

# The Healthy Male

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Australian Centre of Excellence in Male Reproductive Health

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## CONTENTS

1 It's Healthy to Talk:  
Men's Health Week June 11 - 17

2 From the Medical Director

2 Health spot

Think twice before spending dollars on testosterone 'boosting' supplements

3 Focus on

Male infertility and fertility testing: Men matter too

5 Professional Education

Our Clinical Summary Guides have been updated

5 Research round-up

MRI offers benefits as a first-line diagnosis for prostate cancer

6 In brief

6 Latest News

Andrology Australia presents PSA testing study at the Public Health Prevention conference

Do you use Testogel® Sachets?



## It's Healthy to Talk: Men's Health Week June 11 - 17

"If only one man talks about his health due to Men's Health Week it has been worthwhile" said Simon von Saldern CEO of Andrology Australia at the launch of Men's Health Week. Of course many more have been talking about their health, especially in the NSW town of Lismore.

'It's healthy to talk in Lismore' is a terrific three minute video (<https://www.youtube.com/watch?v=sXOZ9p-IU9M&t=6s>) showing that the men of Lismore know it's healthy to talk.

Lismore, NSW opened its doors wide to Andrology Australia for Men's Health Week; supported by local business, council, community health, the Men's Sheds and sporting clubs, the week was packed with events culminating in a charity rugby match between the two Lismore arch rivals Lismore City Rugby Club and Southern Cross University Rugby Club - all aimed at getting men talking about their health.

During Men's Health Week, Andrology Australia resources were sent far and wide with requests for free men's health information coming from every corner of each state and territory. Andrology Australia and the Australian Men's Sheds Association worked together to get the message out, sending Men's Health Week resources to every one of the nearly 1,000 Sheds around Australia.

If you attended a Men's Health Week event we would love to hear what you thought. Send us your Men's Health Week stories and photos via social media - Twitter @AndrologyAust or Facebook facebook.com/AndrologyAustralia and use the hashtag #MensHealthWeek and #itshealthytotalk - or via email [info@andrologyaustralia.org](mailto:info@andrologyaustralia.org).



This edition of The Healthy Male is packed with information on testosterone supplements, male infertility, the latest research news and some handy information for health professionals and patients alike.

I hope that you have had a chance to see our 2017 Year in Review which showcases the people and partnerships that make Andrology Australia what it is. View it online at <https://andrologyaustralia.org/about/annual-reports/>.

We have also been busy with Men's Health Week covered in our lead article. It has been a pleasure to work with our great partners and friends such as Australian Men's Sheds Association, the Australian Men's Health Forum and the Men's Health Information Resource Centre to get the Men's Health Week message out there.

A huge thanks from all of us at Andrology Australia to the town of Lismore, NSW for coming together and supporting the events held during Men's Health Week and truly getting behind the message, 'It's Healthy to Talk'.

We hope you enjoy the Winter 2018 edition of The Healthy Male newsletter and we welcome your feedback. Please email your comments to: [media@andrologyaustralia.org](mailto:media@andrologyaustralia.org).

Professor Rob McLachlan AM

## Health spot – Think twice before spending dollars on testosterone ‘boosting’ supplements



Men who experience what they believe to be symptoms of androgen (testosterone) deficiency should think carefully before self-medicating with so called 'testosterone-enhancing' products or testoboosters. Despite the lack of evidence of the benefit or safety of these products, they are marketed aggressively to men over 40 with promises of a cure for all male-related ailments. Consequently, the testosterone supplement industry is a booming multi-million dollar business.

### Testosterone and age

Testosterone is the male sex hormone made in the testes and in adult men is responsible for sexual drive, muscle growth and strength, and male characteristics such as facial hair. Testosterone levels are regularly claimed in the media to decrease with age; however, a sharp decline in testosterone in older men is more likely to be due to another underlying health problem, such as obesity, than age itself.<sup>1</sup>

### What are testoboosters?

Testoboosters are supplements that claim to enhance the body's natural production of testosterone. They generally take the form of tablets that contain an array of 'natural' ingredients such as various vitamins, minerals, plant extracts and amino acids. However, these 'testosterone-enhancing' products are not proven to work or be safe for use in humans and typically come with a hefty price-tag.

### Safety concerns

Testosterone therapy is only indicated in men with a medically-diagnosed *bona fide* testosterone deficiency. In men without a medical diagnosis of testosterone deficiency, the evidence of any benefit is weak. Furthermore, its use in other settings has not been subject to adequate safety testing, especially for problems such as heart disease and stroke. Other side-effects include male

infertility, acne and mood swings. Supplements may contain natural remedies that have chemical properties that could interact with other medications leading to unpredictable side-effects. Product purity, quality control and accurate labelling of all constituents are also of concern.

### Approach celebrity-endorsed medication with caution

What may look like a legitimate product due to endorsement by well-known public figures may be a scam. In late April, the story hit the headlines that Eddie Maguire was suing Facebook for defamation after 'fake-news' materialised that the celebrity had used and endorsed a male enhancement (erectile dysfunction) drug.

Companies may promote their product without permission from a public figure, making the calculation that they won't be 'called out' or that the advertising benefit or publicity will exceed the penalty that may or may not be imposed later.

The bottom line is, be sceptical about celebrity endorsement of any health product. Be aware that some advertisements will include *quasi* medical facts, enthusiastic personal endorsements and/or the opinions of professed experts with dubious qualifications.

If in doubt, ask your GP for an honest opinion!

### References

1.Yeap BB, et al. Med J Aust 2016; 205(4): 173-178

## Focus on:

# Male infertility and fertility testing: Men matter too

Infertility is a widespread problem affecting 1 in 6 Australian couples. In about 30 per cent of cases the problem lies solely in the male partner and in another 25 per cent, both partners have problems. In about 1 in 7 infertile couples, the cause is idiopathic (unknown). This means that in almost half of infertile couples, there is a problem in the male alone or both male and female partners.

### Men need to be treated as equals in the fertility clinic

Male factors contribute to up to half of infertility cases, yet men are often overlooked in the fertility clinic with their assessment only amounting to them providing a semen sample. Infertility should be considered a couple's problem requiring review of both the male and female partner.

Assisted reproductive treatment (ART), such as IVF, are often effective but male infertility may have a reversible cause that allows restoration of natural fertility and spares the woman the burden of ART. Male infertility may be a sign of other (possibly undiagnosed) health problems such as testosterone deficiency or coexisting testicular cancer, so it is important that it is investigated. Even if an untreatable cause for a zero sperm count is found, men/couples usually appreciate just knowing what has gone wrong.

Couples attending a fertility clinic can request that the male partner is fully assessed if this is not initially offered.

### What are the common causes of male infertility?

Male infertility is usually caused by problems that affect either sperm production or sperm transport (blockage).

**Sperm production problems:** The most common cause of male infertility is a problem with making sperm in the testes. Either low numbers of sperm are made and/or the sperm that are made do not work properly.

About two-thirds of infertile men have a sperm production problem. Sometimes this is due to damaged testes caused by previous trauma, cancer treatment or genetic problems. Unfortunately, medical scientists do not yet understand all the causes of poor sperm production problem, so sometimes the cause is unknown.

**Sperm transport problems:** The second most common cause of male infertility are blockages or obstructions in the tubes that lead sperm from the testis to the penis. This can cause a complete lack of sperm in the ejaculated semen.

Sperm transport problems affect about one in five infertile men, including men who have had a vasectomy but now wish to have more children. Some blockages may be related to congenital problems (that is, being born with the problem) which can be found with specialised tests.

Mostly, men with a sperm production or transport problem show no obvious signs or symptoms.

**Sexual problems:** Problems with erections (erectile dysfunction) or ejaculation can affect whether semen is able to enter the woman's vagina for fertilisation to take place. About one in 100 infertile couples has trouble getting pregnant because of erection, ejaculation or other sexual problems.

**Hormonal problems:** In about one in 100 infertile men the problem is caused by low levels of hormones made in the pituitary gland that act on the testes. Low production of follicle stimulating hormone (FSH) and luteinising hormone (LH) can affect testosterone levels in the testes, and lead to lower sperm production.

The most common hormonal problems are pituitary tumours or problems with the development of the pituitary gland leading to a lack of FSH and LH.

### LOOKING AFTER YOUR FERTILITY

#### Can I do anything to prevent male infertility?

It is best to avoid cigarette smoking, excess alcohol, sexually transmitted infections, heat stress from tight fitting underwear, and anabolic steroids (taken for body building or sporting purposes) as these factors can be harmful to the production of sperm.

If you work in an occupation that may affect your fertility, it's important to wear protective clothing and follow all occupational health and safety guidelines. It is recommended that couples trying to conceive avoid exposure to any possibly harmful chemicals.

#### Can cigarettes or alcohol affect fertility?

Research on the effect of smoking on semen suggests it can damage the sperm's genetic material (DNA) and reduce sperm quality. It is recommended that men quit smoking for their long-term health.

Moderate alcohol intake (one to two standard drinks per day) does not affect sperm production. However, a large amount of alcohol may cause liver damage, which could affect general and reproductive health.

#### Can body weight affect fertility?

For both men and women, having a healthy body weight and being physically active will help fertility and give the best chance for a healthy child. There is ongoing research into why being obese can affect sperm production and quality in men. There is now research suggesting that chronic conditions in men, such as obesity and diabetes, can lead to genetic changes in the sperm (called epigenetic changes) that can affect the health of children into their adult life.



Men need to be as fit as possible when producing sperm while a couple is trying to conceive.

#### Can older age affect fertility?

Healthy men in their 70s and beyond can still father children; however, the time taken for a partner to become pregnant is longer when a man is middle-aged or older. Reasons for this may include a decrease in sexual activity, lower semen volume, changes in sperm motility (movement), a lower number of motile sperm, and possibly lower sperm function and DNA quality.

The chance of the child having a mental illness like schizophrenia, or a genetic problem is also slightly higher for older men. However, most children born to older men are healthy.

#### What health problems are common in infertile men?

- **Androgen deficiency:** when the body cannot make enough testosterone due to a problem in testes, pituitary gland or hypothalamus (brain). This is treatable with hormone replacement therapy.
- **Testis cancer:** men may have lower fertility before treatment and cancer treatments can affect fertility. If one

testis is removed, the other testis will continue to make testosterone.

- **Undiagnosed conditions:** e.g. a pituitary tumour leading to the disruption of fertility hormones.
- **Androgen treatment and so called 'anabolic steroid' use:** These agents act as a contraceptive. Testosterone administration inhibits sperm production and causes the testes to shrink.
- **Psychosexual problems:** can affect sexual function due to anxiety related to getting pregnant, or other personal or relationship stress.

### DIAGNOSIS

If a couple has been trying for a pregnancy without success, they should go to their local GP or family planning clinic and have some tests. Both partners should be tested around the same time. Testing should be done even if one partner has a child from another relationship.

Diagnosis can involve a medical history from the man and a physical examination along with a semen analysis to check the number, shape and movement of sperm in the ejaculate. Especially if there are abnormalities on the semen analysis, blood for hormonal and genetic testing may be performed along with a testicular ultrasound.

### WHERE TO GET MORE INFORMATION

If you and your partner are not using any form of contraception, and the woman does not become pregnant after a year of regular (at least twice weekly) sexual intercourse, you should both see a GP and have some tests.

You can ask the doctor questions about the timing of sexual intercourse and other facts about the reproductive system. Some basic answers can help couples and lower their stress and anxiety. Some couples will be worried that things are 'not working' after only a few months, and they may find it helpful to talk about their concerns with a doctor.

For more facts and detailed information on male infertility, check out **Andrology Australia's** online resources on male fertility problems (<https://andrologyaustralia.org/fertility-problems/>).

The **Your Fertility** program, provided by the Victorian Assisted Reproductive Treatment Authority (VARTA), Andrology Australia, the Jean Hailes Research Unit and the Robinson Research Institute, has excellent fertility information for both men and women (<https://yourfertility.org.au>).

Professional societies, such as the **Fertility Society of Australia (FSA)**, and national consumer-based organisations also offer men and their partners additional support and information about male infertility.

# Our Clinical Summary Guides have been updated

FOR HEALTH professionals that currently use or would like to get their hands on Andrology Australia's clinical summary guide resources on management of male patients, our full range of Guides have been recently updated by our expert reviewers.

Using evidence-based information, the Guides cover a variety of areas in men's reproductive and sexual health, including guidance on the engagement of Aboriginal and Torres Strait Islander men in primary health care.

Users can access the Guides by downloading straight from our website (<https://andrologyaustralia.org/health-professionals/clinical-summary-guidelines/>) or order the resources for mail-out online <https://andrologyaustralia.org/order-resources/> or by calling 1300 303 878.

**Fact sheet resources are also available for patients**

Andrology Australia have developed a range of fact sheets for patients or



consumers looking for factual and up-to-date information on 32 different men's health topics, including testicular and prostate cancer, scrotal lumps, erectile dysfunction, male infertility and androgen deficiency to name a few!

Our fact sheets are currently undergoing review and will be updated soon. Current and updated fact sheets can be downloaded from <https://andrologyaustralia.org/fact-sheets/>.

## Research round-up

# MRI offers benefits as a first-line diagnosis for prostate cancer

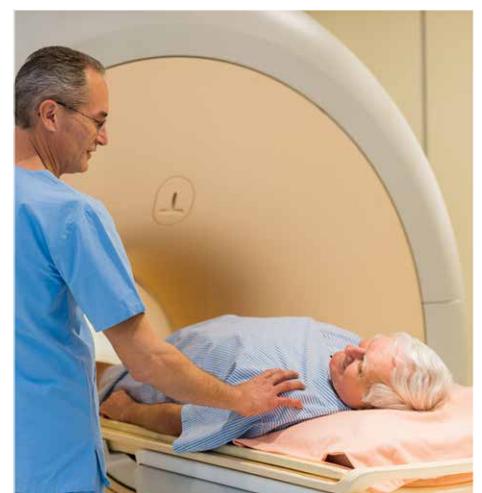
If a doctor suspects their patient might have prostate cancer, they may refer the patient for a diagnostic prostate biopsy. The standard method is an ultrasound-guided biopsy that samples 10–12 sites in the prostate. Downsides include that not all men actually need a biopsy, as either they do not have cancer or the cancer is not life threatening.

Detection of a non-life threatening cancer often leads to 'over-treatment' of the patient, which in some cases can be more harmful than beneficial. In addition, standard prostate biopsies may not target the cancerous area, so there is a chance that a cancer could be missed.

A recent study published in the New England Journal of Medicine in May, looked at the use of MRI as a pre-screening tool to select men most likely to need a biopsy. The study recruited 500 men from health centres across 11 countries, who were suspected of

prostate cancer but had not yet had a biopsy. Patients were allocated to an MRI group, only receiving a biopsy if the MRI results were 'positive', or were allocated straight to the standard biopsy procedure. The study found that including the MRI procedure first meant that over one-quarter of men did not need a biopsy. In men that did need a biopsy after MRI, the biopsy could be precisely targeted to the diseased part of the prostate meaning that fewer samples needed to be collected.

The 'MRI-first' compared to the standard 'biopsy-first' approach led to a higher proportion of clinically-significant opposed to insignificant (non-life threatening) cancer being detected, meaning that more men would receive the cancer treatment they need and fewer men would receive a cancer treatment they did not need. The improved precision of the MRI-targeted method also reduced the



biopsy-related complications reported by men after the procedure.

The results of this study coincide with the Australian Government announcing a new \$400 Medicare rebate in the Federal Budget to help fund MRI scans for prostate cancer diagnosis and monitoring.

## In brief

### Male contraception a step closer in Australia

Androfin is Australia's first not-for-profit organisation for the development of a male contraceptive. Androfin have harnessed the skills of world-renowned scientists and clinicians to discover, develop and test a long-acting, reversible contraceptive that can be implanted under a man's skin, by injection, to prevent the testes from making sperm. More information can be found at <http://androfin.org> (For full disclosure: Andrology Australia Directors Profs Rob McLachlan and David Handelsman are Directors of Androfin).

### New Scientific Writer

Andrology Australia welcomes to the team a new scientific writer and editor, Dr Kirsten Hogg. Kirsten has a research background in reproductive biology and endocrinology and has been a freelance scientific writer since 2013. We would like to extend our thanks and gratitude to Dr Veronica Collins for her tireless hard-work and dedication over the past eight years and wish Veronica all the best for her future ventures.

### Primary health care conferences

In May, Andrology Australia exhibited at The Australian Primary Health Care Nurses Association (APNA) National Conference (Brisbane), and provided speakers for the General Practice Conference & Exhibition (Sydney) on the topics of 'Androgen therapy – where are we now' and 'Vasectomy in General Practice'.

### E-bulletin for health professionals

If you are a health professional who would like to learn more about upcoming health care events and conferences and the latest news in men's health practice, sign up to our e-bulletin at <https://andrologyaustralia.org/male-briefs/>

## Latest News

# Andrology Australia presents PSA testing study at the Public Health Prevention conference

**D**R VERONICA Collins presented a paper at the **Public Health Prevention conference** in Sydney on 3 May, attended by over 200 public health experts and clinicians working to promote good health and prevent illness.

Veronica reported a study, led by Monash University Professor Dragan Ilic and supported by Andrology Australia, investigating whether nurses in GP practices could take on the role of informing men about PSA testing for prostate cancer before they see their GP. The need for providing information about PSA testing is due to debate about the benefits of PSA testing for prostate cancer (treating prostate cancer early) versus the risks of sometimes finding and treating cancers that are slow-growing and not life-threatening, given that treatments may have serious side-effects.

Focus groups of men, practice nurses and GPs generally agreed that seeing a practice nurse to discuss PSA testing before the GP appointment would be helpful.<sup>1</sup> Men were generally comfortable speaking with nurses and could benefit from a longer session than is possible with a GP. Prof. Ilic is now researching how such a program could work in practice.

<sup>1</sup> Ilic D, et al. Patient Education and Counseling 2018; 101: 872-7

## Do you use Testogel® Sachets?

Testogel® Sachets (30 x 5mg) is currently facing global supply shortages due to manufacturing issues (unrelated to safety or quality) and the recent increased demand in Australia due to the withdrawal of Axiron® lotion in this country. Testogel® Sachets may not be available in Australia for a number of months.

Current users of this product can switch to Testogel® Pump, providing the same concentration and dosing range. Patients must visit their GP to get a new prescription for Testogel® Pump, which GPs can prescribe without referral to a specialist.

If you are using Testogel® Sachets, make an appointment with your GP to avoid disruption to your testosterone replacement therapy.

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#### Australian Centre of Excellence in Male Reproductive Health

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Andrology Australia

Postal Address

School of Public Health and Preventive Medicine  
553 St Kilda Rd, Melbourne, Victoria 3004, Australia.

Email:

[info@andrologyaustralia.org](mailto:info@andrologyaustralia.org)

Telephone:

1300 303 878

Web:

[www.andrologyaustralia.org](http://www.andrologyaustralia.org)

Twitter:

@AndrologyAust

Facebook:

AndrologyAustralia

