The Healthy Male

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

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ANDROLOGY AUSTRALIA
What every man needs to know

Andrology Australia in 2017 and beyond

As we prepare for the end of the year celebrations and holidays, the final newsletter for 2016 brings to a close a turbulent year for Andrology Australia.

Reflecting on our achievements in 2016, it is clear that our work continues to build on the developments in men's health over the 16 years since Andrology Australia started.

The launch of the National Male Heath Policy in 2010 was a milestone marking the efforts of Andrology Australia, along with the broader men's health community, over many years, to place men's health front and centre of the government's health priorities. It is now part of our mission to keep the men's health policy agenda alive but the decision by the Federal Department of Health (in May) to withdraw funding from Andrology Australia threatens to stall such efforts to improve men's health.

It is timely to recognise our major impacts on the national male health scene over the past decade, including: raising public discussion of 'bits below the belt' to encourage men to get help when needed; empowering GPs, through education and health information resources, to engage with their patients with reproductive health disorders; helping to protect men from exploitation by online and widely advertised 'men's clinics' selling non-evidence-based treatments; the 2008 Andrology Australia forum that advocated for a longitudinal male health study (culminating in the 'Ten to Men' study); supporting the training of doctors specialising in men's reproductive health (andrology); and increasing awareness that reproductive health conditions can be an early warning sign of cardiovascular disease, thereby providing opportunities for disease prevention.

The campaign to have our funding re-instated has been widely supported by the community and health professionals who value our resources, education and support, giving us the encouragement to keep on fighting. If Andrology Australia cannot continue its work due to funding constraints this will be to the detriment of the health of Australian men.

We will be back in January 2017, hopefully with good news for the future of men's health. In the meantime we wish you all a safe and happy holiday season.

From the Director

Reflecting on the achievements of 2016 in this, our last newsletter of the year, it has certainly been a year of highs and lows. In May, the announcement by the Federal Department of Health to cease our funding was unexpected and a blow to the gains made in men's health in Australia over the past decade or so. Especially coming so soon after the successful *Andrology Australia Young Men's Health Forum* (held in Canberra in March) that was lauded by the Assistant Minister for Health and Aged Care, Hon Ken Wyatt, in his opening address.

We are very grateful to all our supporters for signing our petition, contacting politicians and writing letters to Minister Sussan Ley on our behalf. It has been clear that both health professionals and the community value the resources and education provided by Andrology Australia very highly.

We have reduced our activity level and our staff and, with our remaining funds, will be able to maintain our services for the next few months. We are in active discussions with the Department and Minister's Office in the hope that the situation can be repaired.

We would like to undertake many new activities in 2017 and beyond, such as a focus on younger men's health needs in primary care, continuation of our work with Indigenous male health, delivery of community education in collaboration with 'on the ground' organisations, and the education of the next generation of GPs. As the national 'honest broker' of evidence-based information and policy advice, we remain ready to serve the cause of male health.

In this edition of the newsletter we look at the 'Top 3' topics viewed by visitors to our website: male infertility, blood in semen, and Peyronie's disease. The *Focus On* pages give more detail about blood in semen. Although this common problem can be concerning to men, it's reassuring to know that blood in semen does not usually need treatment.

We go to the Christmas break with the hope that men's health remains high on the agenda of governments and the broader community in 2017. Best wishes to all for the Christmas season and have a happy and healthy new year.

Professor Rob McLachlan

Inbox

Messages of support for Andrology Australia and our resources have continued throughout our campaign to 'Save Andrology Australia'. Thank-you for letting us know how our education and information support is making a difference in the community.

"Dear Campaign Manager,

Please find enclosed signed petition forms... from doctors, nurses, police officers, members of a local football club, retailers... I would like to say how much I appreciate the incredible and important work that Andrology Australia does..."

Member of a sexual health organisation

"Dear Prof McLachlan

...I am writing to say this is a great pity [funding withdrawal] because Andrology Australia is a model men's health programme which other countries should emulate...Andrology Australia stands alone as a beacon of what can be done for men; especially for those disadvantaged and minority communities. I hope the decision can be reversed..."

Professor and former chair of a group within in the Human Reproduction Programme, WHO, Geneva

Health spot – the 'Top 3' health issues from our website

When searching for men's health information online, many arrive at the Andrology Australia website. A recent analysis of our website showed the 'Top 3' topic pages viewed by website visitors are:

1. **Male infertility** is diagnosed when, after testing both partners, reproductive problems are found in the male. 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. It is estimated that one in 20 men has some kind of fertility problem with low numbers of sperm in his ejaculate. However, only about one in every 100 men has no sperm in his ejaculate.

2. **Blood in Semen** is a common problem and can affect men at any age. See the *Focus On* article overleaf for more information.

3. **Peyronie's Disease** is the hardening of tissue in the penis. A lump or plaque (scar tissue) forms on the lining of the erectile tissue which holds much of the blood in the penis during erection. In most cases, a hard lump can be felt at the point where the penis curves. The hardened area or plaque prevents normal stretching and can affect the size and shape of the erect penis. In severe cases, the plaque can include the muscle and arteries of the penis leading to erectile problems. It is thought about one in 11 men have Peyronie's disease; however, many will not need treatment because the condition is not serious enough to cause problems or it gets better over time.

See www.andrologyaustralia.org for more information. Please see your doctor if you are worried about these or any other health problems.

Focus on: Blood in semen – a common

‘Blood in semen’ (also called ‘haematospermia’) has always been a very popular topic on the Andrology Australia website. This reflects the fact that it is a common condition that can happen to a man of any age. A man may be worried when he sees blood in his semen but in most cases it will get better without treatment. However, if you do find blood in your semen it is a good idea to see your doctor.

Is it normal for blood to be in semen?

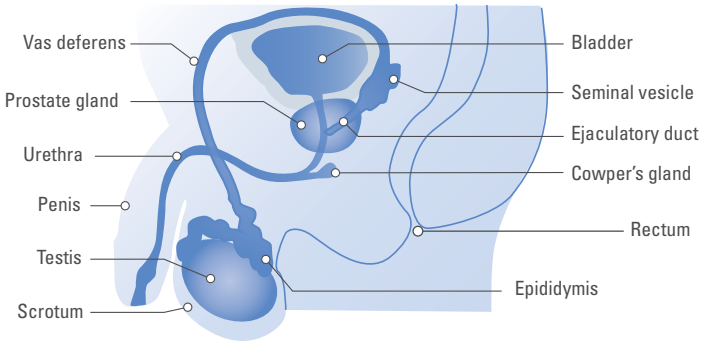
Blood in semen (haematospermia) is not normal, but it is quite common. It can appear as either a brownish or red colour in the semen. For most men it is painless and it is usually noticed after ejaculation.

Up to 9 in 10 men who have had blood in their semen have more than one episode.

Should I worry about finding blood in my semen?

Men are often worried when they find blood in their semen but it is not usually a sign of a serious problem. However, it is important to see a doctor if you notice any blood in your semen.

The Male Reproductive System



What causes blood in semen?

The male reproductive system is made up of the testes, a system of ducts (tubes), and glands that open into the ducts.

Sperm are made in the testes. At orgasm (sexual climax), waves of muscle contractions move the sperm, with a small amount of fluid, from the testes through to the vas deferens. The seminal vesicles and prostate contribute extra fluid to protect the sperm (the fluid makes up 90 per cent of the ejaculate). This mixture of sperm and fluid is called semen. The semen travels along the urethra to the tip of the penis where it is ejaculated (released) at orgasm. Bleeding can happen anywhere along the way.

Blood in semen may be caused by inflammation, infection, blockage or injury anywhere along the male reproductive system. As the seminal vesicles (a pair of pouch-like glands located on either side of the bladder) and the prostate are the main organs that contribute the fluid to the sperm, an infection, inflammation or trauma in either of these organs can cause blood in the semen.

Blood can be found in semen as a symptom on its own. This is called primary haematospermia. In other cases, the blood in the semen is linked to other symptoms. This is called secondary haematospermia.

Can blood in semen be caused by injuries or rough sex?

A man might notice blood in his semen during or after sex, but even if the sex has been ‘rough’ it is not usually the cause of the bleeding. Severe trauma to the genital/urinary tract can cause blood from the urethra (the tube that carries the urine from the bladder to outside the body), but this is different to haematospermia.

Can blood in semen be caused by sexually transmitted infections?

Blood in semen is very unlikely to be caused by any sexually transmitted infection (STI). Some STIs can be transmitted through blood and semen, but they do not usually cause blood in the semen.

What is primary haematospermia?

Primary haematospermia is when blood in the semen is the only symptom. No blood is found in the urine, and a physical examination does not find any other problems. If there is blood in semen but no other symptoms, usually no cause is found.

What is secondary haematospermia?

Secondary haematospermia is when there is a suspected or known cause for the bleeding. There can be blood in semen after a prostate biopsy or a urinary or prostate infection. In

n problem for men at any age

rare cases there may be blood in semen if cancer is present. Blood in semen can also happen in men over 50 years of age with benign prostate enlargement (BPH) with calcifications (deposits of calcium) that can be seen on ultrasound.

In very rare cases, secondary haematospermia can be caused by tuberculosis, parasitic infections, or any disease that affects blood clotting such as haemophilia and chronic liver disease, and some medications that thin the blood.

It is very rare for cancer of the testes to be linked with blood in semen. Prostate cancer can cause blood in semen; however, most men with prostate cancer do not have this symptom unless they have had a prostate biopsy that has caused the blood. An ultrasound-guided biopsy of the prostate can cause blood in semen in about one third of men having this procedure.

What should I do if I find blood in my semen?

If you have blood in your semen, make an appointment to see your local doctor. Think about the following questions to discuss with the doctor:

- How much blood is in the semen – is the ejaculate a very red colour or are there just flecks?
- Have you ever noticed blood in the past?
- How many times have you noticed blood in your semen?
- When was blood first noticed? Is blood present all the time?
- Is there anything that seems to have caused this symptom?
- What other symptoms do you have, if any?

Primary haematospermia does not usually need treatment when blood in the semen is the only symptom

How does a doctor confirm blood in semen?

To confirm that there is blood in the semen:

- the doctor will first do a physical check-up, including a genital examination and a prostate (back passage) examination
- a semen sample may be needed to check the amount of blood in the ejaculate
- a urine sample is needed to make sure no blood is present in the urine, either seen with the eye or under the microscope, and to check for signs of a urinary tract infection (UTI).

If other causes of blood in semen are suspected, what tests are done?

If blood is found in the urine (seen by the eye or through a microscope), or if blood in semen is linked with symptoms of a urinary tract infection, you should see a urologist (a surgeon who specialises in diseases of the urinary tract in men and women, and the genital organs of men) for further tests.

These further tests include a CT scan or ultrasound of the urinary tract, as well as a cystoscopy (using a cystoscope, a long, very thin tube with a camera and light at the end) examination of the bladder and prostate.

A digital rectal examination, where the doctor places a gloved finger into the man's rectum (back passage) to check the size, shape and feel of the prostate, and a prostate specific antigen (PSA) blood test are needed to investigate blood in semen. If these tests are abnormal then an ultrasound and prostate biopsy may be necessary to exclude prostate cancer.

How is blood in semen treated?

Primary haematospermia does not usually need treatment when blood in the semen is the only symptom, and physical examination and urine analysis are normal. Blood in semen can continue on and off, but it generally clears up without treatment and does not increase the risk of other diseases; you will not be putting your sexual partner at risk.

How is blood in semen treated when other symptoms are present?

Treatment for secondary haematospermia will vary, depending on the other symptoms and the underlying cause. Some examples of treatment for specific causes include:

- minor injuries – treated with rest and monitoring symptoms
- major injuries – may need surgery
- infections – can often be treated with antibiotics
- blockages – are usually treated with specific medicines
- in the rare case of prostate cancer – surgery, radiation or hormonal therapy may be needed.

If you are over the age of 40 and continue to have blood in your semen, especially if there are also other symptoms, please see a urologist (note that you will need a referral from a GP to see a urologist).

See a doctor if you are concerned about blood in semen or any other health problems.

Community support for men with reproductive health conditions

MALE REPRODUCTIVE health conditions such as prostate problems, prostate or testicular cancer, sexual difficulties, Klinefelter's syndrome or infertility can be challenging for men both physically and emotionally. Men may find it difficult to talk about such sensitive issues, even with a doctor. They can feel isolated and wonder if other men feel the same way.

Through the period of diagnosis and ongoing management of a reproductive health condition, health professionals will provide information and support for treating the diagnosed condition. However, it is often community-based groups that provide the wider emotional or psychological support to men living with particular health challenges, and their families. Whether it is a peer support group that deals with a specific condition, such as a prostate cancer support group; or a general men's group, such as a Men's Shed, where connecting with other men can help with feelings of isolation and provide a non-threatening place to talk. Some men would prefer not to meet face-to-face with others but benefit from sharing information and experiences online. There are now more web-based forums for specific issues. Research is showing that well designed and moderated online support can improve emotional, and sometimes physical health.

When seeking help in the community, particularly online forums, it is worth checking the credentials of the organiser of the group as they may offer advice that is at best not helpful. Forums and support groups connected to hospitals and reputable health organisations can be a good place

to start. It is also worth discussing with your doctor or other health professional for suggestions.

If you think you may need professional help to talk about your emotions or feelings, ask your doctor for a referral to see a counsellor.

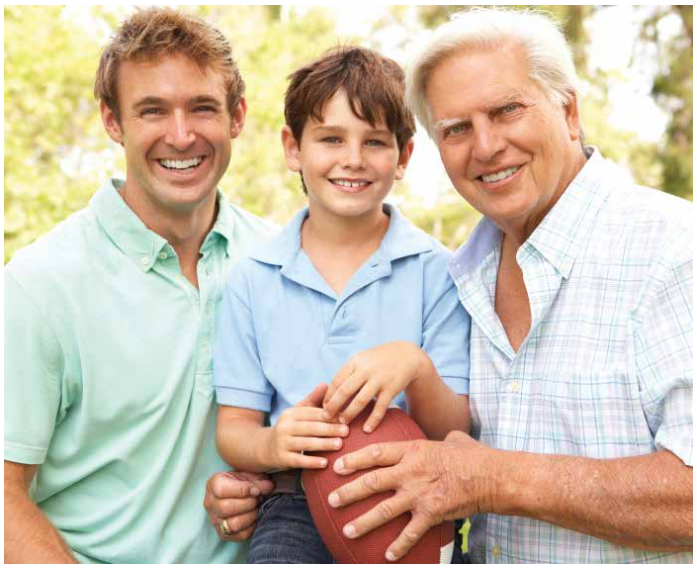
See: Prostate Cancer Foundation of Australia [www.prostate.org.au]; Men's Shed Association [mensshed.org]; and Andrology Australia's "Useful Websites" page [www.andrologyaustralia.org/links/].

Ten to Men: the Australian longitudinal study on male health

TO BETTER understand why men have a shorter life expectancy than women and the causes and effects of health conditions that affect males, the Australian Government Department of Health funded the first-ever Australian Longitudinal Study on Male Health – Ten to Men. Conducted by researchers at the University of Melbourne, this study is following a cohort of boys and men (aged 10 to 55 years in 2013/2014) over a number of years to look at factors that influence health at different ages.

The results from the first wave of data were recently published in a series of articles in BMC Public Health.[1] One article on sexual difficulties experienced by men aged 18 to 55 years showed that over half of the study participants reported at least one sexual difficulty (such as lacking interest in sex, reaching climax too early or difficulty in getting or keeping an erection) lasting for at least three months in a year. Both health and lifestyle factors were linked to having sexual difficulties, although it was not possible to say which came first as the information on the sexual difficulties and the other factors was collected at one point in time. Follow-up of these men over time will help to shed light on the causes and effects of sexual difficulties.

Other papers in the series report on issues including disability, working conditions, stress, mental health, sleep problems and diabetes. A common theme was that men who are



disadvantaged financially or geographically suffer more ill health than those who are better off or live in metropolitan areas. Findings from further waves of data in the coming years will provide a unique insight into ways to improve the health of Australian males.

[1]BMC Public Health 2016, 16 (Suppl 3). See: http://bmcpublichealth.biomedcentral.com/articles/supplements/volume-16-supplement-3

In brief

Last chance for GPs to get CPD 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 ALMs, remember that 31 December 2016 is the end of the triennium for GP QI&CPD points. Please ensure your ALM is completed prior to this date to gain your points. ALMs completed between 16 & 31 December 2016 will receive confirmation of the points for the 2014-2016 triennium in January 2017.

See http://learn.andrologyaustralia.org/ or contact Taletha Rizio on 03 9902 4796 or taletha.rizio@monash.edu.

Christmas closure of the Andrology Australia office

The Andrology Australia office will be closed over the Christmas–New Year period. Resource orders will not be processed between Monday 19 December 2016 and Friday 13 January 2017, although the online order form will remain open. The office will re-open on Monday 17 January 2017.

We wish you all the best for the Christmas season and for 2017 and beyond.

The Ripple Effect project: suicide prevention in rural Australia

The Ripple Effect (STRIDE Project) is an online intervention designed to investigate what works to reduce the self-stigma (negative attitudes you have towards yourself) and perceived-stigma (negative attitudes you believe others have about you) among males from the farming community, aged 30-64 years, who have been affected by suicide amongst friends or family. The project is funded by beyondblue with donations from the Movember Foundation. It is a partnership between the National Centre for Farmer Health, Deakin University, Victorian Farmers' Federation, AgChatOZ, Sandpit, Western District Health Service and Mental Illness Fellowship North Queensland.

For more information, please go to the website: https://therippleeffect.com.au/

Latest news

Is there a future for male contraception?

SHARING RESPONSIBILITY for pregnancy planning is an important part of relationships in the 21st century but men are limited by the effective contraceptive options available – the regular use of condoms or the more permanent vasectomy procedure. However, despite much research, a long-term, reversible male contraceptive is unlikely to be available any time soon.

Since the female contraceptive pill came on the market and revolutionized birth control for women and couples, male hormonal contraception has been investigated. Early studies showed that giving men testosterone can reduce sperm production to a level that prevents pregnancy. However, in these early studies testosterone levels were much higher than normal leading to side-effects.

A recent study[1] tested the effectiveness and safety of a hormonal contraceptive injection that used another hormone (progestogen) combined with a lower dose of testosterone than that used previously. This international trial included two Australian sites. It was thought that adding the second hormone would still reduce sperm production to infertile levels, but with fewer side effects from testosterone.

The study showed that giving an injection every 8 weeks for 12 months did lower sperm levels to close to zero and it was as effective as many female contraceptives in preventing pregnancy. Furthermore, the effects were reversible. However, the trial was stopped early because the side effects reported by some men (mood changes, mild depression, pain at the injection site, increased sex drive) were thought to outweigh the benefits. The problem with measuring side effects in such a study is that there is no control group (it is not ethical to include a placebo group as this could result in unwanted pregnancies). It is therefore hard to know if the side effects were all due to the contraceptive or would have happened in some of these men anyway.

Another potential non-hormonal male contraceptive, Vasalgel™, has also been under development in the USA for many years but large-scale trials are yet to be done and past promises for getting this gel onto the market 'soon' have not happened.

The lack of progress in developing male contraception, partly due to limited interest from pharmaceutical companies to take this research further and the many barriers to getting drugs approved in today's market, suggests that men (and couples) may be waiting a while yet.

[1] Behre, et al. Efficacy and Safety of an injectable combination hormonal contraceptive for men. J Clin Endocrinol Metab 2016; 101 (early release).

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