



The Healthy Male

NEWSLETTER OF ANDROLOGY AUSTRALIA
Australian Centre of Excellence in Male Reproductive Health

Summer 2017
issue 65

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Prof Rob McLachan welcomes CEO Simon von Saldern

Meet Andrology Australia's new CEO

As someone from a non-medical background I, like many other Australian men, had only taken a fleeting interest in male reproductive health issues.

However, having been at Andrology Australia for just eight weeks I am already amazed at the impact these issues have upon boys and men. In high profile cases two AFL footballers have been diagnosed with testicular cancer this year, I have read about erectile dysfunction and how it can be a precursor to more serious, life threatening diseases and that prostate disease does not mean prostate cancer.

To many of you reading this – this is not news. To the majority of males though, it is.

It is important that not just reproductive health, but male health more generally, becomes a part of the health

conversation as it has been largely underserved to date. Many of the factors that lead to other chronic health conditions, such as obesity and smoking, lead to reproductive health issues.

I am fortunate to be only the second CEO since Andrology Australia's inception in 2000. The stability and strong partnerships of the organisation are due to the strength of its Board, Management Committee and staff who have been very clear on the focus and vision of the organisation.

It is something that we will continue to foster and grow with all of our existing and many new partners who have the common aim of improving the health outcomes for boys and men.

CEO, Simon von Saldern



As the year comes to a close there is much to celebrate and to look forward to in 2018. As we reported in a recent edition, Andrology Australia has secured funding from the Commonwealth Department of Health for the next three years; we have joined forces with other major players in the men's health arena to increase our impact on the health of Australian men and boys; and we have a new CEO, Simon von Saldern, to help steer us on the right course for this new phase of the program. See the Front Page article for the first instalment of Simon's ideas for the future of Andrology Australia and men's health.

Recent reports in the press about young footballers diagnosed with testicular cancer have reminded us of the importance of having testicular lumps checked by a doctor. This edition's **Focus On** article describes the various scrotal and testicular lumps that can appear in men of all ages. It is reassuring to know that most lumps found in the scrotum are not cancer and sometimes don't even need to be treated. However, if you discover a lump in your scrotum don't delay in having it checked, just in case.

On another topic specifically relevant to young men, the **Research Roundup** highlights the risks associated with using anabolic-androgenic steroids such as synthetic testosterone, for the purpose of body building or image enhancement. This article adds to the evidence of possible long-term effects on the heart and reminds us that taking these drugs can have both short and long-term consequences.

As we approach the Christmas break we feel optimistic about the future of men's health in Australia. Best wishes to all for the Christmas season and have a happy and healthy new year.

We welcome feedback about *The Healthy Male* including how we can make it more relevant to you. Please email your comments to: media@andrologyaustralia.org.

Rob I McLachlan

Professor Rob McLachlan AM

Do you use our website?

Then we would welcome your help

As our main communication channel for both health professionals and the community, it's important that the andrologyaustralia.org website is kept up to date in both design and function, including making it easy to read on mobile devices.

The website is due to be updated in 2018. The first step in this process is to review our existing website to assess the "user-friendly" aspects of the site, and the "not so friendly" aspects. To do this, we need feedback from users of the site and this information will help to guide the design of the new website.

If you use our website and could spend some time helping us with the review early in 2018, we would be very grateful. It should not take too much of your time and we will send out some instructions to help guide you through the process.

To register your interest in helping us to review our website, please email info@andrologyaustralia.org. We will be in touch early in the new year with more information about how you can help.

Health spot – Antioxidants and sperm health

What is male infertility?

Reproduction (or making a baby) is a simple and natural experience for most couples. However, for some couples it is very difficult to conceive.

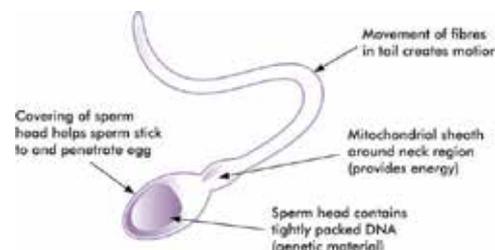
A man's fertility generally relies on the quantity and quality of his sperm. If the number of sperm a man ejaculates is low or if the sperm are of a poor quality, it will be difficult, and sometimes impossible, for him to cause a pregnancy.

Male infertility is diagnosed when, after testing both partners, reproductive problems have been found in the male. For up to half of infertile couples the fertility problem lies either solely with the male or with both the male and female partners. However, it is not always easy to find the cause of male infertility.

How are antioxidants linked to sperm health?

Antioxidants help to keep certain chemically reactive substances that contain oxygen at a healthy level in the body. These reactive oxygen substances are involved in normal reproduction but if the levels get too high they can cause damage to cells, including sperm. This so-called 'oxidative stress' can damage the DNA (genetic material) in the sperm and lead to infertility.

Antioxidants such as vitamin E, vitamin C and selenium occur naturally in the foods we eat but the levels of antioxidants can be increased by taking supplements. Some small studies have shown antioxidant supplements



to be linked to increased sperm motility (movement of sperm), higher proportion of healthy live sperm in semen, improved sperm DNA, and higher pregnancy rates. However, other studies have shown no such benefits.

Should I take antioxidants if I am trying to become a father?

There are some antioxidant supplements heavily marketed to men to improve sperm health but so far they have not been properly researched and it is not yet known whether they really do improve live-birth rates in couples with male infertility.

What is known is that lifestyle factors can affect a man's fertility; a healthy diet with lots of fresh fruits and vegetables (naturally containing antioxidants), quitting smoking, keeping a healthy body weight and reducing alcohol intake can all help to improve the health of your sperm.

Focus on:

Lumps in the scrotum are not usually cancer

Recent news about young athletes being diagnosed with testicular cancer may have caused concern to some young men and is a reminder to men of all ages of the importance of having scrotal lumps checked. It is reassuring to know that most lumps found in the scrotum or testis are unlikely to be cancer. Scrotal lumps are usually non-cancerous cysts or other types of lumps.

Any scrotal lump should be checked by a doctor to make sure it is not cancer and to find out if the lump needs to be treated.

HYDROCELE

What is a hydrocele?

A hydrocele is a swelling in the scrotum caused by a build-up of fluid around the testes. This is the most common cause of swelling around the testes in older men, although it can happen at any age and sometimes follows injury or inflammation.

Hydroceles are usually painless but gradually increase in size and can become very large. In younger men hydroceles may very rarely be a sign of an underlying testis cancer; an ultrasound scan can check for cancer in the testis.

During the development of the male embryo, the testes move down from the abdominal cavity into the scrotum, after which the link between the abdomen and the scrotum closes. In some young patients, a hydrocele may occur when the link between the abdomen and the scrotum has not closed properly.

In older men, hydroceles are not dangerous. The usual reason for treatment is because the size of the swelling becomes embarrassing or because of an aching discomfort.

How is a hydrocele treated?

If the hydrocele causes bother with discomfort or size, then a minor operation will correct it. It is possible to drain the fluid with a syringe, but the fluid nearly always comes back again. Surgery has a better outcome than draining a hydrocele as there is a lower risk of recurrence (the hydrocele happening again).

VARICOCELE

What is a varicocele?

A varicocele is a swelling of the veins (varicose veins) above the testis. It affects about three in every twenty men and is usually on the left side. Varicoceles first appear at puberty and can sometimes cause discomfort. Varicoceles can affect fertility but this is not always the case. The benefits of treating varicoceles are not clear and are still being researched.

How is a varicocele treated?

A varicocele can be treated by a small operation. A small cut is made in the groin and the vein is tied. Alternatively, the vein can be tied (ligated) inside the abdomen using key-hole surgery.

Another option is to plug the source vein (embolisation). This is done by a radiologist in the X-ray department through a small needle puncture into a vein in the groin. A very small tube is then threaded into the source vein and is blocked with an expanding plug or special glue.

EPIDIDYMAL CYST

What is an epididymal cyst?

Epididymal cysts are very common and happen at all ages. They are fluid-filled cysts arising from the outflow duct of the testis (the epididymis). They are most often felt as a pea-sized swelling at the top part of the testis but they can become larger. An experienced doctor can usually diagnose an epididymal cyst from a careful genital examination as they are separate from the testis. If there is any doubt, the best test is an ultrasound scan.

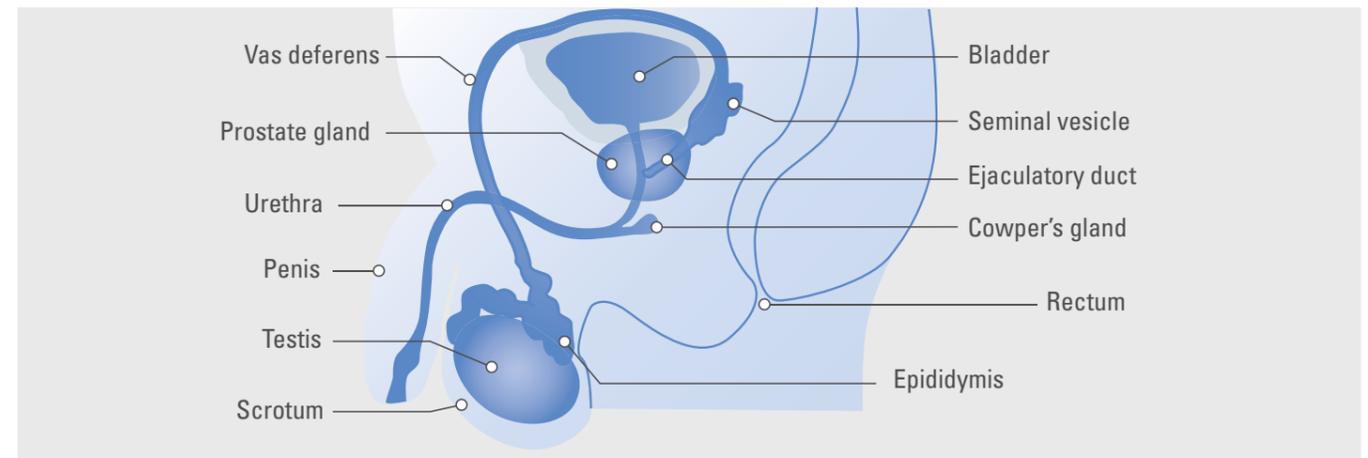
Epididymal cysts are not dangerous and there is no higher chance of cancer or any other problem. They may cause bother with size or discomfort.

How is an epididymal cyst treated?

A small operation is done to remove the cyst(s). This is done through a cut in the scrotum. Great care has to be taken in younger men and men of reproductive age because the operation to remove an epididymal cyst can cause scar tissue to form. This can block the outflow duct of the testis, stopping the transport of sperm.

Epididymal cysts can be drained with a syringe under local anaesthetic. However, this is not recommended because the cysts can return and there is a risk of infection each time they are drained.

Epididymal cysts are not dangerous and there is no higher chance of cancer or any other problem



EPIDIDYMITIS

What is epididymitis?

Epididymitis is the painful inflammation or swelling of the epididymis. The epididymis runs most of the way around the testis; it can therefore be very difficult to tell if the pain and swelling is coming from the epididymis, the testis, or both.

What causes epididymitis?

Epididymitis happens after a viral or bacterial infection. In younger men this is most often sexually transmitted infections such as chlamydia or gonorrhoea. In older men this is most often with bacteria that cause urinary tract infections.

Other causes of epididymitis include inflammation against sperm and this can happen after injury or vasectomy. The problem is only rarely seen in cyclists because of injury from the saddle.

How is epididymitis treated?

Antibiotic medicines are normally given to clear the infection and may need to be taken for up to six weeks. However, if the pain is severe and does not get better, treatment can be difficult. Although it is simple to do an operation to remove the painful part of the epididymis, this does not always work. The pain can come back in the part of the epididymis or testis that is left behind.

For this reason, before having surgery it is best to try non-surgical treatments such as a long course of antibiotics. Removal of an epididymis from one side is the same as having a vasectomy on that side. This is important for a man to think about if he wants to father children in the future.

ORCHITIS

What is orchitis?

Orchitis is inflammation of the testes. The most common cause of orchitis is mumps virus but it can be caused by other viruses and, much more rarely, by bacteria.

How does mumps affect the testes?

Mumps can damage sperm production, particularly if the infection happens after the age of eight to nine years (when

sperm producing cells are starting to grow). This damage can lead to male infertility, so immunising young boys against mumps is essential.

How is orchitis treated?

The main treatment is rest and pain medicine. Although antibiotics are often given they probably don't help much.

TORSION OF THE TESTIS

What is torsion of the testis?

Torsion of the testis happens when the testis twists in the scrotum. The twisting of the testis cuts off the blood supply to the testis causing swelling. Unless the condition is treated quickly the testis dies within a few hours.

Sudden, severe testis pain at night should be checked at the nearest hospital

What causes torsion of the testis?

Testicular torsion is most common in teenagers or young adults. In some men the testis is not securely attached to the wall of the scrotum, making it more likely to twist and block the blood supply. For this reason, if there is a testicular torsion, both testes should be fixed with surgery to stop the same thing happening on the other side.

Torsion can be triggered by physical and sexual activity. It may happen at night, and sudden severe testis pain at night should be checked at the nearest hospital immediately. The first few hours are vital if the testis is to be saved.

How is torsion of the testis treated?

Torsion of the testis is a medical emergency and needs immediate surgery to relieve the pain and to 'save' the testis. Without a blood supply, the testis will die after six to eight hours. The longer the testis is without a blood supply, the lower the chance of being able to save the testis.

Finding health and happiness in the shed

FIRST AND foremost, a Men's Shed is a place for men to knock around with a group of mates. The shed is a place for friendship, for a sense of purpose; a place to belong and contribute.

Since the 1990s over one thousand Men's Sheds have sprung from a humble grassroots movement to an international phenomenon, all in the name of getting blokes together – resulting in key health and wellbeing benefits.

Whilst Men's Sheds might seem to be all woodwork and manual crafts, the shed environment offers men from all walks of life the opportunity to participate meaningfully in their community.

"Around the world men – particularly older men – are finding themselves much healthier and happier through involvement in Men's Sheds," says the Australian Men's Shed Association Executive Officer, David Helmers.

Men's Sheds make a positive contribution to the Australian community through the prevention of social isolation,



the promotion of positive health and wellbeing and the opportunity for men to participate in their local community. When it comes to older Australians, the influence of social interaction (or lack thereof) on mortality is comparable to well-known risk factors such as smoking and excessive alcohol consumption.

"Community and social engagement are important for men at every age, but they become particularly important for men who are not working or don't have a strong network of people around them," said Mr Helmers.

The health of the increasing number of older Australians is an important economic challenge facing Australia – extending the lifetime of good health enables Australians to continue to contribute socially, culturally and economically to the wider community.

Visit mensshed.org to find your local shed or follow the Australian Men's Shed Association on Facebook.

Thanks to Emma Bredenhann from Australian Men's Shed Association for providing this article.

Research round-up

Does long-term anabolic-androgenic steroid use lead to heart problems?

THE USE (abuse) of anabolic-androgenic steroids (AAS), such as synthetic testosterone and other androgens, has increased markedly in recent years. The majority of AAS users do so to 'improve' physical appearance and body building rather than competitive sport. Many users become dependent on these drugs. The side-effects of AAS abuse include acne, weight gain, mood changes (especially aggressive behaviour), decreased testes size and low sperm counts leading to infertility. There is some evidence that longer term effects include prostate cancer and heart disease but good quality studies are lacking.

A recent American study¹ from the journal *Circulation* assessed three different measures of cardiovascular disease (CVD) in weight-lifters aged 34 to 54 who had used AAS for at least two years compared to those who had not used AAS. This cross-sectional study showed that users of AAS had significantly worse outcomes on the three CVD measures, although one measure was normal in those who had previously used AAS but were not using at the time of the study, suggesting some recovery after stopping the AAS. However, the other two measures indicated long-term damage to heart function and atherosclerosis (build-up

of plaques leading to clogging of the artery connected to the heart).

Although this study had some limitations it adds to the evidence that there are serious health implications for men who do not have testosterone deficiency but are using steroids for other purposes. The risks may be difficult to quantify as the drugs available from suppliers at the local gym or on the internet are not regulated. They may contain unknown substances, have varying concentrations or may contain hormones mixed with other drugs or dietary supplements (mixing drugs can be dangerous as they may interact with each other).

¹Baggish AL, et al. Cardiovascular toxicity of illicit anabolic-androgenic steroid use. *Circulation* 2017;135:1991–2002.

In brief

Last chance to give feedback on our resources

We have been receiving a steady stream of feedback on Andrology Australia's resources. We thank those who have responded as we need to hear from you to ensure we are meeting your needs. If you use any of our information or education, including this newsletter, please go to our website (www.andrologyaustralia.org) for a link to a short survey. If you require a hard copy, please contact us on 1300 303 878 or info@andrologyaustralia.org. We will be closing the survey at the end of 2017.

Christmas Closing

The Andrology Australia office will be closed over the Christmas-New Year period. Resource orders will not be processed between Monday 18 December 2017 and Friday 12 January 2018, although the online order form will remain open. The office will re-open on Monday 15 January 2018. We wish you all the best for the Christmas season and for 2018 and beyond.

Ordering Andrology Australia's resources for 2017 or early 2018

If you need to order resources for the Christmas-New Year period, please remember to order as soon as possible as last orders for early 2018 need to be processed by Friday 15 December 2017.

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

Men's health partners meeting



ANDROLOGY AUSTRALIA hosted the inaugural Community Outreach Reference Group meeting with our Men's Health Partners in Melbourne on 25th October 2017. The Australian Men's Health Forum, Australian Men's Shed Association, Men's Health Information and Resource Centre (Western Sydney University) and the Commonwealth Department of Health attended, providing insights into current men's health promotion activities across Australia.

Bringing together the major men's health agencies in Australia provided an opportunity for fruitful discussion that will pave the way for future collaborative work around engaging men and communities. We look forward to facilitating the work of the Group to raise the awareness of men's health and distribute men's health information across Australia.

The Community Outreach Reference Group will be supporting national campaigns such as Men's Health Week (11-17 June, 2018).

Withdrawal of Axiron® lotion

From December 2017, Axiron® testosterone lotion will no longer be available in Australia. Axiron® testosterone preparation has been distributed by Lilly Australia but from 4th December Lilly's licensing agreement will cease and global rights to the product will revert to Acrux (another pharmaceutical company). Acrux has no plans to continue supplying Axiron to the Australian market. Although there will be no new stocks from December 4, pharmacies may have existing stock available for some time after that date.

Men who are currently using Axiron® will need to change to another testosterone preparation once existing

supplies are finished. It will not be possible for a pharmacy to substitute another preparation for Axiron®. If you are in this situation you will need to see your doctor to discuss the best testosterone treatment option for you and to get a prescription for a different testosterone preparation. There are several options for testosterone replacement therapy and your doctor will be able to advise on the type of treatment that best suits your needs.

See Andrology Australia's webpage on Low testosterone for more information on testosterone replacement: www.andrologyaustralia.org/your-health/testosterone

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The Andrology Australia project is supported by funding from the Australian Government Department of Health, and is administered by Monash University.

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