Men’s Health Week (June 13-19, 2016) proved a wonderful time to promote positive men’s health messages across Australia.

For the past 12 years, Andrology Australia has developed themed resources to promote Men’s Health Week to communities across the country. Each year, feedback on these resources remains positive and the popularity of men’s health activities continues to grow, not only during Men’s Health Week but throughout the year.

This year Andrology Australia distributed over 60,000 themed resources to more than 700 individuals/organisations that held a men’s health activity during Men’s Health Week. These light-hearted resources were aimed at getting men to think about their health and wellbeing and to encourage men to talk to a doctor about any health concerns.

An online survey was distributed to 692 individuals who ordered resources and provided an email address, to gain feedback on the resources and their men’s health week activity. The survey attracted a 31% response (n=216) with key findings indicating that 95% of respondents rated this year’s theme as good/very good and an overwhelming 99% of respondents believing that the resources are a valuable source of quality men’s health promotion material.

Men’s Health Week resources were distributed right across the country, with 41% hosting activities in a major city/suburb and 59% in regional/rural or remote Australia. Community Health, GP Clinics, Shopping Centres, Workplaces and Men’s Sheds were among the breadth of participants. Andrology Australia’s men’s health messages also reached a significant number of people through external organisation’s newsletters, magazines, newspaper articles and via social media.

We would like to thank everyone for their efforts in promoting men’s health and celebrating Men’s Health Week 2016.
Thanks to all our supporters who have responded to the call to Save Andrology Australia. At the time of writing we have received over 6,800 signatures on our petition to the House of Representatives and, as reported in Professional education (page 5), over 1,000 GPs responded to a short survey indicating overwhelming support for Andrology Australia. We are continuing our efforts to secure funding for the program and your support has been very encouraging. For more information go to https://www.andrologyaustralia.org/saveandrologyaustralia/

This issue of The Healthy Male (issue 60) marks a full 15 years (4 per year) that we have been producing this newsletter. Over the years we have received very positive feedback from our readers and we take great pride in providing credible, independent information for men and their families in the community and for health professionals.

In this issue of The Healthy Male we have a focus on benign (non-cancerous) prostate enlargement. This is a common problem for men as they age and it’s good to be reminded that help is available if urinary symptoms from prostate enlargement are causing problems.

We encourage men who may have symptoms related to prostate enlargement, or any of the other health issues we discuss in The Healthy Male, to see their local doctor. There are many commercial and unscrupulous ‘men’s health clinics’ out there, often advertising on the web or newspapers, so we encourage you to seek advice before going in that direction (see In brief item, page 6).

Professor Rob McLachlan

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**Health spot – News on treatments**

for benign prostate disease

**UroLift® system treatment**

for men with benign (non-cancerous) prostate enlargement (BPH) is a relatively new treatment for BPH that is being used by some Urologists. The UroLift system may be used for troublesome lower urinary tract symptoms. It can be considered as an alternative to drugs or major surgery. UroLift is not suitable for all prostate conditions, so assessment by a Urologist is essential.

UroLift® involves placing retractors to separate the lobes of the prostate to lessen the obstruction to the flow of urine through the urethra. It has been suggested to have less side effects and may have better outcomes for sexual function than surgical treatments1. It should be noted that longer term outcomes of Urolift are not yet known and further research is needed to determine how long the effects of the procedure last and what proportion of men will go on to need other treatments in the following years.

Changes to prescribing practices for oral medicines to treat BPH

Recent changes to the Government’s Pharmaceutical Benefits Scheme (PBS) mean that General Practitioners (GPs) can now initiate prescriptions for Duodart®, a combination oral medicine containing two drugs (called dutasteride and tamsulosin) for moderate to severe urinary symptoms linked to BPH. Before these PBS changes, prescriptions could only be initiated by a specialist urologist. This change may help improve men’s access to this treatment, especially if they live in rural or remote areas where it can be harder to get to a specialist. However, it is important that men taking Duodart® are checked regularly by the doctor to make sure the medicine is working and for prostate cancer checks.

*Disclaimer: Andrology Australia does not endorse any specific treatments and advises men to speak to their doctor before making decisions about treatment for particular health conditions.

Focus on: When bigger is not better

As men get older the prostate gland grows larger. For some men the growth of the prostate will not cause any problems while for others it can cause bothersome urinary symptoms. If a man notices any change to his urination, especially if it is affecting his quality of life, it is a good idea to see the local doctor.

What is the prostate?
The prostate is a small but important gland (organ) in the male reproductive system. The main role of the prostate is to make fluid that protects and gives nutrients to sperm. The prostate makes about one third of the fluid that is ejaculated (released) from the penis at orgasm (sexual climax).

What is prostate disease?
Prostate disease is any medical problem that affects the prostate gland. Common prostate problems include benign prostatic hyperplasia (BPH), prostatitis and prostate cancer.

What is BPH?
BPH is a benign (non-cancerous) enlargement or growth of the prostate gland. As the prostate surrounds the top part of the urethra, enlargement of the prostate makes the urethra narrower and puts pressure on the base of the bladder. Narrowing of the urethra can affect the passing of urine in a number of ways.

BPH is not usually life-threatening but symptoms can have a major effect on quality of life.

How common is BPH?
BPH is the most common prostate disease. BPH usually starts after the age of 40 years and is more common in older men; it affects nearly all men at some time in their lives. Some men do not have any symptoms even though their prostate has grown larger. BPH usually becomes more of a problem over time, with symptoms getting worse if they are not treated.

What are the symptoms of BPH?
A number of men with BPH do not have many or any symptoms. The men who do have symptoms of BPH usually notice changes to their urination. This is because BPH affects the part of the prostate that surrounds the top part of the urethra.

What are lower urinary tract symptoms (LUTS)?
LUTS is a common term used to describe a range of urinary symptoms. LUTS linked to BPH can be ‘obstructive’ or ‘irritative’, but other symptoms may also happen.

Obstructive symptoms include a delay or straining when starting to urinate, and slow or dribbling flow of urine. Irritative symptoms include urgent or frequent urination during the day and night.

A man may have mainly voiding symptoms, mainly storage symptoms, or a combination of both.

What causes BPH?
The causes of BPH are not well understood. Some research shows that there may be genetic links, as sons of men diagnosed with BPH are more likely to develop prostate disease.

Older age and the male sex hormone testosterone are linked with BPH but may not be the cause. It is known that BPH only happens when testosterone, which is made in the testes, is present.
How is BPH diagnosed?
If you have urinary symptoms, a doctor may do a number of things to find the cause:

- a full personal and family medical history and description of symptoms;
- a physical examination that mainly involves a digital rectal examination (DRE), where the doctor places a gloved finger into the rectum (back passage) to check the size, shape and feel of the prostate; blood or urine tests; and
- sometimes a biopsy or ultrasound - to find out the type of prostate disease (to check if it is BPH, prostate cancer or prostatitis).

Could it be prostate cancer?
Many people think that urinary symptoms in men are a sign of prostate cancer. This is not true. Prostate cancer may sometimes be present but most often urinary symptoms are caused by BPH.
If there is an abnormal blood test for PSA (prostate specific antigen) and/or DRE result, prostate cancer may be present. The only way to confirm whether prostate cancer is present is by prostate biopsy. The biopsy, to remove small samples of tissue from the prostate, is usually done by a urologist. A pathologist then looks at the sample to see if cancer is present.

What new treatments for BPH are available?
While TURP is the most common surgical treatment, some newer less invasive treatments can involve shorter stays in hospital and a faster recovery. However, with these less invasive treatments there is a greater chance that the symptoms will come back and further treatment will be needed.
These treatments use laser to kill off, vaporise or dissolve (rather than cut) the enlarged part of the prostate. As a result, pathology testing of the tissue cannot always be done. If the doctor wants to check that the enlargement is not caused by cancer, these options may not be recommended.
A new treatment called Urolift® is also being used to treat BPH (see Health spot, page 2).

Can I do anything to prevent BPH?
As there are no known causes of BPH there are no known ways to prevent it. However, lifestyle changes may help to stop the symptoms of BPH getting worse and may even help to improve symptoms.
Reducing caffeine and alcohol intake (these substances can irritate the bladder), avoiding constipation (straining to pass stools can affect pelvic floor muscles, which are important for both bowel and bladder control), reducing body weight, and good control of diabetes and blood pressure may be helpful. Stopping smoking and increasing exercise levels may also help symptoms.
See a doctor if you notice any changes to urination, particularly if the symptoms are interfering with normal daily activities.

For more information about BPH please refer to the Andrology Australia guide on Prostate Enlargement.
www.andrologyaustralia.org/booklets/prostate-enlargement/
**Professional education**

### GPs benefit from Andrology Australia’s education

**During the Save Andrology Australia Campaign, Healthed (delivering seminars and learning resources for GPs) kindly provided an opportunity to survey their health professional network about the education and resources offered by Andrology Australia.**

Over 1,000 GPs (n=1020) were asked to rate their level of agreement (on a scale of 5=strongly agree to 1=strongly disagree) with various statements. With overwhelming support, 98% believe that GPs in general benefit from independent information and education on male reproductive health. Ninety-nine percent of GPs strongly agree/agree that men would benefit from being able to easily obtain non-commercial, independent, free information on male reproductive health and associated conditions.

A subset of GPs (n=442) were asked additional questions on their perception of Andrology Australia. Responses tremendous support: 97% of GPs strongly agree/agree that the work done by Andrology Australia for health professionals and the public is valuable and 97% of GPs strongly agree/agree that the recent government decision to cease ongoing funding for Andrology Australia is short-sighted.

The survey results emphasise that over the past 16 years, Andrology Australia has built a strong reputation with GPs and other health professionals as a trusted source of quality evidence-based information. Each year thousands of health professionals access Andrology Australia’s education and resources including Clinical Summary Guides and patient information.

Andrology Australia’s eLearning portal continues to operate providing health professionals RACGP and ACRRM accredited male reproductive health education.

As the current RACGP triennium draws to a close, now is the time to complete CPD requirements. For more information, please visit the health professional section of the Andrology Australia website: [www.andrologyaustralia.org/health-professionals/](http://www.andrologyaustralia.org/health-professionals/)

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### Research round-up

**Obesity has a stronger link to mortality in men than women**

It is well known that around the world average body size is getting bigger as measured by the body mass index (BMI: weight in kg divided by (height in metres 'squared')). The health effects of being overweight or obese are also well documented including higher rates of diabetes and heart disease. However, there are different views on the longer term effect of obesity on dying at an earlier age (increased mortality).

A recent study1 by the Global BMI Mortality Collaboration has combined data from 239 studies from four continents to assess the links between BMI and mortality in over 10 million people. The study showed a significantly increased chance of dying earlier with a BMI in the overweight range and even greater chance for people in the obese range of BMI (>30kg/m2) compared to those with a normal weight. Although this effect was seen in both men and women the risk was significantly higher for men than women. This suggests that the health effects of being overweight or obese are greater for men.

The study shows that obesity in men in particular has long-term effects on life expectancy. As men age, either keeping in the normal weight range, or losing weight (for those already overweight), can have a variety of health benefits including living longer.

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1 Global BMI Mortality Collaboration. Body-mass index and all-cause mortality: individual participant data meta-analysis of 239 prospective studies in four continents. The Lancet 2016: dx.doi.org/10.1016/S0140-6736(16)30175-1 (online publication)
In brief

Aboriginal Health Worker units online

In consultation with the Aboriginal and Torres Strait Islander Reference Group, Andrology Australia has developed a training module in men’s health for Aboriginal Health Workers. Individual units are now available to download from our website: https://www.andrologyaustralia.org/health-professionals/aboriginal-health-workers/

Andrology Australia named one of the six best health websites by a radio program

Community radio station RRR has named Andrology Australia as one of the top six health websites for 2016. A GP speaking on the program Radiotherapy recommended Andrology Australia’s website for reliable information on male reproductive health for patients and health professionals (see www.andrologyaustralia.org).

Be wary of claims made by some ‘Men’s Health Clinics’

The old adage “if it sounds too good to be true …” applies to advertisements for some so-called ‘men’s health clinics’. In a win for evidence-based medicine, the Advanced Medical Institute [seen on billboards advertising nasal spray erectile dysfunction treatments] has lost a recent court appeal. A recent press report stated that AMI continues to be restrained from making health claims about its treatments. http://www.watoday.com.au/business/consumer-affairs/advanced-medical-institute-erectile-dysfunction-treatments-appeal-tossed-out-20160722-gpcey.html

Another clinic has also popped up recently making unsubstantiated claims about the use of an unspecified agent that ‘stimulates natural testosterone production’ in men over the age of 30 – the Australian Male Hormone Clinic. The lack of clarity about the clinic’s medical or scientific qualifications combined with inviting men to sign up for ‘Free Medical Consultations’, with no other information on their website, is a red flag to be wary.

If in doubt about where to find reputable health organisations, discuss with your GP or medical specialist.

Latest News

Congratulations to Professor David de Kretser AC, Founding Director of Andrology Australia

In July, the Faculty of Medicine, Nursing and Health Sciences at Monash University presented the Faculty’s Lifetime Achievement Award to Sir John Monash Distinguished Professor David de Kretser, the Founding Director of Andrology Australia. The Lifetime Achievement Award is presented to an individual who has made an outstanding contribution – nationally and internationally – to human health and wellbeing.

Faculty Dean, Professor Christina Mitchell said: “Professor David de Kretser, with his many accolades and significant contribution to the field of male fertility, is an inspiration to so many of us in our careers as researchers.” Professor de Kretser started his career at Monash University in 1969 and his academic career has included the positions of Professor of Anatomy, the Founding Director of the Monash Institute of Medical Research and the Associate Dean for Biotechnology Development.

David de Kretser was instrumental in establishing Andrology Australia, serving as Founding Director from 1999 to 2006. From 2006 to 2011 he served as the 28th Governor of Victoria. He then resumed his research career at Monash University in April 2011 and has served on the Andrology Australia Advisory Board and Management Group since then. We congratulate David and thank him for his great contribution to Andrology Australia.

Reflecting on David’s contribution to science and medicine, and in particular to Andrology Australia, highlights the importance of our campaign for funding to keep the program going. It was David’s vision that has seen Andrology Australia grow from an idea for a program to fill a need in male reproductive health, to a leading men’s health program with broad outreach, respected by the community and health professionals alike. Our funding campaign is ongoing and we thank all who have lent their support.

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

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Andrology Australia
School of Public Health and Preventive Medicine
PO Box 315, Prahran, Victoria, Australia, 3181
Email: info@andrologyaustralia.org
Telephone: 1300 303 878

Web: www.andrologyaustralia.org
Twitter: @AndrologyAust
Facebook: AndrologyAustralia

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