

The Healthy Male

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

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a men's health week?

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INTERNATIONAL MEN'S HEALTH WEEK

10-16 JUNE 2013

Is it time to make every week a men's health week?

INTERNATIONAL MEN'S Health Week (IMHW, June 10-16) is a great time to raise the awareness and support the health and wellbeing of the men in your local community.

Whether it's a display in your local library, workplace, community health centre, sports club, or shopping centre, or a more formal event with guest speakers and activities, doing something for men in your community will remind everyone of the importance of looking after their health.

Our evaluation of past IMHW efforts showed that more organisations are running men's health events throughout the year, rather than in IMHW only. We think this is a great start to making 'every week a men's health week'. And with the strong links between general health and reproductive health Andrology Australia will not only provide resources for IMHW, but will continue to support community organisations with men's health promotion resources as part of other annual health

awareness weeks that affect men (such as National Diabetes Week).

In 2013 we are producing health promotional material on the theme that everything is connected in a man's body—a problem here can cause a symptom there.

Posters and brochures are available at no charge to support the hundreds of communities that show their support for men's health whether during IMHW or other weeks of the year. Order resources for your activity, in the 'Community' section of the Andrology Australia website, under 'Men's health events'. Or order over the phone on 1300 303 878 (cost of a local call). Delivery is expected from early May.

And remember to sign up to our monthly men's health events e-newsletter, it's full of helpful tips on ways to make your community men's health event the best it can be. Sign-up online at www.andrologyaustralia.org/health-professionals/.

From the Director



One in five men over the age of 40 years report problems with getting and/or maintaining an erection, but few seek help. Men who suffer erectile dysfunction (ED) prefer to stay silent about it.

But men should talk about ED with their doctor because it could be a early warning sign of other health problems. Within a year of first experiencing ED, two per cent of men will have a stroke or heart attack. Within five years that figure jumps to 11 per cent. Evidence is also mounting of a link between ED and type 2 diabetes.

The problem of missing or late diagnosis of ED is magnified in Aboriginal and Torres Strait Islander communities, where cultural and geographical barriers often also exist.

Andrology Australia's Aboriginal and Torres Strait Islander Male Health Reference Group is currently overseeing the development of key resources to help health professionals working in Indigenous communities to have a more holistic approach to men's health, including the educational DVD described in this issue of *The Healthy Male*.

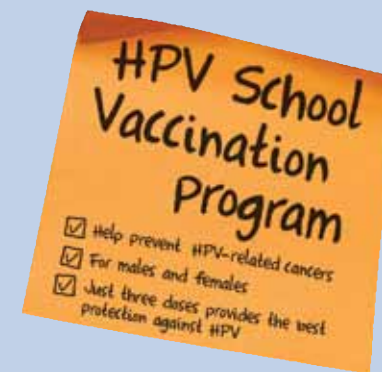
We also include a focus on ways to engage Aboriginal and Torres Strait Islander males to talk about the links between ED and chronic disease, as a way to improve health and wellbeing more broadly.

Rob I McLachlan
Professor Rob McLachlan

HPV vaccination

NOW IT'S ALSO FOR BOYS

Human Papillomavirus (HPV) is highly contagious and can cause HPV-related cancers and disease, including genital warts. It is estimated that four out of five people will have a HPV infection at some point in their lives, however, infection is often asymptomatic. Vaccinating against HPV is the best way to prevent HPV-related cancers and disease.



As of February 2013, Australian boys aged 12-13 years can take part in the school-based national Human Papillomavirus (HPV) vaccination program. The HPV vaccine is being provided free in schools as part of the National Immunisation Program. More information is available at that HPV School Vaccination Program website: hpv.health.gov.au.

Health spot - Erectile Dysfunction



in. The flow of blood out of the penis is then blocked so the penis fills with blood and stretches creating an erection.

WHAT CAUSES ERECTILE DYSFUNCTION?

Many factors can interfere with getting an erection. Erection problems can be caused by medical conditions that affect how nerves function, such as complications of diabetes, or conditions that affect blood vessels, such as diabetes and heart disease.

WHAT IS ERECTILE DYSFUNCTION AND HOW COMMON IS IT?

About one in five men over the age of 40 have erectile dysfunction; being unable to get and/or keep an erection that allows sexual activity with penetration. The chance of a man having erectile problems increases with age, along with chronic medical conditions.

HOW DOES AN ERECTION HAPPEN?

An erection happens when messages are sent through nerves from the brain and lower spinal cord, to tell the blood vessels entering the spongy tissue of the penis to let more blood

Erectile problems can be caused by some medicines as well as alcohol, cigarettes, and other drugs. About one in 10 cases of erectile dysfunction is caused by relationship issues, stress or psychological factors such as performance anxiety.

WHERE CAN HELP BE FOUND?

When a man has erectile dysfunction he should see his local doctor, even if he does not want to have sex. The reason for this is that erectile dysfunction may be a symptom of underlying serious medical conditions.

For more information, visit www.andrologyaustralia.org or call 1300 303 878.

Focus on: Engaging Aboriginal and Torres Strait Islander males

Indigenous men are the most disadvantaged population group in Australia in terms of physical wellbeing. Aboriginal and Torres Strait Islander males have higher death rates and are more likely to die at much younger ages than the general population, and often have poor access to effective health services.

Some significant issues affect the way Indigenous men engage with health services, ranging from individual factors such as knowledge and education, to economic and logistical issues such as costs and transport, right up to issues with the health system such as complex referral processes and too few doctors available. However there are some things that can be done by health services and individual health professionals to help Aboriginal and Torres Strait Islander men engage with health services.

What can health services do?

To better serve men from the local Aboriginal and Torres Strait Islander communities it is important for health services to:

- do an informal community consultation to better understand the health care service needs of the local men,
- think about setting up a male-specific clinic in a dedicated men's space,
- learn local protocols from local health workers on how to access/engage men or men's groups,
- have more male health staff (doctors and nurses), male Aboriginal Health Workers (AHWs) to help support men and to go into the community to encourage access to health services,
- encourage doctors to stay for the long haul to help men feel comfortable and develop trust, and
- minimise waiting times where possible and encourage men to bring a male AHW, a family member or friend to an appointment to help translate if needed.

What can health services in remote communities do?

Because of the diversity of the Aboriginal culture, what works in one setting may not work in another. The need for a male-specific place may not be as strong in urban



settings as there may be more interaction with non-Indigenous people compared to a remote area. Seeking feedback from the community is important.

In remote areas, where English is often the second language and men may not be familiar with a clinic environment it's important for health services to:

- get local knowledge from men's groups,
- plan with local men to ensure the clinic fits into the way they work, and
- involve male AHWs in outreach services in the community.

Where remote clinics are available it's important to:

- have male-orientated clinics—if the environment feels 'foreign' then men may be less likely to engage with doctors,
- involve family members in consultations as appropriate so that the family understands and can support medical treatment if needed,
- think about flexible delivery, such as telemedicine, and
- respect Aboriginal and Torres Strait Islander men and their cultural values.

What can health professionals do?

Most health professionals intuitively communicate well with patients but when speaking with men from different cultural backgrounds, additional strategies may be helpful.

For some men going to a health service can be a negative experience, for example when blood or urine is collected. Making the visit a pleasant experience with positive

interaction will encourage the man to return. Sometimes it can be months or years before a man feels comfortable enough to open up about his health concerns, particularly on more sensitive and personal problems.

Making men feel safe by giving them a positive experience will encourage men to tell their family and friends. Word-of-mouth is one of the best ways to encourage Indigenous men to attend health services. Health professionals can:

- work on developing trust in the relationship: lifestyle behaviour change may only come after a long, trusting relationship has developed.
- involve male AHWs who may help to identify issues before the appointment.

- reinforce confidentiality and make sure all health discussions are private and not in open spaces such as reception areas.
- provide simple, clear and accurate explanations of common medical terms and procedures—this can help reduce a patient's fears about his health care. This may include locally developed material using imagery that males may more easily relate to.

Building rapport and involving local AHWs can help men feel more comfortable about discussing health and encourage them to come in for a health check.

Why is it important to understand culture?

A holistic approach to Aboriginal and Torres Strait Islander health is important, including not just the physical wellbeing of an individual but also the social, emotional and cultural wellbeing of the whole community.

Working in the Aboriginal and Torres Strait Islander health sector can be challenging for doctors and other healthcare professionals who have been educated in a Western approach. It is important that non-Indigenous health professionals undergo cultural competency training. This provides the basic tools to avoid cultural pitfalls while providing valuable insight into Aboriginal and Torres Strait Islander perceptions.

To develop cultural competency health professionals could:

- practice in a service that allows longer consultation times to build relationships and provide useful knowledge,
- stay in the community for the long haul to develop a cumulative knowledge of people and backgrounds,

- in remote settings, take opportunities to visit the community and learn some of the local language, and
- get advice and learn from the experience of other health professionals and local AHWs.

Issues of cultural respect are particularly important for older Aboriginal men so the approach to some subjects (such as sexual health) needs careful consideration.

How should sexual health be discussed?

Aboriginal and Torres Strait Islander men can find it hard to open up and discuss personal and sensitive health issues, particularly if they see someone other than their usual doctor. If a man is seen regularly and feels comfortable with the doctor he is more likely to initiate discussion.

For sexual health matters, it is particularly important for health professionals to be aware of the cultural protocols around service providers engaging with Indigenous men:

- Provide a safe, private, and comfortable environment that supports open and free dialogue.
- Men may not open up in first consultation—it may take time to build trust—but balance is also needed to take advantage of opportunistic discussions.
- For the older man, more care should be taken in approaching sensitive issues. However, often when the conversation has started, men are interested in their sexual health.
- It is important to ask about erectile function for males with cardiovascular risk factors. It can be helpful to use simple analogies to explain the links between erectile problems and chronic disease.
- Incorporate questioning into annual health checks such as, "Do you have any sexual difficulties?" or "About half of men over 50 years with diabetes will have difficulty getting an erection, is that a problem for you?"
- Sometimes men have erectile problems when taking medicines for other health issues. So it is important to explain to men why this may happen and think about other treatment options if erectile problems are a concern.
- Raise awareness about lifestyles and medicines that may impact on erectile dysfunction like smoking, heavy drinking, and some prescribed medicines.
- Think about making the consulting room more inclusive for talking about sensitive issues, for example a model or pictures of the male pelvis might help initiate discussion.

This article was developed based on the interviews included in the Male Health Education DVD. The terms "Aboriginal" and "Torres Strait Islander" and "Indigenous" are used synonymously in this newsletter.

DVD for health professionals working with Aboriginal and Torres Strait Islander males

A RECENT STUDY (see below) highlighted that Aboriginal and Torres Strait Islander men are less likely to seek help for reproductive health problems, despite strong associations between chronic disease and erectile problems.

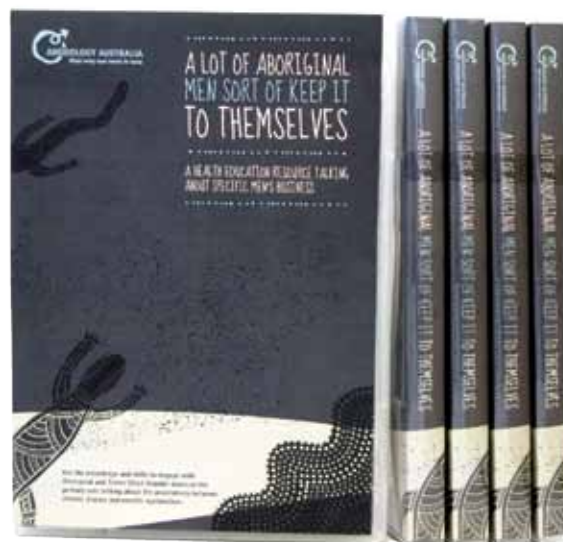
To address some of these matters, Andrology Australia has developed an educational DVD aimed at assisting health professionals working in Aboriginal and Torres Strait Islander communities to have a more holistic approach to men's health, highlighting how the management of chronic disease may be improved when erectile dysfunction is also considered.

Health professionals working with Aboriginal and Torres Strait Islander males and medical specialists with expertise in male reproductive health issues were interviewed for the DVD.

The result is an informative video that covers a number of themes such as male-friendly health services, strategies when starting to work with Aboriginal and Torres Strait Islander males, and talking about sexual health issues with Aboriginal and Torres Strait Islander males.

A limited number of DVDs will be available for free to Registered Training Organisations (RTOs) and health professionals working with Aboriginal and Torres Strait Islander males.

The development of the Male Health Education DVD Resource was guided by the Andrology Australia Aboriginal and Torres Strait Islander Male Health Reference Group. Production was funded by the



Australian Government Department of Health and Ageing, and the DVD was recently launched in Brisbane by the Hon Warren Snowdon MP, Minister for Indigenous Health.

Research round-up

Are Aboriginal and Torres Strait Islander men getting help for reproductive health problems?

IT HAS been known for some time that erectile dysfunction is linked to chronic diseases like diabetes and heart disease. Although erectile dysfunction is common in the general Australian population, many men do not speak to their doctor about it. Chronic diseases are common amongst Aboriginal and Torres Strait Islanders and occur at an earlier age than in non-Indigenous people, but reproductive health problems have not been well researched.

A recent publication in *The Medical Journal of Australia*¹ is the first study to look at male reproductive health problems among Aboriginal and Torres Strait Islander men. Dr Mick Adams and colleagues report a study of 293 men from urban, rural and remote communities in Queensland and Northern Territory showing that

erectile dysfunction is common and more so in men with chronic diseases. Aboriginal and Torres Strait Islander men in this study were similar to non-Indigenous men (from another study) in that often men did not seek medical help for erectile dysfunction; however the rate of prostate cancer testing was lower in the Aboriginal and Torres Strait Islander men.

Interviews with study participants gave some insight into possible barriers to receiving help for reproductive health disorders, including cultural, communication and health service issues.

More research is needed, but the study points to developing more culturally appropriate services to support Aboriginal and Torres Strait Islander men in this sensitive health area.



1. Adams MA, Collins VR, Dunne MP, de Kretser DM & Holden CA 2013, 'Male reproductive health disorders among Aboriginal and Torres Strait Islander men: a hidden problem?', *Medical Journal of Australia* 198 (1): 33-38.

In brief

Consumer guide to Kindle
The newly released 4th edition of Andrology Australia's *Androgen Deficiency* consumer guide is available on the Amazon online book store as a Kindle ebook.



Readers of the ebook are invited to leave a review on the Amazon website. Printed and downloadable PDF copies continue to be available on the Andrology Australia website.

Testosterone for diabetes study
Australian men most at risk of developing type 2 diabetes are urged to join a ground-breaking study that will look at the potential benefits of treating men with testosterone in conjunction with a dedicated weight-loss program to prevent diabetes.

The study is looking for men aged 50-74 in South Australia, Victoria, New South Wales and Western Australia.

For more information about the study see www.t4dm.org.au or call 1300 865 436.

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Latest News

10th International Congress of Andrology

THE INTERNATIONAL Congress of Andrology brought 420 delegates to the Melbourne Exhibition and Convention Centre for the four-day conference featuring many leading investigators on a wide range of male reproductive health issues.



Professor Rob McLachlan, Director of Andrology Australia and Chairman of the Local Organising Committee, addresses the Congress

There was extensive discussion about the use of testosterone for androgen replacement therapy and also as a pharmacological therapeutic intervention in the management of metabolic disorders and obesity. Some presenters showed data of benefits on body weight and markers of cardiovascular risk even in older men who do not have classical androgen deficiency but others were cautionary pointing to the lack of data from properly conducted trial on its efficacy and safety. In this important area, Australia is taking a leading role in such research with the T4DM Study (see left).

There was also extensive discussion on the biology, investigation and treatment of prostate cancer. As always there was great consideration to PSA screening as a means to identify men who would benefit from intervention, as opposed to others in whom prostate cancer is unlikely to affect their quality or length of life and for whom unnecessary intervention carries unnecessary harm. There was general agreement that population-wide screening cannot be recommended and that more targeted PSA testing based on factors such as age, family history, and the profile of a man's PSA over time, perhaps in the future, in conjunction with other serum or genetic markers of prostate cancer, should be used to identify men for closer monitoring. There was also much discussion about active surveillance of suitable men with low risk prostate cancer as an alternative to immediate surgery.

Important new findings about the role of genetics and male infertility were presented. It is hoped that future advances in this knowledge will lead to tests to identify the different types of male infertility and thus offer the promise of eventual treatments.

Disorders of human sexual function including erectile dysfunction and ejaculatory disorders were the subject of a number of clinically orientated presentations which provided guidance as to the best evidence based approaches in managing these common problems. The role of new pharmacological agents was also addressed.

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Australian Centre of Excellence in Male Reproductive Health

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