International andrology experts descend on Melbourne

The 10th International Congress of Andrology (ICA) is being held in Melbourne in February 2013. Over the ICA’s 30-year history, this is the first time its scientific meeting will be held in the southern hemisphere, and is partly recognition of the talented and knowledgeable pool of andrology practitioners we have in Australia. Indeed, Australians have held key positions within the Society as President and Secretary (twice). The ICA is made up of about 40 national or regional societies across the globe with about 10,000 members. While andrology is not a recognised medical speciality with students, primary health care professionals, and public health practitioners with an interest in men’s health expected to benefit from the wide range of presentations.

Chairman of the ICA Local Organising Committee and Director of Andrology Australia, Professor Rob McLachlan has been involved in the planning of this important event for the last two years. ‘As Australia has had a long and well-recognised history in the field of andrology, it’s exciting to host the Congress in Melbourne’, he said. ‘The packed program of presentations will expose the audience to the latest in therapeutic options and research in the field of andrology. And no doubt some topics being covered will generate hot debate.’

ICA 2013 will be held in Melbourne on 23–26 February 2013. The Congress is presented by the International Society of Andrology and the Fertility Society of Australia. For more information and registration visit www.ica2013.com.

Correction

Causes of premature ejaculation

In the Focus On section of the Spring 2012 edition of The Healthy Male (no. 44), it was stated that ‘anxiety is the main cause of premature ejaculation’. The article omitted to say that anxiety is the main cause of ‘acquired premature ejaculation’, that is when there has been a period of normal functioning before the premature ejaculation began. However, ‘lifelong premature ejaculation’ (meaning the problem has been there since a man’s first sexual experience) is usually caused by a chemical imbalance in important brain centres. Men with lifelong premature ejaculation may also have anxiety but it is secondary to the premature ejaculation rather than a primary cause.

For full details see Andrology Australia fact sheet on Premature Ejaculation at www.andrologyaustralia.org.

We thank the correspondent who drew our attention to this omission.

Letters to the Editor can be sent to media@andrologyaustralia.org or by post to Andrology Australia, c/o MIMR, PO Box 5418, Clayton VIC 3168.

Health spot – Osteoporosis

What is osteoporosis?

Osteoporosis is a disorder of the skeleton that lessens bone strength, which increases the risk of fracture. Most bones except those of the face and head can be affected by osteoporosis, but the most common sites of fractures are the hip, spine, wrist and ribs.

How common is osteoporosis?

One in three men in Australia over 60 will suffer a fracture due to osteoporosis. The disease affects more women than men. However, when fractures happen in men it is more likely to shorten their life span, probably because osteoporosis in men is often present together with other serious illnesses.

How is it diagnosed and treated?

Osteoporosis is diagnosed by examining a man’s medical history, taking his height measurement and some specific tests, such as a bone density test.

If a man has had bone fractures or is diagnosed with osteoporosis, there are medicines that may stop further bone loss or even improve bone mass.

Often the only time a man realises he may have osteoporosis is when he breaks a bone. Many men do not realise that osteoporosis can affect men as well as women and it is not just a disease of older people.

Having a healthy lifestyle is the best way for men to maintain bone mass and reduce their risk of osteoporosis. This includes adequate calcium in the diet and normal vitamin D levels, increasing weight-bearing exercise, and paying attention to bone health from childhood throughout life.

I was very pleased to hear that our 2011 Father-Son campaign was highly commended by the Public Relations Institute of Australia at the 2012 Victoria State Awards for Excellence. The Father-Son campaign (featuring former AFL great Matthew ‘Richo’ Richardson and his father Alan ‘Bull’ Richardson) looked at passing on health information from father to son, just as the opportunity to play in the AFL or the teaching of football skills are passed from fathers to sons. Keep an eye on our website because this recognition has given us renewed vigour as we plan our health promotion themes and messages for 2013.

Society in general seems to view ageing as a process of ongoing and unavoidable decline, which leads many of us to believe that health problems are just something that you have to live with as you get older. While it is true that the body does wear out a bit over time, many conditions commonly associated with older age are treatable or manageable. In this issue of The Healthy Male we take a look at ageing and how it affects male reproductive health.

Being the last issue before the Christmas and New Year break, I also want to wish all our readers a happy festive season and a relaxing time with friends and family. Keep happy and healthy!

From the Director

Richard J McLachlan
Professor Rob McLachlan

In brief

Active learning modules for GPs

Healthy ageing: what has Andrology Australia done?

Reproductive health in older men

Causes of premature ejaculation

Andrology experts descend on Melbourne

International Congress of Andrology (ICA) is being held in Melbourne on 23–26 February 2013. The Congress is presented by the International Society of Andrology and the Fertility Society of Australia.

For more information and registration visit www.ica2013.com.

Correction

Causes of premature ejaculation

In the Focus On section of the Spring 2012 edition of The Healthy Male (no. 44), it was stated that ‘anxiety is the main cause of premature ejaculation’. The article omitted to say that anxiety is the main cause of ‘acquired premature ejaculation’, that is when there has been a period of normal functioning before the premature ejaculation began. However, ‘lifelong premature ejaculation’ (meaning the problem has been there since a man’s first sexual experience) is usually caused by a chemical imbalance in important brain centres. Men with lifelong premature ejaculation may also have anxiety but it is secondary to the premature ejaculation rather than a primary cause.

For full details see Andrology Australia fact sheet on Premature Ejaculation at www.andrologyaustralia.org.

We thank the correspondent who drew our attention to this omission.

Letters to the Editor can be sent to media@andrologyaustralia.org or by post to Andrology Australia, c/o MIMR, PO Box 5418, Clayton VIC 3168.

Health spot – Osteoporosis

What is osteoporosis?

Osteoporosis is a disorder of the skeleton that lessens bone strength, which increases the risk of fracture. Most bones except those of the face and head can be affected by osteoporosis, but the most common sites of fractures are the hip, spine, wrist and ribs.

How common is osteoporosis?

One in three men in Australia over 60 will suffer a fracture due to osteoporosis. The disease affects more women than men. However, when fractures happen in men it is more likely to shorten their life span, probably because osteoporosis in men is often present together with other serious illnesses.

How is it diagnosed and treated?

Osteoporosis is diagnosed by examining a man’s medical history, taking his height measurement and some specific tests, such as a bone density test.

If a man has had bone fractures or is diagnosed with osteoporosis, there are medicines that may stop further bone loss or even improve bone mass.

Often the only time a man realises he may have osteoporosis is when he breaks a bone. Many men do not realise that osteoporosis can affect men as well as women and it is not just a disease of older people.

Having a healthy lifestyle is the best way for men to maintain bone mass and reduce their risk of osteoporosis. This includes adequate calcium in the diet and normal vitamin D levels, increasing weight-bearing exercise, and paying attention to bone health from childhood throughout life.
Focus on: ‘When I’m sixty-four’…and beyond

‘60 is the new 50!’ Statements like this appear in the popular media and in conversation as people are staying healthy into much older age than in past generations.

Australian men do not live as long as women, but with a life expectancy of 79 years (84 years for women), Australia has the fourth highest male life expectancy in the world. There is now a focus on increasing the years of healthy life so that people are not living with disability or poor health in their older age.

Reproductive health becomes more important to men as they get older as problems with the reproductive system become more common. However, keeping a healthy lifestyle by being physically active, not smoking, and drinking alcohol in moderation may not only help your general health but also your reproductive health.

How does age affect reproductive health?

Reproductive health disorders are more common as men get older, except for testicular cancer which is most common in men aged 20–40 years.

Changes in reproductive health as men get older may include:

- changes in fertility
- changes in hormone levels
- changes in prostate health
- changes in erectile function.

Other health conditions such as diabetes and cardiovascular disease can affect reproductive health. It is important to see your doctor if you experience any reproductive health problems because this may be a symptom of another treatable health problem.

What happens to fertility as men age?

Healthy men in their 70s and beyond can still father children, however the time taken to cause a pregnancy is longer from middle-age onward.

Reasons for this may include a decrease in sexual activity, semen volume, sperm motility (movement), the total number of motile sperm and possibly sperm function and DNA quality.

Some genetic and chromosomal problems in offspring also increase as male age increases.

How do hormone levels change with age?

Testosterone levels in men are highest between the ages of 20 and 30 years. As men age there is a small, gradual drop in testosterone levels; they may drop by up to one third between 30 and 80 years of age. Some men will have a greater drop in testosterone levels as they age. This is more likely when men are obese or have other long-term medical problems.

Recent medical research has shown that testosterone levels may not drop at all in very healthy ageing men, even in men aged in their 80s.

Does male menopause exist?

Terms such as ‘male menopause’ or ‘andropause’ are not accurate. Menopause is the stopping of menstrual cycles (periods) that happens in all women as they age. Testosterone levels in men do not stop suddenly but slowly drop with age. Not all men will have a drop in testosterone as they get older. The hormone changes with ageing in men and women are diagnosed and treated differently.

What are the symptoms of low testosterone?

Low energy levels, mood swings, irritability, poor concentration, reduced muscle strength and low sex drive may be symptoms of low testosterone (androgen deficiency). Symptoms often overlap with those of other illnesses that are more common in older men.

Many illnesses can cause low testosterone levels. Low energy levels, low sex drive and mood problems often happen with heart disease, lung problems (including sleep apnoea), diabetes, depression, and brain (dementia) problems.

A healthy lifestyle may help men to keep testosterone levels normal.

What changes happen in the prostate gland with age?

The male hormone testosterone makes the prostate grow in size. As men grow older the prostate grows. At puberty, testosterone levels in boys start to increase and the prostate grows to about eight times its size. It continues to grow, doubling in size between the ages of 21 and 50 years, and almost doubles again in size between 50 and 80 years. The reasons for this ongoing growth are not fully understood.

As the prostate is positioned around the urinary tract, enlargement of the prostate can make the urinary tract narrow and put pressure on the base of the bladder. Narrowing of the urinary tract can affect the passing of urine in a number of ways.

Prostate disease is more common in older men. About one in seven men aged over 40 years report being diagnosed with prostate disease. More than one in three men aged over 70 years have prostate disease.2

What happens to erectile function with age?

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 have erectile problems, increasing to about two in three men over the age of 70 years.2

Like the rest of the ageing body ‘muscle tone’ in the penis reduces with age, as do many other aspects of sexual function. It can take longer for a man to get fully aroused. It may take much longer before a second erection happens, compared to the experience when young, and usually the erection is not as firm.

As an erection needs good blood flow into the penis, men who have a narrowing of their blood vessels may have problems in getting a normal erection. Because of this, men with heart disease, stroke, high blood pressure and diabetes are at greater risk of having erection problems. Often, problems of poor erections can be the first sign that the blood vessels of a man are poor, with a risk of heart attacks and stroke.

Is sex important to older men?

There is still not enough information about the sexual habits and desires of older people to know how important this is to overall quality of life and health. The research that has been done shows that sexual activity is very important for many older people and is linked with good health and wellbeing.

It is common for a healthy older man to still want sex and be able to have sex within appropriate limitations. Understanding what is normal in older age is important to avoid frustration and concern. Older men and their partners often value being able to continue sexual activity and there is no age where the man is ‘too old’ to think about getting help with his erection or other sexual problems.

Reproductive health does change as a man ages. However, keeping a healthy lifestyle into old age and getting treatment for medical problems can help to prevent some of the changes linked with ageing.

References


This article was prepared by Andrology Australia. For the full list of references please email info@andrologyaustralia.org.
Are you a Medicare Local needing men’s health education?

A s part of Andrology Australia’s planning for the next triennium (2014–2016), we are currently undertaking a needs assessment of Medicare Locals to better understand their education needs for men’s health with the objective of improving patient care in male reproductive health. Understanding the most appropriate models of education that provide opportunities for routine integration into clinical practice will be the focus of the needs analysis.

With the release of the Government’s National Health Reform Agenda, National Primary Health Care Strategy and National Male Health Policy, primary health care professionals, such as GPs, practice managers, and practice nurses, are expected to play a pivotal role in supporting men’s health promotion, prevention, and care in the primary care setting. Medicare Locals will also be instrumental in supporting general practice in delivering quality and evidence-based care that is responsive to the local community needs.

The recent Summary Data Report of the 2010–2011 Annual Survey of Divisions of General Practice highlights that although a relatively low proportion, an encouraging increase was seen in the number of former Divisions that undertook activities in prevention, early intervention, and chronic disease management specifically targeting men, often through a community awareness approach such as Men’s Sheds or Pit Stop programs. With the recent transition from Divisions to Medicare Locals, Andrology Australia is well equipped to support those Medicare Locals that have identified a need for men’s health education and health promotion, through the provision of a range of quality and evidence-based education, training and health promotion resources (for primary health care professionals and their patients).

If you are a Medicare Local, or general practice that has an interest in men’s health and would like to participate in the needs analysis, please contact our Education Liaison Officers, Wendy Thomas or Taletha Rizio on 1300 878 393 or info@andrologyaustralia.org.

Research round-up

Healthy ageing: what does testosterone have to do with it?

M any studies have shown that testosterone levels usually drop as men get older and lower testosterone levels may affect a man’s quality of life. As older men with low testosterone levels often have other chronic medical conditions it is difficult to work out whether it is the other conditions that cause lower testosterone or ageing itself.

A recent publication in Journal of Clinical Endocrinology looked at this question by studying testosterone (and other sex hormones) in 325 Australian men aged 40 to 97 years, who described themselves as having very good or excellent health. The study showed no difference in serum testosterone levels across age groups, a finding that is different to other studies that have included a cross-section of men, not only those reporting very good health. A higher body mass was also shown to be linked to lower testosterone levels, as shown by others.

The study findings suggest that it is more likely that the drop in testosterone in older men is due to other medical conditions that are more common in older age, rather than ageing itself. This study is encouraging for men who try to keep healthy as they age but more studies are needed to further investigate this question.


In brief

Are you a GP wanting to learn more about male reproductive health issues? Andrology Australia provides online learning with a RACGP-accredited online Active Learning Module (ALM) that focuses on problems facing younger men. GPs who complete the ALM online will receive 40 Category 1 RACGP QI/CPD points (or 40 RIF 2012 points, CDP Core 1 point). The Younger Men’s Health ALM includes topics on male infertility, testicular cancer, Klinefelter’s syndrome, premature ejaculation and prostatitis. GPs resident in Australia who complete an ALM are also eligible to receive a FREE orchidometer (limit one per person) and a set of Men’s Health Clinical Summary Guides. Visit the Andrology Australia website to register.

Christmas closure

The Andrology Australia office will be closed over the Christmas/New Year period. Ordinarily, our resources won’t be handled between 14 December 2012 and 7 January 2013. Seasons greetings and best of health to all of our subscribers.

Connect with Andrology Australia via social media

Andrology Australia profiles on Twitter, Facebook and YouTube. Please ‘follow’, ‘like’ or ‘subscribe’ to connect with us and stay informed on the latest happenings in men’s health.

Using Andrology Australia material

If you would like to republish articles from The Healthy Male please email info@andrologyaustralia.org, or call 1300 303 878. Appropriate acknowledgement of Andrology Australia as the source is requested.

Men should make informed decisions before PSA testing

Prostate cancer screening with the prostate-specific antigen (PSA) test was in the news recently with the Royal Australian College of General Practitioners (RACGP) recommending against screening in the latest edition of its Guidelines for Preventive Activities in General Practice.

Testing levels of PSA in the blood combined with digital rectal examination is widely used in Australia to identify men at risk of having prostate cancer. The RACGP advised GPs that ‘it is unclear whether the advantages of screening (still very uncertain) outweigh the harms (becoming more clearly defined). The updated recommendation is to not raise the issue with every eligible man, but wait until you are asked about screening.’

This is a controversial recommendation and it will continue to be hotly debated.

Andrology Australia supports the notion that testing should not be considered for men who are well-informed and that general practitioners should provide information both to patients who request it and to those who are considering requesting general check-ups. Verbal advice should be supported by written or online material provided by credible sources. It is imperative that men requesting prostate cancer testing are counselled about their prostate cancer risk and the potential benefits, limitations and implications of PSA testing prior to being tested, and that they are supported to make an informed decision consistent with their personal values and preferences.

It should not be assumed that patients who request PSA testing are adequately informed.

The National Health and Medical Research Council (NHMRC) is currently evaluating the evidence on PSA testing in men without symptoms, with a report due in 2013. To help GPs and men with the decision-making process, the NHMRC recently announced that it would work together with Cancer Council Australia and the Prostate Cancer Foundation of Australia to improve the consistency of information for men and their doctors around prostate cancer testing.

1. Royal Australian College of General Practitioners 2012, Guidelines for Preventive Activities in General Practice, 8th edn, RACGP, East Melbourne.


Subscribeto Today!

Andrology Australia extends an invitation to all to take advantage of the FREE SUBSCRIPTION offer.

Call, fax or email us to register on our mailing list and receive this regular quarterly publication and other items from Andrology Australia.

NEWSLETTER of ANDROLOGY AUSTRALIA

Australian Centre of Excellence in Male Reproductive Health

Postal Address: Andrology Australia, c/o Monash Institute of Medical Research PO Box 541B, Clayton, Victoria, 3168

Street Address: 25-27 Wright Street, Clayton, Victoria 3168

Telephone: 1300 303 878

Email: info@andrologyaustralia.org

www.andrologyaustralia.org

The Andrology Australia project is supported by funding from the Australian Government under the Health System Development Program, and is administered by Monash University.

Copyright: This newsletter is provided as an information service. Information contained in this newsletter is based on current medical evidence but should not take the place of proper medical advice from a qualified health professional. The services of a qualified medical practitioner should be sought before applying the information to particular circumstances.

DISCLAIMER: This newsletter is provided as an information service. Information contained in this newsletter is based on current medical evidence but should not take the place of proper medical advice from a qualified health professional. The services of a qualified medical practitioner should be sought before applying the information to particular circumstances.

Subscribe Today!