of Australia's leading health experts from the National Heart Foundation, Diabetes Australia, The Cancer Council Australia, beyondblue, the Australian Drug Foundation and Osteoporosis Australia. Representatives of important population groups including the National Rural Health Alliance, National Aboriginal Community Controlled Health Organisations, and NSW Multicultural Health Communication Service also gave presentations in support of the study.



From l to r: The Hon. Bill Shorten MP, and Andrology Australia representatives Prof. Rob McLachlan, Governor Prof. David de Kretser, Mark Rayner and Michael Schildberger

Six key outcomes from the meeting covered both design- and research-related issues. Additional areas for consideration also emerged during the discussion that focused on maximising the opportunity and enhancing the research and health policy capacity that a Men's Health Australia Longitudinal Study will provide.

Initial feedback about the meeting has been very positive, with comments that the forum allowed an excellent level of discussion between people from a variety of backgrounds and expertise. The success of the meeting was also reinforced by the request by a number of participants

to continue to be informed about the progress of the proposal and activities being undertaken by Andrology Australia.

Andrology Australia would like to thank Government House and the speakers for their involvement and support, and all those who attended for their valuable input. Those attendees who would like a copy of the presentations from the day, please email info@andrologyaustralia.org

GP workshop: engaging men in general practice

Andrology Australia recently held a workshop for GPs on 'engaging men in general practice.'

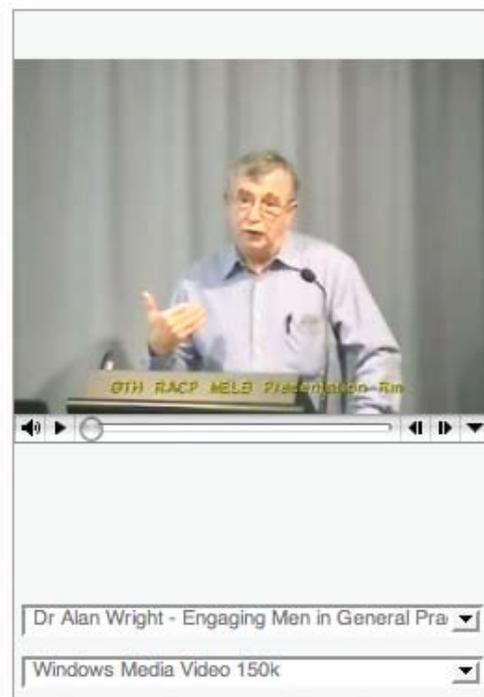
The interactive workshop provided information to GPs to help engage men in discussion about their health, including sensitive issues such as erectile dysfunction.

Including the host site in Melbourne, three other sites across Australia linked in via video conference facilities. The workshop was facilitated by Dr Alan Wright, a Perth based GP with an interest in GP education and men's health. The content included input from collaborative partners, James Smith (Department of Health and Ageing and Community Services, NT) and Dr Raie Goodwach (Psychotherapist, Melbourne).

The workshop discussed the importance of men speaking about their health in an open manner to GPs and possible barriers for men seeking help. The workshop also highlighted some of the qualities men value when they visit their GP, including the GPs competence, openness and confidence in making decisions.

As part of the workshop, Dr Alan Wright and actor Alan Hopgood performed two short and entertaining role plays. The first role play portrayed a man visiting a doctor for the first time in two years and highlighted the importance of discussion about general health and normalised discussion around sexual health. The second role play was a follow up consultation and focused on building the relationship between GP and patient.

The workshop and role plays were recorded for those GPs who couldn't link in on the evening, and will be made available as a web stream to view on the Andrology Australia website. GPs are able to access the web stream and receive QA&CPD and ACRRM points when completing the online evaluation, at www.andrologyaustralia.org. Or email info@andrologyaustralia.org for the direct link.



Research round-up

Men's health survey for practice nurses

A survey has been developed by Andrology Australia in collaboration with the Australian Practice Nurses Association (APNA) to help practice nurses improve their understanding of men's health issues.

The online survey will be emailed to approximately 1,000 practice nurses throughout Australia to promote men's health and identify specific areas for further education, including male reproductive health issues.

It is anticipated the survey will also identify the most appropriate method of delivering education to practice nurses about men's health issues.

Andrology Australia is working closely with the APNA on a range of men's health education and training programs. Initial collaboration has resulted in the APNA linking to information on the Andrology Australia website. Also, Andrology Australia has provided speakers for their Practice Nurses Clinical Education meetings across Australia to provide an overview on a range of men's health disorders.

Findings from the survey will help develop a number of education initiatives. As a practice nurse or other health professional, if you are interested in being kept up to date with a range of professional education resources, remember to register for the Andrology Australia monthly email update at www.andrologyaustralia.org



Men's Health Education Kit evaluation

The evaluation survey for the Men's Health Education Kit is now available on the Andrology Australia website.

The Men's Health Education Kit was developed by Andrology Australia to raise community awareness of men's health conditions by providing support to organisations wanting to run a men's health event. By completing the survey, your feedback will help ensure that Andrology Australia can continue to provide evidence-based resources at no charge to the Australian community.

If you received an Education Kit, visit the Andrology Australia website, www.andrologyaustralia.org to complete the survey and for your chance to win an Ipod 1GB shuffle.

New resource for GPs being developed

Andrology Australia and the Freemasons Foundation Centre for Men's Health at the University of Adelaide have joined forces to develop an additional GP summary guide focused on 'engaging men in general practice'. It will be based on empirical research emerging from the Florey Adelaide Male Ageing Study, which has examined the core qualities men value when using health services.

APCC conference and annual general meeting

The Australian Prostate Cancer Collaboration (APCC) is holding their 10th Annual Scientific Meeting and Annual General Meeting as part of the Australian Science and Medical Research Congress in Brisbane, 16-21 November, 2008.

APCC will hold two symposium at the Congress:

- Inflammation and Prostate Cancer, with keynote speaker Angelo de Marzo, John Hopkins University, USA.
- Androgens and Prostate Cancer, including speakers Prof. Peter Leedman, WAIMR, Prof. Colleen Nelson, IHBI, and Dr Lisa Butler, IMVS.

Early Bird Registrations for the Congress close on 15 August 2008. For more details or to register, visit www.asnevents.com.au/congress/index.php

PSA test less accurate in obese men

Each year around 18,500 men in Australia are diagnosed with prostate cancer.

Although the PSA test is currently the best test available to identify the possibility of prostate cancer, there is still much debate about its diagnostic role. There are also suggestions that obesity can lower PSA levels in men and may reduce screening sensitivity.

A recent study has found an association between obesity and a lower PSA level, with obese and morbidly obese men having significantly lower PSA levels than slightly underweight or normal weight men¹.

The American study screened 10,623 men for prostate cancer using the PSA test between January 2004 and June 2006. Men in the study had their height and weight measured and blood serum levels taken. These measurements were then taken again at a later period to determine whether BMI and PSA levels changed over time.

The study found that an increased BMI was significantly associated with lower PSA levels and these findings support previous research findings. This is the largest sample of men so far for a study investigating the relationship between BMI and PSA levels.

The results of the study could further complicate debates about the efficacy of PSA screening. One concern is that there could be missed or delayed diagnoses of prostate cancers among obese men.

Men who have an increased risk of developing prostate cancer should discuss the benefits and risks of prostate cancer screening with their doctor. A combination of a PSA test and digital rectal examination is better than either one alone when testing for prostate cancer.

¹ Rundle A, Neugut AI. Obesity and Screening PSA Levels Among Men Undergoing an Annual Physical Exam. The Prostate 2008; 68:373-380

Newsletter of Andrology Australia

Australian Centre of Excellence in Male Reproductive Health
Editor: Cassy Bezeruk

Andrology Australia

C/O - Monash Institute of Medical Research

Postal Address:

Monash Medical Centre
246 Clayton Road,
Clayton Victoria 3168

Street Address:

27-31 Wright Street,
Clayton Victoria 3168

Telephone:

1300 303 878

Facsimile:

+ 61 3 9594 7111

Internet:

www.andrologyaustralia.org

Email:

info@andrologyaustralia.org

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Monash Institute of Medical Research



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