Despite the myth that men don't care about their health, most men over 40 years will have visited a doctor in the last 12 months. But compared to women, men visit the doctor less often, have shorter consultations and tend to see their GP later when they get sick or have a health problem.

Part of the problem may be that when it comes to finding a doctor men can be a bit uncertain where to start.

If you don’t have a doctor at the moment, we suggest that you ask around—ask your family, friends, or workmates for a recommendation. There’s no need to be shy or embarrassed; everyone needs to see a doctor now and then.

Take some time to think about what you want from a doctor and their practice. Is the age or gender of the doctor important? Will you be comfortable discussing sensitive topics with the doctor?

Can you get an appointment at a time that is suitable for you? Does the practice have evening sessions or early morning appointments?

Are consultation times long enough? Can you choose the doctor you want to see? Does the doctor’s practice seem welcoming to men?

Just as it’s OK to get a second opinion if you have any concerns about any recommended treatment, it’s also OK to look for another doctor if you’re unhappy or uncomfortable with your current GP.

You do not need to sign contracts that lock you into long-term treatment for reproductive health problems (such as erectile dysfunction/impotence and androgen deficiency). Your GP can help you with this as part of your ongoing health management.

For more tips on finding a doctor, see www.andrologyaustralia.org/find-a-doctor/.
Erectile dysfunction is more than just old blokes worrying about their sexual performance. And it is much more than shouting billboards and unsubtle internet advertisements.

When a man recognises that he has erectile problems he should see it as a call to action; to see his GP and get it properly investigated. There is a range of treatment options available that can allow erections to happen and enable sexual activity to take place.

But we believe that erectile dysfunction can also be both a warning sign and an opportunity for a man to make some lifestyle changes to improve his health. Erectile dysfunction is sometimes referred to as the 'canary in the coal mine' for other life-threatening conditions, such as heart disease, stroke, and diabetes, because they all have similar underlying physical causes.

For many men, the penis can be the first sign of possible future health problems, and in this sense, the health of a man's penis is a pretty good barometer for his overall health.

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**Health spot – How does an erection happen?**

An erection is the result of a complicated process that starts with messages coming from the brain via nerves that tell the blood vessels in the penis to increase blood flow.

There are two tubes of spongy tissue (called the corpus cavernosum) that run along the length of the penis. The messages carried by the nerves cause the blood vessels entering the spongy tissue of the penis to open up and let more blood in and the spongy tissue arranges itself in such a way that more blood can be stored in the penis.

The outer casing of the penis, which surrounds this spongy material, is tougher and much less elastic. As the spongy material fills with blood, the veins running through the outer sheath of the penis get compressed, which stops the blood from leaving the penis. As the blood can't flow out, the penis fills with blood and stretches within the outer casing, giving a firm erection.

So for erections to work at least three things need to be in good condition: blood flow, nerves, and the erectile tissue in the penis. When erections consistently fail, investigation is needed to find out which of these is not working properly and to work out if there are any other possible problems ahead for the man's health in general.

Understanding how erections work can help to explain how erectile dysfunction acts as an early warning sign for other health problems.

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**A cross-section view of the penis, showing the erectile tissue and blood vessels.**

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For more information, see Andrology Australia’s Erectile Dysfunction booklet, available at www.andrologyaustralia.org/booklets-download.
Erection problems are common but they can be awkward for men to discuss with their partners, friends, or even their doctors. Because of embarrassment and secrecy, men may seek help anonymously through the internet or billboard-advertised services rather than from their doctor. However, this may mean men are missing out on an opportunity to improve their health.

Erectile dysfunction is when a man is unable to get and/or keep an erection that allows sexual activity with penetration. Many men may be surprised to learn that erectile dysfunction (sometimes known as impotence) affects about one in five men over the age of 40 years and two in three men over 70 years. There is also increasing evidence linking erectile dysfunction with other general health problems such as diabetes and heart disease. It’s becoming clearer that erectile dysfunction can be an early warning sign of chronic health conditions but many men and some doctors still do not know this.

**Is erectile dysfunction all in your head?**

It used to be thought that as many as 90% of cases of erectile dysfunction had psychological origins. We now know this to be quite the reverse and that only one in 10 cases of erectile dysfunction is caused by psychological factors. And psychological causes of erectile dysfunction can happen together with physical causes. Many factors can interfere with getting an erection and often two or three factors are present at one time (see table). Sometimes there can appear to be no obvious cause for the erectile dysfunction; however, most cases of erectile dysfunction are physical in origin.

Except where erectile dysfunction occurs due to a specific event such as prostate surgery or starting a new medicine that affects sexual function, erectile dysfunction due to physical causes often begins gradually. There are many diseases that interfere with how the penis functions by either reducing blood flow or affecting the nerves. Importantly, when the first signs of erectile dysfunction happen, there is often an unknown underlying cause such as diabetes, high blood pressure, or high cholesterol.

**How does diabetes affect erectile function?**

A greater risk of erectile problems in men with diabetes has been known for some time with studies estimating that up to four in five men with diabetes will have erectile dysfunction at some time in their lives—twice the rate in men without diabetes. Diabetes can cause reduced blood flow to the penis or affect the function of blood vessels in the penis, making it more difficult for a man to get an erection. Diabetes can also damage the nerves in the penis and elsewhere in the body. Diabetes is often associated with high blood pressure, high cholesterol, and obesity each of which is a risk factor for erectile dysfunction. Less commonly, the lower levels of testosterone in men with diabetes may contribute to erectile dysfunction. Just as in men without diabetes, psychological issues including ‘performance anxiety’ can also cause erectile dysfunction or can make the situation worse once a man starts to experience erectile problems.

In some cases men presenting with erectile dysfunction may have previously undiagnosed diabetes or high blood pressure or high cholesterol. A blood glucose test from a doctor and, if levels are high, diabetes treatment can help both the erectile problems and other health problems that are caused by diabetes.

**How is erectile dysfunction connected to cardiovascular disease?**

Erectile dysfunction is increasingly being recognised as an early warning sign of future cardiovascular disease, particularly coronary heart disease. An Australian study has shown that twice the risk of a later cardiovascular event (such as heart attack or stroke) in men aged 20 years or older with erectile dysfunction, compared to similar aged men in the general population. Men with diabetes and erectile dysfunction also have a higher risk of a subsequent cardiovascular event than other men with diabetes.

The risk of a cardiovascular event after developing erectile dysfunction is similar to that of being a smoker or having a family history of coronary heart disease. One study has shown that within a year of the first significant episode of erectile dysfunction in men aged 55 years or over, 1 in 50 had a major stroke or heart attack and within 5 years it was greater than one in 10 men. It seems that erectile dysfunction in younger men is an even stronger predictor of later cardiovascular disease than in older men.

The link between erectile dysfunction and cardiovascular disease is thought to be due to a common underlying vascular problem. As blood vessels in the penis are smaller they may be affected earlier than other parts of the body such as the heart and consequently the penis acts as a window to the health of the blood vessels.

**Should I get it checked?**

The best way to get help for erectile problems is to see a GP to discuss the problem. A discussion of psychosocial issues that might be contributing to the problem and the importance of restoring sexual function can be helpful, as well as undergoing a general health check including measurement of cardiovascular disease risk factors including diabetes, high blood pressure, high lipid levels, smoking, obesity and low level of physical activity. In some cases a testosterone measurement may be done. The good news is that modern treatments are very effective at restoring a man’s ability to get an erection and helping to improve sexual satisfaction. Discussions of sexual issues and erectile function can be challenging for both doctors and men. However, understanding more about erectile dysfunction and links with other health problems can be a motivating factor for men to take steps to improve erectile function and their general health.

More information, including Andrology Australia’s Erectile Dysfunction booklet and the online video A Comprehensive Guide to ED, can be found at www.andrologyaustralia.org/erectile-dysfunction.
When men talk: the power of peer education

HARRY WAS a man of simple pleasures. A widower in his early 80s, he enjoyed camping, the odd fishing trip with his mates, and the daily walk in to town to buy the paper and have a chat.

In the previous few years Harry had gradually abandoned many of his favourite pastimes, venturing only to the Orbost Men’s Shed once a week. Gary Green, the community health nurse who had been part of setting up the shed, remembers a conversation with Harry in which he spoke about not getting out and about any more because of a urine ‘leakage’ worry. Harry could only get to the men’s shed because he wrapped a towel around himself like a nappy and pulled his tracksuit pants on over the top.

“He really enjoyed being with the other blokes, and said the men’s shed was the only thing he was prepared to go to that much effort to get to,” Gary said. Gary suggested that the district nurse call around for a home visit.

A week later, Harry surprised everyone, including Gary, by enthusiastically announcing to the 30-plus men assembled at the men’s shed that he “no longer pissed himself”. He then dropped his pants in front of everyone and proudly displayed his external catheter, essentially a condom drainage system that emptied his urine into a bag strapped onto his leg.

“Now I can come along with you guys on the fishing trips, the Blokes’ Fridays, to the shops,” Harry told the men.

Over the next couple of weeks, as Harry resumed many of the activities he’d given up, four more members of the Men’s Shed approached Gary to ask if he could put them in touch with ‘that nurse’.

Gary, now the Community Engagement Manager for the Australian Men’s Shed Association, said that Harry’s story was a great example of how blokes get their information. “When it comes from a peer, it’s much more valuable and much more effective,” he said.

Glenys Quick, the district nurse who introduced the men to the condom drainage system, said that Harry’s declaration of incontinence to the group had made it that much easier for others to seek help.

“That’s why community links are so important. Because of community, there was a ‘flow-on’ effect in Orbost,” she laughed.

For free confidential advice and information about incontinence call the National Continence Helpline on 1800 33 00 66 or go to www.continence.org.au.

We thank the Continence Foundation of Australia for providing this article.

Research round-up

The story of prostate cancer in Australia: what is new?

AT THE end of the month of November (Movember), prostate cancer is high on the health news agenda; a timely opportunity for the Australian Institute of Health and Welfare (AIHW) to launch the first comprehensive report of prostate cancer diagnosis, treatment and survival outcomes in Australian men. Although there are many studies on prostate cancer in various regions or smaller population groups in Australia, this is the first report to bring together all the available statistics to give a picture of how we are faring as a nation with this increasingly common cancer.

There has been an increasing rate of diagnosis of prostate cancer since 1982 with 21,808 new cases diagnosed in 2009; the main drivers of the increase are the use of PSA testing (introduced in 1987) and the ageing population. However, the good news is that over the same time, the rate of dying from prostate cancer has declined and in 2006-2010, over 9 in 10 men diagnosed with prostate cancer were alive five years later. The report identified some regional differences, with men living in the inner regional areas more likely to be diagnosed with prostate cancer than those in remote or very remote areas, perhaps due to a greater access to PSA testing and/or the different proportions of older men in the inner regional areas compared to remote or very remote areas.

The report is freely available to download from the AIHW website (www.aihw.gov.au/publications/) or hard copies can be ordered and is a great resource for those interested in prostate cancer.
Last chance for GPs to get 40 Category 1 RACGP QI&CPD or ACRRM points before the end of this triennium

Andrology Australia provides two free GP online Active Learning Modules (ALMs) accredited through RACGP and ACRRM. They include case studies covering the detection and management of common male reproductive health disorders.

If you have started one of Andrology Australia’s two free online Active Learning Modules (ALMs), remember that 31 December 2013 is the end of the triennium for GP QI&CPD points, so please ensure your ALM is completed prior to this date to gain your points. GPs who complete ALMs between 16 and 31 December 2013 will receive confirmation of these points for the 2011–2013 triennium in early January 2014.

See www.andrologyaustralia.org/health-professionals/gps/ or contact Wendy Thomas on 03 9902 4821 or wendy.thomas@monash.edu.

Christmas closure

The Andrology Australia office will be closed over the Christmas–New Year period. Phones and email won’t be attended between Thursday 19 December 2013 and Tuesday 14 January 2014. Our online order form will remain open during this period.

We’d like to wish you all seasons greetings and the best of health in 2014 and beyond.

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.

Latest News

Health for the Modern Man

What are the health issues facing men in 2014?

Men’s health has been reinvigorated in recent years following the launch of the 2010 National Male Health Policy. But it is important to continue the discussion and to keep looking into emerging areas of need.

Health issues facing younger males have been the focus of recent media attention. For example, use of performance-enhancing drugs in sport at both elite and amateur levels has become a potential health challenge, and men and boys face growing pressures around body image.

With this in mind, Andrology Australia is once again organising a Forum for the wider men’s health network to maintain focus on the new challenges facing those working in men’s health.

Under the theme ‘Health for the Modern Man’, the 2014 Forum will bring together men’s health workers, clinicians, academics, researchers, policy makers and interested others to provide an opportunity to learn about the contemporary issues in men’s health—from body image to fatherhood, social media to drugs in sport—with a focus on the health of younger men.

The program is under development but early signs are that the line-up of speakers and topics will be smart, relevant, and informative. More details are being added to the Forum website at www.andrologyaustralia.org/forum as they are finalised. Go there to download the draft program and sign up for the mailing list.

The Forum will be held over the weekend of 13–15 June 2014 in Launceston. Registrations will open early in 2014.