



The Healthy Male

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

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Contents

- 2 **Community education**
Promoting physical activity through potential 'windows of opportunity'
- 2 **Recent events**
Andrology Australia's Ambassador Program in 2009
- 3 **Focus on**
Physical activity and men's health
- 5 **Professional education**
Buying sexual dysfunction drugs on the Internet
- 5 **Research round-up**
Supporting the health, research and leadership capacity of Indigenous males
- 6 **In brief**
- 6 **Latest news**

Physical activity: a challenge for the national health agenda

It is well recognised that men suffer high rates of chronic disease including cardiovascular disease and cancer, as well as chronic respiratory disease, diabetes and injury¹; and die prematurely from these diseases². Men are also more likely to adopt risky health behaviours including not exercising enough, being overweight or obese, and not eating enough fruit or vegetables³.

However, preventive action can be taken by staying physically active to prevent the onset of serious chronic disease. Even when taken up later in life or after diagnosis and treatment of a health problem, physical activity can help to improve and maintain both physical and mental health and well-being.

The recently released National Preventative Health Strategy⁴ highlighted obesity as one of the major areas of focus to address the burden of chronic disease.

Adopting a preventive approach that encourages and supports Australians of all ages to maintain adequate levels of physical activity is essential to shift the trends away from rapidly rising rates of obesity and the consequent advent of preventable causes of chronic disease. The establishment of the proposed Australian Preventative Health Agency would be an important first step in making a commitment towards a preventive health approach.

Further research in an Australian context is still needed so that we can better understand men's changing physical activity levels

over the life course; including the socio-demographic, psychosocial and environmental factors that may act as facilitators and barriers to participation in physical activity. Such knowledge is best acquired from longitudinal studies of large cohorts of men that would start to provide the evidence-base needed for public health strategies specifically targeting men. A stronger evidence-base is also needed to identify novel leverage points to better engage and support men to increase their level of activity.

Emerging evidence also suggests that similar risk factors exist between general and reproductive health, with research also being directed to determine whether physical activity can prevent or reduce problems.

For some men, raising the awareness of the associations with chronic disease may encourage them to become more physically active and pay more attention to other problems (for example, management of diabetes). Innovative health promotion campaigns could test such concepts further.

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

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

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

4 National Preventative Health Taskforce. Australia: The Healthiest Country by 2020 - National Preventative Health Strategy - Overview. Accessed online at www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-overview.



From the Director

The enormous and costly challenge of reversing the rising trend of obesity and sedentary lifestyles in Australia is a strong reminder that a preventive approach through physical activity and healthy diet, are more cost-effective strategies than attempting to reverse established health problems.

To develop and maintain health and well-being, Australian adults are recommended to think of movement as an opportunity not an inconvenience, to be active every day in as many ways as they can and to put together at least 30 minutes of moderate-intensity physical activity on most, if not every day.

This edition of 'The Healthy Male' newsletter highlights the opportunity physical activity may provide for the improvement and maintenance of men's general and reproductive health.

We wish you a physically active, safe and enjoyable holiday season, and look forward to sharing our tenth year and celebrations with you in 2010.

Professor Rob McLachlan

Community education

Promoting physical activity through potential 'windows of opportunity'

To explore the capacity of workplace health promotion programs to influence men's health, Kinect Australia and Andrology Australia have been working on a collaborative project over the past 18 months. The project aims to determine whether a pilot workplace health promotion initiative aimed at staff from two Victorian local governments, one regional and one metropolitan, is effective in raising the awareness of the benefits of physical activity to general and reproductive health, and to increase physical activity uptake in men.

Telephone health coaching, weekly health promotion emails, men's health seminars and an online health portal promoting healthy eating, physical activity and information resources were provided to staff at both local governments. Pre-focus groups directed the development of health interventions, and post-focus groups and physical

activity questionnaires evaluated the project to determine if any health messages and types of support given motivated the men to exercise.

While the project did raise the awareness of men's health, specific men's health messages particularly on the links and associations of chronic disease and reproductive health did not appear to engage men in a physical activity program. Many men participating in the pilot felt they were already sufficiently active as a result of the type of professional work in which they were employed. E.g. outdoor workers. The program also served as a reminder to be active and to visit a range of sources for quality information if men were thinking about becoming more active.

However the pilot identified a number of barriers to implementation which included a number of staff changes across both participating councils. Participants also found it hard to talk to

a telephone health coach at work, time constraints prevented staff accessing and using the website, and new staff were not informed of the program.

The results of the pilot project will assist in the development of future health intervention activities. Further initiatives will take into account the need for the project to be driven internally, a distinction made between workplace and 'out of work' physical activity, and whether the program could be applied to other councils or work places.

The support of the Australian Government Department of Health and Ageing – Healthy Active Australia: Community and Schools Grants Program is gratefully acknowledged.



Recent events

Andrology Australia's Ambassador Program in 2009

Each year, slotting into his busy cricket schedule, Andrology Australia Ambassador Merv Hughes travels to various communities across Australia to speak at men's health events, to remind men to look after their health and to promote the resources and programs available through Andrology Australia.

To commence 2009, Merv attended and spoke at a men's health golf day in outback Queensland, with 100 men attending from local farms and rural areas. At Whittlesea City Council in Victoria, Merv spoke to 120 male workers to encourage men to get active, reinforcing the positive health messages of the Kinect Australia and Andrology Australia pilot workplace health promotion program.

At Churchill in regional Victoria, which was badly affected by the fires in the summer of 2008/9, Merv promoted men's health to more than 100 men and offered some light-hearted banter to boost morale. In Numurkah,

Merv was keynote speaker to nearly 400 attendees at a men's health evening, 80 per cent of the men also completing a 'pit stop' health check.

In Tasmania during International Men's Health Week, Merv helped launch the Clarence City Council's 'Healthy Ageing Plan', promoting the importance of visiting your GP for preventative health checks. Back in Victoria to the BlueScope Steel Western Port site in Hastings, Merv walked the 'pickle line' (where the steel is treated), attended an employees men's health expo and spoke to the employees, engaging more than 250 workers.

First at a men's health golf day in Roxby Downs, Merv then went up to Australia's largest underground mine BHP Billiton Olympic Dam mine site, 560 kilometres north of Adelaide in rural South Australia. Merv toured the mine site and ran a series of

underground men's health workshops with a total of 120 mine workers.

The last community event for Merv in November was a 'pit stop' health check evening at Wangaratta, as key note speaker to more than 300 attendees.

Andrology Australia would like to thank the organisers and sponsors of all of the community events, and particularly Ambassador Merv Hughes, for their support in raising the profile of men's health across Australia.





Focus on: Physical activity and men's health

Author: Dr Carolyn Allan

Why is physical activity an important public health measure?

It is well recognised that physical activity is important for good health. A lack of physical activity is linked to an increased risk of serious chronic diseases, such as cardiovascular disease and diabetes. In fact, people who are not active are almost twice as likely to die from coronary heart disease (heart attack) compared to those who are active. After cigarette smoking, physical inactivity is the most important modifiable factor contributing to the high burden of chronic disease in our community. Recent evidence also highlights that physical activity can affect a man's mental and reproductive health.

Unfortunately, less than half of the Australian population are physically active at a level that can maintain good health. The proportion of the population who are physically inactive has increased over recent years, which is linked with rising levels of obesity. It is predicted that these trends will result in an even greater burden of chronic disease in the future, and hence there is an increasing focus on making physical activity a priority for public health. This is highlighted by the recent National Preventative Health Taskforce report that puts prevention of obesity and increasing physical activity at the top of the national public health agenda; with the Commonwealth government promising major resources for policies and programs aimed at reversing the current population trends.

Can increased physical activity prevent disease?

Given that men suffer from high rates of cardiovascular disease (coronary heart disease is the leading cause of death in Australian men, responsible for about one-fifth of all male deaths in 2005), preventing cardiovascular disease and diabetes, and addressing common risk factors (smoking, high blood pressure, high cholesterol, being overweight) are important. Research clearly shows that higher levels of physical activity throughout life:

- reduce the risk of early death, particularly death due to cardiovascular disease
- reduce the incidence of cardiovascular disease and type 2 diabetes
- lower body weight, blood pressure and cholesterol levels

Is physical activity linked to male reproductive health?

There is increasing evidence for links between cardiovascular health and male reproductive health, which is another good reason for men to think about being more physically active.

Erectile dysfunction

It is becoming clear that erectile dysfunction (ED) is not only associated with cardiovascular disease (as they often occur together) but ED can be an early warning sign of approaching

cardiovascular disease. One study of men, aged 55 and over, showed ED to give the same level of risk for a future cardiovascular event (such as a heart attack) as having a family history of heart disease or being a cigarette smoker. A more recent study that also included younger men (40 years of age and older) showed that the younger men with ED (40-49 years old) actually had a greater risk of a cardiovascular event than the older men (over 70 years of age) without ED.

Erectile dysfunction and cardiovascular disease have some common underlying causes and share risk factors, including a low level of physical activity. In fact, many studies have shown that men who have high levels of physical activity have lower rates of erectile dysfunction. This is partly because physically active men tend to have lower body weight, but physical activity is also associated with lower rates of ED regardless of body weight. Maintaining moderate levels of physical activity may help to prevent both erectile dysfunction and cardiovascular disease.

Prostate disease

A link between physical activity and prostate cancer in men has been suggested. However, despite a number of studies looking at physical activity and protection from prostate cancer, the evidence is not consistent. There is a suggestion that very high levels of physical activity may protect against aggressive forms of prostate cancer but research findings so far do not support an overall protective effect of physical activity.

Including physical activity in the treatment of prostate cancer to improve quality of life may be useful. Physical activity can help to reduce the risk of secondary conditions such as cardiovascular disease, diabetes, and osteoporosis, particularly for men receiving androgen deprivation therapy. It might also reduce side-effects of treatment as well as depression and anxiety in prostate cancer survivors, as has been shown in other cancers.

It therefore seems beneficial for men to include physical activity in their lifestyle following a prostate cancer diagnosis. However, some Australian data shows that prostate cancer survivors do not have higher activity levels than people without cancer and may actually be less likely than those with other types of cancer to increase activity after diagnosis. We know very little about the reasons for this and there is a need for research into what men see as barriers to physical activity after a prostate cancer diagnosis and what might help them to become more active.

In contrast to prostate cancer studies, there is consistent evidence for a link between increasing levels of physical activity and lower rates of benign prostate enlargement (BPH, benign prostatic hyperplasia) or bothersome urinary symptoms (LUTS, lower urinary tract symptoms). These findings suggest that physical activity might help in preventing these prostate problems.

Obesity, diabetes, infertility and testosterone

The rising levels of obesity in the community, linked closely to lower levels of physical activity, are particularly important for male reproductive health. Obese men are more likely to have low testosterone levels and erectile dysfunction, and as a group are less fertile than normal weight men. Obesity is also a major risk factor for type 2 diabetes (sometimes called adult-onset diabetes), a condition where blood glucose levels are higher than normal. Men with type 2 diabetes have rates of erectile dysfunction up to twice as high as men without diabetes and are at risk of low testosterone levels. Men with diabetes who are not able to keep their blood glucose levels well controlled through medication, insulin or other means, and men who have both diabetes and obesity, are at most risk of male reproductive problems.

The associations between obesity, type 2 diabetes and male reproductive health are complex and treating one part of this group of conditions can impact on the others. Reducing body weight in obese or overweight men, with or without diabetes, may have positive effects on reproductive health but preventing obesity in the first place is the best way to reduce risk for the conditions associated with obesity and type 2 diabetes. Along with dietary changes, physical activity is very important in either maintaining a healthy weight or losing weight.

Has increased physical activity been shown to improve reproductive health problems?

While the links between physical activity and male reproductive health problems are clear, there is little research available to understand whether physical activity can prevent or reduce these problems. An important study from Italy recently reported that an exercise intervention improved erectile function in some men with erectile problems. The men in the trial, aged 45 years or older and overweight, were randomly assigned either to receive a structured program aimed at increasing physical activity and decreasing body weight or to a general health education program.

The success of the exercise program in improving erectile function for some men provides the beginning of an evidence-base for combining physical activity with other treatments for erectile dysfunction, which will have additional benefits for cardiovascular and general health.

Can treatments for reproductive health problems work better when combined with physical activity?

The possible benefit of increased physical activity, when taking drugs or other treatments for male reproductive conditions, is not clear. However, it has been suggested that for men with cardiovascular disease or diabetes, increasing physical activity may not only better control these conditions, but also improve the effect of any drug treatment for ED.

As treatments for erectile dysfunction and other male reproductive health problems are further investigated, the possible role of physical activity and other lifestyle factors in treatment programs will be better understood. For now, including lifestyle changes such as increased physical activity into prevention and treatment programs for men with reproductive health problems would seem to be helpful.

Why is physical activity important for the health of all Australian men?

Living with a reproductive health problem can affect men psychologically as well as physically. Relationships can suffer, quality of life can be reduced and social interactions affected. There are many ways for men to get help with these issues including speaking to professionals or to other men in a similar situation. In addition, the benefit of physical activity in managing depression and anxiety, and for improving general quality of life, adds further strength to the call to include lifestyle changes and physical activity in the management of male reproductive health conditions.

There is a growing interest in the role of physical activity in improved quality of life, physical functioning and social engagement. Participation in sporting clubs or neighbourhood activities can keep men (and their families) connected with the community and increase what is known as 'social capital' providing benefits for the community as well as the individual.

The good news is that even moderate levels of activity such as walking, as well as high levels of activity, appear to lower the risk of a range of health problems. So get moving today, and improve your reproductive and general health.

For more information on the links between physical activity and male reproductive health visit www.andrologyaustralia.org or visit your doctor.

For a full list of references for this article, please email sarah.camille@med.monash.edu.au.



Buying sexual dysfunction drugs on the Internet

We all get bombarded with offers of cheap drugs on the Internet. For many men with sexual dysfunction, the lower price and the anonymity of the Internet are appealing and they seek to obtain drugs in this way.

There are some legitimate Australian pharmacies who offer significant discounts on web based purchases for prescription drugs and they generally require the prescription to be forwarded. However, there are also many unregistered "pharmacies" advertising on the internet and what they sell is not always what is advertised.

A recent article¹ highlighted this problem where in Singapore in 2008 there were 150 admissions to emergency departments (including four men who died) over a five month

period, of men who had purchased counterfeit treatments for erectile dysfunction or herbal remedies, all contaminated with a diabetic drug which lowered the sugar levels causing hypoglycemia. This illustrates the danger of purchasing from unknown sources, and the difficulty for the unsuspecting consumer to identify legitimate sites.

Some sites also promote combinations of drugs (e.g. for erectile dysfunction and premature ejaculation) to improve sexual function. Men should be cautious of such combinations as they generally are not properly evaluated and sometimes the doses can be higher than approved. This may be unsafe for some men.

Men with erectile dysfunction should be properly assessed before starting treatment and are advised to use

prescription drugs purchased through Australian pharmacies. Men with normal sexual function should not use these medications. Men should not purchase medication from uncertain sources and the signing of contracts for the supply of medication is not recommended.

It is important that health professionals include discussion about sexual dysfunction in their consultations, and assist men when considering treatment options to obtain treatment from authoritative sources that use clinical guidelines. For example, the Andrology Australia clinical guidelines on Erectile Dysfunction available at www.andrologyaustralia.org/pageContent.asp?pageCode=HPPOSSTATE.

¹ Kao SL et al. An Unusual Outbreak of Hypoglycemia. NEJM 2009; 360; 734-736.

Research round-up

Supporting the health, research and leadership capacity of Indigenous males

For the past two years, Andrology Australia, in association with the Department of Families Housing Community Services and Indigenous Affairs (FaHCSIA), the Office for Aboriginal and Torres Strait Islander Health (OATSIH), the Centre for Remote Health, Baker IDI Heart and Diabetes Institute, and the Cooperative Research Centre for Aboriginal Health (CRAH), has provided support for the annual meetings of the National Aboriginal and Torres Strait Islander Male Researcher Network. There were also significant in-kind contributions from participants and their employing organisations and institutions.

These annual forums have brought together a growing number of Aboriginal and Torres Strait Islander male researchers, health advocates and leaders from across Australia; who are striving to improve the health of Indigenous males as well as improving the evidence-base for health and health services related to the well-being of their families and communities.

The meetings have aimed to build capacity through an Indigenous Male Health Researcher Network by promoting interaction and influence between Indigenous male researchers. Further developing the evidence-base in Aboriginal and Torres Strait Islander male health, and promoting access to and sharing of knowledge through the support and mentorship of other Indigenous males.

The meetings also have addressed the underlying concerns about the current critical status of Aboriginal and Torres Strait Islander male health; including the identification of the critical needs affecting both the health of Indigenous men and those males who are responding to these needs.

To ensure this network of emerging leaders is supported into the future Andrology Australia has agreed to provide the infrastructure support for a part time secretariat role to support the National Aboriginal and Torres Strait Islander Male Researcher Network.

The position will be co-ordinated at Mibbinbah (a CRAH endorsed and funded research project, www.mibbinbah.org) to act as a central contact point for the Network and to assist it source funding.

In 2010, a number of smaller meetings and workshops are expected to further explore the needs of the researcher Network and how best these needs can be supported. Longer term capacity funding for the Network will also be sought, with the view that the National Aboriginal and Torres Strait Islander Male Researcher Network will play an important lead role in research development, policy consultation and program development through stronger connections with Indigenous men, families and communities, community-controlled and mainstream service providers, and Government.

Diaries

To thank you for your support of raising awareness of men's health and Andrology Australia in 2009, all registrants of 'The Healthy Male' Newsletter will receive a 2010 pocket diary with this issue.

Save the date

The 5th JAPAN-ASEAN Conference on Men's Health 'Defining the Future of Men's Health and Aging', will be held in Malaysia from the 9th – 11th July 2010. For more information visit www.japanaseanmenshealth2010.com.

Will you be supporting International Men's Health Week in 2010?

Whether you are running an event or having a men's health information display, resources will be available from Andrology Australia at no cost to help you in promoting men's health. To receive updates on the resources that will be available to support you in 2010, register your details as an organiser of an event or display by emailing info@andrologyaustralia.org.

NSW Men's Health Plan announced

NSW Department of Health has recently launched the NSW Men's Health Plan 2009-2012. Officially launched by Acting NSW Chief Health Officer, Dr Greg Stewart at the Men's Health Conference in Newcastle, the plan builds on the NSW Government's 'Moving forward in Men's Health' originally launched in 1999. A copy of the most recent NSW Policy is available to download from the NSW Department of Health website at www.health.nsw.gov.au.

Close of Office

Please note that the Andrology Australia office will be closed from COB Wednesday 23rd December until Monday 4th January 2010.

Erectile dysfunction as an early warning sign for coronary artery disease changes with age

A recent study investigated the association between erectile dysfunction and the long-term risk of coronary artery disease (CAD) in men aged 40 years and older, with the aim of assessing whether age has an impact on the association.

A random sample of 1402 community-dwelling men with regular sexual partners and without known CAD were screened for the presence of ED every second year over a ten year period. CAD was defined as sudden cardiac death, myocardial infarction or coronary disease detected on an angiogram.

The prevalence of ED amongst the study participants was 2 per cent for men aged 40 to 49 years, 6 per cent for men aged 50 to 59 years, 17 per cent for men aged 60 to 69 years, and 39 per cent for men aged 70 years or older.

For men aged 40-49 years old the incidence (number of new cases) of CAD per 1000 men per year was 0.9 in those without ED compared to 48.5 in men with ED. In the 50-59 year old men without ED the incidence was 5.1 compared to 27.2 in those with ED, in 60-69 year old men without ED it was 10.7 compared to 24.0 in men with ED, and in men older than 70 without ED the incidence was 23.3 compared to 29.6 in men with ED.

The diagnosis of ED in younger men (40-49 years) indicates a greatly (50-fold) increased risk of developing coronary artery disease in the next 10 years compared to men of a similar age with no ED. Whereas, the risk of developing CAD for men over 70 years of age with ED was not much higher than for men without ED.

When ED is diagnosed in a younger man, assessing cardiovascular risk is strongly indicated.

Young men with ED may be ideal candidates for cardiovascular risk factor screening and possible intervention.

If you are a man suffering from erectile dysfunction and aged 40-49, it is important that you visit your doctor for a general and preventative health check.

BA Inman et al. A population-based, longitudinal study of erectile dysfunction and future coronary artery disease. *Mayo Clin Proc* 2009; 84: 103-18.

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