



The Healthy Male

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

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Health Minister announces new funding for men's health



Looking after the health of Australian men into the future

With the announcement by the Minister of Health, Hon Greg Hunt MP, of \$6.4 million over four years (to 2020) for a new National Male Health Initiative, the health of Australian males is back on the national agenda (see Latest News, p. 6). An integral part of this funding commitment is for Andrology Australia to continue its work with the education and health information resources that we know are highly valued by men, their families and health professionals. We will also be launching some new initiatives over the next three years.

Collaboration has always been part of the successful Andrology Australia model, ensuring that we are making the best use of resources. In the coming three years we will be strengthening our collaborative activities for both our health professional programs and our health promotion and patient resources. We will be working with groups specifically focused on men's health, in particular the other agencies in the Male Health Initiative – Australian Men's Health Forum and Men's Health Information and Resources Centre – as well as other organisations working in chronic disease areas that affect men as well as women, such as cancer, heart disease and mental health.

Following our Young Men's Health Stakeholder Forum in 2016, an exciting new area of focus for Andrology Australia is the development of new health information resources for younger men as well as health professional education in managing young male patients. We will convene a new Young Men's Health Working Group with wide representation of organisations and individuals with interest and expertise in this area, including younger males' perspectives.

An important objective for the next three years is to increase the resources and education specifically targeted to the needs of men from specific sub-groups, including culturally and linguistically diverse men, Indigenous men and men with a disability.

The beginning of this new phase for Andrology Australia is a great time to receive feedback to ensure we are meeting your needs. If you use any of our information or education, including this newsletter, please go to our website (www.andrologyaustralia.org) for a link to a short survey. If you require a hard copy, please contact us on 1300 303 878 or info@andrologyaustralia.org.



ANDROLOGY AUSTRALIA
What every man needs to know



We are very pleased to share with you that our funding from the Commonwealth Department of Health has been finalised until 2020 and was announced by the Hon Greg Hunt MP, the Minister for Health, during Men's Health Week. Once again, we thank you sincerely for all the support given to us throughout our funding campaign.

With funding secured for the next three years we have renewed energy to work hard to improve the health of Australian men. The front page article outlines some of the new initiatives we are planning. Integral to this new phase is to build on existing collaborations and forge new ones to increase the scope and outreach of our activities and resources. Along with other men's health groups (see Latest News, p. 6), we will build collaborations with chronic disease organisations around the country. Younger men's health has not traditionally been a focus of Andrology Australia but that will be an exciting new area for us to develop over the coming three years.

In this edition of The Healthy Male we are encouraging men to look after their bones. Keeping bones healthy to avoid osteoporosis is important for all men, particularly as they get older. Androgen deprivation therapy is a common treatment for prostate cancer and men having this treatment need to ensure they are taking steps to avoid thinning of their bones.

Read about the success of another Men's Health Week with over 400 organisations supported with themed health resources (see Community Awareness, p. 5).

We hope you enjoy this Winter edition of The Healthy Male and welcome any feedback you may have. Please email your comments to: media@andrologyaustralia.org.



Professor Rob McLachlan AM

Inbox

"... the Resources are a great way for us to engage with staff who wouldn't normally ask for support or assistance. They are easy to read and engaging with clear messages."

Shire Council, WA

"Great resources for patients and doctor education. I encourage all doctors at the education events I speak at to view your website and resources."

Men's Health Clinic, SA

"[Resources are]... Ok, but you need to aim towards younger men as well, the 18-25 years."

Health Promotion Officer, Vic.

"The Erectile dysfunction booklet is excellent and often used to start a conversation for men regarding this issue. Well done!"

Prostate Cancer Specialist Nurse, Qld

We welcome your feedback. If you would like to submit a **Letter to the Editor**, please email media@andrologyaustralia.org.

Health spot – androgen deprivation therapy and bone health

Androgen deprivation therapy (ADT), formerly called hormone therapy, is a treatment for men with certain types of advanced prostate cancer. Male hormones (androgens), particularly testosterone, can help prostate cancers grow. ADT acts by either stopping testosterone production or by blocking the action of testosterone on cells and tissues.

ADT has a number of side-effects, including reduced libido (lack of interest in sexual activity), erection problems, hot flashes, tiredness and sweating, gradual decrease in body hair, reduced muscle strength, and mood and cognitive changes. Men being treated with ADT also have a higher chance of thinning of the bones and they may develop osteoporosis (see Focus On). This can result in bone fractures, especially in the hip and spine.

How is bone health managed in men having ADT?

The effect of ADT on bone health can begin within months after starting treatment. Men need to be checked by their doctors for their risk of osteoporosis before starting ADT and have their bone mineral density (to check for bone thinning) measured regularly while having ADT.

The following can help to reduce the risk of osteoporosis and fractures for men on ADT:



- lifestyle behaviours including regular weight-bearing physical activity, no smoking and reduced alcohol intake
- increased calcium in the diet or calcium supplements (tablets)
- vitamin D supplements, if needed, to keep vitamin D levels in the normal range
- treatment with bone-specific medicines for men with low bone mineral density, a history of fractures, or at high risk of a fracture in the future.

Talk to your doctor about the best way to look after bone health while undergoing ADT.

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

Focus on:

Osteoporosis – keeping bones healthy can prevent fractures in later life

Osteoporosis is often thought of as a condition that mainly affects women. What is less well known is that one in three men in Australia over 60 will fracture a bone due to osteoporosis. Bone health is important for everyone as they get older.

What is osteoporosis?

Osteoporosis is a disease usually affecting older women and men. It is a problem of the skeleton that lessens bone strength and increases the risk of fracture. Bone strength is measured by bone mineral density and bone quality.

Osteoporosis happens when bones lose minerals, such as calcium, more quickly than the body can replace them (increased bone turnover), leading to a loss of bone thickness (bone mass or density). With thinner and less solid bones, even a minor accident can cause serious fractures.

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 fracture a bone due to osteoporosis. The disease affects more women than men; however, when fractures happen in men it is more likely to shorten their life, probably because osteoporosis in men is often present together with other serious illnesses.

At what age does bone mass in men begin to fall?

Peak bone thickness or mass is when bones are at their strongest; in men this normally happens in the early 20s. Bone thickness falls gradually from then on.

Since men continue to gradually lose bone thickness as they get older, the chance of osteoporosis increases with age. There is no sudden increase in the rate of osteoporosis in men, as seen in women after menopause; however, the ongoing gradual loss of bone thickness in men significantly reduces bone strength and increases the chance of fracture in older men.

Osteoporosis is a problem of the skeleton that lessens bone strength and increases the risk of fracture

What causes osteoporosis in men?

Testosterone, the male sex hormone, is important for the health of a range of body functions including the growth and maintenance of bone strength. Testosterone can be converted to oestrogen in men, and oestrogen is important for regulating the rate of bone turnover.

In some men, low testosterone levels may cause bone thinning, a decrease in muscle mass and increase the rate of bone turnover so bones become less solid. Men with confirmed androgen deficiency (low testosterone levels) are therefore more likely to have bone fractures compared to men with normal testosterone levels.

Low testosterone levels are not the only cause of osteoporosis in men. A range of factors, including genetic factors, can have a strong influence on bone mass.

What other hormones can cause osteoporosis?

Very high levels of the stress hormone, cortisol leads to rapid bone loss and is an important cause of osteoporosis in men. The most common cause of high levels of cortisol is corticosteroid medicines (often used for asthma, arthritis and kidney disease) such as prednisolone. In men taking a corticosteroid medicine, bone density should be monitored and osteoporosis treatment is often started earlier.

High levels of thyroid hormone and parathyroid hormone may also cause osteoporosis in men.

Can trauma or too much exercise cause osteoporosis in men?

Some osteoporosis in men is caused by trauma linked to excessive exercise and poor nutrition, which leads to low levels of testosterone.

Too much exercise can put bones under a high level of stress, causing bones to fracture easily. However, for most men regular physical activity can lower the risk of fractures by improving muscle mass, balance and bone strength.

What are the risk factors for osteoporosis in men?

Lifestyle factors including low levels of physical activity, smoking, excessive alcohol intake, and low calcium or vitamin D levels may increase the rate of bone loss.

Other factors include a previous fall or fracture, family history of osteoporosis and being underweight (may be due to chronic disease).

Some medicines, such as corticosteroids and anticonvulsants (used for epilepsy and some psychiatric problems), can also speed up the first signs of osteoporosis.

Androgen deprivation therapy (ADT), used in the treatment of some prostate cancers, acts by turning off the body's testosterone production and is an important cause of osteoporosis (see Health Spot).

Can I do anything to prevent osteoporosis?

If osteoporosis is diagnosed early and treated, bone loss may slow down. Having a healthy lifestyle by not smoking, limiting alcohol intake and being active may lower your risk of osteoporosis.

Weight-bearing and resistance exercises, such as walking, jogging and lifting weights will help improve muscle tone and help maintain bone mass.

Getting enough calcium and vitamin D each day is also important to keep bones healthy. You can get enough calcium by eating 3 to 4 serves of dairy foods or taking tablets. Exposure to sunlight and/or vitamin D tablets can increase vitamin D levels in the body.

How does osteoporosis affect a man's life?

Fractures from osteoporosis can cause a man pain, disability and depression, and a loss of independence and social isolation can follow. Men with hip fractures and other illnesses may die at a younger age.

Bone fractures can cause a loss of height or curving of the spine that can make it hard to breathe normally.

How is osteoporosis diagnosed?

A doctor can diagnose osteoporosis through a medical history, height measurement, and other tests such as a DXA (dual-energy X-ray absorptiometry) scan.

The DXA scan, or bone density test, uses a small amount of radiation to measure the density of the bones in the spine and hip that is compared with the bone density of an average young adult of the same sex and ethnicity. The test gives a 'T score' indicating the level of bone loss.

BONE MINERAL DENSITY T-SCORES TO DIAGNOSE OSTEOPOROSIS

Classification	T score
Normal bone density	Greater than -1.0
Osteopenia (low bone density)	Between -1.0 and -2.5
Osteoporosis	-2.5 or lower
Severe osteoporosis	-2.5 or lower with a fracture as a result of minor trauma

A man with a T score of -2.5 or lower has osteoporosis and is at high risk of getting a bone fracture; he should talk to the doctor about treatment. A man with osteopenia (low bone density) may be able to lower his risk of further bone loss and/or fracture with lifestyle changes.

A bone density test may be useful in men with any of the risk factors or conditions linked with bone loss.

How is osteoporosis treated?

There are medicines that may stop further bone loss or even improve bone mass, and also prevent spinal fractures. The most common medicine used to treat osteoporosis in men is a bisphosphonate. This may be taken as a weekly or monthly tablet, or a yearly intravenous (into the vein) infusion.

Denosumab is another option, given with a small injection every 6 months. Also teriparatide (parathyroid hormone) helps new bone to grow and increases bone mass; it can be given by daily injections in cases of severe osteoporosis.

Can testosterone replacement therapy lower your risk?

Returning testosterone levels to normal in men who have confirmed androgen deficiency (low testosterone levels) can improve bone density. There is no evidence that testosterone therapy improves bone density in men with normal levels of testosterone.

Why is it important for men to maintain good bone health?

Often the only time a man realises he has osteoporosis is when he breaks a bone. Many men do not realise that osteoporosis is not a disease that only affects women or older people.

Paying attention to bone health from childhood throughout life is the best way to lower their risk of osteoporosis, including a healthy lifestyle with enough calcium in the diet, keeping vitamin D levels normal through adequate exposure to sunlight and weight-bearing exercise.

If you are concerned about your bone health, please see your local doctor.

Men's Health Week – thank you for your participation

MEN'S HEALTH Week (12-18 June 2017) was a popular time for organisations to raise the awareness of men's health issues, get men talking about their health and encourage a visit to the doctor for any health concerns. Our themes, "If men can talk about match fitness [of sportsmen]... Why is it sometimes hard to discuss their own health?" And "If men can look after their families... Why is it sometimes hard to look after their own health?", were popular with the many individuals and organisations running men's health events.

Over 38,000 themed flyers and almost 2,000 posters were distributed to over 400 organisations across the country to support health promotion activities, including events attracting men's health speakers, sporting activities and fundraising BBQs, through to providing providing a display of men's health resources.

An Andrology Australia Men's Health Week video was produced and played at regular intervals during the Sydney



Film Festival in the Pitt Street Mall in Sydney's CBD during Men's Health Week. Foot traffic in the Mall during this time reaches over two million.

Please visit Andrology Australia's homepage (www.andrologyaustralia.org) to view the video.

An evaluation of the Men's Health Week resources is currently underway; however, Andrology Australia has received a number of phone calls and emails from individuals and organisers

of men's health events commending us for such a wonderful and relatable campaign.

Due to the popularity of the resources, the A5 flyers and posters will soon be available (both as hard copy and download) without the Men's Health Week dates. These can be used at any men's health promotion activity throughout the year.



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Research round-up

Erectile dysfunction after prostate cancer treatment: links with masculinity and quality of life



TREATMENTS FOR prostate cancer, such as surgery and radiotherapy, have a range of side effects including erectile dysfunction and loss of sexual desire. Erectile problems may also be linked with depression and distress and impact on coping and adjustment to prostate cancer. Masculinity (a man's sense of themselves as being a man) may also be linked to how men respond to a

diagnosis of prostate cancer and to the treatments and side effects.

A recent paper from Australian researchers¹ reviewed studies that have examined the role of masculinity in men's response to erectile problems and the effects on quality of life after prostate cancer treatments. Many of the studies reported that erectile dysfunction affected men's sense of masculinity and this was often a

source of anxiety or embarrassment that impacted on their wellbeing. For most men, masculinity is an important factor in their experience of prostate cancer treatment and should be a part of the discussion between men, their partners and their treatment team. Broadening the perceptions of sexual relationships to accommodate erectile problems and helping men to think about the experience in a way that is less threatening to their masculinity can be helpful.

The authors suggest there is not enough research on this topic and more work needs to be done. It is an important area for men and their doctors to understand better so that men can be assisted in adjusting to life and sexual relationships following prostate cancer treatment.

¹Chambers SK, et al. Erectile dysfunction, masculinity, and psychosocial outcomes: a review of the experiences of men after prostate cancer treatment. *Transl Androl Urol* 2017;6:60-68.

In brief

Finasteride and depression

A recent study in the journal JAMA has found no significant link between 5-reductase inhibitors such as finasteride, and an increased risk of suicide in older men, but there was a link with depression. There have been concerns that these medicines might be causing these problems in some men. Commenting on this study, Prof Rob McLachlan noted that the study should not stop the use of these drugs, as the risk for an individual man is still quite low, but the study could increase awareness of this possible side-effect.

Melanoma and erectile dysfunction medication

A meta-analysis of studies investigating PDE5 inhibitors (erectile dysfunction medication) and melanoma showed a weak link. However, the authors believe the link is coincidental as both melanoma and using PDE5 inhibitors are higher amongst men of higher socioeconomic status. Professor Rob McLachlan also agreed, stating that there is no need to change recommendations about the use of PDE5 inhibitors. Regular skin checks for suspicious lesions, especially for those with a great deal of past sun exposure, are important for everyone.

Andrology Australia Annual Report 2016

The 2016 Annual Report is now 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

E-bulletin for health professionals

If you are a health professional, sign up to our e-bulletin, Male Briefs, to keep up to date with the latest news about men's health practice, research and professional events. See www.andrologyaustralia.org/male-briefs/ for more information.

Latest News

Health Minister announces new funding for men's health



L to R: Prof John McDonald, Hon Greg Hunt MP, Mr Julian Krieg, Prof Rob McLachlan

ON 13 June in Parliament House, Canberra, the Hon Greg Hunt, MP, Minister for Health announced a new four-year National Male Health Initiative (2016/17 to 2019/20), with up to \$6.4 million funding for Andrology Australia, the Australian Men's Health Forum and the Men's Health Information and Resource Centre at Western Sydney University.

The Initiative will work with a network of organisations and individuals who have an interest in male health to:

- deliver education to increase workforce capacity
- raise health awareness and improve men's health knowledge through quality evidence-based health promotion materials
- build the evidence base on male health
- help inform government policy and clinical practice through stakeholder consultation.

The announcement was part of the launch of Men's Health Week at Parliament House in Canberra, where the Minister emphasised

the opportunities provided by this week to promote the improvement and maintenance of health in men and boys.

The Minister also highlighted other groups funded by the Commonwealth Government who are working to improve men's health, such as the Men's Sheds Association and the Prostate Cancer Nurses Program. Some general programs that will also have an impact on men's health include an Aboriginal and Torres Strait Islander suicide prevention trial in Darwin and some heart health and physical activity programs.

Andrology Australia was very pleased to be present at the announcement by the Minister and to meet with the other organisations in the Initiative to begin planning some collaborative projects. A focus on men's health at the Commonwealth Government level provides welcome leadership for all organisations working to improve the health of men and boys.

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