Australia has one of the highest male life expectancies in the world; a man aged 45 years today can expect to live to about 82 years of age. The key to enjoying a long life is keeping healthy and active well into old age. However, there are many myths and a great deal of dubious information circulating in the community about health in older men. This can make it hard to know who to trust with your health.

Problems with the reproductive system, such as erection problems or prostate problems, are more common in older men but the good news is that there are effective treatments available and that being physically active, not smoking and keeping your weight down can help.

Here are some of the myths to watch out for:

**Myth:** If I am not having sex, I don't need to have my erection problems checked by a doctor.

**Fact:** Even if you don't have an active sex life, erection problems can be due to blood vessels or nerve problems and be the first sign of diabetes or heart disease; these should be checked by a doctor.

**Myth:** In contrast to women, a man's fertility is not affected by age.

**Fact:** Even though healthy men in their 70s or older can still father children, from middle age onwards the time taken to cause a pregnancy is longer. Sperm quality can decrease a little as can semen volume. Some genetic defects are also more common in the offspring of older men.

**Myth:** Difficulty passing urine or a weak urine stream suggests prostate cancer.

**Fact:** Most urinary symptoms in older men are due to benign prostatic hypertrophy (BPH) which is not cancer. Prostate cancer often has no symptoms.

To bring the men's health message to the community and to debunk some of the myths, Professor Rob McLachlan and Associate Professor Jeremy Grummet featured on Talking Health on Radio 3AW (see In Brief on the back page for links). Great interest was shown from talk-back callers of all ages.

Please see your doctor if you have any health concerns or visit our website for information about men's health across the lifespan: www.andrologyaustralia.org.
GOOD NEWS! We are very pleased to report that Andrology Australia is now looking forward to a bright future. Final negotiations with the Australian Government Department of Health to fund the Program until mid-2020 are happening as we go to press.

We would like to sincerely thank all of you for your continuing support of Andrology Australia and our funding campaign over this recent period of uncertainty. Many of you wrote letters, signed the Parliamentary Petition and made the ‘right noises’ in your own communities. This kept our staff positive about the future and strengthened our efforts to ensure we can continue to serve Australian men. We are excited about planning new activities as well as continuing the core work that you tell us is so important to you. In the winter edition of *The Healthy Male* we will have more to say about our plans for the coming years.

In this edition of *The Healthy Male* we are covering topics most relevant to older men. However, the Focus on topic of erection problems can affect men of all ages and the link with general health is a message equally important for younger men. Male health ‘across the lifespan’ is the underlying theme for the new era of Andrology Australia. In future editions of the *Healthy Male*, as for all of our activities, we plan to cover general men’s health issues as well as those more specific to older and middle-aged men, and young men.

We hope you enjoy this Autumn newsletter – we are always happy to hear your feedback.

Professor Rob McLachlan AM

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Health spot – testosterone and ageing

Testosterone is the most important androgen (male sex hormone) in men and it is needed for normal reproductive and sexual function. Testosterone is important for the physical changes that happen during male puberty, such as development of the penis and testes, and for the features typical of adult men such as facial and body hair. Testosterone also acts on cells in the testes to make sperm.

Testosterone is also important for overall good health. It helps the growth of bones and muscles, and affects mood and libido (sex drive). Some testosterone is changed into oestrogen, the female sex hormone, and this is important for bone health in men.

How does ageing affect testosterone levels?

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, especially when they are obese or have other chronic (long-term) medical problems. On the other hand, healthy older men with normal body weight may not experience any drop in serum testosterone levels.

There is no such thing as ‘male menopause’ or ‘andropause’ that can be compared to menopause in women. There is no evidence that ageing men will benefit from testosterone supplements unless they have diagnosed androgen deficiency.

See [www.andrologyaustralia.org](http://www.andrologyaustralia.org) for more information. Please see your doctor if you are worried about your testosterone levels or any other health problems.

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Inbox

“[The newsletter] is great! It’s an interesting read and easy to understand for non-clinical and patients.”

Practice Nurse, Melbourne.

“You are doing brilliantly! Our patients love your work. Your booklet on Erectile Dysfunction is helping to breakdown a long held taboo. Now the elephant in the room can be talked about.”

Rehabilitation Nurse, NSW.

“Great resources and easy to understand.”

Community member, Qld.

“The quality of the handouts is excellent and the men on this site do read them.”

Mining Company, WA.

We welcome your feedback. If you would like to submit a Letter to the Editor, please email media@andrologyaustralia.org.
erectile dysfunction is when a man is unable to get and/or keep an erection that allows sexual activity with penetration. What is erectile dysfunction?

Getting an erection is a complicated process. There are three main types of treatments: non-invasive treatments such as tablet medicines and external devices into the penis and can allow erections to happen through the chemical mechanism of these treatments. There are three PDE5 inhibitors currently available in Australia: sildenafil (Viagra®), tadalafil (Cialis®), and vardenafil (Levitra®). PDE5 inhibitors work well and are safe for treating most men with erectile dysfunction, allowing intercourse in about 7 out of 10 men.

What are the tablet medicines for erectile dysfunction?

Tablet medicines for erectile dysfunction are called phosphodiesterase-5 (PDE5) inhibitors, which refers to the chemical mechanism of these treatments. There are three PDE5 inhibitors currently available in Australia: sildenafil (Viagra®), tadalafil (Cialis®), and vardenafil (Levitra®). PDE5 inhibitors work well and are safe for treating most men with erectile dysfunction, allowing intercourse in about 7 out of 10 men.

What are the new treatments for erectile dysfunction?

Low-intensity extracorporeal shock wave therapy has been proposed as a new non-invasive treatment for erectile dysfunction caused by problems with blood vessels. Shock wave therapy machines are now available in some medical practices in Australia. Although there is some evidence that it may help a proportion of men with erectile dysfunction, more research is needed before clear recommendations on its use can be made.

Is sex important to older men?

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.

Is counselling important for treating erectile dysfunction?

Psychosocial problems are important and may cause erectile dysfunction by themselves or together with other causes of erectile problems, such as diabetes and heart disease. Relationships are complicated and many factors cause tensions, which can affect sexual relations. For some men, these problems can become ongoing and it can help to talk through the issue with a skilled counsellor. It is important to know that the longer erectile dysfunction is left untreated, the greater the effect on relationships. This is another reason why early treatment of erectile dysfunction is important.

Can I do anything to prevent erectile dysfunction?

Although not proven, it is likely that erectile dysfunction can be prevented by good general health, paying particular attention to body weight, exercise, and cigarette smoking. For example, heart disease and diabetes are problems that can cause erectile dysfunction, and both are preventable through lifestyle changes such as sensible eating and regular exercise. Furthermore, early diagnosis and treatment of associated conditions like diabetes, hypertension and high cholesterol may prevent or delay erectile dysfunction, or stop the erectile dysfunction from getting more serious. It is a good idea to see the doctor if you notice problems with your erections, even if you are not interested in restoring sexual activity, as this could be the first sign of other general health problems such as diabetes or heart disease.
Can testosterone therapy improve memory loss in older men?

It is quite common for cognitive functions, such as memory, to get worse as men (and women) get older. For older men with age-associated low testosterone levels it has been suggested that taking testosterone may improve their cognitive function; however, there is no good evidence to support this practice. A recent study reported in the Journal of the American Medical Association\(^1\) has shown that taking testosterone for 12 months did not improve cognitive function in older men with mild memory problems and low testosterone levels, compared to men with similar characteristics using a placebo treatment.

The study included 492 men aged 65 years or older with low testosterone on blood tests, symptoms of low testosterone, and age-associated memory loss on objective testing. Half received testosterone gel for 12 months and half received a placebo gel. Over the period of the study, the testosterone levels (in the group receiving testosterone) increased to levels similar to young men. However, neither the 6-month tests nor the 12-month tests showed any difference in memory or other aspects of cognitive function between the two groups of men.

A limitation of the study is that it only went for 12 months and did not include younger men or those without memory problems; a longer time on testosterone may give different results. Given these limitations, the study provides high-quality evidence that testosterone treatment in older men with low testosterone will not help their cognitive function.

In brief

The new triennium
Andrology Australia continues to be an accredited provider of professional education through the RACGP and ACRRM as we move into the new triennium (2017-2019). Our ALMs have been reaccredited and are available for completion free of charge via our e-learning portal http://learn.andrologyaustralia.org. For information please contact Taletha Rizio on 03 9902 4796 or taletha.rizio@monash.edu.

Andrology Australia Annual Report
The 2016 Annual Report will soon be available online https://www.andrologyaustralia.org/about/annual-reports/providing information and highlights for the calendar year. If you would like a hard copy please contact info@andrologyaustralia.org

Men’s health on the radio
On 5th March Professor Rob McLachlan and Melbourne urologist, Associate Professor Jeremy Grummet, featured on Talking Health on Radio 3AW with Dr Sally Cockburn. Over two hours Rob and the panel were able to answer many callers’ queries and were able to debunk some of the myths about men’s health (find the podcast at: www.3aw.com.au/news/3aw-talking-health-podcasts-2014/218-129w87.html).

Keep up to date with news on our website
Don’t forget to check our website for regular updates about what’s happening in the world of men’s health and for news on the future plans of Andrology Australia. See www.andrologyaustralia.org

Latest News

New directions

OVER THE past three issues of The Healthy Male we have been asking readers to help in our campaign to Save Andrology Australia. Since sending out the call in June 2016, we have received overwhelming support for the program and have been heartened by the level of response. We are very pleased to report the excellent news that Andrology Australia will be continuing, with funding negotiations well underway. After this recent period of uncertainty, the Department of Health is putting men’s health back on the agenda, which can only be of benefit to all Australian men. We believe that the support we have received from the community and from health professionals, to continue the Andrology Australia program, was instrumental in the renewal of our funding. We will be working hard over the next few years to improve men’s health across the lifespan and in the next issue we will have more news about our plans.

Ageing and sexuality

As men (and women) are living longer, ageing and sexuality is an area of great interest. The stereotypic image of older people as sexually inactive is still around. However, studies have shown that many older people continue to be sexually active well into their 70s (perhaps not as frequent as when younger) and sexual activity is important to both men and women as they age.

The perception that older people are not interested in sex can also be operating in the GP consultation, even though research shows that many older adults would value an opportunity to discuss sexual health with their doctor.

It’s not always easy for older people to talk about sexual issues and doctors may also not find it easy to broach this subject with older patients.

A new research study (the SHAPE project) from the University of Melbourne is exploring the challenges in having conversations about sexual health for both doctors and patients, and ways to overcome these challenges. The researchers are calling for men and women aged 60 years or over to participate in a short interview on the phone or face-to-face. You can contact Dr Sue Malta on 03 9035 7737 or susan.malta@unimelb.edu.au for more information.

NEWSLETTER OF ANDROLOGY AUSTRALIA
Australian Centre of Excellence in Male Reproductive Health
The Andrology Australia project is supported by funding from the Australian Government Department of Health, and is administered by Monash University.

Andrology Australia
School of Public Health and Preventive Medicine
Level 4, 553 St Kilda Rd, Melbourne,
Victoria 3004, Australia.
Email: info@andrologyaustralia.org
Telephone: 1300 303 878

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

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