The Healthy Male

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Australian Centre of Excellence in Male Reproductive Health

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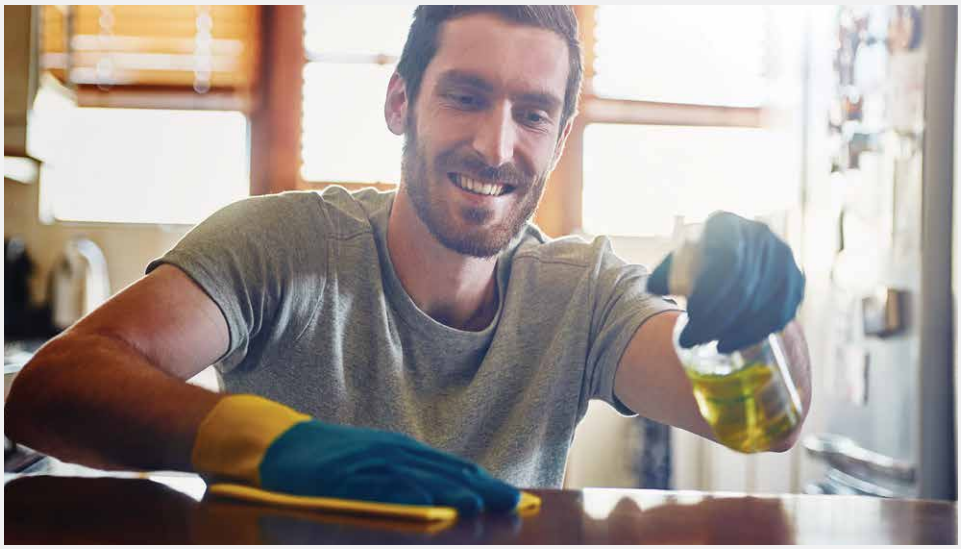
ANDROLOGY AUSTRALIA
What every man needs to know



Simple steps to protect your fertility at home

In modern life we are exposed to different chemicals through the products we use, the food we eat, and the air we breathe. A particular group of chemicals called endocrine disrupting chemicals (EDCs) can have negative effects on our reproductive health and may reduce our chances of becoming pregnant.

Fertility Week 2017
15–21 October

Studies have shown that around 95 percent of people have EDCs present in their bodies and that people who are infertile have higher levels of some EDCs. Additionally, among couples who use assisted reproductive technology (such as IVF) to create a family, higher levels of some EDCs have been shown to decrease their chance of pregnancy.

While it is not possible to completely avoid EDCs, there are simple steps we can take to reduce our exposure. The following tips are especially important for people planning to have children:

- washing fruit and vegetables to reduce intake of chemicals
- eating fewer processed and pre-packaged foods
- avoiding handling shiny sales receipts
- drinking water/soft drinks out of glass or hard plastic bottles rather than soft plastic bottles
- never heating food in plastic takeaway containers or those covered with cling wrap or foil – instead, use a china or glass bowl and cover with a paper towel or plate before heating
- avoiding air fresheners, smoke, strong chemicals, heavily perfumed products
- airing your home frequently to reduce the amount of inhalable chemical particles
- avoiding use of pesticides and herbicides
- limiting the use of potent household cleaning products and chemicals - try using 'green products' wherever possible
- choosing personal care items like shampoos and body washes that are free of parabens.

For more information about the impact of environmental chemicals on reproductive health and other fertility-related topics visit www.yourfertility.org.au

Thanks to Marjorie Solomon from Your Fertility for providing this article.

From the Director

As we come out of the cold winter months, Spring is a good time to think about new life. And so it is with the front-page story in this edition of *The Healthy Male*, a reminder to men about the importance of giving themselves the best chance of becoming a father. When thinking about chemical exposure, we are unlikely to even consider the common chemicals we find in the home. So it's worth looking into your cupboards and shed, to see what chemicals you could do without and have a spring clean. Check yourfertility.org.au during the upcoming Fertility Week (15-21 October) for other tips on protecting fertility.

On related topics, our **Research Roundup** (p. 5) and **Latest News** articles (back page) provide brief summaries of recent research on IVF in Australia, men's sperm quality, and men's attitudes to becoming a father.

This edition's **Focus On** article gives an overview of the various sexual problems that men may experience – some common and some not so common. Sexual problems affect men of all ages and even if not sexually active, it is still a good idea to go to the doctor to get checked out. Some sexual problems will not need to be treated but there may be a more serious underlying health problem that needs attention.

We hope you enjoy these and other stories in this Spring edition of *The Healthy Male* and welcome feedback from you. Please email your comments to: media@andrologyaustralia.org.

Professor Rob McLachlan AM

Inbox

Thank you to those people who have completed our online survey. We have received some terrific feedback on our resources.

Some topics that readers of *The Healthy Male* would like to see in future editions include:

- personal stories
- young men's health
- general health tips
- mental health
- gay men's health

We will endeavour to bring new and interesting articles and information to our readers in the future.

There is still time to complete the short survey. We value your feedback so please let us know how you feel about our resources and if we are supporting your needs.

Please visit the homepage of our website for the link to the survey.

We welcome your feedback.
If you would like to submit a **Letter to the Editor**, please email media@andrologyaustralia.org.

Health spot – Biological and biosimilar medicines

What are biological medicines?

Biological medicines are made from substances that come from living cells or organisms. The process used to make a biological medicine is different to the more common method of making medicines, that is by combining specific chemicals. Because biological medicines are made from living organisms, no two batches are exactly the same, but each batch is effective as a treatment. Biological medicines are used to treat serious diseases and chronic conditions such as cancers, diabetes, rheumatoid arthritis, Crohn's disease, ulcerative colitis and multiple sclerosis.

What are biosimilar medicines?

Once a biological medicine has been developed by a drug manufacturer to treat specific conditions, another manufacturer may produce a very similar medicine to treat the same conditions. This is called a 'biosimilar' medicine. It will be tested and shown to be equally safe and effective before becoming available to patients.

There is currently one biosimilar medicine available on the Pharmaceutical Benefits Scheme (PBS), called Brenzys®. It is 'biosimilar' to the original medicine called Enbrel®. Both

contain the same active ingredient (etanercept) and both are used to treat inflammatory and autoimmune conditions.

What are the advantages of biosimilar medicines?

Just like 'generic medicines', biosimilar medicines encourage market competition and can make medicines more affordable. They can give patients access to more brand options. In discussion with your doctor you can choose which brand of biological medicine to use.

Where can I find more information?

The Australian Government Department of Health has information sheets for consumers and health professionals about biosimilar medicines. See: www.health.gov.au/internet/main/publishing.nsf/Content/biosimilar-awareness-initiative

Focus on: Talking about sexual problems can be part of the solution

Sex can be fun, exciting, and a time of intimate sharing. However, it can also be a time of anxiety and vulnerability, especially when there is a sexual problem. Many men will experience sexual problems during their lifetime. Some problems are more likely to affect younger men while others are more common in older men.

The good news is that help is available. Talking about a sexual problem with your partner and your doctor is a good first step to getting the help you need.

What are the main sexual problems experienced by men?

The most common sexual problems in men are:

- premature ejaculation
- erectile dysfunction.

Other problems include:

- low libido
- other ejaculation problems
- Peyronie's disease.

What causes sexual problems?

Sexual problems can be the result of physical and/or psychological or relationship factors. A sexual problem can be 'primary', meaning that the problem has been there since the beginning of sexual experience. If there has been a period of normal sexual function before the problem began, it is described as 'secondary' or 'acquired'. Secondary sexual problems may be linked with other health conditions.

LOW LIBIDO

What is low libido?

Low libido is the term used to describe a lack of interest in sexual activity. Sexual desire or libido is produced by a combination of biological, personal and relationship factors.

Sexual desire is different for each person and may change over time depending on what is happening in the person's life.

Low libido may not be seen as a problem for some men; however, if a man loses interest in sex for no apparent reason, and it is a concern for him, talking to a doctor may be helpful.

What causes low libido?

Low libido can be caused by acute (short-term) or chronic (long-term) medical or psychiatric conditions, particularly depression. Men with low levels of testosterone (androgen deficiency) can have low libido.

Prescription medicines, such as antidepressants and blood pressure medicines, as well as frequent alcohol or marijuana use can lower feelings of sexual desire. Other factors that can affect libido include stress and feelings of dissatisfaction with the relationship.

How is low libido treated?

Antidepressants can be helpful if a man is depressed, but they can also lower sexual interest.

If low libido is caused by androgen deficiency (low testosterone) that has been confirmed by a blood test, testosterone replacement therapy may be needed. Low libido related to stress or tiredness may be helped by stress management strategies or counselling.

Low libido often hides a desire for more non-sexual sharing and intimacy. Individual or couple counselling can be helpful in identifying and addressing any issues to improve sexual desire.

EJACULATION PROBLEMS

What are ejaculation problems?

Men can experience different kinds of ejaculation problems, including premature ejaculation, retrograde ejaculation (semen flows back into the bladder at ejaculation), delayed ejaculation (or no ejaculation) and painful ejaculation.

What causes ejaculation problems?

Ejaculation problems can have a variety of causes, both physical and psychological. Physical causes include some illnesses such as diabetes, some types of surgery or trauma, some types of inflammation or infection, and certain medicines. Psychological causes include stress, anxiety (such as anxiety about 'sexual performance'), relationship difficulties and depression. For each type of ejaculation problem and for each individual man there may be one or more causes.

How common are ejaculation problems?

Premature ejaculation is the most common male sexual problem and affects men of all ages; however, it is more common in younger men. This is because ejaculation usually takes longer as men get older and younger men may be less sexually experienced or feel less secure when having sex.

Premature ejaculation happens when a man is unable to control the timing of ejaculation, and ejaculates before he and/or his partner feels ready for this to happen, and this causes distress.

The other ejaculation problems (retrograde, delayed or painful ejaculation) are less common than premature ejaculation but can also cause distress for the man and his partner.

How are ejaculation problems treated?

Many ejaculation problems do not need active treatment. If there is a definite cause such as a particular medicine or an infection, a change of medicine or a course of antibiotics to treat the infection may be needed. In the case of retrograde ejaculation, a man may have difficulty fathering a child naturally. If this is the case, he will need medical help to collect his sperm to use in assisted reproduction such as IVF.

ERECTILE DYSFUNCTION

What is erectile dysfunction?

Erectile dysfunction is when a man is unable to get and/or keep an erection that allows sexual activity with penetration. It is not a disease, but a symptom of some other problem, either physical or psychological or a mixture of both.

There are many possible causes of erectile dysfunction, both physical and psychological. Erectile problems can be a warning sign of other serious chronic diseases such as diabetes or heart disease.

How common is erectile dysfunction?

Erectile dysfunction is very common and becomes more common as men age. An Australian survey showed that at least one in five men over the age of 40 years has erectile problems and about one in ten men are completely unable to have erections.

How is erectile dysfunction treated?

For most men, erectile dysfunction cannot be cured; for some there may be a reversible underlying cause. It is important to see a doctor to see if there is a treatable cause and in case there is underlying diabetes or heart disease that needs medical treatment.

There are treatments that will allow erections to happen and can be used to allow sexual activity to take place. There are three main types of treatments:

- non-invasive treatments such as PDE5 inhibitors (Viagra®, Cialis®, Levitra®) and external devices (e.g. vacuum device)
- penile injections
- surgery may be an option for men who have not had success with other treatments.

WHERE TO GET HELP

What should I do if I have a sexual problem?

If you have a sexual problem that is bothering you, a discussion with your local doctor (GP) is the best place to start to find out the cause of the problem and how it may be treated or managed. The GP may refer you to a specialist (such as a urologist) if needed.

Talking to your partner can be helpful, particularly if you are feeling anxious about your sexual problem. It is also a good idea to involve your partner when seeking treatment. In some cases, partners have their own sexual problems that may need to be managed.

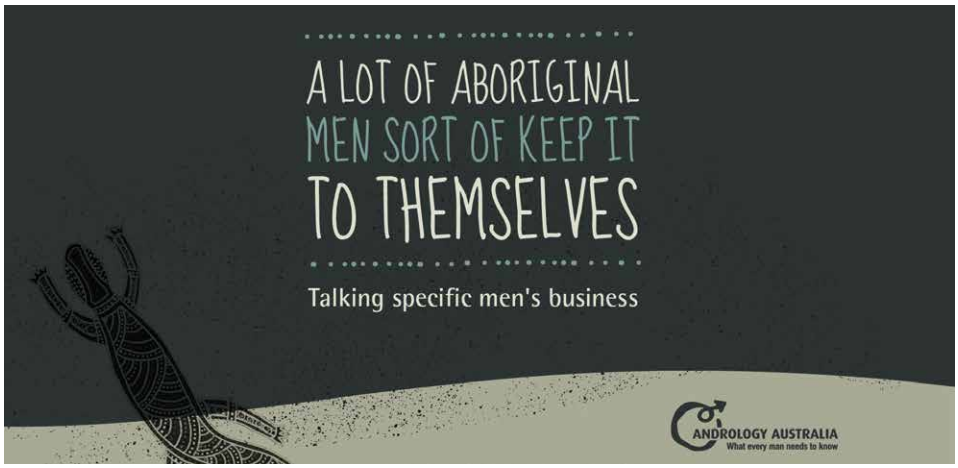
Is counselling helpful for sexual problems?

Psychosocial problems are important and may cause sexual problems by themselves or together with physical causes. Relationships are complicated and many factors cause tension, which can affect sexual relations. For some men, these problems can become ongoing and it can help to talk through the issue with a skilled counsellor. Your doctor can refer you to an appropriate counsellor.

For information on Peyronie's disease or for more detail on the sexual problems discussed here, please go to www.andrologyaustralia.org/sexual-difficulties/

Talking about men's health business

ANDROLOGY AUSTRALIA has a range of free health professional education resources focussing on engaging Aboriginal & Torres Strait Islander males in the primary health care setting. The free education activities and resources address the difficulties that Aboriginal & Torres Strait Islander males can experience when trying to access health services and provide strategies for a holistic approach to Aboriginal & Torres Strait Islander male health and wellbeing.



- The online active learning module (ALM) 'Engaging Aboriginal & Torres Strait Islander males in different primary health care settings' is accredited through the RACGP & ACRRM and provides culturally appropriate strategies for initiating dialogue and discussing sexual and reproductive health concerns.
- Andrology Australia's clinical summary guide #12 supports the online education by summarising the strategies health services can implement to engage Aboriginal & Torres Strait Islander males and to support cultural respect regarding men's health.
- The DVD 'A lot of Aboriginal men sort of keep it to themselves' is an accredited health education resource for gaining the knowledge and skills to engage with Aboriginal & Torres Strait Islander males in primary health.
- The 'Aboriginal Health Worker Male Health Module' comprises 14 units of education covering the health of males across the lifespan and the use of medicines. Units can be individually downloaded and may be useful for any primary healthcare professional, as well as Aboriginal Health Workers.

All resources have been developed under the direction of the Andrology Australia Aboriginal & Torres Strait Islander Male Health Reference Group. Education resources can be accessed free of charge on the Andrology Australia website: https://www.andrologyaustralia.org/engaging-indigenous-men-in-primary-care-settings/

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How successful is IVF treatment in Australia?

INFERTILITY IS experienced by about one in six couples in Australia. Since the 1980s, in vitro fertilisation (IVF) and other assisted reproductive technologies (ART) have offered many couples effective treatment for infertility; in 2014, one in 25 babies born in Australia were a result of ART. With modern techniques for freezing embryos, many couples undergo more than one cycle of treatment using both their fresh and frozen embryos. A recent study[1] suggests that the most meaningful measure of ART success is the chance of having a live birth after all embryos resulting from a single stimulation of the woman's ovaries have been implanted in the woman (a complete cycle).

Data from 56,652 women in Australia and New Zealand undertaking ART between 2009 and 2012 were analysed to establish live birth rates (LBR) after one to eight complete cycles. For all women in the study, the LBR was 32.7% after the first cycle, rising to 54.3% after the eighth cycle (a conservative estimate). For women under 30 years of age, the LBR for the first complete cycle was 43.7% rising to 69.2% (conservative) after seven cycles. For women aged 40-44 years, the LBR was 10.7% for the first, rising to 21.0% (conservative) after the eighth cycle.

Couples thinking about IVF need accurate data on the likelihood of success to make a decision about whether to undergo IVF and also whether to attempt further cycles if the first one is unsuccessful. Understanding the strong influence of the mother's (and probably the father's) age on the likely success of ART can also help to guide decision-making.

[1]Chambers G, et al. Assisted reproductive technology in Australia and New Zealand: cumulative live birth rates as measures of success. MJA 2017; 207:114-118.

In brief

Fertility Week 2017

Fertility Week is happening soon...15th to 21st October. This year's theme explores how chemicals in the home can affect fertility. For information visit the *Your Fertility* website https://yourfertility.org.au

Suicide prevention conference

The National Male Suicide Prevention Conference will be held on 9-10 November 2017 at the Holiday Inn, Parramatta, Sydney. There will be a range of interesting speakers and the conference provides a good opportunity to hear the latest on ways to address the (too) high rates of suicide amongst Australian men. Please see the conference website for more details: https://malesuicide.com/

New CEO for Andrology Australia

We are very pleased to announce that a new Chief Executive Officer has recently been appointed to lead Andrology Australia. Mr Simon von Saldern has accepted the position and comes to us with a great deal of experience and enthusiasm to lead the project over the coming years. Look out for a longer introduction to Simon and his vision for Andrology Australia and men's health in the upcoming summer edition of *The Healthy Male*.

E-bulletin for health professionals

If you are a health professional, sign up to our e-bulletin, *Male Briefs*, to keep up to date with the latest news about men's health practice, research and professional events. See www.andrologyaustralia.org/male-briefs/ for more information.

Latest News

Young men expect to become fathers

MOST RESEARCH on fertility, and decisions about if and when to have children, has focused on women, in the belief that women drive family planning. However, the limited research available shows that men also have expectations about fatherhood.

Dr Karin Hammarberg from the Jean Hailes Research Unit, with Andrology Australia, published a review of men's fertility knowledge. According to Dr Hammarberg, "There is a well-documented trend to delaying having children until later in life. However, as a person ages it becomes harder to conceive, both naturally and via assisted methods like IVF. And it's not only the age of the woman that matters, men's fertility also declines with age. Much has been said about the reasons for delaying having children and most is directed to women... So, we were interested to know what the research tells us about men's role in childbearing decisions".

From the 47 research articles in the review, it was concluded that men almost universally value fatherhood, want and expect to become fathers, and aspire to have at least two children. Despite this, men generally have low awareness about the limitations of both female and male fertility and overestimate the chances of conceiving, either naturally or with IVF.

On a related topic, a recent summary analysis of many studies that have looked at sperm counts in different populations reported an average 50 percent decline in sperm counts over 40 years in men from western countries.

According to Prof Rob McLachlan, although this statistic sounds alarming, it should be noted that "examining for trends in semen quality is extremely challenging as one needs to find a way of assessing whole populations (not just selected men) using consistent analytical procedures over decades." Prof McLachlan goes on to say, "Ultimately the concern is that a fall in sperm output will result in delays in natural conception rates. To date this has not been established." The study also does not answer the question of the causes of declining sperm counts.

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