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The HEALTHY MALE

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

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Andrology

An-drol'-uh-jee

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

FROM THE DIRECTOR

Erectile Dysfunction or impotence is an extremely common but to a large extent hidden and misunderstood condition in Australia.

In recent times, particularly with the advent of new medications like Viagra, discussion of this sensitive issue has become more frequent and open.

This progress must be applauded. Yet the serious health issues associated with erectile dysfunction are not known by the vast majority afflicted with this problem and this is a matter for ongoing concern.

How many men realise the link between impotence and heart disease or diabetes?

How many Australians recognise problems with sexual performance as a warning sign for potentially life threatening diseases?

Improving understanding, diagnosis, education and treatment of erectile dysfunction is a goal of Andrology Australia.

This issue of "The Healthy Male" is dedicated to providing some insight into this topic and we hope it proves to be a useful reference.

David de Kretser

No Subsidy for Viagra

After much debate in recent months as to the merits of subsidizing Viagra on the Pharmaceuticals Benefits Scheme, Health Minister Kay Patterson in consultation with the Prime Minister John Howard and Finance Minister Nick Minchin has rejected the recommendation of the Pharmaceutical Benefits Advisory Committee to list Viagra on the PBS.

Although the submission met with the medical criteria, the decision not to support the medication with taxpayer funding was purely financial. Due to a recent influx of many expensive life saving drugs, the PBS bill grew by 20 per cent last year.

The Government has not dismissed the seriousness of erectile dysfunction and Dr Patterson remains committed to improving men's reproductive health and quality of life through ventures such as Andrology Australia.

The recent submission by Pfizer, the drug's manufacturer, was its third attempt to gain PBS listing for Viagra. On this occasion the company simply requested the subsidy for patients with diabetes, multiple sclerosis, spina bifida, Parkinson's disease, prostate cancer and spinal cord injury. It estimated that this would cost the taxpayer $20 million each year. Viagra is not a remedy for these conditions, but is argued that it can be a valuable aid to the quality of life and may head off other debilitating illnesses such as depression.

Thus the application met with the Committee's criteria for recommendation. However, the committee cautioned that it was difficult to gauge how many men suffered from those conditions, particularly diabetes. It feared the bill could amount to $100 million.

The committee estimated Viagra would cost the PBS scheme at least $30 million a year and possibly $100 million well above the $20 million estimate of Pfizer.

Viagra is a significant development in the treatment of erectile dysfunction however before prescription it is essential that men undergo thorough medical examination to determine the cause of the problem. Other treatments may be more suitable.

Community Education Needs Analysis

Andrology Australia has embarked on a national needs analysis of community education in male reproductive health. It aims to identify the information needs of Australian men regarding their reproductive health, and to determine the appropriate health promotion strategies that will encourage Australian men to be proactive in enhancing their gender-specific health.

Consumer and GP focus groups, key informant interviews with professionals from various disciplines, and an audit of male health community education strategies across Australia are the key research strategies being implemented. The information collected will form the basis of Andrology Australia's community education program.

To date, erectile dysfunction has emerged as an issue that has been insufficiently addressed in community education initiatives and consequently is still a cause of embarrassment for some men. GPs who participated in the focus groups indicated that apart from prostate cancer, male patients most often seek information about erectile dysfunction.

Patient questions to their GP generally focus on causes or treatment options, although some men only want reassurance that their condition is "okay". However not all male patients are able to discuss this issue with their GP nor are GPs always comfortable in initiating discussion unless done so within the context of related issues such as diabetes or smoking.

GP barriers to providing education to patients include a lack of time available in the consultation, insufficient knowledge or expertise and a lack of suitable education materials for distribution to patients. The development of reliable, evidence based information that could be accessed in a variety of formats (for example, print and electronic formats), was recommended by GPs.

As part of the community education consultation, medical specialists and clinical psychologists highlighted the importance of strengthening general practice in any community education strategy despite the identification of GP barriers to providing education to male patients. Improving the medical education of GPs in issues relating to erectile dysfunction was identified as an important strategy to improve community understanding of this health issue.

Understanding treatment options was identified as a major information need during consumer group discussions to date. Apart from approaching GPs or searching the Internet, a number of men had sought information about erectile dysfunction without much success. Older men had a preference for seeking information from GPs or medical specialists whilst professional educated men suggested that support groups or networks for men with erectile dysfunction would be beneficial.

For further information about the needs analysis, please contact Carolyn Poljski, Health Promotion Officer, on (03) 9594 7534 or carolyn.poljski@med.monash.edu.au

Men's Health Matters have your say!

Andrology Australia is inviting men to participate in small discussion groups to assist with the community education needs analysis.

Invitations are extended to men who have been diagnosed with or experienced:

- Prostate disease, including prostate cancer
- Impotence or erectile difficulties
- Male infertility
- Androgen deficiency or testosterone treatment
- Testicular cancer
- Steroid use

These 1-2 hour sessions will involve informal discussion about the type of health information participants received about their condition, things that they may like to know more about, and how Andrology Australia might provide this information to men around the country. Contact Carolyn Poljski on (03) 9594 7534 for more information.

Indigenous Male Health

Indigenous men live approximately 20 years less than other men in Australia despite efforts of governments to improve this situation [1].The indigenous male population is recognised to carry the greatest burden of disease of any community in Australia with the main causes of ill health being considered preventable with lifestyle changes.

The major killers of indigenous males are diseases of the circulatory system (heart attacks and strokes), injury and poisoning, respiratory diseases, cancers and endocrine disorders, predominately diabetes. Several risk factors contribute to the general ill health of the indigenous population, including poor nutrition and use of harmful substances (for example, smoking and alcohol abuse). Other issues include intergenerational trauma, loss of culture and roles, lack of health education, language barriers and access to health service provision.

Anecdotal evidence suggests that disorders of sexual and reproductive health in the indigenous male may also be prevalent because of the high rate of cardiovascular disease and diabetes, however information is unavailable to determine the extent of such health problems. The subsequent psychosocial effects of sexual disorders on quality of life and well-being are not understood in the indigenous community.

In order to better understand the prevalence and impact of male sexual and reproductive disorders on Aboriginal and Torres Strait Islander communities, a meeting was held in Darwin in May 2002 between Aboriginal and Torres Strait Islander males with a special interest in male health (male health workers, researchers and doctors) and representatives from Andrology Australia. Invited participants included Dr. Mark Wenitong (Qld), Mr. Mick Adams (Qld), Dr. Noel Hayman (Qld), Mr. Bel Lui (Qld), Mr. Paul Maher (Tas), Mr. Ron (Doc) Reynolds (WA) and Mr. Basil Sumner (SA).

The aim of the meeting was to discuss the impact of male sexual and reproductive disorders on indigenous communities and determine areas of priority to improve the education and awareness of sexual health in the Aboriginal and Torres Strait Islander male population. The lack of data on the prevalence of erectile dysfunction and the importance and need for sexual health education were key issues discussed at the meeting.

Over the next few months, Andrology Australia will be seeking the support of National and State organizations to continue this dialogue and develop strategies that the Aboriginal and Torres Strait Islander communities can apply to address male sexual and reproductive health issues appropriately.

References

[1] Australian Bureau of Statistics 2001: The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples. (Cat. No. 4704.0), ABS, Canberra

Focus on IMPOTENCE

Author: Associate Professor Doug Lording

What is Erectile Dysfunction?

At a superficial level getting an erection seems a simple process. Two tubes of spongy tissue run along the length of the penis, and they are surrounded by a tough fibrous, partially elastic covering.

A message is sent through nerves that leave the lower spinal cord, telling the blood vessels entering the spongy tissue of the penis to let more blood in and for the tissue to relax to accomodate the increased blood. The flow of blood out of the penis is then blocked off and so the penis fills with blood and stretches within the outer casing. This creates an erection. Underlying this relatively simple explanation is a complicated range of chemical factors that also work together to achieve an erection. At any one time the muscle cells in the spongy tissue and in the blood vessels are influenced by a balance of factors, some promoting an erection and some promoting a flaccid (soft) penis. The balance of these factors determines whether the penis is hard or soft.

Erectile dysfunction is the inability of a man to achieve and/or maintain an erection that allows sexual activity with penetration. The term 'impotence' is no longer favoured because it is not specific and has derogatory overtones.

Erectile dysfunction should not be confused with low libido (little interest in sex) or the inability to reach an orgasm or ejaculate. Premature (too early) and retrograde ejaculation (into the bladder) are also different problems which require different diagnosis and treatment.

How common is erectile dysfunction?

Surveys done both in Australia [1,2] and other countries [3] show that at least a third of men over the age of 50 have erectile dysfunction and about a fifth of those have complete absence of erections. With each decade of age, the rate of erectile dysfunction increases.

Causes of erectile dysfunction

Many factors can interfere with the mechanism of achieving an erection and often two or three factors are present at one time. In other instances there appears to be no obvious cause for the erectile dysfunction.

Known causes include:

Predominantly psychological causes

Performance anxiety
Sexual upbringing
Relationship issues
Employment and financial pressures
Depression
Psychiatric disease

Interference with function of the nerves

Parkinson's disease
Alzheimer's disease
Spinal cord trauma
Multiple Sclerosis
Diabetic neuropathy
Pelvic surgery (prostate, bowel)
Pelvic injuries

Metabolic interference with penis function

Hyperlipidaemia
Diabetes
Hypertension
Cigarettes
Chronic Renal Failure

Reduced blood flow

Atherosclerosis

Interference by medication, alcohol and other drugs

Drugs used to treat:
- Blood pressure
- Cholesterol
- Depression
- Psychosis
- Prostate cancer

Alcohol and drug abuse

Hormonal abnormalities

Low testosterone
High prolactin
Thyroid diseases

Other causes

Peyronie's disease
Fibrous scars in penis after penile injection

Some life-threatening health disorders, such as high blood pressure and diabetes can cause erectile dysfunction. Changes to lifestyle to control these conditions may have a positive benefit to maintaining erectile function.

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Focus on IMPOTENCE [continued]

Ageing

Ageing impacts on erectile quality. Like the rest of the body, "muscle tone" in the blood spaces of the penis diminishes with age. There is no doubt that the ageing penis has less responsive muscle cells in the spongy tissue and the blood vessels which need to relax to enable good erections to occur. Nevertheless, it is common for an older man to still have desire for intercourse and be able to achieve this, sometimes with some limitations.

Psychological issues

Psychosocial issues are important and may cause erectile dysfunction on their own or in association with another cause. Tension can disrupt erectile function in men. To prevent this from becoming an ongoing problem, it may be necessary to talk with a skilled counsellor. Even if a physical condition is the major cause of the erectile dysfunction, psychological factors may also play a part. Improved sexual function may be delayed by failing to deal with the psychological side.

Seeing your doctor

Andrology Australia strongly recommends that the family doctor is the first consultation for men experiencing erectile difficulties. He or she is in the best position to assess the patients overall health. These problems may be a symptom of another serious health problem that requires treatment.

Diagnosis does not require complicated tests. A physical examination of the penis, testes and prostate is usually taken. Blood tests are done to check glucose, cholesterol and testosterone and prolactin levels.

Treatment options

Medical treatments to promote an erection can be grouped into three areas.

- Non-invasive treatments include oral medications such as Viagra or external devices such as rubber rings or vacuum devices.
- Penile injections are classed as minimally invasive.
- Surgical treatments include penile prosthesis and vascular surgery.

Viagra

Viagra is probably the best known medication available to treat erectile dysfunction. Viagra promotes the body's natural response to sexual stimulation. It does not actually cause an erection directly but enhances the body's normal response to the nerve impulses from the spinal cord. To be effective, Viagra must be in taken at least an hour before sex. Doctors usually recommend a starting dose of 50 mg which should be tried a few times before increasing the dose. Experience has shown that taking one tablet of Viagra as a trial is often disappointing as the anxiety and tension interfere with the erectile process.

In the three years since it has been widely available the safety of Viagra has been confirmed. However it should not be prescribed for men on nitrate sprays, tablets or patches for angina and other heart disease.

There are many new drugs being investigated in clinical trials both within Australia and overseas. Some of these drugs are like Viagra (Nuviva, Cialis) and there are other drugs that work in a different way. Over the next year or two it is expected that some of these drugs will be available in Australia and that the range of treatments will increase further.

For more information, see the website at
www.andrologyaustralia.org/impotence

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[1] Pinnock CB, Stapleton AMF, Marshall VR. Erectile Dysfunction in the Community: a prevalence study. The Medical Journal of Australia 1999, 171 (7): 353-357

[2] Chew KK, Earle CM, Stuckey BGA, Jamrozick K, Keogh EJ. Erectile dysfunction in general medicine practice: prevalence and clinical correlates. Int. J. Impotence Research 2000, 12: 41-45

[3] Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, McKinley JB. Impotence and its medical and psychosocial correlates: Results of the Massachusetts Male Ageing Study. Journal of Urology 1994, 151:54-61

INTERNET UPDATE

www.andrologyaustralia.org

The Healthy Male can now be downloaded in pdf form from the Andrology Australia website. Email colleagues, friends and associates the link below and assist in furthering men's reproductive health education: www.andrologyaustralia.org/publications

Better Health Channel

Andrology Australia has recently entered into a content partnership with the Better Health Channel. Our authors are providing accurate, relevant, quality assured information on aspects of male reproductive health for placement on its website: www.betterhealth.vic.gov.au. To date Andrology Australia has prepared sections on "Reproduction in Men" and "Androgen Deficiency."

Established in 1999, the Better Health Channel is a website sponsored by the State Government of Victoria that provides up to date information on general health and well-being.

What are normal hormone levels? VOLUNTEERS NEEDED

Andrology Australia is seeking healthy volunteers from Melbourne and Sydney to assist with establishing the basis for accurate diagnosis of androgen deficiency in men.

As indicated in the previous edition of **The Healthy Male** androgen deficiency is largely under diagnosed due to a lack of reference ranges of normal hormone levels in men.

The study aims to develop a panel of blood samples on healthy men aged 21-35 years for use in pathology laboratories as a reference tool.

Participation in the study involves a single 1-2 hour consultation. The study is being conducted at Monash Medical Centre, Clayton in Melbourne and at the ANZAC Institute in Sydney, NSW. For more information about the study contact Anne Clare (Melbourne) on 03 9594 3556 or Paula Anderson (Sydney) on (02) 9767 5288.

PROFILE

Associate Professor Douglas W Lording

Associate Professor Douglas Lording (Victoria) is one of Australia's leading authorities on impotence medicine. He is Medical Director of Cabrini Hospital where he is also a Council Member of the Cabrini Clinical Education and Research Institute, and thus provides Andrology Australia with a strong link to the evolving education and research interests of the private not-for-profit sector.

Associate Professor Lording gained his medical degree from Monash University in 1971 receiving the Alfred Hospital Clinical School Harry Hindlip Green Prize. During these studies he also undertook a Bachelor of Medical Science, gaining first class honours for research into male reproductive anatomy under the supervision of Professor David de Kretser.

In 1976 he became an NHMRC Research Fellow at Prince Henry's Hospital studying the cryopreservation of human sperm for use in artificial insemination.

A consultant endocrinologist Associate Professor Lording currently specialises in impotence medicine. He became President of the former Australasian Society of Impotence Medicine in 1998 and has been involved in many clinical studies and trials of penile implants and impotence drugs.

CURRENT AFFAIRS

New Impotence Medication is No Cure All

A new impotence medication known as Uprima is due for release in Australia in 2003. Only some causes of erectile dysfunction will be treatable with this medication.

Uprima releases dopamine into the brain thus it is likely to be of most assistance to men whose sexual performance difficulties are due to psychological concerns such as anxiety.

The mechanisms are completely different from Viagra which improves blood flow to the penis. For Uprima to be effective, the man must be mentally aroused. It amplifies the impact of sexual stimulation on the brain and intensifies the excitatory signal sent from the brain down the spinal cord to the penis.

As a lozenge, the medication is dissolved under the tongue and rapidly absorbed. It is therefore effective in approximately 20 minutes.

During trials of the drug, side effects were not widely reported however some men experienced nausea, headaches or dizziness.

Manufacturers have indicated that the cost of Uprima is likely to be comparable to that of Viagra at $70 for four lozenges.

Source: Australian Financial Review [Jill Margo], 23 May 2002, p.58

Nitric Oxide – The foundation for erectile function

Earlier this year "The Age" reported that nitric oxide was being hailed as the answer to erectile dysfunction problems.

Assoc Professor Arthur Burnett from Johns Hopkins University, USA explained that erection is caused by the release of nitric oxide into the nerve endings of the penis.

"The physiology of erection is like driving a car," Dr Burnett said. "You can't just turn the key and expect to go anywhere. You also need to hit and hold the accelerator."

Initial experiments in animal models have shown that after an initial burst of nitric oxide the blood vessels take over which releases more nitric oxide and causing a sustained erection.

Nitric oxide is a relaxant that allows blood vessels to enlarge and leads to increased blood flow and swelling of erectile tissue. Medications such as Viagra enhance the nitric oxide mechanism.

Source: The Age (Penny Fannin), 20 March 2002 p.8

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