The Healthy Male
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CONTENTS

1 Help in the digital age
Getting quality information
2 From the Director
2 Inbox
Letter to the editor
2 Health Spot
Urinary incontinence
3 Focus On
Lower urinary tract symptoms
5 Professional education
The maze of PSA guidelines
5 Research round-up
An urban-rural divide in prostate cancer survival?
6 Latest News
Get your timing right, baby
6 News in brief

ANDROLOGY AUSTRALIA
What every man needs to know

Seeking help in the digital age

There are many barriers to men seeking help with health matters, including embarrassment (based on uncertainty or that seeking help is a sign of weakness), the need to maintain 'control', underestimating the significance of symptoms (often due to lack of knowledge and awareness), and discomfort in the health setting.

Of course men are interested in their health and it is becoming more common for men (and women) to investigate their symptoms before seeking expert advice, with Internet searches for health information now very common.

The digital age makes information highly accessible, but the quality of that information varies widely. So it is wise to 'interrogate' the information accessed online. Who is providing the information? What, if anything, are they selling? Is there credible evidence to back the information? Even quite simple signs, like dates showing that information was recently reviewed, can be indicators of quality, evidence-based information.

It is fairly common for people to go to the doctor already armed with advice gleaned from Internet searches, and GPs are increasingly recommending quality online sources of health information for their patients.

Information is now available in a range of media: print, web pages, online video, and e-books for hand-held devices. The variety of sources and formats available can be daunting, but the upside is that there is a format that suits just about everyone. As 'health consumers', we need guidance about where to source quality information tailored to our needs. Some advice from the GP on how and where to source health information may go a long way to helping men avoid some pitfalls that could be harmful, or at best not helpful, to taking care of their health.

Andrology Australia provides evidence-based information on male reproductive health at www.andrologyaustralia.org/your-health/. The Better Health Channel has excellent advice about going online for health information at www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Health_information_and_health_products_online.

From the Director

Lower urinary tract symptoms (LUTS) are not usually life-threatening but they can have a major impact on quality of life. When a man starts to cut back on his interests or limit his day-to-day activities to avoid the inconvenience or embarrassment caused by LUTS, it's clearly time to seek treatment for the problem.

Men may take it as given that 'trouble with the waterworks' is just something that we have to accept as part of getting older. But is this necessarily true? In part two of this series on urinary symptoms, we take a detailed look at the causes, prevention, and treatment of LUTS.

Also in this issue, we announce the release of *The early detection of prostate cancer–review and summary of current professional guidelines and position statements*. There is a bewildering array of PSA guidelines, and Andrology Australia has chosen not to add to the confusion but to make a modest attempt to clarify the areas of agreement and the points of difference (some of which are very subtle) between the major statements and guidelines. The review and summary is available on the Andrology Australia website.

Professor Rob McLachlan

Inbox

I read with some concern the letter from Neil, in issue 51 of *The Healthy Male*, discounting the value of DRE and PSA tests. While I applaud the advance made by using MRI in doing biopsy, I believe there is still a role for both PSA and DRE in identifying prostate issues early. Early diagnosis makes treatment more likely to succeed.

I appreciate that biopsy is the only presently known way of assessing whether symptoms are BPH or cancer. However, my concern is that Neil's message virtually dismisses them as useful at all. I believe that more should be made of the use of both DRE and PSA in early detection and monitoring, especially where there is a family history of prostate cancer. If we wait for symptoms, we are, perhaps, making treatment more difficult, more invasive and more risky of side-effects.

Cheers,

Guy

Thanks Guy, while new and emerging techniques, like mpMRI, are promising, PSA remains an important tool for use when a man is well-informed and shares decision-making about any future treatment.

Health spot – urinary incontinence

Urinary incontinence is normally associated with women who have had babies or men with prostate issues.

But for the majority of the 4.2 million Australian adults affected by urinary incontinence (of whom 30 per cent are male) the main cause can be put down to lifestyle issues. For men, apart from prostate surgery, the three big culprits are being overweight, constipation and heavy lifting.

Being overweight

Carrying extra body weight stretches and strains the pelvic floor, the group of sling-like muscles that hold up our abdominal organs and help close off the urinary and anal sphincters.

Stretching them compromises their ability to control the sphincters, critical for shutting off the bladder and bowel and staying continent.

Constipation

Regularly straining on the toilet has the same effect on the pelvic floor as being overweight. Plus a full, impacted bowel can take up so much space in the abdominal cavity it presses on the bladder and causes urge incontinence (going suddenly and often).

If you do suffer from chronic constipation, see your doctor or contact the National Continence Helpline.

Heavy lifting and other high-impact activities

Regular lifting of heavy weights or engaging in high-impact activities (like jumping) without the preliminary pelvic floor strengthening also puts excess strain on the pelvic floor muscles.

These muscles are part of the body's core muscle group, and persistent weight-bearing or high-impact activity on a compromised pelvic floor can potentially lead to lower back problems.

The National Continence Helpline (1800 33 00 66) is a free and confidential service staffed by continence nurse advisors who provide advice, referrals and resources to consumers and health professionals (interpreter service available on 13 14 50). Andrology Australia thanks the Continence Foundation of Australia (www.continence.org.au) for this article.

Focus on: Lower urinary tract symptoms

A healthy lifestyle and body weight, and reducing caffeine and alcohol intake may help improve LUTS.

Is it inevitable that as men age they will have trouble with their 'waterworks'?
Is it normal to traipse backwards and forwards to the toilet several times a night?
Chances are this is LUTS: lower urinary tract symptoms.

LUTS (lower urinary tract symptoms) is a term used to describe a range of symptoms related to problems of the lower urinary tract (bladder, prostate and urethra). LUTS are broadly grouped into voiding (obstructive) symptoms or storage (irritative) symptoms. A man may have mainly voiding symptoms, mainly storage symptoms, or a combination of both.

Voiding or obstructive symptoms

- Hesitancy – a longer than usual wait for the stream of urine to begin
- Weak and poorly directed stream of urine
- Straining to urinate
- Dribbling after urination has finished or an irregular stream of urine
- Urinary retention – not all the urine is passed from the bladder causing a need to urinate more often
- Overflow or paradoxical incontinence – urine overflows from a full bladder uncontrollably even though normal urination cannot be started

Storage or irritative symptoms

These are also symptoms typical of OAB (overactive bladder)

- Urgency – an urgent feeling of needing to urinate
- Frequency – a short time between needing to urinate
- Nocturia – a need to pass urine more than twice at night
- Urge incontinence – a sudden, intense urge to urinate followed by an uncontrolled loss of urine

How common are LUTS?

LUTS are common in men and are more likely as men get older; however, LUTS can also happen in young men, although the cause of the symptoms may be different. A large Australian study has shown that about one in fourteen (7%) men in their 40s, increasing to nearly one in three (29%) men over the age of 70, reports moderate to severe LUTS. A smaller Australian study of men aged 35 to 80 years old found that storage symptoms were twice as common as voiding symptoms (28% versus 13%).

What causes LUTS?

LUTS, especially if pain on urination (dysuria) is also present, may be caused by an acute problem such as a urinary tract infection, inflammation of the prostate gland (prostatitis) or less commonly, bladder stones.

Storage symptoms or overactive bladder (OAB) defined as urgency, with or without urge incontinence, usually with frequency and nocturia, may indicate an underlying chronic medical condition such as obesity, diabetes (high glucose levels in the blood), high blood pressure or obstructive sleep apnoea, or be due to the effects of smoking. Lifestyle factors including drinking fluids late at night, too much alcohol or caffeine, or low levels of physical activity can make storage symptoms worse.

Voiding symptoms are usually due to a blockage of the outlet of the bladder making it more difficult to pass urine. The blockage may be caused by an enlarged prostate gland or a urethral stricture (scarring of the urethra). Enlargement of the prostate gland can lead to both storage and voiding symptoms.

Other causes of LUTS include some medicines and neurological diseases such as stroke and Parkinson's disease. There are also links between LUTS and depression and erectile dysfunction. It is common for there to be several factors acting at the same time to cause LUTS and the exact cause is not always easy to find.

Can LUTS be prevented?

A man is less likely to get LUTS if he has a healthy lifestyle and body weight, does not smoke and gets treatment for any medical conditions such as diabetes, high blood pressure or sleep apnoea. For a man with LUTS, reducing caffeine and alcohol intake (these substances can irritate the bladder), avoiding constipation (straining to pass stools can affect pelvic floor muscles, which are important for both bowel and bladder control), and reducing body weight may help to improve the symptoms.

When should I see a doctor for LUTS?

LUTS is not just a normal part of ageing so it is a good idea to see your local doctor (GP) if you notice any changes to urination, particularly if the symptoms are affecting your quality of life or interfering with normal daily activities.

Many people think that urinary symptoms in men are a sign of prostate cancer. This is not true. Prostate cancer may sometimes be present with urinary symptoms but most often it is not and the LUTS have other causes.

If needed, the doctor may refer you to a urologist. Urologists specialise in diseases of the urinary tract in men and women, and the genital organs in men.

How are LUTS diagnosed?

The tests used to diagnose LUTS depend on the likely cause, based on the man's age and details given in the medical history, including the type of symptoms, the presence of other health conditions, such as diabetes, and medicines the man may be taking. The tests may include the following:

- urinalysis: urine tests to check for signs of infection or cancer in the urinary tract or kidneys
- digital rectal examination (DRE): to check if prostate disease is present. The doctor places a gloved finger in the rectum (back passage) to check the size and shape of the prostate, and to feel for problems with the prostate gland
- voiding or bladder diary: a man may be asked to keep a diary of his urination to look at pattern and frequency of voiding. These diaries are particularly helpful for men with storage symptoms
- a prostate specific antigen (PSA) blood test: this test may be done if the symptoms suggest that prostate disease is present. PSA is a protein that is made only in the prostate gland
- ultrasound: can be used to measure the amount of urine left in the bladder after urination and to check the prostate gland
- cystoscopy: a small video telescope is inserted into the penis via the urethra

How are LUTS treated?

When deciding on the best treatment, the doctor will take into account the type of LUTS, the cause of the LUTS and other factors, such as the degree of bother caused by the LUTS, and lifestyle factors.

Lifestyle changes or managing other health conditions such as diabetes or hypertension may be the first option. If symptoms are not very bothersome, the best approach may be to monitor the LUTS through regular checks with the doctor.

Management of underlying conditions and lifestyle measures

- Managing medical conditions such as obesity, hypertension, obstructive sleep apnoea, heart conditions, kidney conditions and diabetes; review of medicine use
- Changes in diet, including a lower intake of saturated fat, fewer calories, reduced alcohol intake and limiting caffeine to the early parts of the day; and regular physical activity

Oral medicines (tablets)

- alpha-blockers – relax the bladder outlet and the muscles of the prostate gland; used to help symptoms due to prostate enlargement
- anticholinergics (or antimuscarinics) – reduce contraction of the bladder; used to help storage symptoms or overactive bladder
- phosphodiesterase inhibitors (tadalafil) – used to treat erectile dysfunction but can also help reduce storage and voiding LUTS
- 5-alpha reductase inhibitors – only used if the prostate is enlarged and usually taken in combination with alpha-blockers. 5-alpha reductase inhibitors may lead to erectile dysfunction and loss of libido (sex drive)

Surgery (for LUTS due to prostate enlargement or other obstruction)

- transurethral resection of the prostate (TURP), transurethral incision of the prostate (TUIP) or prostatectomy (very rare for LUTS)
- holmium laser enucleation (HoLEP), green light laser (PVP)

If the LUTS are bothersome, oral medicines (tablets) can help. The medicine suggested by the doctor will depend on the type and cause of LUTS. In some cases the doctor may try different medicines to see if they improve the symptoms.

Surgery is only done in severe cases of prostate enlargement or other serious causes of obstruction. Surgery is the best treatment for relieving symptoms caused by an enlarged prostate but it has potential side-effects.

Andrology Australia thanks Professor Gary Wittert and Mr Jeremy Grummet for their assistance in the preparation of this article.

Navigating the maze of PSA testing guidelines

A LOT OF debate surrounds the merits and harms of the PSA test for prostate cancer and there is still no consensus on using the test in men with no history of the disease. This causes significant confusion for doctors and for men.

Andrology Australia has reviewed and summarised the current guidelines and position statements from the major cancer organisations, urological societies, and public health agencies most likely to be used by Australian health practitioners.

Documents reviewed include statements by the Australian Health Ministers' Advisory Council (AHMAC)/Cancer Council Australia, the Urological Society of Australia and New Zealand (USANZ), the Royal Australian College of General Practitioners (RACGP), the American Cancer Society (ACS), the American Urological Association (AUA), the United States Preventive Services Taskforce (USPSTF), the European Association of Urology (EAU), and the Canadian Urological Association (CUA).

Although early detection of prostate cancer is complex with many factors to consider, the following points emerged from the review:

It is generally agreed that using the PSA test for mass population screening is not warranted.

Informed (or shared) decision-making should be supported, considering the harms and benefits of testing, and testing should not take place in uninformed men.

Men with a family history of prostate cancer may benefit from testing at a younger age than men at general (population) risk. There is general agreement that initial PSA results should guide the interval for later testing, and that a man with less than about 10–15 years life expectancy should not have a PSA test.

Including a digital rectal examination with a PSA test is recommended by most of the organisations/agencies reviewed, but not all.

There is still no agreement on the age at which a PSA test should be offered but an age range of 55-69 is endorsed by several organisations.

And there is no clear agreement on the PSA level required for a prostate biopsy.

More research is needed into better screening tests or risk factors, benefits and harms of early detection, and the effectiveness and side-effects of treatments.

The full summary and review, *The early detection of prostate cancer–review and summary of current professional guidelines and position statements*, can be downloaded from the Andrology Australia website www.andrologyaustralia.org/position-statements/.

Is there an urban-rural divide in prostate cancer survival in Australia?

HEALTH OUTCOMES have been shown to be worse for rural residents than for those living in cities. Two recent studies from NSW[1] and Victoria[2] have looked at survival in men after a prostate cancer diagnosis, according to place of residence.

Data from the NSW Cancer Registry for men with a first prostate cancer diagnosed between 1982 and 2007 (n=68,686 men) were linked to the NSW death database. Over time, survival from prostate cancer improved, with 84% of those diagnosed between 2002 and 2007 still alive ten years later. However, men living outside major cities had a lower survival rate than those in the city, even after adjusting for other factors. Less access to treatment is thought to at least partly explain the lower cancer survival in rural areas but this study was not able to answer this definitively.

The Victorian study used data from a registry of men who had a radical prostatectomy as treatment for prostate cancer between 1995 and 2000 (n=1984 men). Men living in rural areas were more likely to die from prostate cancer in the period up to 2009 than those in urban areas, even after adjusting for the stage of the cancer and other factors. As all men had the same treatment, there must be other reasons for the observed difference.

Both studies concluded that it is important to gain more understanding of why men in rural areas are faring worse compared to urban men so that policies to address the problem can be implemented.

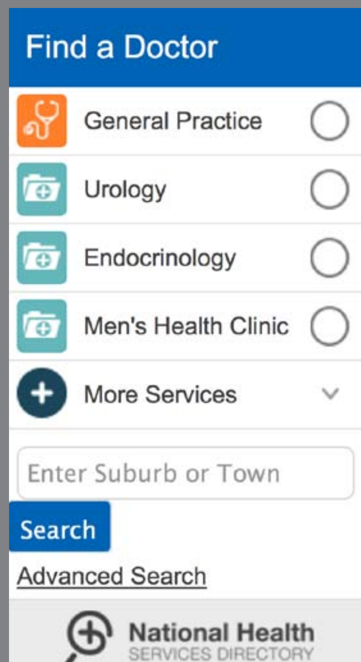
1 Yu XQ, Luo Q, Smith DP, et al. Geographic variation in prostate cancer survival in New South Wales. Medical Journal of Australia 2014; 200:586-590.

2 Papa N, Lawrentschuk N, Muller D, et al. Rural residency and prostate cancer specific mortality: results from the Victorian Radical Prostatectomy Registry. Australian and New Zealand Journal of Public Health 2014, Online; doi: 10.1111/1753-6405.12210.

In brief

Search for a doctor

Andrology Australia's 'Find a Doctor' web page was recently enhanced with a new search tool.



The search tool, provided by Health Direct Australia, uses data from the National Health Services Directory. Try it at : www.andrologyaustralia.org/find-a-doctor/.

Andrology Australia e-books

All five titles in Andrology Australia's series of guide books are now available as e-books for your tablet, smart phone, computer or Kindle reader. See www.andrologyaustralia.org/booklets/.

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Latest News

Get your timing right, baby

FOR MANY men, having a family is a fundamental source of happiness. Contrary to gender stereotypes, a recent study has found that young men imagine their future families in some detail and that childlessness is simply not part of their plans—that to miss out on fatherhood would be unfulfilling.

Most Australians want to have children but about ten per cent of couples have difficulty conceiving. This year Fertility Week (1–7 September) focused on Timing and Fertility.

Timing is everything

It turns out that when you want a baby, timing is everything. The workings of a woman's menstrual cycle is not a topic most men are familiar with. But when a couple wants to have a baby they can improve the odds of this happening if they have sex during the 'fertile window' of the menstrual cycle.

Ovulation happens about 14 days after a period starts. At ovulation an egg is released from the ovary and if there is sperm waiting around at that time there is a good chance that it will be fertilised and grow into a baby over the next nine months.

Conception is theoretically possible in the six days leading up to ovulation. However, the likelihood of pregnancy is dramatically increased if a couple has intercourse during the fertile window: the three days leading up to and the day of ovulation.

Some women have shorter and some have longer cycles and timing of the fertile window and ovulation depends on the length of the cycle.

If all this seems too complicated, an alternative to calculating the fertile window is to have sex every two or three days—a sure way to cover all bases without getting too hung up about when the chance of conceiving is greatest.

Find more information about timing of intercourse and other things you can do to improve your chance of having a baby at www.yourfertility.org.au.

More information designed to help

Andrology Australia provides a range of information resources designed for men and their partners who want to know more about men's fertility:

- the 'Your sperm health' fact sheet: www.andrologyaustralia.org/keeping-healthy/your-sperm-health/
- booklet 'Your sperm and how to look after them': www.andrologyaustralia.org/booklets/your-sperm/

Where fertility may be a problem, see:

- the 'Male Infertility' and 'Semen Analysis' fact sheets: www.andrologyaustralia.org/your-health/
- the 'Male Infertility' guide book, which is available in PDF and e-book for tablet, smart phone, computer or Kindle reader: www.andrologyaustralia.org/booklets/male-infertility/

Fertility Week is an initiative of Your Fertility. Your Fertility is brought to you by the Victorian Assisted Reproductive Treatment Authority, Andrology Australia, Jean Hailes for Women's Health, and the Robinson Institute of the University of Adelaide.

www.yourfertility.org.au

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